

Research interest group demonstrates effects of collaboration

Douglas Klein MD CCFP G. Michael Allan MD CCFP Donna Manca MD CCFP Christina Korownyk MD CCFP

Departments of family medicine at universities are often searching for methods to enhance research activity within their departments.^{1,2} Despite these efforts, research is pursued less by family physicians than by other specialists.³ Family medicine researchers are not abundant, and most departments face the dilemma of trying to recruit from a small pool of individuals or growing their own researchers. The need to increase research in family medicine has been recognized and there are published recommendations explaining how to achieve this.⁴

A number of initiatives have been developed globally to increase capacity in family medicine research. Examples include the Australian government's Primary Health Care Research, Evaluation and Development Strategy; the Michigan Clinical Research Collaboration; and the Grant Generating Project at the University of Missouri.⁵⁻⁷

Barriers to research in family medicine include lack of research knowledge, research skills, funding, and time required to pursue research projects.⁸ Family physicians often report that they are willing to participate in research projects but lack the time or administrative support to take on an active role.² Mentorship has been identified as essential to capacity building of family medicine research.⁴

Previous authors have described the need for sustainable and dedicated funding, as well as protected time for research capacity to develop.⁵ Other authors describe the development of research capacity as a lengthy process comprising multiple components.⁹ Measures of success for research initiatives have included publications, research grants, and conference publications.^{5,10,11} Unfortunately, many departments lack the sustainable funding or the protected time required to generate these outcomes.

The Department of Family Medicine at the University of Alberta in Edmonton has been working to build research capacity over the past 5 to 10 years. This paper will focus on one initiative: the research interest group (RIG).

The RIG initiative

In 2005, a core group of new faculty members with an interest in research started a small RIG to help develop a culture of research. The participants included 4 faculty members who had been with the department for 7 years, 6 years, 5 years, and 1 year, respectively. All had

expressed interest in family medicine research in addition to frustration with the process. Individual projects had been delayed or not completed owing to lack of skills or time. The RIG identified the struggle of trying to conduct research projects in isolation. Isolation hampered productivity, as it prevented individuals from sharing their workload, knowledge, and expertise. The RIG was designed to provide a place where conceptualization could occur, skills could be shared, and progress of research projects facilitated.

Before each meeting, an e-mail would be sent to each member with suggestions for projects that required further work. These included works in progress, ideas for future research, or discussion regarding recent funding opportunities. This advance communication allowed participants to prepare for the meetings and provided a structure to the meetings.

The RIG met monthly, in the evening, rotating among members' homes. Meetings began with a meal and general discussion about projects and research issues within the department. Following the meal, specific work included the development of potential projects, collaboration on grant submissions, analysis of data, writing of publications, and final preparation of manuscripts for submission. The meetings of the small RIG were informal, combining research activities with social networking.

Measures of success

In the first few years of the RIG, the group noticed increases in scholarly activity, including publications, grants, and presentations. In the 3 years leading up to the formation of the RIG, the group had published 14 articles (**Table 1**). During the 3 years following formation of the RIG, the group published 38 articles. Presentations increased from 47 to 99 and grants increased from 6 to 18 over this same period.


The RIG facilitated the research process in a number of ways. Sharing ideas with colleagues in a safe environment allowed conceptualization to occur. Without a venue to meet and discuss ideas, many concepts would not have developed into researchable questions. Through dialogue, participants clarified and developed ideas. Other benefits included peer mentoring and a commitment to the group. Members of the RIG had varied experiences and expertise, enabling them to share their skills and knowledge in the execution of the

Table 1. Output of research before and after the formation of the RIG in the Department of Family Medicine at the University of Alberta

ACADEMIC CONTRIBUTION	INDIVIDUAL	BEFORE FORMATION OF RIG, 2003-2005	AFTER FORMATION OF RIG, 2006-2008
Publications			
	A	4	8
	B	6	13
	C	3	10
	D	1	7
	Total	14	38
Presentations			
	A	9	16
	B	10	57
	C	26	20
	D	2	6
	Total	47	99
Grants			
	A	2	5
	B	1	4
	C	3	8
	D	0	1
	Total	6	18

RIG—research interest group.

research project, including design, methods, analysis, and write-up. For example, when writing manuscripts, 2 members of the RIG preferred writing the introduction and discussion while 2 others preferred writing methods and results. Because members were able to focus on their areas of interest, manuscripts were completed more quickly and their quality was enhanced. The RIG members' commitment to the group increased their productivity, as the work was not only for themselves but also for one another.

This RIG at the University of Alberta is an example of a simple, cost-effective way of developing a research culture in family medicine, which might contribute to increased research capacity and output for those who lack the large sustainable funds previously thought to be required. 

Drs Klein, Allan, and Manca are associate professors and **Dr Korownyk** is an Assistant Professor, all in the Department of Family Medicine at the University of Alberta in Edmonton.

Competing interests

None declared

Correspondence

Dr Douglas Klein, University of Alberta, Department of Family Medicine, 205 College Plaza, Edmonton, AB T6G 2C8; e-mail Doug.klein@ualberta.ca

References

1. Tudiver F, Ferguson KP, Wilson JL, Kukulka G. Enhancing research in a family medicine program: one institution's story. *Fam Med* 2008;40(7):492-9.

2. Coleridge ST, Smith-Barbaro P, Knisley C. A practical method for increasing scholarly activity in an academic family medicine department. *Teach Learn Med* 2004;16(2):181-5.
3. Talbot YR, Rosser WW. Taking the first steps. Research career program in family medicine. *Can Fam Physician* 2001;47:1254-60.
4. Van Weel C, Rosser WW. Improving health care globally: a critical review of the necessity of family medicine research and recommendations to build research capacity. *Ann Fam Med* 2004;2(Suppl 2):S5-16.
5. Birden HH. The researcher development program: how to extend the involvement of Australian general practitioners in research? *Rural Remote Health* 2007;7(3):776. Epub 2007 Aug 14.
6. Schwenk TL, Green LA. The Michigan Clinical Research Collaboratory: following the NIH Roadmap to the community. *Ann Fam Med* 2006;4(Suppl 1):S49-54.
7. Campbell JD, Longo DR. Building research capacity in family medicine: evaluation of the Grant Generating Project. *J Fam Pract* 2002;51(7):593.
8. Franke L, Kommers T, Van Weel E, Lucasson P, Beek M, Van den Hoogen H, et al. General practice registrars and research—attitudes toward participation. *Aust Fam Physician* 2008;37(4):276-9.
9. DeHaven MJ, Wilson GR, Murphree DD. Developing a research program in a community-based department of family medicine: one department's experience. *Fam Med* 1994;26(5):303-8.
10. Lowcay B, McIntyre E, Hale M, Ward AM. Peer reviewed publication rates. An indication of research output. *Aust Fam Physician* 2004;33(4):284-6.
11. Ried K, Farmer EA, Weston KM. Bursaries, writing grants and fellowships: a strategy to develop research capacity in primary health care. *BMC Fam Pract* 2007;8:19.

Hypothesis is a quarterly series in *Canadian Family Physician*, coordinated by the Section of Researchers of the College of Family Physicians of Canada. The goal is to explore clinically relevant research concepts for all CFP readers. Submissions are invited from researchers and nonresearchers. Ideas or submissions can be submitted online at <http://mc.manuscriptcentral.com/cfp> or through the CFP website www.cfp.ca under "Authors."