

Creating a Culture of Inquiry and Scholarly Activity

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RTT Collaborative Scholarly Intensive

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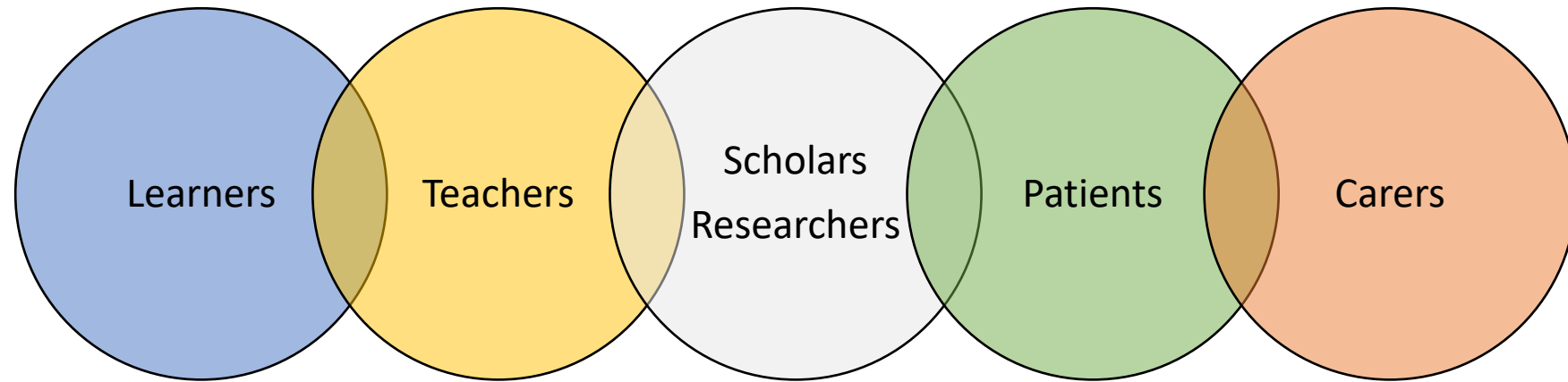
Disclosures

- I have no competing interests connected with this presentation.
 - The presentation involves no experimental or off-label uses of medical interventions.
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- Presentation extras at end of the handout.
 - Please hold your questions to the end.



**KEEP
CALM
BECAUSE
I DON'T
KNOW**

“I don’t know.”



We’re all in this together.

This humble question is the start of all learning, teaching, research, and care.

“I don’t know.”

To create an authentic culture of inquiry,
embrace the dignity, humility, care, and curiosity of the phrase,
“I don’t know.”

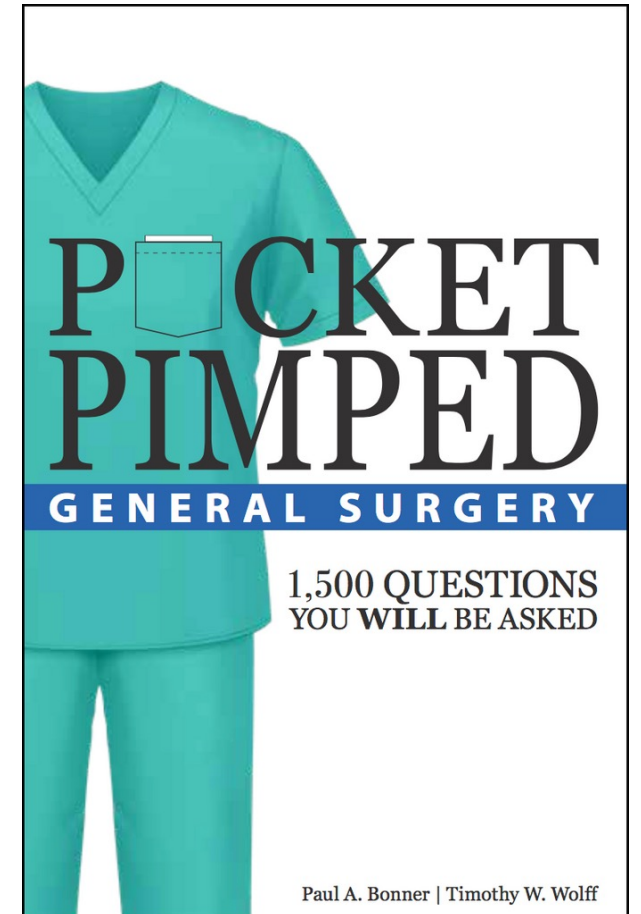
If we learn this,
we will learn for the rest of our lives
and be prepared to embark on careers of inquiry, discovery, and growth.

