

Research Network

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The Interim Advisory Group, charged with informing staff on issues relating to practice-based research, research funding, grant development, staff and clinician recruitment, and advocacy, include John Hickner, MD, MS, Upper Peninsula Research Network, Michigan State University; John Beasley, MD, Wisconsin Research Network, University of Wisconsin; William Philips, MD, MPH, University of Washington; Barbara Yawn, MD, MSc, Olmstead Medical Center, Rochester, Minn; and Larry Green, MD, AAFP Policy Center, Washington, DC.



John Beasley, MD, University of Wisconsin, led activities of the Federation of Practice-based Research Networks (FPBRN) at the last two NAPCRG annual meetings. Research network developers and members have positively evaluated the FPBRN workshops and meetings for their relevance and connections with other network leaders.

The National Network is currently managing two research studies. One project, directed by Susan Dovey, MPH, AAFP Policy Center, examines patient safety issues. The second study, directed by Stephen Spann, MD, Baylor College of Medicine, investigates variations in diabetes outcomes. The patient safety study, initiated in January 2000, will be completed by January 2001 and is supported by internal funding. Dr Spann's project, started in February 2000 with an expected completion date of March 2001, is supported by a research grant from private industry.

Practice-based research networks (PBRNs), as mechanisms for examining the process, outcomes, and quality of primary care in specific geographic areas, have gained increasing acceptance among researchers, policy makers, and funders in recent years. Several developments suggest that there is a growing understanding for the manner in which PBRNs can improve primary health care. First, the Agency for Healthcare Research and Quality announced in February 2000 the availability of exploratory grants to support 1-year planning efforts by PBRNs (see NAPCRG Newsletter Vol 28,

Issue 3, July 2000). In a related development, the National Cancer Institute (NCI) organized a technical issues workshop in March 2000 at NCI offices in Bethesda, Md, to examine how PBRNs may contribute to a national colorectal cancer surveillance system.

A second development that suggests PBRNs are gaining in significance is the increase in the number of networks represented by the Federation of Practice-based Research Networks. The federation is a national umbrella organization with the mission of promoting the expansion of PBRNs in the United States. To this end, the federation has sponsored workshops at NAPCRG Annual Meetings during each of the last 3 years. There are currently 27 member networks or affiliated networks associated with the federation. The number of NAPCRG meeting registrants participating in federation-sponsored workshops has increased each year.

The AAFP's new National Network is further evidence that research accomplished through long-term relationships with community-based physicians has become a mainstream method for accomplishing primary care research.

—John G. Ryan, DrPH
Editor

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Mentorship: It's a Good Thing

As I embark on a new faculty position after completing my fellowship, many questions are running through my mind. Am I ready to assume more responsibility? Will my research be sustainable? How many more boxes of macaroni and cheese can I buy with my salary increase? For that matter, should I even buy any more macaroni and cheese? For the answers to these and other questions, I still turn to my mentors. A solid mentoring relationship is probably one of the most important elements in an early academic career. This column topic is relevant for both mentors and protégés. Yes, I agree that “protégé” sounds a little pretentious, but it’s better than “mentee.”

A mentor is an individual who may guide a more junior colleague in a variety of academic roles. In a 1990 *Family Medicine* editorial, Jack Colwill, MD, writes, “The importance of mentor relationships in the growth of faculty in family medicine cannot be overstated.”¹ He cites Daniel Levinson’s work that notes the mentor may serve as a teacher, a sponsor, a guide, a counselor, and an “exemplar that the protégé can admire and seek to emulate.” All the while, the mentor should support and facilitate “realization of the dream.” To be sure, everyone is not cut out to handle such an important role. Two years after Dr Colwill’s editorial in *Family Medicine*, Gerald Perkoff, MD, writes, “To be a mentor requires personal traits that lead to sound role models coupled with the willingness to commit to young people.”² Dr Perkoff lists experience, charisma, empathy, and integrity as essential traits for a mentor.

