

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6003

Title

Research Reflection Panels: Engaging, more voices in more research

Priority 1 (Research Category)

Research Capacity Building

Presenters

William R. Phillips, MD, MPH, FAAFP

Abstract

CONTEXT: Family Medicine (FM) and NAPCRG champion involving patients and communities in research. Clinical practitioners, patients, and community representatives increasingly make major contributions to primary care (PC) research. OBJECTIVE: Grow the power of participation by adopting use of Research Reflection Panels (RRPs) in studies of all kinds, even those without direct involvement of patients or other individuals. STUDY DESIGN: RRP can empower research teams by engaging diverse voices, broad experience, and vital knowledge to strengthen studies across research methods, study designs, topics, problems, processes, and populations. SETTING: RRP can apply beyond clinical research to the variety of PC studies and settings. Panels can be created for individual studies or continue for institutions or programs. POPULATION STUDIED: Simply the process of asking, “Who do we need around this table?” can challenge and change the research question, team, and plan. Who does and understands this work? Who lives and heals in this space? Who has deep knowledge, close to the ground and near to the folks? Who has the map of the land mines? Who cares? In PC research, the usual default members include patients, clinical practitioners, and learners. INTERVENTION: RRP requires authentic engagement of diverse panel members early in the study process and continuing through all phases of research and dissemination. Researcher commitment is usually short of the full partnership and study ownership considered in Community-Based Participatory Research. Panel members need information about expectations, time and effort, study duration, panel membership, ethical approval, and potential conflicts of interest. OUTCOMES: Potential RRP benefits include improvements in research questions, scope, recruitment, procedures, resources, analysis, understanding, application, and dissemination. RESULTS: We have developed RRP for online surveys, intervention trials, and analyses of large data sets. RRP can help improve studies, empower application of findings, and build research teams and programs. They can generate ideas, foresee problems, and develop solution. Engagement efforts like RRP are increasingly expected for research funding and reporting. CONCLUSIONS: RRP are a modest

extension of the PC tradition to engage more voices in more research. They offer a practical yet potentially powerful tool to improve the planning, conduct, experience, and application of research.

Downloaded from the Annals of Family Medicine website at www.AnnFamMed.org. Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact copyrights@aafp.org for copyright questions and/or permission requests.