

USAFP research mentor workshop notes from panel discussion, etc.

Personal stories:

Dave Shaha (resident, Ft Belvoir)

- personal frustrations—led to response, then researching it; personal interest—made it “worth it”; he had a passion for a subject
- Mentorship- showed him how it was “achievable”
- Sought out the “assigned” mentor
- Spoke with mentor – found out how to direct interest (i.e. narrow topic)
- Local research presentation was a good forum for practicing and promoting culture of scholarship
- Longitudinal relationship with mentor helped
- Mentor behaviors that were helpful—helped re-direct/encouraging; **made it less intimidating**
- Info Tech interactions – delays frustrated progress—he consistently re-addressing these with guidance and input from mentor
- Personal interactions with IRB person, face to face were important and facilitated his efforts
- Proactive nature was important (i.e. overcoming inertia)
- Collaboration – when others are already working—jumping in with them (research is a team sport)

Dave Garcia (resident, Ft Belvoir)

- The 10 point system was the culture of the residency program, this was a stimulus (motivating factor)
- Multiple projects – sought out multiple groups –not knowing which one would ultimately work out (several outputs-i.e. posters/presentations/papers- were generated per project)
- Personal relationships (mentoring relationships)—propel you (the resident) forward
- Learning and influencing your “Circle of influence” —influencing those outside or inside your circle of influence to facilitate forward momentum on your project

TJ Coker (staff, Offutt AFB)

- Prompt for scholarly activity: Individual questioning his own practice (patient care and process improvement)

- Continual questioning his own about processes led to scholarly pursuits
- As staff he sought to “normalize” research/scholarship within his program – “I need a family doc who can read a study” (and be able to critically appraise it)
- Individual challenges of resistant personalities (other faculty/staff, inertia of lack of scholarship)
- Journal clubs – talking thru intimidating concepts (stats/ Odds ratios, etc) was helpful and made these concepts more understandable
- Faculty should be doing research too—they should be setting the standard and modeling for residents
- Modeling by faculty was key for overcoming inertia
- “research shaming” – social comparison theory ; social norms— i.e. the (new) Program Director and research mentor laid out expectations and illustrated how other residency programs were doing and attempted to (via comparison) prompt individual behavior change
- Research symposium –locally –judged—with awards (this was a helpful local forum and motivating factor)

Lloyd Runser (staff, Womack Army Med Ctr)

- Overcoming inertia—was necessary (even in a location where “research” was already happening)
- Seeing some successes (small victories)- helped overcome inertia, build momentum
- Resident who was successful each year; it was peer –perpetuating the environment of scholarship
- Resident “champion” facilitated an environment of scholarship – doing regular research “meetings”
- Working collaborations-- Local graduate program (local college) – seeking projects to link up with graduate students—this was through the local DCI office (local command research office)
- Cross – disciplinary scholarship (other residency programs in hospital, across department, consider pharmacy, LCSW, dentists)
- DCI – involvement was important in getting projects started and maintaining momentum, (i.e. visit the research office face to face and personally to build relationships)

Group Comments

Program Director buy in was key in establishing favorable/successful scholarship environment—continuous involvement was a common theme in successful scholarship programs ; Top Down personal involvement, setting a personal example, program director and faculty serving as modeling the behaviors with successful scholarship

Momentum builds year after year—this is a marathon, not a sprint

Small portions of time, how to use successfully? —sprinkle bits of time across the years ; understanding that a “research” elective or a set 2 weeks of “research” block will not make much difference, instead knowing how to use an available 1-2 hours here and there to continuously progress projects

Start with “easy wins” for scholarly activity—promote these publicly (local research presentations were a common theme at successful programs)

It's valuable to build personal relationships with those who can help along the way, e.g. IRB analyst, IT staff

Military Primary Care Research Network (affiliated with Dept of Family Medicine at USUHS) resources available to all military family medicine training programs—

-“idea incubator” can put on a workshop at your location to take a vague idea and shape it for starting the project

- “plug and play” —already running protocols or projects and establishing a site for that project at your local facility or residency program- MPCRN is building a multi-site approach to facilitating scholarly activities

WEBSITE: [Militaryfamilies.psu.edu](http://Militaryfamilies.psu.edu)—clearinghouse of federally funded interventions that are on-going or have been attempted

Research / scholarly work is a TEAM SPORT

SMALL GROUPS learning points

What is your next step?

What resource do you need to access for your next step (your own gap analysis for your next step)?

HERE ARE COMMENTS FROM LOCAL RESEARCH MENTORS ABOUT THEIR OWN “NEXT STEP”:

Ask for data sharing from a specific local organization (blood bank)

Literatures searches need to be accomplished (a common theme among several folks)

Resident knowledge assessment/chart review

Develop a grading scale (i.e. “operationalize” how to grade blisters for a blister prevention project)

Talk to the IRB

DISSEMINATION thoughts/ideas—where to share/publish your completed projects  
Remember USAFP has categories for case reports, clinical investigation (this includes process improvement /quality improvement projects) and educational research category  
Journals to share in—think both inside of and outside of “usual” family medicine journals—  
consider educational research journals- Journal of GME, consider cross-disciplinary journals  
outside of medicine- patient communication, patient education, quality and safety journals, and  
conferences.