Membership by Committee

As someone with more than one mentor, I was pleased to find that having more than one mentoring relationship is not unusual. Kurt Stange, MD, PhD; Francine Hekelman, PhD, RN; and Warren Newton, MD, MPH, write about the “mentorship by committee,” where certain aspects

fellows corner

of a professional development plan may be handled by different people.^{3,4} Drs Stange and Hekelman write, “The key to developing mentor relationships is for junior faculty members to 1) engage in proactive career planning 2) define those professional and personal needs which are most likely to be best met by a mentor 3) take an active role in seeking mentors and, if a strong mentoring relationship with one individual is not forthcoming, 4) allow different mentoring needs to be met by multiple people rather than by a single mentor.”³ A recent report in *Academic Medicine* describes a program that not only splits up the mentoring roles among different faculty members but also seeks national mentors to assist in the process.⁵

Value of Mentorships

The value and success of a mentoring relationship is well documented by numerous studies, some cited by Drs Stange and Hekelman and others published after their article.⁶⁻¹¹ Measures such as research productivity,

national presence, and successful career management are all associated with formal mentoring programs. Part of this career management is receiving institutional support for academic activities, which was found to be better among junior faculty members with a mentor.¹² Mentors clearly play an important role in the personal, professional, and research development of junior faculty. Development of a strong faculty, in turn, leads to further entrenchment and credibility of family medicine within academic medical centers.

Although I am no longer a fellow, I still feel like I could learn quite a bit from my mentors, Bernard Ewigman, MD, MSPH, and David Mehr, MD, MS. I appreciate the time and energy they have spent with me over the past 3 years, and I see the benefits of the mentoring they themselves received over the years from Drs Colwill and Perkoff. I’m not sure if there is a cutoff time after which I should stop bothering them, but they haven’t said anything about that yet. Maybe when they get tired of me they will enter a Mentor Relocation Program and never be heard from again. Until that time, I will continue to bounce ideas off them. I hope that I will someday pass on the advice and be a valuable mentor to some wet-behind-the-ears fellows. Dr Colwill’s advice for young faculty in 1990 still rings true today: “*Go where the best people are!* Personal growth is a reflection, not only of one’s own personal capabilities and aspirations but also of the intellectual stimulus

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and example provided by one's teachers and peers."¹

—Erik J. Lindbloom, MD, MSPH
Fellow Representative

REFERENCES

1. Colwill JM. Reflections on mentoring. *Fam Med* 1990;22(3):181.
2. Perkoff GT. To be a mentor. *Fam Med* 1992;24(8):584-5.
3. Stange KC, Hekelman FP. Mentoring needs and family medicine faculty. *Fam Med* 1990;22(3):183-5.
4. Newton WP. Editorial. *Fam Med* 1990;22(3):182.
5. Roth L. The Champions Project: A two-tiered mentoring approach to faculty development. *Acad Med* 2000;75(5):553-4.
6. Williams R, Blackburn RT. Mentoring and junior faculty productivity. *J Nurs Educ* 1988;27:204-9.
7. Coggan P. Community of scholars, family medicine, and the academic imperative. *Fam Med* 1988;20:242-3.
8. Wakeford R, Lyon J, Evered D, Saunders N. Where do medically qualified researchers come from? *Lancet* 1985;319:262-5.
9. Mills OF, Zyzanski SJ, Flocke S. Factors associated with research productivity in family practice residencies. *Fam Med* 1995;27(3):188-93.

10. Morzinski JA, Diehr S, Bower DJ, Simpson DE. A descriptive, cross-sectional study of formal mentoring for faculty. *Fam Med* 1996;28(6):434-8.
11. Palepu A, Friedman RH, Barnett RC, et al. Junior faculty members' mentoring relationships and their professional development in US medical schools. *Acad Med* 1998;73(3):318-23.