For some, that will involve formal research.

Culture of clinical training

What if we judged
intellect and ability

- by questions
- not by answers?



If we don't know, how will we find out?

- ✓ Ask an expert.
- ✓ Ask the literature.
- ✓ Ask the patient.
- ✓ Ask the community.
- ✓ Ask an experienced family doctor.
- ✓ Conduct a formal review.
- ✓ Conduct a research study.
- ✓ Find out who else is asking and how they plan to find out.



Foundation

All clinicians need to be expert consumers of biomedical info:

- Find relevant research info
- Critical appraisal of common study designs.
- Applicability to patients and practice



EBM Skills

Adding research and scholarship can enhance:

- Patient care
- Population health
- Effectiveness & efficiency
- Professional fulfilment



Quadruple Aim

Role modeling

- Key to developing professional attitudes and identity.
- How can we each be role models for inquiry and research?
- Most faculty are not trained experts in research.
- OK - Most are not trained experts in partialist disciplines.
- We are expert at:
 - Patient care, communication, community relations, comprehensive care
 - Problem-solving, navigating uncertainty, managing complexity
 - Recognize our limits, lifelong learning, acquiring new skills

Empowering Leadership

- Help learners, faculty, and team members identify their personal passions.
- Know what topics are dear to the hearts of each of your colleagues.
- Help them each imagine how research can advance those interests.
- Then ask the leader's questions:
 - How can we help you be successful in this endeavor?
 - What resources do you need?
 - How can we best use your elective time?
 - Who else shares these goals that you might team with?

Culture by default or by design?



Build inquiry and scholarship into the cellular structure and function of your shared work life.



Get everyone on the inquiry track

- Faculty, residents, students
- Clinical staff, support staff
- Interprofessional learners

