

# Finding their voices

## *How a group of academic family physicians became writers*

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*You can't think yourself out of a writing block, you have to write yourself out of a thinking block.*

John Rogers

**A**cademic family physicians often struggle trying to write for publication. While there are many prolific writers in family medicine, others find writing to be a challenging task. This not only affects their applications for promotion and tenure, but has much broader implications for the discipline of family medicine. Family physicians at our institution, Memorial University of Newfoundland in St John's, are not only dedicated to their practices and to teaching, but are also an energized and creative group who have introduced innovative educational initiatives both within the Faculty of Medicine at Memorial University and within the discipline of family medicine more broadly.<sup>1</sup> Locally developed initiatives have become integral to the teaching programs at our university and in clinical practice, but have not yet been shared with others through scholarly dissemination, including publication.

Perhaps like King George VI, whose ascension to the throne was marred by his severe speech impediment, academic family physicians stutter in their writing and hence have no "voice." Lack of confidence, skill, and time, as well as fear of their work being rejected, are the primary sources for this hesitation. Whatever the cause, this limitation is a severe impediment to personal career advancement and to the growth of academic family medicine as a whole.

Historically, family physicians have been appointed to university faculty positions because of their skills as clinical educators and not as researchers or writers. This varies among universities and has changed in more recent years, as the academic qualifications required for a full-time faculty position are now more rigorous. In spite of this there are still many academic family physicians who do not have strong writing skills. Attempts to deconstruct perceptions of scholarship, particularly scholarly writing, often result in faculty openly expressing their vulnerability in this area. They reveal that lack of skill, fear, and inability to find time in a busy clinical and teaching environment are their greatest limitations.

While we have some understanding of why many academic family physicians are not engaged in writing, best practices and strategies to address this reticence have not been fully explored.

There have been several Canadian writing initiatives including peer-support writing groups,<sup>2</sup> research skills programs with community family doctors,<sup>3</sup> and educational support groups.<sup>4</sup> Scholarship programs have been developed for medical faculty and there is strong support for the attainment of master's degrees while working or while on sabbatical. All of these initiatives have shown some positive effects; however, there is little published literature about how to support faculty members in their efforts to write for publication. Our question was, "How can we effectively meet the educational needs of busy academic family physicians in writing for publication?"

### Writing enhancement program

At Memorial University, we conducted a multifaceted needs assessment that allowed our team to focus our faculty development efforts.

We began by identifying the core research competencies of academic family physicians through formal discussions with an expert group of experienced researchers in family medicine. The list of topics generated was distributed to all family medicine faculty members by e-mail. They were asked to reflect on their present educational needs in relation to conducting scholarly research work and dissemination. They were asked to rank or prioritize the topics that were most relevant to their individual learning needs. This list was simultaneously distributed to a national list of established family medicine scholars for input.

Next, a systematic literature search guided by 2 librarians was conducted, and 37 relevant articles were identified. Information collected through the literature search and from scholars and faculty was used to refine the priority topics list.

Writing for publication was identified as the top priority for both external experts and participating faculty. We created a Writing for Publication faculty development program designed to address the self-identified barriers associated with writing. The curriculum was built using several strategies:

- "5-minute interventions" or "writing blitzes" to kick-start faculty's thinking about research ideas and writing;
- a workshop on writing;

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- a visit from a journal editor who provided one-on-one support and consultation for interested faculty; and
- individual consultations with experienced researchers within the faculty.

Each aspect of the curriculum was evaluated using a questionnaire to determine faculty members' confidence, knowledge, and satisfaction as they progressed through the program. The questionnaire also asked faculty members to identify the most and least effective aspects of each session, as well as further related topics that would be of interest to them. These results informed each step in an iterative process.

Although this program was in its infancy, this approach resulted in positive feedback from the faculty. There was evident and refreshing engagement by the faculty participants in the process. Members felt both stimulated and supported in their writing. This had previously been a substantial barrier. High attendance rates of faculty at writing sessions attested to this engagement. In spite of the success, we did struggle to adequately address the additional barriers that our distributed faculty members experienced at a distance from the medical school. Their participation was limited.

What are measures of long-term success? These will obviously take time to identify. Over the next 3 to 5 years, we plan to enumerate active writing projects, grant applications, oral presentations, posters, workshops at academic meetings, and publications as some of the key outcome measures of this curriculum initiative.

Eighteen months after program implementation, there has been an increase in writing activity among our faculty, including daily writing in journals, increased grant application submissions, and increased acceptance of articles in peer-reviewed journals. Whether this is related to our Writing for Publication faculty development initiative cannot be definitively known. Reduced negativity and increased confidence about writing have been reported, both of which are indicators of an engaged faculty.

## Conclusion

Family physicians have important contributions to make to the evolving discipline of family medicine, medical education, health services, and primary care. These contributions can be realized through the dissemination of their ideas and active engagement in scholarship. Writing skills give family physicians the ability to voice their ideas and shape them in dialogue with others. This enhances their understanding of their patients and communities, which in turn empowers them as clinical teachers and role models and further contributes to the shaping of the discipline of family medicine. This faculty development initiative has achieved some success in this context. Academic family physicians at Memorial University are finding their voices. 

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### Competing interests

None declared

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The opinions expressed in commentaries are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

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