Primary Care Research Methods & Statistics Conference

The 15th Annual Primary Care Research Methods & Statistics Conference will be held December 1–3, 2000, in San Antonio, Tex, at the historic Menger Hotel. The theme for this year's conference is, "Research in Managed Care Settings." The conference features plenary sessions presented by Edward Wagner, MD, MPH, director of the MacColl Institute for Healthcare Innovation at the Center for Health Studies in

Seattle; and Joseph Selby, MD, MPH, director of the Division of Research at Kaiser-Permanente in Oakland.

Two preconference workshops will be offered: John R yan, DrPH, will conduct a "Methods Workshop for the Novice Researcher," and Professor Kevin Dooley will discuss "Complexity Theory." The conference also includes two panel discussions: "Research Grants in Managed Care" and "Developing a Personal Program of Research." This year's Innovative Studies speaker will be Kurt Stange, MD, who will discuss the "Direct Observation of Primary Care" study.

For more details, contact the Office of Continuing Medical Education, University of Texas HSC at San Antonio, 210-567-4446, duncan@uthscsa.edu, or check the Web site at www.macorb.uthscsa.edu/famprac.

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An Uncertain Future for Family Practice Research Publications

Over the past several years, medical journals that publish original primary care research have encountered multiple challenges to their profitability. Among the most significant of those challenges has been the declining advertising revenue resulting from limited readership among primary care physicians. A relatively small group of researchers and physicians have generally read primary care journals dedicated to publishing original research. The larger audiences of practicing primary care physicians and residents typically read critical reviews of current therapies. These reader habits—in combination with an increasingly competitive marketplace—have encouraged publishers of primary care journals to broaden readership by introducing popular material and decreasing original research. As more journal space is given to larger ads and more reader-friendly articles, there is a proportional reduction of space with which to communicate original work that is specific to primary care.

Historically, family physicians and primary care researchers have not had sufficient access to an acceptable amount of journal space. Now, this situation is reaching a crisis. Since Dowden, Inc purchased the *Journal of Family Practice*, the most frequently cited medical research journal in primary care, the publisher has exerted increasing pressure to reverse dwindling revenues. As the new corporate owners have sought to commercialize the journal, vigorous opposition has arisen from many members of the Editorial Board

and the journal's editor. Consequently, Dowden, Inc terminated the contract of the current editor. If this trend continues, further reduction in journal space for original research has the potential to critically limit family physicians from publishing their work in the specialty.

This spring, 30 members of the 32-member Editorial Board at *The Journal of Family Practice* authored a letter to Bruce Bagley, president of the American Academy of Family Physicians (AAFP), requesting support from the AAFP for a medical research journal dedicated to publishing original primary care research. In the letter, board members noted that the editor and publishers have experienced “difficulty balancing the need of the advertisers with the needs of our discipline.” In their letter to Dr Bagley, it was further noted that “an independent journal, printed and published regularly, is a core commitment to providing a scientific underpinning for the intellectual growth of the discipline. Unfortunately on its present course, *The Journal of Family Practice* cannot be depended upon to meet that need.” These sentiments were recently amplified by resolutions in Minnesota, Oklahoma, and Wisconsin state chapters calling on the AAFP to sponsor a research publication.

Placed in historical and contemporary context, the dilemma now facing the specialty and the AAFP is not a new one. The American Academy discontinued its original research journal, *The Family Practice Research Journal*, in December 1994 after several unprofitable years of

publication. *Archives of Family Medicine*, published by the American Medical Association, appears to be on similarly tenuous financial ground. Nevertheless, the implications of losing the specialty's most significant research publication are considerable for a number of reasons. The practice of family medicine, like any medical discipline, needs a means to communicate advances in original research that will ultimately serve the specialty and the delivery of primary medical care. In family practice, this need has been relegated to commercial publications without formal relationships to the medical specialty. The AAFP is the only major medical association that does not support an original medical research publication as a service to its members and members' patients.

