

LOOKING BACK AT A SUCCESSFUL COMMUNITY FAMILY MEDICINE RESIDENT RESEARCH PROJECT: WHAT WORKED?

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SETTING

- Community based residency with academic affiliation
- QI project but no research requirement
- No dedicated time for resident research

BARRIERS

- Limited resident interest
- Time limitations: rotation requirements, parental/medical leaves
- Few research professionals and faculty mentors
- Absence of a residency research tradition

RATIONALE AND STUDY PROPOSAL

- High readmission rates within 30 days of hospitalization often related to medication errors
- Patients on residency inpatient service had long medication lists
- Faculty proposal, Nov. 2010: study of a pharmacy consult at time of discharge
- Proposal written by G2 resident (investigator A) and funding received, March 2011
- MAFP (\$3K) and Park Nicollet Foundation (\$5K)

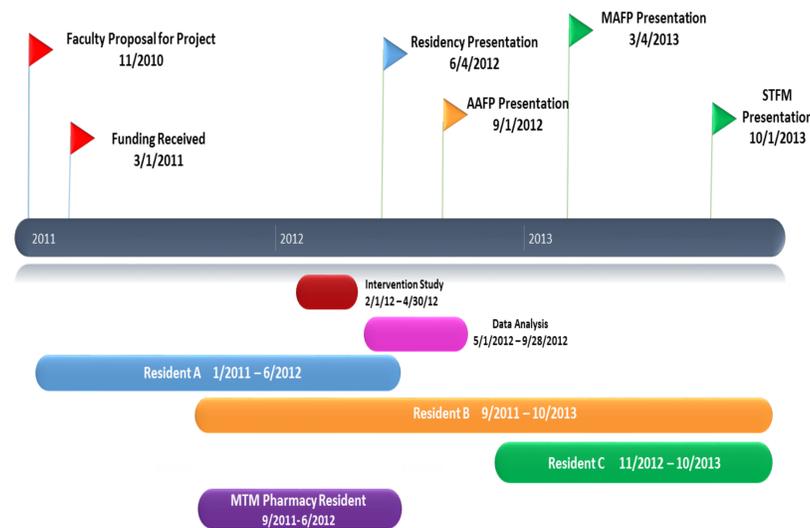
STUDY RESULTS

- Implementation of intervention challenging (lack of RN support)
- 211 admitted 170 eligible 35 consults
- 1 or more medication changes advised at each consult
- Residents rated the consults valuable and wanted them to continue

BACKGROUND

- Scholarly activity required in 2006 by FM Review Committee, ACGME, yet little scholarly output from most FM residencies
- Conducting this study brought significant resident learning and interprofessional collaboration
- This was a complex interdisciplinary intervention
- Significant extra work by resident investigators carried out with enthusiasm!
- **What was the residency support for this project?**

STUDY TIMELINE: 2010 - 2013



Teaching research skills in residency is critical to the development of future practice based research in our communities.

RESIDENT COMMENTS

- *"I learned that I enjoy research and while it was a lot of work, was manageable during residency."*
- *"I was able to appreciate both the rewards involved as well as the difficulties... the experience allows one to understand the multidisciplinary approach that is required as well as **better understanding of EBM** and all that goes into it on the front end... **conducting research was an important part of my training.**"*

THE RECRUITING CHALLENGE

- **Faculty perspective:** observation of joint faculty and peer recruitment
- Faculty recognition of residents with past research experience
- Faculty identification of residents who were excelling and could take on extra work
- Peer relationships and communication independent from faculty
- **Resident perspective:** always had an interest in research, especially at the clinical level.
- Liked how the project looked at improvement of patient care and efficiency.
- Opportunity to work on presentation and writing skills.
- Interest was sparked after my co-resident had already formulated the research question.
- Interest in improving hospital discharge process and delivering quality care.
- Everybody else was either pregnant or on maternity leave!

CONCLUSIONS

- Successful support strategies:
 - **Clinically important study issue**
 - **Faculty selection of a workable project**
 - **Resident responsibility for the project**
 - **Faculty and peer recruitment of residents**
- Flexible timeline
- Support by faculty mentors and research professional
- Funding dedicated for resident research
- Multiple investigators at different training levels

References:

Crawford P, Seehausen D. Scholarly activity in family medicine residency programs: a national survey. *Fam Med* 2011; 43(5): 311-7
Seehausen, DA. Weaver, SP. Resident research in FM: Where are we now? *Fam Med* 2009; 41(9):663-8