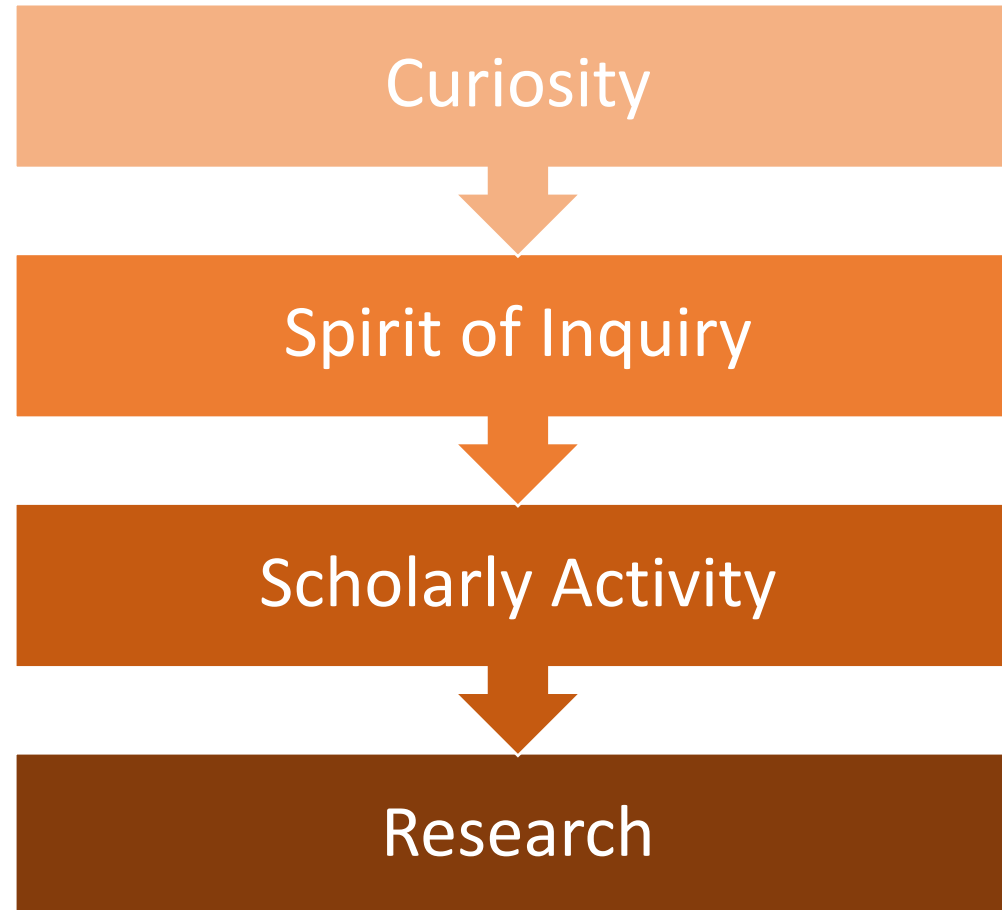


Build inquiry into your biorhythms

Make inquiry and research foundational bricks in work and curriculum.

- Teaching encounters
- Didactics
- Case conferences
- Journal club
- Research presentations
- Research manuscript reviews for your favorite journals.
- FPIN
- PBRNs

