

**Dr. K.** The introductory content and graphics were unbelievable! It felt like a real patient actually walked into my office. At the end, when I finished the management of the patient, the SAM provided a great summary that addressed what I did and also what I could have done. It was exactly what I was expecting from this module.

**Q.** You said that you used the Help Desk and technical support; can you elaborate?

**Dr. K.** In the beginning, I had some technical problems with my computer when I was trying to take the SAM. The problem was on my end. I called the Help Desk, and they helped me resolve it so I could continue. They were very professional. They made me feel that every question I asked was important to them.

**Q.** What would you say to other diplomates who certified or recertified in 2003 who haven't taken the SAM yet?

**Dr. K.** I would encourage them to go online and see it for themselves. As I said earlier, I was apprehensive and wanted to get it over with, but once I logged on, I couldn't believe how easy it was! It made me want to proceed further. It was a great educational experience and I'm proud that my specialty has invented this process.

Dr. Khotianov, who is 37 years old, completed his family practice residency and was Chief Resident at SUNY in Buffalo, NY. He maintains a practice in Toronto, Canada, and in outlying rural areas.



From the Society of Teachers  
of Family Medicine

## STFM ANNUAL SPRING CONFERENCE FEATURES A DIVERSE RESEARCH PROGRAM OF EVENTS

The STFM research committee is assembling a variety of research-related activities for the STFM Annual Spring Conference, which will be held May 12-16, 2004, in Toronto. There will be 12, 90-minute slots for forum presentations, a Research Poster Fair (including completed projects and fellows' works in progress), and a Resident/Student Research Forum. We have accepted 2 submissions for distinguished paper presentations, 36 research forum podium presentations, and 29 research poster presentations, for a total of 13 more completed research projects than were presented at the 2003 conference. These projects cover a wide spectrum of research in family medicine, including educational interventions, clinical care, health care policy, behavioral health, and cross-cultural issues. Our 2 distin-

guished papers this year describe patient experiences with medical errors and a model for evidence-based depression care.

Whereas several of the above presentations include the work of students, residents, or fellows, the committee also recognizes the importance of providing opportunities for more feedback to these budding researchers. We will have posters presenting fellows' works in progress, where attendees can discuss projects in detail with fellows and provide constructive feedback. Another presentation venue will be the Resident/Student Research Forum, where residents and students will present their completed work in a preconference workshop and feedback session. A basic skill-building session will also be held during the meeting for recently graduated fellows and junior research faculty.

The STFM Annual Spring Conference also provides an opportunity to highlight the accomplishments of family medicine researchers. The research committee reviews all original research papers published by STFM members during the preceding academic year for selection of a Best Paper Award. Papers are nominated by STFM members or identified in an extensive literature search. This year, 20 papers were nominated for final consideration of the award, and the final selection will be announced in Toronto. We will also announce the winner of the Curtis G. Hames Research Award, presented annually in recognition of an outstanding career of contributions to family medicine research. The presentations by the Hames Award winner and the STFM Best Paper Award winner are highlights of the annual meeting.

Also among the highlights this year will be the research-themed plenary session. The research plenary address, "You Do WHAT Research in a Family Medicine Department?" will be delivered by Mary Marden-Velasquez, PhD, from the University of Texas HSC at Houston. This plenary presentation promises to be a lively exploration of the variety of topics Dr. Velasquez has studied in the context of the transtheoretical model (TTM) of behavior change and motivational interviewing. Dr. Velasquez will describe use of the TTM and brief motivational interventions in her current clinical trials in prevention of alcohol-exposed pregnancies, sexually transmitted disease prevention, and treatment of substance abuse. She will also discuss use of the TTM in clinical research and patient care by family medicine faculty, residents, and fellows, including work in diabetes, pregnancy and smoking, advance care planning directives, childhood obesity, and eating disorders.

All told, there will be more than 90 presentations of original research at the STFM Annual Spring Conference. Be a part of this great research exchange

by registering for the conference today. Visit <http://www.stfm.org> for complete conference information and to register online.

Please help to support and promote research within our discipline by attending and contributing to some of these sessions. The committee also welcomes feedback on the research program and suggestions for future presentations. Best of luck choosing among all the possible presentations, and enjoy the meeting!

*Erik Lindbloom, MD, MSPH  
Chair, STFM Research Committee*



**From the Association  
of Departments of Family Medicine**

## THE ROLE OF RESEARCH DIRECTORS IN DEPARTMENTS OF FAMILY MEDICINE

While family medicine departments strengthen their focus on building research capacity, it is important to consider the role of research directors. In general, research directors are responsible for promoting the growth and development of research, but there has been little discussion on how this task is best achieved. To try to provide better clarity on this topic, comments on the role of research directors were collected via the electronic mailing system of family medicine chairs. Strikingly, there is general agreement that research directors are not absolutely necessary. One chair stated, "To my knowledge there is not another discipline that uses the research director assignment with such frequency as we do," while another respondent said, "If a department has a few good researchers, then it probably does not need a research director."

The need for a research director may depend on the stage of development of research in the department and on the leadership style and research proficiency of the chair. Once a department has achieved some success, the need for the research director diminishes (the need for research coordination increases, but it does not have to be done by someone with a terminal degree). If the research director is the best researcher in the department, then it is important to keep that person productive in research in addition to supporting the research of others. The research director position itself can decrease personal research productivity. For those departments that are still in an early stage of developing research, there is a real possibility of sacrificing the research director for the advancement of the whole. "It becomes too easy to see research as the director's job

and have the rest of the experienced faculty disengage from the mentoring process."

When research first began to play a greater role in the departments of family medicine, there was a preference to have physician researchers. One respondent stated, "An MD may be a better role model for doing research and have more credibility, especially for junior faculty, fellows, and residents. A PhD is more likely to have advanced research training and is less expensive." Some departments have gone through several iterations of research directors and have found that the leadership ability and personality of the research director are more important than the degree.

A number of specific recommendations were derived from a discussion after a recent NAPCRG seminar on the role of the research director. The audience of mostly research directors offered the following recommendations that would improve research productivity: (1) Departments that desire research expansion should conduct formal strategic planning to articulate the vision of the department's goals and objectives. In this process specific attention needs to be given to the role, duties, and evaluation of the research director. (2) The department should have specific content areas in which it is willing to invest resources. (3) The department should do an analysis of the demographics of its own patient population, so as to know its community and its needs. (4) Research directors, like anyone else, want to be valued. Sometimes faculty believe that patient care and teaching are more important and that research is being imposed, which can set the research director up as being the bad guy. Nor do research directors like it when faculty act as if the role of the director is to crunch numbers instead of being a member of the research team. Research directors need to know they have the full support of the chair. (5) Protected time should really be protected. (6) The research director needs strong administrative support, so that time is spent doing things that really require the director's expertise. (7) The research director should not be expected to do all the mentoring if there are senior investigators in the department. (8) Collaboration should be promoted within the department, in the medical school, and throughout the community.

As family medicine departments expand their scope of research, it is worth clarifying the role of the research director so that this often-critical member of the faculty can be effective in building the research foundation of the department.

*Mark S. Johnson, MD MPH  
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