Resources are potentially available within the Academy to support a medical research journal. The AAFP recently committed to a multimillion dollar effort to support a research initiative, and there is renewed interest in practice-based research networks. The Academy recently developed its own national research network (see article, page 1). Research networks provide opportunities for community-based physicians to articulate and answer their own research questions, based on their own patient care experiences. All of this research requires a structure for peer review. The chances of incorporating the results of medical research into patient care are diminished when opportunities for communicating those results are reduced, thereby potentially

compromising the quality of patient care and the advancement of primary care specialties.

Although awareness of the significance of medical research has never been greater, spending money to support research will not be an easy political decision for delegates to the AAFP. It is a perilous time for our research journals and political will, creative solutions, and grass-roots support are critically needed to ensure that medical journals dedicated to publishing original research in the field of primary care survive. This research is uniquely relevant to primary care physicians, and is important in fostering continued improvements in patient care.

—Kevin Peterson, MD, MPH,
Assistant Professor, University of Minnesota,
Department of Family Practice;
Director, Minnesota Academy of Family
Physicians Research Network

Publisher's Reply:

Regarding the accompanying letter from Kevin Peterson, MD, here are some observations:

1. The number of pages devoted to research in the *Journal of Family Practice* has actually increased under presenter ownership.
2. The appointment of Mark Ebell, MD, MS, as editor-in-chief speaks volumes about our ongoing commitment to the journal as the premier place for publication of original research in the field of family practice.
3. Advertising pages have multiplied since early last year, ensuring resources to support our enthusiastic quest for editorial excellence.
4. The early termination of the contract with the previous editor reflects a view that change will accelerate improvements in the journal.

In summary, we are totally committed to publishing the best journal of original research that family physicians have ever enjoyed.

—Carroll V. Dowden
President, Dowden Health Media

Editor's Reply:

Dear NAPCRG Members,

Dr Peterson expresses concern over the future of the *Journal of Family Practice*, and in particular, *JFP's* editorial direction. These concerns have been expressed by others, and are a healthy reflection of our shared concern for the future of research in our specialty and our desire to see *JFP* remain the premier source of original work in the specialty.

As the new editor-in-chief of the *Journal of Family Practice*, I would like to begin by assuring Dr Peterson, the members of NAPCRG, and the broader primary care research community that *JFP* will remain a great place to publish original research. The number of editorial pages devoted to original research have increased since Dowden Health Media took over, and I am committed to maintaining this level of publication of original work. I will be assisted by an outstanding team of Associate Editors: Bernard Ewigman MD, MSPH; John Hickner, MD, MS; Allen Shaughnessy, PharmD; and Cheryl Flynn, MD. I will explore with them ways to make the original research more accessible to practicing family physicians by ensuring that articles are clear, concise, and identify key "bottom-line" points. We are also committed to developing two new features that answer the clinical questions of family physicians with the best available evidence and review a clinically focused, evidence-based topic in each issue.

I certainly hope that *JFP* has the support of our Academy, and I call for them to reinstate *JFP's* endorsement withdrawn 4 years ago. Even if the Academy were to publish an original research journal, it would almost

certainly have advertising and face the same pressures to increase readership and sell advertising pages that *JFP* faces today. Clearly, financial pressures are not unique to *JFP*.

I am proud to follow in the footsteps of John Geyman, MD; Paul Fischer, MD; and Paul Nutting, MD. As long as I am editor, *JFP* will publish the best family practice research, as well as features that help family physicians translate the results of research into practice to improve the health of our patients. I welcome your comments, suggestions, and most of all, your best research manuscripts!

—Mark Ebell, MD, MS
Editor-in-chief,
Journal of Family Practice

Author's Reply:

One of the difficulties of an occasional newsletter is that events sometimes outpace the frequency of the publication. Let me add my congratulations to Dr Ebell, and my complements to Dowden Publishing for their wisdom in selecting an individual with both the experience and the character in carrying forward the important service that the *Journal of Family Practice* has established. I think we can all agree that the *Journal of Family Practice* is back in good hands.