From inquiry to research



Nurture human resources for research

Pipeline & recruiting

Professional development

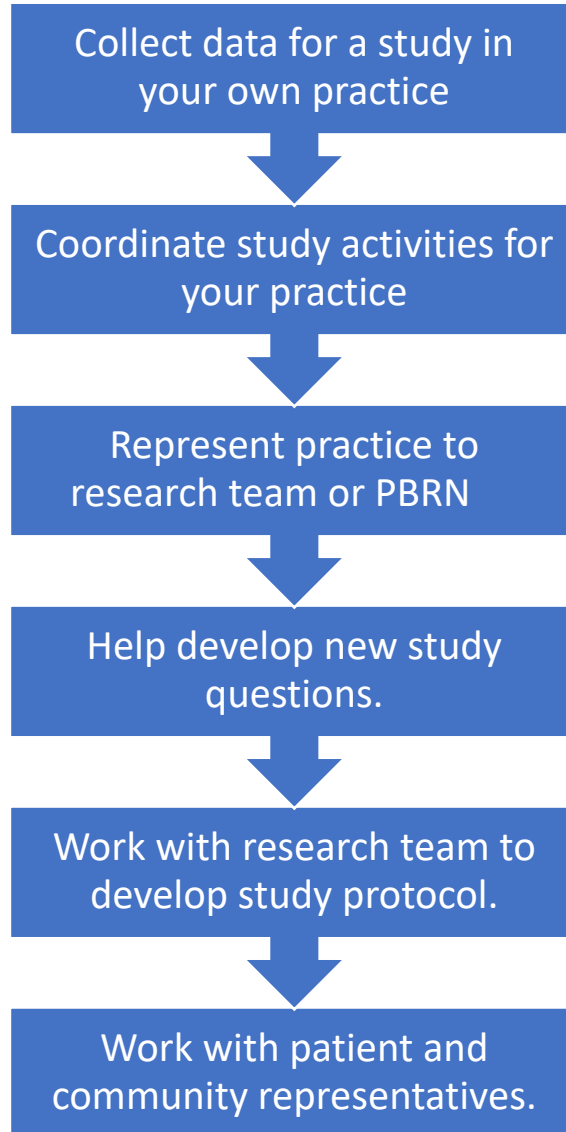
Inspiration & social reinforcement

Expectations - Rewards

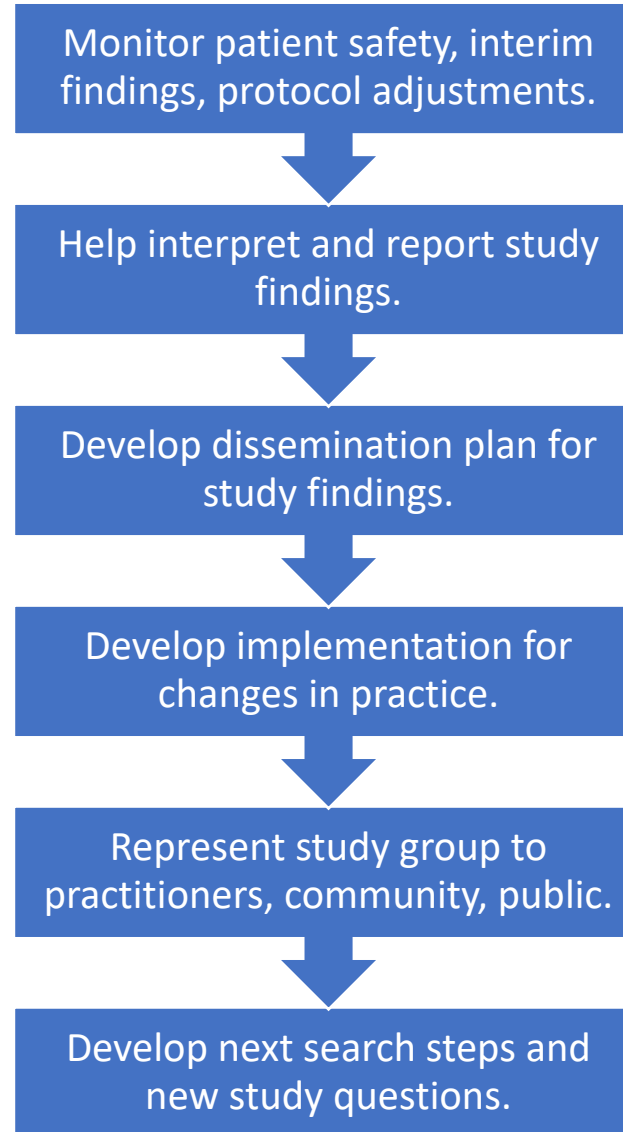
PC research
enterprise
has a place
for everyone.



