Ensuring Research & Academic Achievement in Family Medicine: One Department's Story

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Disclosures

• Chair of UCare Board of Directors; Member, UMPhysicians Board of Directors

• My salary is partly dependent on academic achievement in my Department

• I lead a Department, but not as a career principal investigator

• I spent 1/4th of my career in rural practice or private care systems—and did academic work from all these settings anyway.
Ensuring Academic Success

Learning objectives and flow:
1. Understand the inherent nature of an academic family medicine research enterprise
   - What’s obvious about it
   - It’s improbable and subject to chance
   - What you can do confidently to make it happen anyway
2. Lessons learned from this particular Department—and commonalities with other environments
3. Stakeholder map: Creating a research / scholarship vision for yourself in your department and institution
Part 1

Family medicine research enterprise: Obvious, yet improbable and subject to chance

**Obvious:** FM belongs in an academic health center

- To train new doctors and other clinicians
- To produce published research in care and education that moves the field forward


**Obvious:** FM research isn’t only for academic health centers

- Practices / clinicians doing research on their own
- Clinician or researcher collaborations with academics
- Research foundations affiliated with care systems

Thanks to CJ Peek, PhD for assistance with this presentation
Family medicine research enterprise: *Improbable*

1. Conventional yardstick—NIH ranking—not easy for FM
   - Less than any other specialty: < 1% of NIH  (Wender, 2010)
   - “We are generalists and proud of it”

2. Researchers that can command funding (NIH or other) can take *years to grow*  (average age at first NIH grant: 41)
   - Often at your department / institution own expense
   - It takes high expertise and focus, e.g. physicians with advanced training in research or PhDs with research focus

3. Research costs more than it brings in grant funding.
   - Maybe 12% when things are established and going well
   - More before that—commonly 20-30%
Family medicine research enterprise: Subject to chance

1. When we grow successful researchers, they may go elsewhere
   • And take their grants and sometimes their people
   • But sometimes you attract a person with expertise and grants that someone else paid to grow!

2. Research funding goes up and down with environment
   • Overall economy and political climate changes
   • Breakthrough interests or imperatives, e.g. “Cancer Moonshot” or opioid addiction

3. Changes in institutional leadership, interests, priorities
   • Financial or other issues distracting from research
   • Shift in mission toward or away from research
Part 2
What you can do confidently to make it happen anyway

Lesson 1: You need some external funds, e.g.
  • HRSA training grants (“driver’s training”)
  • NIH K awards (“to actually drive in the race”)
  • Your “excess” clinical revenue

Lesson 2: Accept instability and chance
  • Things go up & down, come & go; “weather” around you
  • Being successful may mean someone goes elsewhere

Lesson 3: Build trust internally and externally
  Celebrate that FM is inherently practical and civic-oriented—for the public benefit; community engaged; participatory; collaborative
“If it ain’t good for our community (as they see it), we don’t do it”.

Jack Westfall MD, MPH
High Plains Research Network and Dept. of Family Medicine, University of Colorado
2015 MAFP Research & Innovation Forum keynoter
Part 2 (cont’d)
What you can do confidently to make it happen anyway

Lesson 4: Build bench strength.
- More than “one 94 mph pitcher and one heavy hitter”
- Collaboration, pipeline, hedge against people leaving
- Critical mass to support research infrastructure / services

Lesson 5: Build culture that supports this unusual activity—and put legs under it.
- Evaluation, not only Research
- Training and mentoring
- Unambiguous (but balanced) support for faculty scholarship
Putting legs under a culture of scholarship: All scholarship types are included

- **Discovery:** Empirical or historical research—new knowledge
- **Practice:** Application of knowledge to consequential problems
- **Integration:** Knowledge in larger context, connections across disciplines, new insights on original research
- **Teaching:** Design, methods, content, analysis, outcomes

Your own work, *whatever that is*, can be scholarly. A culture of scholarship is fostered by a culture of evaluation of your own work.
A culture of scholarship: Includes both research and evaluation

<table>
<thead>
<tr>
<th>Research</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>Produces generalizable knowledge</td>
<td>Judges merit or worth</td>
</tr>
<tr>
<td>Scientific inquiry—driven by intellectual curiosity</td>
<td>Driven by policy and interests of stakeholders in program</td>
</tr>
<tr>
<td>Advances broad knowledge and theory</td>
<td>Provides info for decision-making on specific program</td>
</tr>
<tr>
<td>Controlled setting</td>
<td>Setting of changing actors, priorities, resources, timelines</td>
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<tr>
<td>Researcher-focused; publish results</td>
<td>Stakeholder-focused; report to stakeholders</td>
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From H. Chen (2013), Stanford; drawing from NIH and others
Scholarship training, coaching, mentoring:
For entire “population” of faculty