Unfortunately, other family practice journals still loom dangerously close to collapse. Pressures on research publications continue to pose imminent challenges, while the AAFP lingers uncommitted. It is time for the AAFP to provide endorsement and increased visibility for research publications. This includes working with allied research journals in the specialty, acknowledging these publications in AAFP promotional literature, and integrating allied journal representation into the AAFP structure to ensure research a more apparent presence among all family practitioners.

—Kevin Peterson, MD, MPH

NAPCRG Staff Makes Changes

In mid-November, after the NAPCRG Annual Meeting, Marcia Neu, MA, CAE, who has served as NAPCRG administrative director for the last 5 years, is leaving the Society of Teachers of Family Medicine (STFM) to move to Anacortes, Wash. Stacy Brungardt, MA, STFM communications director, will replace Ms Neu as STFM deputy executive director and will serve as NAPCRG's new administrative director. Ms Brungardt brings 7 years' experience as editor of the *STFM Messenger* newsletter and managing publisher of the *Family Medicine* journal, as well as management of the STFM Communications Department and Web site.

NAPCRG has contracted with STFM to provide management services since 1995. Other STFM staff who will continue to serve NAPCRG include Jenny Riedl, Web site and membership services coordinator; Dana Greco, controller; and Jake VanDerhoef, Webmaster and graphic services assistant. All NAPCRG staff can be reached at 800-274-2237 and napcrgrg@stfm.org.

NAPCRG Salutes Marcia Neu

Marcia Neu, MA, CAE, brought something new to NAPCRG. Since the founding of NAPCRG, the Medical College of Virginia had generously provided office staff to sustain the group between the annual meetings, which moved from place to place with volunteer hosts. In 1995, NAPCRG contracted with STFM to provide the organization with critical administrative support. Marcia created the role of administrative director in 1995 and, with that powerful resource, NAPCRG began to move from being an office with a meeting to becoming an organization with a mission. She brought professional skills, demonstrated personal commitment, and developed a keen sense of the nurturing nature of NAPCRG. With her support and direction, the organization has matured to not only sustain itself but to contribute to and lead others. Those who have been fortunate to work directly with Marcia—the officers, Board members, committee chairs, meeting planners and special interest groups—all recognize her many contributions. All who have belonged to NAPCRG, presented their research, and attended the meetings have benefited as well. We have seen the professional and personal qualities she brings to her work and now leaves with our organization. NAPCRG and the people who make it say, “Thank you, Marcia.”

—William R. Phillips, MD, MPH, former NAPCRG President

Past Program Committee Chair William Norcross (left), MD, University of California, San Diego, presented a Distinguished Service Award to Alan Adelman (right), MD, Hershey Medical Center, Hershey, Pa, at last year's Annual Meeting. Dr Adelman chaired the submission review process for the 1997–1999 annual meetings. For this year's Annual Meeting, he cochaired the Review Subcommittee with Jeannie Haggerty, PhD, University of Montréal, who will chair the process for the 2001 Annual Meeting.

SIG Meetings in Amelia Island

The following schedule lists the special interest groups (SIGs) that have scheduled meetings for the 2000 NAPCRG conference in Amelia Island. All group meetings are open to interested members. Additional SIG meetings may be listed in the final conference packet. For further information, contact group chairs directly.

November 5, 7–7:45 am
Quantitative and Qualitative Research

North American Respiratory Infection Study Group

November 5, 5:45–6:45 pm
Geriatrics

November 6, 7–7:45 am
International Collaborating Group on Diabetes in Primary Care

Faculty and Community Research Development

Primary Care Atlas Development

Participatory Research in Primary Care

Residency-based Research and Scholarly Activity

North American Respiratory Infection Study Group