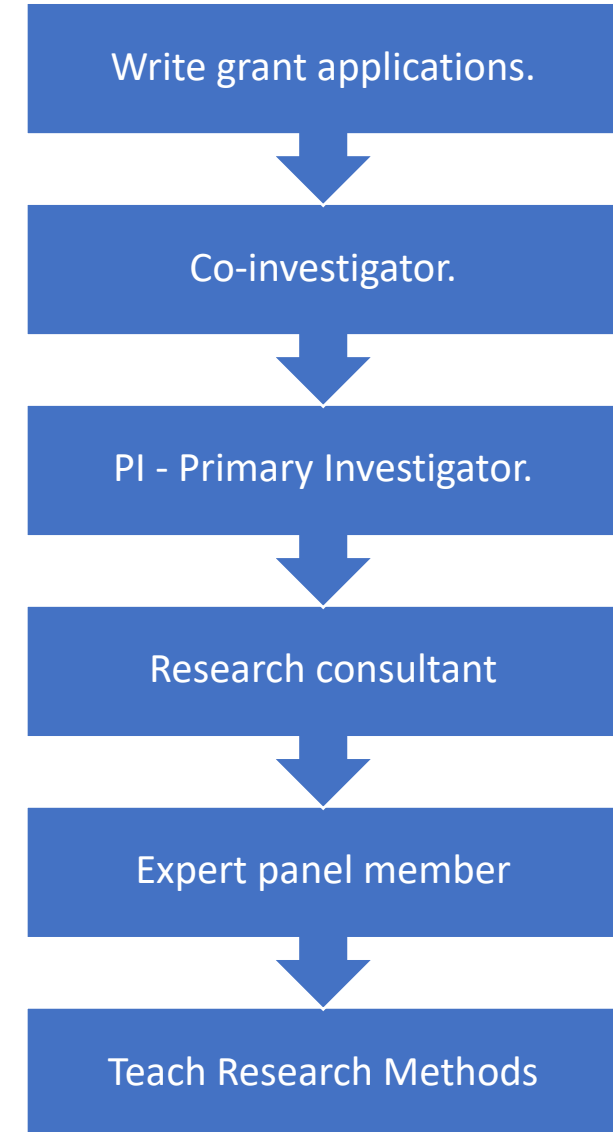
Practice Experience



Research Experience



Research Training



Developing relationships for inquiry



Partners

Community

Research Networks

Supporters

Build partnerships

- Graduate students, research fellows
 - Limited specialists
 - Non-clinical faculty
 - Research scientists
 - Community programs
-
- You have what they need: patients, clinical data, and settings of care.
-
- Value added by family medicine, generalist care
 - patient centered
 - problem oriented
 - evidence based
 - community connected



Create a Program of Inquiry

Good questions lead to
more good questions.



Good studies lead to
more good studies

Skilled team

Network of colleagues

Relationships with supporters

Practice - Research - Policy - Impact



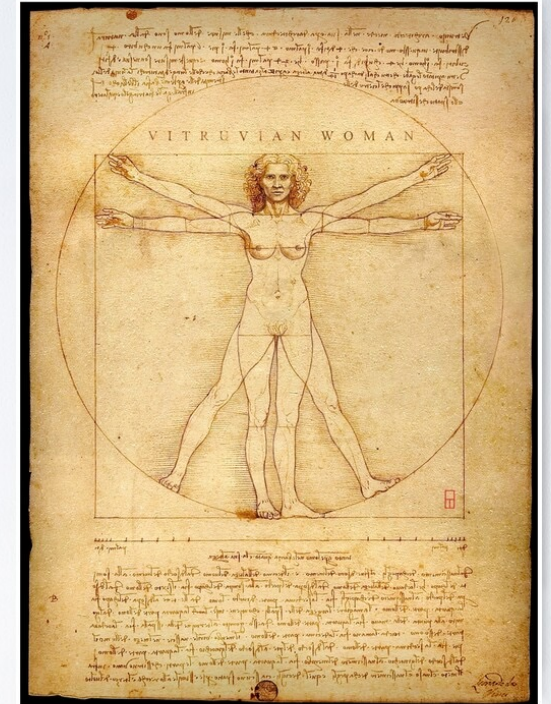
Best experts value contributions of those who work directly with patients, close to the community, solving problems, and implementing improvements.

Each of us has something special to contribute to this continuum.

There is great leverage in participating in these scientific and policy proceedings.

Scholarship is bigger than research

- Celebrate other types of inquiry and scholarly activity.
- Scholarship of:
- Discovery, integration, teaching, implementation.
- Humanities: History, philosophy, ethics. Arts
- Scholarship can be combined with advocacy, service
- Given these opportunities, who cannot pursue a passion or find a focus.



Summary

Establish priority - in parent organization, faculty group, clinical team.

Value research as real work.

Provide resources needed: people, time, money.

Build a team with complementary skills and expertise.

