

# Real-life research: 6for6 and rural family practice

Story by Sarah de Leeuw

**N**ot so long ago, Dr Margo Wilson admits she would have joined a chorus of other family practice residents decrying research. “I think I felt like I just didn’t like research. Now I realize what I didn’t like was my perceptions about the barriers to research.” Dr Alison Morris was in the same boat. “I probably would have said ‘research is stupid; I hate it.’” Both Margo and Alison entered family practice with this attitude. Over time, however, and as they deepened relationships with their patients and communities, they both realized just how many unanswered questions they had. And how poorly they were equipped to answer those questions.

Enter Memorial University of Newfoundland’s 6for6 program, an innovative one-of-a-kind endeavour initially

dreamt up by Dr Cheri Bethune. “It really was a program about demystifying how to ask questions. About how to get answers. About the idea that research is hard. And it’s fundamentally a participatory-action research project, responding to the realities of family doctors in rural and remote places.”

Memorial University’s 6for6 is a 15-month research skills program expressly for family physicians working in rural and remote communities in Newfoundland and Labrador, New Brunswick, and Nunavut. The initiative is, in essence, a “snout to tail” research development program, leading remote and rural practising family practitioners through every step of undertaking research, from nailing down a question to presenting and disseminating the results of their work to peers and the public.



#### BACKGROUND PHOTO

Flanders ferry to Bell Island, NL.

#### PHOTOS (TOP, LEFT TO RIGHT)

Icebergs off the coast of Fogo Island, NL. Moose in Ladle Cove at the top of the northern peninsula near St Anthony, NL.

#### PHOTOGRAPHER

Photos on this spread by Ned Pratt, St John's, NL.



“Many family doctors in rural places,” says Bethune, “feel isolated and intimidated. This program was very expressly about giving those family doctors the confidence to know they could address a question and answer it in a way that made sense for their community.” Unfolding over a total of 3 years, and begun in 2014, the 6for6 program brings together 6 new practising physicians each year for 6 structured sessions in St John’s, NL. The participants develop and answer a research question of their own devising, working with librarians, doctorate researchers, and other professionals at Memorial University.

Dr Peter Barnes, who practises in central Newfoundland’s town of Botwood, which has a population of 3500 people, says after participating in the 6for6 program, he “feels like a real researcher. 6for6 showed me research is an integral part of family medicine. Clinical skills are important, but research brings it into another sphere.”

Dr Gabe Woollam, who like Wilson, practises in remote Happy Valley–Goose Bay, NL, observes “especially in rural and remote places, research can be a tool to engage community. We can use research, real research, to engage people in questions that matter to them, to



La traduction en français de cet article se trouve à [www.cfp.ca](http://www.cfp.ca) dans la table des matières du numéro de février 2016 à la page e110.

## COVER STORY

their community. That's our social responsibility as family doctors."

"The thing is," says Dr Colin Newman, who works in rural Annapolis Royal, NS (population less than 500), "research is intimidating. Many [family doctors] feel useless at research, so we don't do it. But if you find a question that's interesting to you and your patients, that you're passionate about ... you can answer questions that are more rural-centric as opposed to so much information that is urban-centric."

That's exactly what Dr Bethune envisioned graduates of the 6for6 program saying: "We wanted to give family docs the confidence to know that they could address a question and answer it in a way that makes sense for their community."

Dr Dave Thomas thinks the 6for6 program does even more: "The program provides us with skills, but it also allows us to connect with other rural doctors, to develop a mentorship program, to form a community."


This is something all participants of Bethune's 6for6 program agree on: in addition to growing research skills, the 6for6 program grew a sense of solidarity between participants, a sense their rural work in remote places—along with each other—is important, is worthy of attention. Ultimately, this might be the greatest legacy of 6for6: if more people understand rural and remote practices, places, and people as rewarding and challenging, as exciting and worthy of support, as cutting edge and endlessly interesting, more family physicians might want to work in rural and remote places.

Which just might increase the health status of notoriously unhealthy and marginalized geographies across the country.





Alison Morris' research case is a shining example of this. She notes that while "Accreditation Canada says that all health organizations need an antimicrobial stewardship program," there really existed no way to implement such a program in a realistic way in remote hospitals. Her project aimed to change this, researching and finding evidence for ways to adapt and evaluate a locally developed antimicrobial stewardship program. "You need data to effect change. And I needed a vision that would allow me to feed back [knowledge] to the community where it could make a difference."

The kinds of difference likely to be made by research projects done by 6for6 participants are far reaching. Gabe is working on a qualitative research project about the feelings and experiences of his primarily indigenous patients about the local tuberculosis program. Dave has focused on identification of the frail and elderly in his rural community practice. Colin is interested in medical education and professional development for rural clinicians, while Margo wants to more fully understand medevac services. But that's not all Dr Wilson wants to understand, which might also be the greatest and longest-lasting effect of 6for6: "Research allows for creativity," says the former sceptic. "We can bring something back to community. We can go from the theoretical to the doable. We can gather evidence. For me, it's the start of a journey." 

The 6for6 program at Memorial University of Newfoundland in St John's is a program designed to give physicians in rural and remote Newfoundland and Labrador, New Brunswick, and Nunavut the skills and support needed to identify and answer research questions in their own practices and communities. More information about the development of the program can be found in Program Description articles published in this issue (**e80, e89**).

**The Cover Project** The Faces of Family Medicine project has evolved from individual faces of family medicine in Canada to portraits of communities across the country grappling with some of the inequities and challenges pervading society. It is our hope that over time this collection of covers and stories will help us to enhance our relationships with our patients in our own communities.

#### PHOTOS (LEFT, TOP DOWN)

The 6 family doctors who participated in the first year of 6for6 and completed the program in April 2015, (front row, left to right) Dr Colin Newman, Dr Peter Barnes, Dr Margo Wilson, Dr Gabe Woollam, Dr Dave Thomas, and Dr Alison Morris, with their mentors and 6for6 staff, (back row, left to right) Tom Heeley, Patti McCarthy, Dr Wendy Graham, Dr Shabnam Asghari, Dr Cheri Bethune, Dr Marshall Godwin, and Dr Kris Aubrey-Bassler. Icebergs near Twillingate, NL. The community of Burin, NL.

#### PHOTOS (RIGHT)

Twillingate harbour; Notre Dame Bay Memorial Health Centre on the hill. Anchor from a ship in Twillingate harbour.

#### PHOTOGRAPHER

Photos on this spread by John Crowell, St John's, NL.