across North Carolina. Several programs span multiple counties, including one led by the North Carolina Academy of Family Physicians. Each incorporates local doctors, health departments, and community groups in programs to encourage exercise and better diet, especially among high-risk groups. Students on the family medicine clerkship are now starting to connect local practitioners to these community resources.

Obesity poses challenges for patients, for communities and the public as a whole, and for family medicine. Finding solutions that work for our patients is pulling all of us out of our usual way of providing care, into less familiar environments of partnerships between academic and community groups, and with local and state public health agencies. But finding new solutions to health care problems, such as obesity, is one of the central missions of the academic departments of family medicine and is one way departments contribute, not just to the discipline, but to improving health for all.

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From the Association of Family Medicine Residency Directors

Ann Fam Med 2004;2:520-521. DOI: 10.1370/afm.229.

PROMOTING SCHOLARLY ACTIVITY IN FAMILY MEDICINE RESIDENCY PROGRAMS: WHAT'S THE REWARD?

Scholarly activity is an important component of family medicine education. The Accreditation Council for Graduate Medical Education (ACGME), through the Core Competencies, has introduced and required additional goals for residency programs. Several of these competencies involve the incorporation of scholarly activity into the patient care experience. In the Program Requirements for Residency Education in Family Practice, the Residency Review Committee for Family Practice states that "graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility."

Overall, family medicine residency program directors mostly support scholarly activity in their programs. In an earlier survey, more than one half of family practice residency program directors believed that their training program actively promoted research.[1] Furthermore, 3 out of 4 indicated that involving residents in research was a goal of the program.

While scholarly activity leads to professional development for the resident and meets accreditation standards for the program, further rewards associated with this activity are not always clearly defined or present. Oeffinger et al[2] examined how time was allotted for family medicine faculty to pursue scholarly activities and how these activities are rewarded. Most programs and departments do not have an explicit reward system. As recommended by the authors, further studies are needed to determine whether the use of protected time and a reward system enhance scholarly activity.

As an added reward for conducting quality scholarly activity, the family practice residency programs affiliated with the South Carolina Area Health Education Consortium (SC AHEC) are attempting to incorporate scholarly activity with a retreat-like atmosphere. For the past 2 years, SC AHEC has supported a symposium for residents in its 8 affiliated family medicine residency programs. The purpose of the symposium is to provide an opportunity for residents to present their scholarly work. The 10-minute presentations are categorized into specific areas (basic research, clinical review, case report, and quality improvement). A focus on topics of interest to a primary care audience (eg, patient care, preventive strategies, practice-based systems of care, or resident education) is encouraged for submission.

In addition, SC AHEC provides participating residents funding to spend a weekend away from their residency programs with their families. This past year, the symposium was conducted at a resort park that offered outstanding recreational opportunities, including a beautiful 18-hole championship golf course; trails for hiking, walking and biking; tennis courts, and facilities for archery and skeet shooting. In addition to access to a 70,000-acre lake for fishing and boating, the park featured a motel, park cabins, a restaurant, and meeting facilities.

As noted by Gary Goforth, MD, residency program director at Self Regional Healthcare Family Practice Residency Program and Chair of the SC AHEC Family Practice Residency Directors' Council, the annual symposium "has increased and formalized the scholarly activity conducted in the family medicine residency programs throughout our state." In addition, Dr. Goforth believes that this symposium allows residents from the various programs to interact with one another in both a professional and informal manner.

The symposium conducted by SC AHEC offers many of the advantages of a residency retreat with the addition of a scholarly theme. Although most family medicine residency programs offer resident retreats, only a few studies have been published specifically addressing value of resident retreats in the overall resident personal development and stress management.[3,4] A research or

similar scholarly symposium provides the intangible benefits and rewards of a retreat (ie, improved resident morale, cohesion, social support, and camaraderie) while providing a forum for scholarly presentation.

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From the North American Primary Care Research Group

Ann Fam Med 2004;2:521-522. DOI: 10.1370/afm.225.

NETWORKS FOR NEW KNOWLEDGE IN FAMILY MEDICINE

Gayle Stephens, MD, claimed that the research laboratory of family medicine must be the practice—it is both the source of our questions and the place where we must seek answers.[1] This belief is the basis for the formation and growth of practice-based research networks (PBRNs). PBRNs are groups of practices affiliated with one another and often with academic institutions or professional organizations for the purpose of answering the questions that arise from daily practice and of most importance to clinicians and patients.[2] The Federation of Practice Based Research Networks (FPBRN) now includes 75 US members and 5 international affiliates.The American Academy of Family Physicians sponsors the National Network for Family Practice and Primary Care Research (the National Research Network), established in 1999 and continuing the work of the Ambulatory Sentinel Practice Network (ASPN). Both national networks and a growing number of regional PBRNs have been formed or developed with the support of the Agency for Healthcare Research and Quality. It is estimated that approximately 1 in 10 family physicians in the United States now participates in a PBRN, making these organizations a potent vehicle for direct and rapid dissemination of research findings that can improve the outcomes of care.[3]

Some recent examples of the impact of PBRN research on practice[4] include questioning the routine use of CT scans of the brain in every new headache patient,[5] the routine performance of D&Cs following miscarriage,[6] and the routine prescription of antibiotics for uncomplicated acute otitis media.[7] Regional networks have demonstrated that brief interventions by primary care physicians can significantly reduce problem drinking by patients,[8] and that family physicians routinely weave preventive service delivery into both acute and chronic problem visits.[9] They are also providing new insights into the processes by which practices can improve their care.[10] US and international PBRNs are just now publishing fundamental studies of the nature of medical errors in primary care practices, as seen by both physicians[11] and patients.[12]

Administrators of successful PBRNs take care to involve participating physicians in the selection of questions for study, to create protocols that minimize the impact of the study on the ongoing business of the practice, and to provide timely feedback of study results that can lead to improvements in the participating practices. Awareness of peers who are participating, and recruitment by colleagues whom they respect are also important. A rural Virginia family physician echoed these themes in recent interviews: "I like to know that I am helping produce knowledge that improves care. I enjoy being involved in developing a study - not just one of the practices that submit data. I make it clear from the beginning what information I want to get out of the study." (James Ledwith, MD, personal communication, June 29, 2004)

What is involved with participating in a PBRN, and how does one join? For physicians who are part of the Academy's National Research Network, the work is estimated at 30 minutes per week for a 2- to 3-month period. Physicians can choose from a menu of network projects. The Network is actively recruiting new members, with an emphasis on physicians working in large metropolitan areas and caring for underserved populations; minority physicians; and physicians working outside of academic units. The Network's Web site has up-to-date information on current projects and on how to become a participating member.

Your patients need you to contribute to the new knowledge that will improve their primary health care. Find out which PBRNs are in your part of the country and which colleagues are participating in PBRNs (through PBRN Web sites, local academic units, or state and national academy offices). Give those colleagues a call and find out about their experiences. Then add some spice to your practice life by becoming one of the