



From the Association of Family Practice Residency Directors

LEADING SUCCESSFUL RESIDENCY RESEARCH

How can a residency program successfully conduct research? DeHaven et al studied the answer to this question in their article, "Creating a Research Culture: What We Can Learn From Residencies That Are Successful In Research."¹ In a three-stage investigation, an initial telephone survey identified residencies with a successful research program. This investigation was followed by a mail survey of recent graduates from those programs, and subsequently, with an in-depth interview with the program or research director. Through this process, six "virtually unanimous characteristics" were identified for all of the successful residency research programs: program director support, time, faculty involvement in research, a research curriculum/journal club, an easily accessible research professional, and opportunities for residents to present their research. It was concluded that for residency programs to be successful in research, they must make research a priority, and it is helpful for programs to have a forum for sharing successful strategies.

The UMDNJ-Robert Wood Johnson Medical School Department of Family Medicine Network of Affiliated Family Practice Residency Programs in New Jersey provides one example of what DeHaven et al describe in their paper. The Network consists of seven programs: Hunterdon Medical Center Family Practice Residency, JFK Medical Center Family Practice Residency, Somerset Medical Center Family Practice Residency, UMDNJ-Robert Wood Johnson Family Practice Residency, UMDNJ-Robert Wood Johnson Family Practice Residency at Capital Health System, Warren Hospital Family Practice Residency, and West Jersey-Memorial Family Practice Residency at Virtua. The programs cooperate in sponsoring educational activities for their residents and faculty that would be difficult for a single program to accomplish alone. For example, this year the Network held its eleventh annual Scholarship Day at UMDNJ-Robert Wood Johnson Medical School. Scholarship Day gives residents from each of the Network programs a forum in which to present their research projects in a supportive environment. It also gives the residencies an opportunity to share research ideas and showcase resident family practice research at the medical school. Joint research projects

have been discussed but would be difficult to organize without a Network research coordinator. Even so, the Network does provide each program with the opportunity for their residents to present their projects and a forum in which to discuss research strategies, both important activities identified by DeHaven et al for a successful research culture.

In Peter Senge's book, *The Fifth Discipline*, he states that "the leaders' task is designing the learning processes."² As residency program leaders, directors are responsible for designing and supporting the learning processes of their programs so that they can facilitate research and other scholarly activities. Without the directors' leadership and support, research will never achieve sufficient priority to allow programs to be successful in research, and residents will find it difficult to master the Accreditation Council of Graduate Medical Education competency of practice-based learning and improvement. Because we are responsible for teaching tomorrow's leaders in family medicine, it behooves us as directors to transmit to our residents the essential leadership skill of critical thinking that can come only from having a successful research curriculum.

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From the North American Primary Care Research Group

COMMUNITY NEEDS ASSESSMENT AND DEVELOPMENT USING THE PARTICIPATORY RESEARCH MODEL

Participatory research is a collaborative model that promotes the development of critical partnerships and the application of research conclusions into the process of community development. It is a means by which the expertise of primary care researchers can produce new knowledge through developing research partnerships with the community. The knowledge, expertise, and resources of the involved community are frequently key to effective research and problem solving.

The participatory research model began as a movement for social justice in international development activities and has evolved into a tool for improving

social and economic conditions, effecting change, and increasing trust for scientists and community development efforts among the members of the communities studied. Today, participatory research represents a methodology for partnering with communities to develop interventions that are acceptable to community members, for evaluating and demonstrating the effectiveness of the intervention with community members, and for sustaining the intervention beyond external funding.

There are three critical attributes of the participatory research model: collaboration throughout the research process, a mutually rewarding educational experience for researchers and community members, and tangible action based on research results. Collaborations promote sharing of decision making throughout the research process, from refining the question and undertaking the research to interpreting the data and jointly disseminating the results. A critical process goal is for the community to build its own capacity by developing skills, applying research results to improve the quality of life, and planning for future health needs. In addition, the participatory research model more effectively answers the questions that emerge from within communities, thereby increasing community capacity building and sustainability.

There is a growing recognition among researchers of the distinction and the importance of participatory research compared with the more historical model for community needs evaluation and development, often referred to as top-down research or derogatorily as "helicopter" or "safari" research. The participatory research model has gained prominence during the last decade through the community research accomplished in collaboration with indigenous peoples of North America and by an endorsement of NAPCRG in a 1998 policy statement, reproduced on the organization's Web page, www.napcrg.org/exec.html.^{1,2}

The rationale and methodologies applied by researchers using the participatory research model bear a striking similarity to those of primary care researchers using practice-based research networks. In both cases, a genuine partnership must develop between researchers and the community to overcome historical animosities, define relevant questions, acquire data to answer questions, and ensure that research results are translated into reality, whether applicable to patient care or community development.

As with all primary care research, community-based research that uses the participatory concept requires a greater understanding among potential sponsors of the three critical attributes that define the model. Because of the need for negotiation and two-way education, participatory research calls for a longer start-up or

developmental phase. Further, the purpose of this phase precludes researchers from clearly defining an a priori methodology. Research partnerships, like any partnership, require time to build trust and mutually rewarding relationships. Partnership building and the time required to negotiate process and outcomes, though lengthy, are clearly beneficial to the research process, producing research conclusions that are more relevant and more likely to be implemented.

Given the probability that researcher-community partnerships might not be able to adhere to the typical prerequisites of sponsors' requests for funding applications, several institutes and centers within the National Institutes for Health and the Canadian Institutes of Health Research offer 6- to 12-month developmental grants to support the requirements of initial partnership building. Such vehicles offer an excellent opportunity to support the negotiation and development phase of participatory research.

As with any new methodology for expanding our body of knowledge, participatory research potentially raises new, ethical challenges, such as the extent to which the protection of the community might need to be considered in addition to the protection of the individual.³ Nevertheless, participatory research represents one more valuable methodology in the expanding toolbox of primary care research methodologies.

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