Family medicine research
One man’s road

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In recent years, I’ve taken up writing novels. I think perhaps I have a different approach to novel writing than most people. When I start to write, I have a sense of what the book will be about generally, but I don’t have a detailed plot outline or character descriptions. Those details work themselves out as I meander down the road before me. I’m sort of making it up as I go, to paraphrase Indiana Jones.¹ My approach to my research career has been a bit like that too. Yet, in the end, it has been successful—so it seems.*

Setting out
When I started down the path of family medicine research, or primary care research, if you like, I didn’t know where I was going exactly, or how to get there. I only knew I wanted to do research to better understand the field of primary care and study that is narrow and in which one becomes expert. On the surface, this seems reasonable. But the problem is that as family physicians we are, by definition, generalists. We are interested in nearly everything—our specialty is generalism! Narrowness is the antithesis of who we are. As a result, I have completed research and published on a range of topics, including but not limited to: hypertension; graduated physicians’ practice choices; blood pressure monitoring; measuring lifestyle; diabetes management; and care of the elderly. No real pattern in or focus to that range of topics—at least, none that is obvious—but they do share a theme. Every subject I research is viewed from the perspective of family medicine or primary care. To capture this perspective demands a wide-angle lens.

My work has developed more of a focus over time—not so much on content, although there are areas that have drawn more of my attention over the years—but on methodology. Most of my success in the past 10 years has involved the use of a specific methodology—the pragmatic randomized controlled trial (RCT), usually with cluster randomization, but not always. I am not referring to RCTs on drug efficacy using placebo control, which are important in the advancement of drug treatments but which I have found totally unrewarding. I tried those types of studies years ago and decided that they were my own idea of “how not to do research.”

Nonetheless, I found that an adaptation of the RCT methodology can be very useful in studying interventions in primary care. When studying, for example, home blood pressure monitoring, algorithmic approaches to hypertension management, the use of care plans for the elderly, or health coaching to improve lifestyle, there are certain standard RCT things you can’t do. You can’t design a placebo pill for the control group; you have to use something like “usual care” as the control. And it is not possible to keep the study subjects blind to which group they are in—or to keep the researchers in the dark, for that matter—but it is possible to collect baseline data before randomization and have the statistician do a blind analysis without knowing which is the intervention group and which is the control group. You often need to use cluster randomization and then, because many patients have the same family doctor, use a larger sample size and various statistical procedures.

Exploring
In health and medical research there is an assumption that to be successful one must have a focus, an area of

*In 2012, Dr Godwin was named Family Medicine Researcher of the Year by CFPC’s Section of Researchers. The award recognizes a family medicine researcher who is also a CFPC member and who has made original contributions to research and knowledge building for family medicine in Canada. This article is based on the speech Dr Godwin gave for Family Medicine Research Day at Family Medicine Forum on November 14, 2012, in Toronto, Ont.
Hypothesis

to compensate. It is effectiveness outcomes you are looking for, rather than efficacy, which means the exclusion criteria need to be limited; you have to balance internal validity with generalizability. I won’t belabour the idea, but suffice to say my focus has been on this methodology rather than on a specific content topic.

Focusing
My road started off very bumpy and very wide; over time it became smoother, and less broad, but its narrowing was more due to how I did research than to a narrowing of research topics, although there is only so much one can do. My main focal points now are hypertension, lifestyle, and the elderly, but my methodology is almost always the same—the pragmatic randomized trial. It has been the small successes along the way that have kept me going, I think. Perhaps it’s like golf: you spend days, weeks even, doing poorly, and then you get that one solid connection with the ball and it goes straight and true. The feeling is so good you keep coming back, just to get that wonderful sensation one more time, even if it takes days, or weeks. And, yes, it has been like writing a novel. Making it up as you go along, little by little the blank pages fill with events and people and some kind of a story line. And when your peers read and recognize your work it makes the journey all the sweeter.

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Competing interests
None declared

References