

Family Medicine Updates



From the Society of Teachers
of Family Medicine

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CALLING ALL SCHOLARS TO THE COUNCIL OF ACADEMIC FAMILY MEDICINE EDUCATIONAL RESEARCH ALLIANCE (CERA)

Background

The current state of affairs is that as a specialty, we underperform in scholarly and research output compared with our peers in other specialties,⁴ and although this has been acknowledged for a while,⁵ improvements in research productivity have been slow. Many barriers remain to the generation of research and scholarly output from departments of family medicine. One important barrier is the relatively small size of family medicine departments and residency programs, which deters the formation of effective research teams. Other obstacles include the lack of research training, lack of role models or mentorship, lack of protected time, and lack of resources to support research.¹⁻³ An increasingly significant barrier is the mounting pressure on departments and residency programs to focus on clinical productivity at the expense of scholarship.

In July 2009, members of the STFMR Research Committee started on a plan for creating a more vigorous family medicine research pipeline. In crafting this plan the committee wanted to reaffirm the centrality of research to the development of family medicine and incorporate a number of suggestions from other stakeholders related to improving the quality and quantity of research being produced within family medicine. The discussion within the STFMR Research Committee about enhancing research focused on STFMR's core mission of medical education. The Society was founded in 1967 to respond to the needs of family medicine educators. Although STFMR has grown to nearly 5,000 members, the focus of STFMR continues to be family medicine education and although the clinical interests of family physicians are wide, most family medicine academicians are linked by a common commitment to clinical medical education. The resulting proposal by the Research Committee differs from many earlier efforts because of the

decision to concentrate on research efforts supporting medical education.

The Committee also acknowledged that in creating a plan for family medicine's research pipeline, it was essential to cogently provide the vision and resource requirements of such a pipeline, while working in collaboration with other family medicine stakeholders. This STFMR Research Committee proposal for creating a research alliance was reviewed, clarified, and endorsed by the STFMR leadership, who in turn presented the proposal to the other member organizations of the Council of Academic Family Medicine (CAFM), including the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD), and the North American Primary Care Research Group (NAPCRG). These family medicine organizations have been working on the problem of building research capacity for some time and endorsed the "Research Alliance" proposal.

CERA Mission

The mission of CERA is to set within family medicine a standard for medical education research that is rigorous and generalizable, to provide mentoring and education to junior researchers, to facilitate collaboration between medical education researchers, and to guide the specialty by providing leadership and vision in the arena of medical education research.

The Research Alliance

Educational research can be broadly conceptualized as either descriptive or experimental. Each type addresses different research questions and necessitates different research design approaches. A commonly used strategy for conducting educational research in family medicine is to survey family medicine clerkship directors, residency directors, chairs of family medicine, and other members of the family medicine community. CERA will generate a descriptive database that will serve as a tool to help define best practices in family medicine education delivery, in the same way that other national databases such as Medicare have generated health services research to illuminate best practices in clinical care delivery.

While the educational research in family medicine is generally descriptive and involves surveys, much of this research is not planned in a way that results will lead to dissemination through peer-reviewed publications. Many family medicine educators could benefit from having trained researchers consult with them to

improve the quality of their survey-based research. Survey-based research is low cost and has proliferated over time, particularly to constituent groups like residency directors and department chairs. This has led to lower response rates and an appeal by the STFM Board of Directors to the STFM Research Committee to devise new strategies to improve the survey process.

CERA has therefore been designed with the following in mind: (1) to reduce the administrative burden on residency directors and others, (2) to improve the quality of data that is generated through increased response rates to a consolidated annual survey and through peer review of survey items, (3) to provide a resource for research and scholarly activity to all faculty, particularly those without significant prior research experience and (4) to provide a resource for residents so that they can meet their scholarly and research requirements.⁶⁹

CERA will provide 3 main components: (1) Infrastructure for survey development, implementation, data management, and warehousing; (2) faculty mentoring and expertise for clarifying the purpose of the research, defining the study population, selecting survey items, and analyzing and interpreting the data; (3) access to data for members of all participating organizations.

A central repository of data will be generated and housed at STFM. The data will include annual surveys to department chairs, residency directors, clerkship directors, and behavioral science directors. These surveys will consist of questions that are repeated every year, and in addition, investigator-initiated modules of questions added annually to each survey. These will be solicited from members at large through a competitive application process and will be reviewed and approved by the CERA review committee. The CERA review committee's role is to provide mentoring and assistance in development of the proposals if needed, to provide scientific evaluation of each proposal and to ensure that there is no duplication of content areas. After data collection, successful applicants will have sole access to the data for 3 months and then after that time the data will be made available to the whole community. CERA will take responsibility for all data collection and management.

While initially CERA will focus on survey-based research, eventually it should help family medicine educators to undertake multi-site experimental studies. These educators, many of whom are residency faculty, rarely have the resources, the statistical consultants, or mentoring available to them to conduct high-quality experimental educational research studies. Even if these obstacles are overcome, there remains the fundamental problem of a small sample size of learners in any one program. By facilitating multi-center

experimental studies, educators will be able to undertake rigorous research. It is these types of studies that will allow family physician educators to answer causal research questions.

Ultimately, the hope is that through the availability of this initiative to all teaching and research faculty, the quantity and quality of scholarly work generated by faculty and residents will increase regardless of their prior research experience. More information about CERA and the application process can be found at <http://www.stfm.org/initiatives/cera.cfm>.

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References

1. Young RA, Dehaven MJ, Passmore C, Baumer JG. Research participation, protected time, and research output by family physicians in family medicine residencies. *Fam Med*. 2006;38(5):341-348.
2. Young RA, DeHaven MJ, Passmore C, Baumer JG, Smith KV. Research funding and mentoring in family medicine residencies. *Fam Med*. 2007;39(6):410-418.
3. Hueston WJ, Mainous AG III. Family medicine research in the community setting: what can we learn from successful researchers? *J Fam Pract*. 1996;43(2):171-176.
4. Pathman DE, Viera AJ, Newton WP. Research published in 2003 by U.S. family medicine authors. *J Am Board Fam Med*. 2008;21(1):6-16.
5. Culpepper L, Franks P. Family medicine research. Status at the end of the first decade. *JAMA*. 1983;249(1):63-68.
6. Dickinson WP. The imperative for residency innovation. *Fam Med*. 2011;43(4):283-285.



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RESEARCH DEVELOPMENT STORIES FROM 7 DEPARTMENTS OF FAMILY MEDICINE: 7 LESSONS FOR ALL DEPARTMENTS

The challenges to development of research capacity in departments of family medicine have been documented.¹ ADFM strives to be a learning community, where members share their challenges, opportunities, successes, and disappointments. Seven stories of family medicine departments from Boston University, Brown, Jefferson, Kansas, Minnesota, Oregon, and Wake Forest were featured at a recent annual ADFM Winter