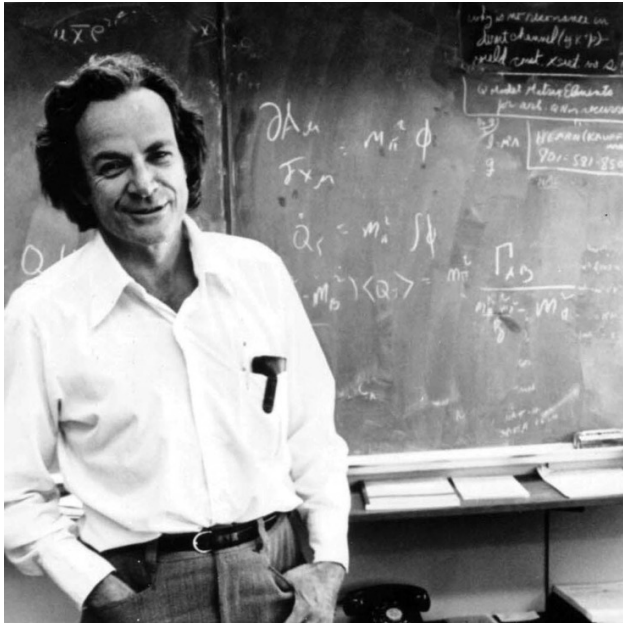
Build relationships through contribution to research activities at many levels.

Earn confidence and respect through participation in the research enterprise.

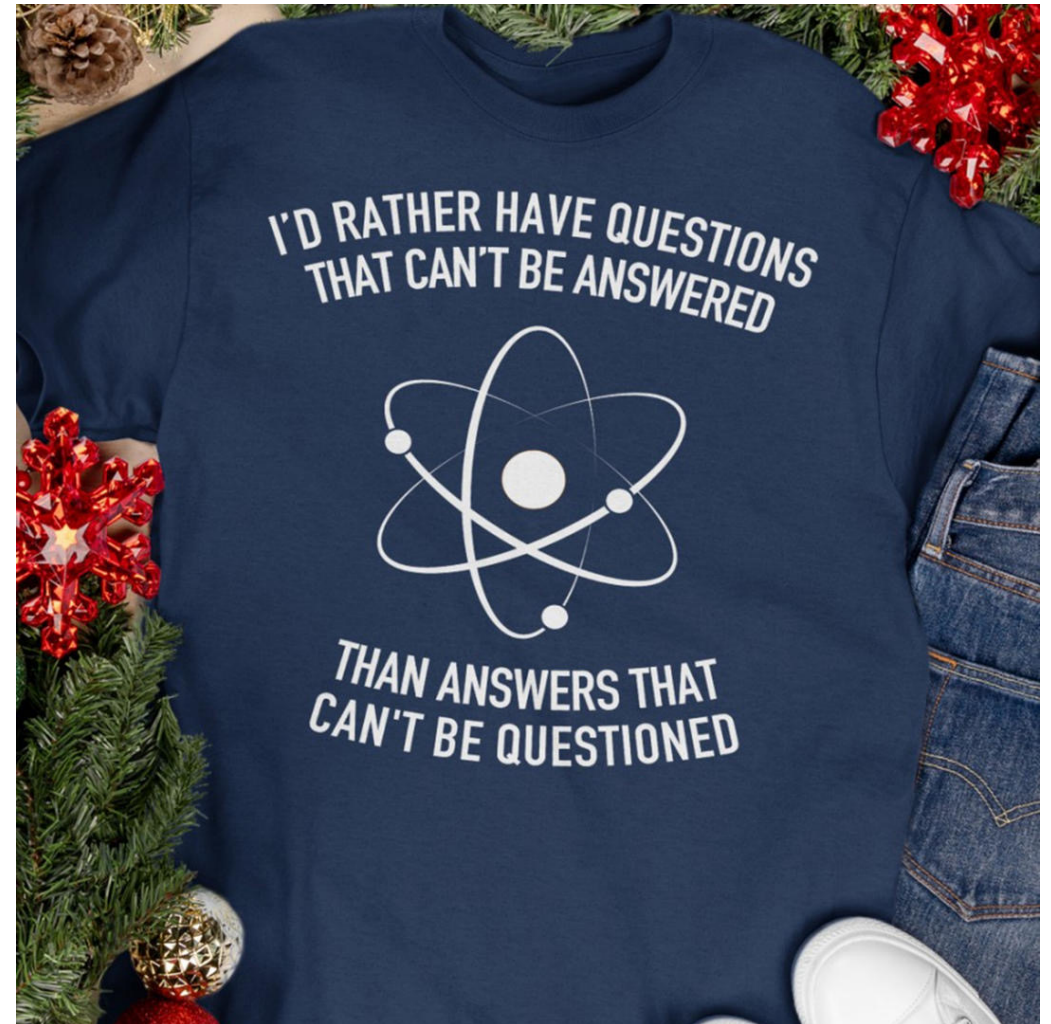
Involve learners every step of the way.

