

Family Physicians National Conference of Family Medicine Residents and Medical Students, and Program Directors Workshop & Residency Program Solutions Residency Education Symposium. Many regions, hospitals, medical schools, or cities have their own academic presentation days that meet resident scholarly activity requirements. These meetings are also a great place to be inspired by the work of colleagues.

Publications can include case reports or series, review articles, original research (quantitative or qualitative), book chapters, and online or other digital resources. Original research with a primary care focus is published in *Annals of Family Medicine*, *Family Medicine*, *Journal of Family Practice*, and *Journal of the American Board of Family Medicine*, to name a few. The STFM recently created *Peer-Reviewed Reports in Medical Education Research (PRIMER)*, an online journal that will publish brief reports on original research relevant to education in family medicine.

The RC-FM provides guidelines on how it interprets scholarly activity for compliance with the Program Requirements and examples of how this requirement can be met.¹²

Curiosity is an essential trait of an excellent family physician. By nurturing a culture of inquiry and scholarly activity in residency, our programs can support the excellence of the next generation of family physicians.

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References

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RESEARCH GROUP

From the North
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Research Group

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2017 PBRN CONFERENCE HIGHLIGHTS TAKING PRACTICE TRANSFORMATION TO SCALE WITH QUALITY IMPROVEMENT

The 2017 NAPCRG Practice-Based Research Network Conference brought together the energy of 170 participants from the United States, Canada, Haiti, and the United Kingdom in Bethesda, Maryland on July 22-23, 2017. Conference co-chairs, Donald Nease, Jr and Denise Campbell-Scherer provided the welcome and orientation for this AHRQ-sponsored conference.

Arlene Bierman, MD, Director of AHRQ's Center for Evidence and Practice Improvement, highlighted AHRQ's Primary Care areas of interest and achievements, of which several were produced by PBRNs. Dr Bierman emphasized that AHRQ recognizes the critical role that PBRNs have played in creating and sustaining the viability of these tools.

Deborah Cohen, PhD, delivered the first plenary on "Evaluation of a National Dissemination and Implementation Initiative to Enhance Primary Care Practice Capacity and Improve Cardiovascular Disease Care" where she described the EvidenceNOW initiative's evaluation, *Evaluating System Change to Advance Learning and Take Evidence to Scale (ESCALATES)*, and shared its real time findings. Dr Cohen shared information about the cooperative infrastructure supporting this large dissemination and implementation effort, and the role practice-based research networks play in this effort including the key characteristics of the EvidenceNOW cohort of practices, which currently includes data on approximately 1,500 primary care practices.

The second plenary was delivered by Kimberly Wintemute, MD, CCFP, FCFP, the co-lead for Choosing Wisely Canada, entitled "The Researcher and The Implementer: Critical Kinship Writ Large". Dr Wintemute's presentation described why the relationships between researchers and implementers are so crucial

to nurture. Barriers to measurement in the realm of Canada's Choosing Wisely campaign, how PBRNs can help, and how we can leverage the strengths of both researchers and implementers to make progress were discussed.

The third plenary was given by Robert McNellis, MPH, PA, Senior Advisor for Primary Care at AHRQ. Mr McNellis discussed the contributions to AHRQ's past and present and provided an update on AHRQ's current research efforts and learnings to date. In addition, attendees also heard about AHRQ's research priorities and how PBRNs and primary care researchers can engage with AHRQ in the future.

The 12-member PBRN Planning Committee reviewed 106 abstracts leading to 55 poster presentations, 6 workshops, and 32 oral presentations. Each submitter was asked to include a statement of why their research is relevant to clinical practice and patients. The 10 oral presentation tracks included PBRN Infrastructure, Network Operations, Practice Facilitation, Quality Improvement, Shared Decision Making, Community Engaged Research and Technology, Proposal Development, Study Design, and Analytic Methods.

The planning committee allowed for substantial time to accommodate 6 workshops. The workshop topics covered a variety of topics:

- "How-to" approaches to recruit, support, and retain rural primary care practices in the combined project ECHO/QI approach.
- Understanding the causes that significant gaps in our understanding of the interplay of social determinants caused by Fragmentation and sequestration and the pros and cons of a Community of Solution approach
- Scaling up QI support in the primary care sector
- Methods for patient engagement in research agenda setting with the context of a PBRN
- Similarities and differences in research and evaluation, evaluation terminology, and 4 theoretical approaches to program evaluation (Empowerment Evaluation, Utilization Focused Evaluation, "Program Theory" Focused Evaluation, and Deliberative Democratic Evaluation) and uses of the approaches for research design and grant writing
- Identifying the characteristics of successful PBRN project participants and strategies PBRNs can use to recruit and enroll these participants

The 3 poster sessions were well attended with ample opportunity for extended conversations and networking. Poster walks were a new and popular addition to the 2017 conference. Top scoring abstracts in 6 thematic areas were featured during themed poster walks in which attendees were led by a facilitator

while presenters shared their research questions, methods, results, and key implications. Poster walks offered the opportunity for attendees to learn more about a particular subject matter and research methodologies. Upon conclusion of the walk, the facilitator led a brief discussion on the posters and participants selected their choice for the best poster for the 2017 David Lanier Poster Awards.

Winning posters included: Parental Attitudes and Preferences about Participation in Child Health Research: Results of an Anonymous Survey of Parents from Diverse Settings in a Pediatric PBRN (*Evelyn C. Reis, MD, Carrie Fascetti, LSW*); Understanding Shared Situation Awareness Cognitive Requirements for EHR Design for Primary Care Teams (*Amanda Hoffmann, MPH, David Habn, MD, MS, Shimeng Du, MS, Randi S. Cartmill, John W. Beasley, Laura J. Farrell, Lindsey M. Steege, Paul D. Smith, Jessica Tarnowski, Regina M. Vidaver, Tosha B. Wetterneck*); Choosing Wisely: Monitoring Quality Improvement Efforts to Reduce Thyroid Screening in Primary Care (*Kimberly Wintemute, MD, CCFP, FCFP, Michelle Greiver, MD, MSc, CCFP, Warren McIsaac, Lisa DelGiudice, Frank Sullivan, Babak Aliarzadeh, Sumeet Kalia, Chris Meaney, Rabim Moineddin, Alex Singer, Marwan Asalya, Deepak Sharma*); Integrating Population Health and Clinical Data to Understand the Characteristics of Patients Receiving Opioid Prescriptions from Primary Care Clinicians (*Sebastian Tong, MD, MPH, Roy Sabo, PhD, Alex Krist, MD, MPH, Camille Hochheimer, Paulette Lail Kashiri, MPH, Teresa Day*); Changes in Risk for Type 2 Diabetes among Mexican American Children (*Kimberly Fulda, DrPH, Susan Franks, PhD, Shane Fernando, PhD, Anna Espinoza, MD, Didi Ebert, DO*); Developing a Primary Care Practice Fragility Index (*Zsolt Nagykaldi, PhD, John Zubialde, MD, James Mold, MD, MPH*).

The enthusiasm and engagement at the 2017 PBRN Conference was high from start to finish. Videos of the 2017 plenary presentations and conference resource materials are available on the NAPCRG website (<http://www.napcrg.org>).

The 2018 PBRN Conference will take place June 25-26, 2018 in Bethesda with the theme of *Addressing Health Disparities in PBRN Research*. Hope to see you there next year!

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Jill Haught