



From the Association of Family Practice  
Residency Directors

## TEACHING TOMORROW'S LEADERS TODAY

The Association of Family Practice Residency Directors (AFPRD) is a proud sponsor of the *Annals of Family Medicine*. The AFPRD's mission is to promote excellence in family practice graduate education in order to meet the health care needs of America. The *Annals of Family Medicine* is a much needed and welcomed publication that will provide the research and evidence we need to fulfill our mission.

As this year's AFPRD President, I have chosen the theme, Teaching Tomorrow's Leaders, Today. Our residency programs have the important responsibility of creating the learning environment from which the future leaders of family medicine will emerge. Ideally, in this environment residents would learn because they want to, not because they are forced to, and the whole organization is designed to facilitate the learning process. In this environment, learning should be a team effort, including the faculty and staff as well as the residents. In his book, *The Fifth Discipline*, Peter Senge calls this kind of environment a learning organization. Senge defines a learning organization as "an organization that is continually expanding its capacity to create its future." He goes on to say that while survival is necessary, it is not sufficient for a learning organization. He sees learning as an inherently creative process, making the hallmark of a learning organization one "that enhances our capacity to create."<sup>1</sup>

One of the most creative expressions of learning is research. However, engaging residents in research is among the toughest challenges we face as directors. It is becoming increasingly important that we meet this challenge, because doing research is one of the best ways to teach the new Accreditation Council for Graduate Medical Education (ACGME) competency of practice-based learning and improvement. The ACGME defines this competency as follows: "Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices."<sup>2</sup> The *Annals of Family Medicine* was created to publish research that facilitates practice-based learning and is the best journal to help teach this competency.

To stimulate residency programs to develop their research curriculum and ultimately contribute to the *Annals*, we hope to highlight residencies that have developed successful research programs in future issues

of the *Annals*. In this way, we can all learn from each other in our quest to develop and become learning organizations.

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President

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## References

1. Senge P. *The Fifth Discipline*. New York, NY: Currency Doubleday; 1990:14.
2. Accreditation Council for Graduate Medical Education. ACGME Outcome Project. Available at: <http://www.acgme.org/outcome>. Accessed June 14, 2003.



From the American Academy  
of Family Physicians

## IMPROVING CARE, ONE STUDY AT A TIME

The AAFP is front and center when it comes to research to improve patient care, thanks in part to the efforts of its National Network for Family Practice and Primary Care Research.

The mission of the network is to discover better ways of caring for patients, and its research projects actively seek answers to the problems that confront primary care physicians. Currently, several studies are in various stages of development in its research pipeline.

"Infrastructure funding from the Academy for the research network has been critical to the network's early successes," says John Hickner, MD, MS, network director.

The AAFP Board of Directors approved the plan for the network 4 years ago. Since then, the network has published the results of 2 studies, the first on patient safety and the other on the bioterrorism preparedness of family physicians. Several more manuscripts are near completion.

Be it through the study of pneumococcal immunizations in older adults or the assessment of treatment barriers for hepatitis C, the Academy is actively seeking answers to the problems that confront physicians in their practices. "Simply put, the AAFP recognizes the importance of research in primary care settings," says Hickner. He has overseen many of these projects, including the first 2 described below.

Here is an overview of current projects:

**Pneumococcal Immunizations Among Older Adults.** Data collection began in August 2002 for this 2-pronged study. The first goal of the study is to compare the use of handheld computers with traditional

paper methods for data collection by medical staffs in 25 practices. The data will be analyzed to investigate efficiency, quality, timeliness of data collection, and user satisfaction. The second goal of the study, funded by the Agency for Healthcare Research and Quality, is to define what segments of the adult population older than 65 years have received pneumococcal immunization, a vaccine that is recommended for elderly persons. Coinvestigators Richard Zimmerman, MD, and Gregory Doyle, MD, plan to develop an intervention trial to increase immunization rates.

**Hepatitis C Survey of Family Physicians.** This survey was devised with the knowledge that many patients have undiagnosed hepatitis C. The research will be used to study family physicians' clinical practices in screening for, diagnosing, and treating hepatitis C. Data are being compiled and analyzed from surveys that were sent to about 1,000 members of the AAFP as well as 243 network members. Participants who completed the 30-item instrument were asked questions ranging from which blood tests they use for screening to their opinion of the risk of hepatitis C to society. By determining barriers to treatment, the research might help improve care for patients at risk for hepatitis C. Barbara Yawn, MD; Jonathan Temte, MD; and Elizabeth Clark, MD, are coinvestigators for the 9-month study, funded by Schering, which began in January 2003.

**Streamlining the Internal Review Board Process.** Protecting human research subjects is of critical importance to network researchers, who strive to balance that concern with the need to conduct meaningful studies. The time it takes to complete the internal review board process varies from one institution to

another, and because physicians might be affiliated with their own separate, local internal review boards (IRBs), there are often duplicative reviews that take anywhere from a few weeks to a few months. The hope that the review process could be improved was the impetus for this project. The desired outcome is to develop reciprocal agreements between the network's central IRB and network physicians' local IRBs and to design a more efficient method of obtaining approval for physicians not affiliated with the network's IRB. James Galliher, PhD, is principal investigator for this project.

**Other Projects.** The research network has also undertaken studies on improving patient safety, which were covered more fully in the premiere issue of this journal. In addition, the network is planning the first national Ambulatory Primary Care Patient Safety Conference. It will be funded by AHRQ and will be held cooperatively with the Primary Care Organizations Consortium in September 2003 in Chicago. The meeting will bring together patient safety leaders from primary care organizations to examine ways to improve patient safety across all of the primary care disciplines.

In addition to studies on patient safety and the bioterrorism preparedness of family physicians, other network projects have been completed. To date, network researchers have studied diabetes outcomes, alcohol screening, and cancer care. "As with most descriptive research studies, these initial studies have generated more questions than they have answered," says Hickner, "ensuring that we have many more projects for the future!"

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