Support each other along the marathon route of research.

Enjoy the adventure.



Richard Feynman





**KEEP
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BECAUSE
I DON'T
KNOW**

I don't know.
I do care.

Let's find out -
Together

Your questions



Thank You

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Supplemental Slides

Fill your research with your super-powers

Primary Care
Family Medicine
Rural Care



Investigator goals

A question that is researchable



A study that is doable



Results that are publishable



A sustainable program of inquiry

Professional development

Extra expertise requires extra training.

Professional meetings, online courses, fellowship

Incorporate into your didactic curriculum – clinical examples, EBM skills

Deserves dedicated training time.

Not everyone needs the whole box of tools.

Build into each professional development plan.

Professional development is more than CME.

Set expectations and share inspiration

- Few choose FM primarily because of interest in research. However, all should be committed to a career of continual professional growth and contribution.
- How can a thoughtful, committed, growing professional not ask and seek answers to some of those questions?
- Ask applicants what questions motivate the most? What plans they have for keeping curiosity alive? What they plan to contribute?

Expectations - Performance Reviews

Performance Reviews - Metrics:

- Service on related committees and teams
 - Leadership of research programs
 - Teaching and mentoring
 - Not just grants, contracts, and publications.
-
- Pay for performance - \$\$\$

PBRNs

- Join and become active in a PBRN or other research network.
- Hobnob with other inquiring minds that share your values.
- Develop common interests.
- Find a niche to make your contribution.
- Use the research resources and training programs.

Build research teams

Share common interests and studies.

Focus topics, efforts, applications, studies.

Extend your reach beyond your program.

Small studies require as much work as large studies.

Reinforcing inquiry in our teams

For clinical teams to buy into that investment, they need to know about the studies, findings, implications, and applications.

Who is working on what and why is it important - to them, to our team, and to our patients?

Investigators must articulate these values.

Studies will be better with constant effort to frame outcomes clearly.

Language - Watch what we say

“Research project”

Say instead: Study, review, publication, guideline, initiative...

“Protected time”

If research is a priority, the time devoted to it should stand on its own.

Research is real work with real products that can make a real difference.

Common problems for new researchers

1. Identifying an engaging project
2. Surveying what is known and what is needed
3. Focusing an answerable research question
4. Selecting study designs and research methods
5. Keeping the project within feasible scope
6. Staying on the path of the original mission.
7. Producing a product that meets the needs of an identified audience.

Questions we ask ourselves

Every patient encounter and every teaching experience should include questions.

Research is organized curiosity.

What do we think?



What do we know?



What don't we know,



Does anyone know?



Is it possible to know?



How might we find out.

Build inquiry into your institutions

Practice pods	Patient care teams	Health center
Networks	Hospital	Community
Rural Institutions?	Your setting	???

Earn positions in the research structures

FP, PC and rural practitioners have special skills and perspectives on patient care.

They should be involved in research at every level.