1. **Templates, and tools** (to organize and streamline scholarly work)

2. **Coaching and mentoring** in broad scholarship competencies

3. **Peer support, cohorts, and network-building**
   Think collaboration—not just solo. Build a scholarship network, robust like your care & education networks

4. **Individual scholarship goals and plans**—in annual review and Dean’s tracking

5. **Opportunities to join studies** or create ones from existing datasets and existing scholarly teams

6. **Your own publication data and “scorecard”**—Public databases: Scopus. (example later)

7. **Training and coaching for those new on scholarly path** (Collaborative Scholarship Intensive)
Collaborative Scholarship Intensive (CSI): Training & coaching for faculty starting out on path to publication

6 session course (Two cohorts of 8-10 so far)

Designed to help faculty balance clinical, educational & research elements of their job

At course completion participants will have:

• An FPIN Help Desk Answer (first or last author)
• A submission ready manuscript
• Abstract submitted to MAFP Research & Innov. Forum

Focus on:

• Initiating & managing partnerships, colleagues, research resources
• Improved research efficiency & time management
• Enhanced & more proficient writing
• Responding to & becoming a peer reviewer
• Scholarly mentoring of students, residents & junior faculty

Very popular—has lit the fire of scholarship for participants

Thanks to Angie Buffington PhD and other faculty teachers and coaches
Publication tracking (scholarly “player stats”)

Citations / H-index – Scopus / UMN Manifold

Example: Publications on a personal timeline
Bubbles represent a publication with number of citations

1981-1989: Family
Private Practice
2003: Join DFMCH

Thanks to Bill Roberts, MD
Easily accessible Evaluation Hub:
To make scholarship more feasible and gratifying

1. **Triage or navigator**: Help you find what you need and connect you; uses evaluation readiness questions

2. **Local research facilitators** on site in all clinics / programs: first contact

3. **Methods, design, data selection**, surveys, questions, goals, abstracts

4. **Qualitative expertise**: for “both stories and numbers”

5. **Statistics**: Approaches and data analysis for research & evaluation

6. **Data manager**: Pool & clean datasets; keep accessible for use by all

7. **Publications coordination**: Editorial, formats, tracking pubs

Thanks to Denise Windenburg, MHA and others
And thanks to UCDenver Family Medicine for Evaluation Hub concepts
Inclusive research structure that includes all faculty

DFMCH Central Leadership Team
Faculty/admin dyads from care, educ., res.
Dept Head, Admin Dir., Finance Dir. others

Research Leadership Team
Faculty research division leaders
Research administrative director

Healthcare Delivery
Care and education delivery in residency and other programs across a wide range of diagnoses & populations

Clinical Populations
Established programs of research with particular clinical populations along with community / population health

Health Disparities
Trans-disciplinary team developing, implementing & evaluating cutting edge solutions

Research services
The DFMCH scholarship journey in progress
Some components well in place, others in development

Supported by a growing culture of scholarship
- For different types of scholarship
- For both research and evaluation

Training, coaching, individual planning
Helping faculty access resources to make scholarship more feasible and gratifying
- Training, templates, and tools
- Coaching and mentoring in broad scholarship competencies
- Peer support, cohorts, & network-building
- Your own scholarship goals and plans
- Your own publication data
- Opportunities to join studies

Accessible research & evaluation infrastructure
“Evaluation Hub”
Making it feasible to conceive, design and carry out research and evaluation, e.g.
- Navigator / “triage” / connector
- Data management
- Statistics consultation
- Design—quant. / qualitative
- Local research facilitators

Research divisions and leaders
that make a place for every faculty member to do scholarship
Lesson 6:
It takes courage, optimism, support & vision at 3 levels:

• The institution around you
• The department or unit in which you work
• Yourself as an individual

Worksheet—stakeholder map for you to fill in for yourself

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<tr>
<th></th>
<th>What already matters most</th>
<th>How research / schol. appeals to what matters</th>
<th>What’s there you can build on</th>
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<tbody>
<tr>
<td>Institution</td>
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<tr>
<td>Department / work unit</td>
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<tr>
<td>Yourself</td>
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Research / scholarship vision for yourself at those 3 levels:
(Write it down here)
Closing comment

My parting recommendations at those three levels:

• U of M Medical School
• Department of Family Medicine & Community Health faculty and staff
• The new Department Chair
Achieving academic success in family medicine

Questions and discussion

“IT'S NOT THE MOUNTAIN WE CONQUER, BUT OURSELVES”

Sir Edmund Hillary
Bibliography / References

- Baird, MA. Primary care in the age of reform—not a time for complacency. *Fam Med* 2014; 46(1):7-10