**Cambia PCCE Palliative Care Research Fellowship Program**

**Frequently Asked Questions (FAQs)**

**How is the research fellowship program funded?** This research fellowship program is funded by an NIH institutional training award (T32 grant) from the National Heart, Lung, and Blood Institute (NHLBI).

**How many funded positions are there each year and what is the duration of each position?** This T32 is funded for 4 positions per year. Fellowship appointments are made in 12-month increments. Eligible applicants may have their appointments renewed for up to 3 years, but most appointments will be 2 years (24 months) in duration.

**What is the type and amount of funding that is provided to each fellow?** The T32 fellowship appointment pays salary on the NIH pay scale ([NOT-OD-21-049: Ruth L. Kirschstein National Research Service Award (NRSA) Stipends, Tuition/Fees and Other Budgetary Levels Effective for Fiscal Year 2021 (nih.gov)](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-21-049.html)). The stipend level for a postdoctoral trainee is determined by the number of full years of relevant experience between the doctoral degree date and date of appointment. T32 appointees are eligible for supplemented salaries from qualified, non-federal funding sources. The program does not guarantee salary supplementation.

**Does the T32 provide funding for tuition for fellows who wish to seek another degree as part of their fellowship training program?** The T32 provides funding for tuition for fellows who wish to seek a Master’s or PhD degree as part of their fellowship training program. Fellows are expected to utilize the UW tuition exemption program whenever eligible to help defray costs.

**Does the T32 provide additional funding for research projects?** No, the T32 does not provide any additional funding for research projects, but opportunities exist to apply for project funding within the University of Washington system.

**Can this program be combined with a clinical fellowship?** Institutional research training grants must be used to support a program of full-time research training. Within the full-time training period, research trainees who are also training as clinicians must devote their time to the proposed research training and must confine clinical duties to those that are an integral part of the research training experience. Please contact us with any questions regarding combining this T32 with a clinical fellowship.

**What resources are available for the conduct of patient-oriented research?** Resources include access to patient populations, which is facilitated by the diversity of UW Medicine clinical settings. The UW Medical Center - Montlake is a world-renowned academic medical center providing tertiary care for the region and nationwide, as well as a leading provider of primary and specialty care in Seattle and King County. Harborview Medical Center is a 330-bed hospital owned by King County and operated by UW. It is the only Level 1 Trauma Center serving five states (Washington, Wyoming, Alaska, Montana, Idaho) and its mission population includes inner city poor, recent immigrants to the US, and persons with HIV/AIDS. Valley Medical Center is an acute care hospital and clinic network serving over 600,000 residents, making it the largest nonprofit healthcare provider in Southeast King County. The Valley Medical Provider Group consists of 600 physicians and other health professionals staffing a network of primary care clinics and over a dozen specialty clinics, with over 330,000 visits yearly. UW Medical Center – Northwest is a full service, non-profit community hospital located in North Seattle, which supports annually nearly 11,000 hospital admissions, 35,000 emergency department visits and over 500,000 clinic visits. The Cambia Palliative Care Center of Excellence has developed a quality metric system across all UW Medicine sites that is based on the electronic health record and, although designed for quality improvement rather than research, it will be an outstanding resource for palliative care research that will be available to trainees. Other clinical resources include Seattle Children’s Hospital, the Seattle Cancer Care Alliance, and the Veterans Affairs Puget Sound Healthcare System.

**Will research fellows be provided office space and computers?** Office space will be provided either by the fellow’s mentor or through the Cambia Palliative Care Center of Excellence. A computer and software will generally be provided by the mentor or the Cambia Palliative Care Center of Excellence.

**Is there funding available for travel to national conferences?** The T32 supports travel to one professional/scientific meeting per year. Trainees are expected to actively participate (e.g., present data) at the meeting. The annual travel allowance shall not exceed $1,000 plus basic, on-time registration fees (this does not include postdoctoral courses). Trainees will also be reimbursed for abstract submission and poster production costs.

**Can fellows participate in the T32 through distance learning from outside the University of Washington?** No, fellows must be living in the Seattle area and physically present at the University of Washington during their T32 fellowship appointment period.

**Do applicants have to pursue an advanced clinical research degree?** Palliative care researchers need a background in the core disciplines of Biostatistics, Epidemiology, and Health Services Research. In addition, many trainees will choose additional training in a specific discipline such as health disparities, health economics, social and behavioral sciences, informatics, advanced biostatistics, medical anthropology, or qualitative research, based on their research interests, projects, and training plan. Most T32 clinician-scientists without a PhD will pursue a Master’s degree in Epidemiology, Health Services, or Biomedical and Health Informatics because these Master’s degree programs provide systematic and thorough training in these disciplines. The curriculum includes courses in biostatistics that describe the foundations of statistical inference and the types of statistical tests. Because a significant proportion of clinical research is observational (particularly research done by trainees) and must address issues of bias and confounding, trainees also need an in-depth understanding of multivariate modeling including linear regression, logistic regression, and survival analyses. In addition, many of our trainees will work with repeated measures and clustered datasets requiring additional skills and training. Trainees should also have an understanding of the complexities of survey design and the value of qualitative research, which they will receive in the introductory health services research courses.

**When does the fellowship begin and what is its duration?** Research fellowship appointments are generally two-years in duration (although can be 1-3 years) and may begin anytime during the funding year (April through March).

**What are the minimum expectations for trainees?**

• Attend the monthly Palliative Care Research Works-in-Progress sessions and present 1-2 times per year

• Formal presentation of research at a different research seminar (besides the PC-WIP) at least once per year; this is often at Cambia PCCE Palliative Care Grand Rounds

• Develop at least 1-2 research projects/year with mentor(s), with timelines and productivity benchmarks in Mentoring Plan

• Meet with with mentor(s) at least two times per month and meet with Mentorship Committee at least two times per academic year

• Attend other relevant conferences as determined with mentor(s) and described in the Mentoring Plan

• Complete required courses and other didactic training as outlined in the Mentoring Plan

• Present 1-2 abstracts yearly at relevant national or international professional meetings

• Complete and submit at least 2 peer-reviewed, first-authored research manuscripts per year

* Complete and submit at least 2 peer-reviewed, collaborative research manuscripts per year

• Plan and complete a mentored grant application during the second research training year

• Maintain contact with the training program following training for collection of data on subsequent presentations, publications, grants, and position.

* Participate in an “exit interview” after completion of the T32 program with one of the Directors

**Does the fellowship training program have a focus on diversity?** The leadership and faculty of this T32 supported training program are strongly committed to ensure that women, racial/ethnic minorities, persons with disabilities, and other individuals who have been traditionally underrepresented in science are well represented in our program.

**Does this fellowship training program have a focus on interdisciplinary research training?** Interdisciplinary research training is a focus of this program because we believe it to be a necessary component of training for future generations of scientists generally, and particularly important because of the inherently interdisciplinary nature of palliative care research that focuses on improving quality of life for patients and family members and that encompass physical, psychological, emotional, and spiritual domains.

**Can a trainee be appointed to a grant if he/she has applied for a green card (permanent residency) but hasn’t received it yet?** No. For training grants, citizenship/permanent residency requirements must be met at the time of the appointment.

**Is a trainee eligible for appointment to this T32 if he/she has had prior NRSA support?** NRSA support is limited to five years for predoctoral trainees and three years postdoctoral fellows.

**Is a signed payback agreement a requirement for appointment to this T32?** Yes, if this is the trainee’s initial 12 months of postdoctoral NRSA support. If this individual has received any other NRSA postdoctoral support that totals 12 months, on either another training grant or fellowship, a payback agreement would not be required.