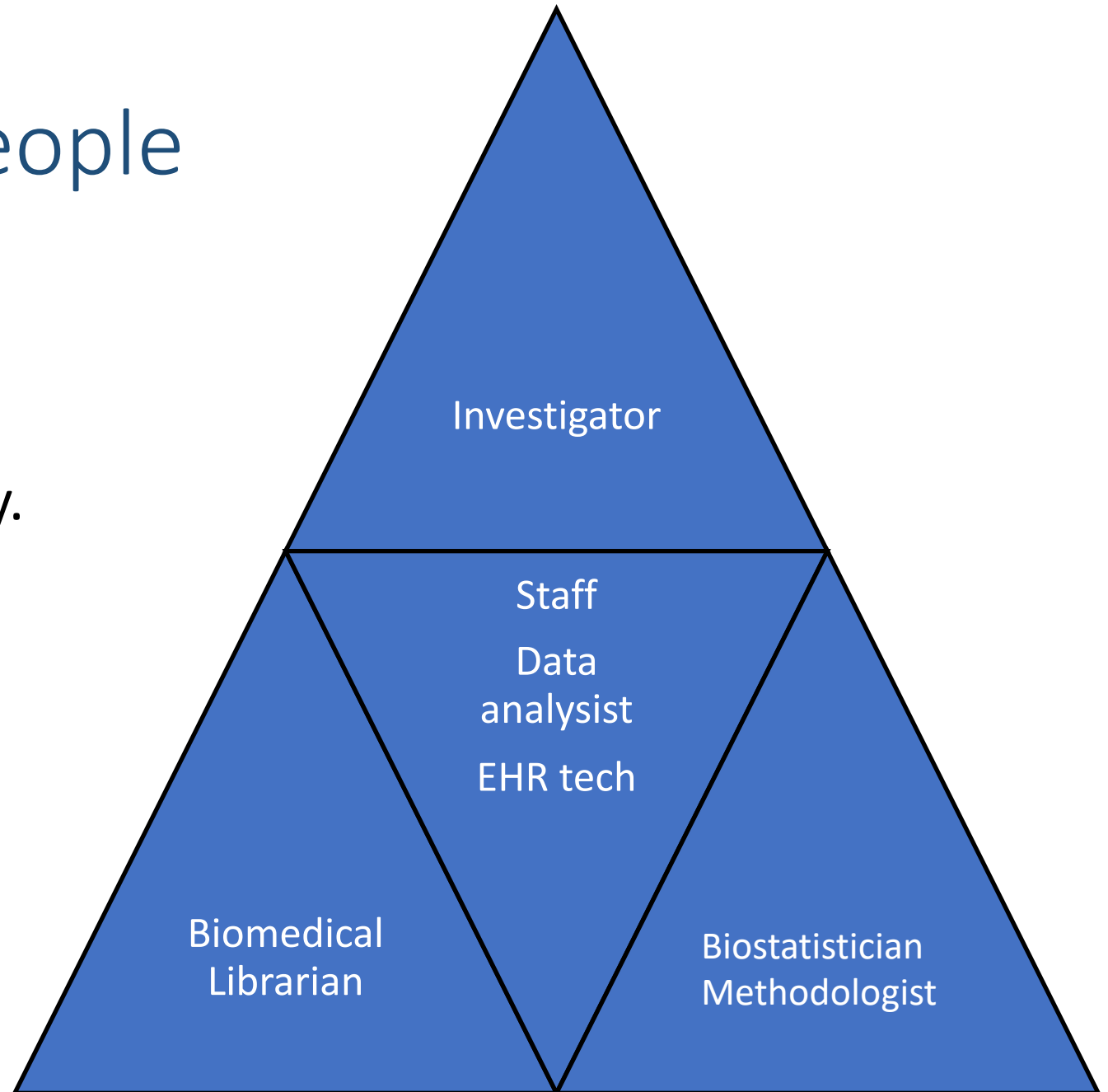
Insert PC clinicians in the research enterprise of your institutions: research committee, human subjects IRB, major studies

Contributions around these tables earn respect and build self-respect.

Every study group should have a PC team member experienced in patient care and connected to the community you serve.

Basic resources: People

- Professionals
- Use as consultants
- Build skills to use effectively.



Open doors with the Golden Key

- I am a practicing clinician.
- I currently practice serving _ _ _.
- I am trained in research methods, or
- I work with and experienced research team.
- I'm interested in *your work*.

