



Residency Leader Motivations to Engage Residents and Residency Faculty in Scholarship: A Qualitative Study

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BACKGROUND AND OBJECTIVES: Research shows that limited time, lack of funding, difficulty identifying mentors, and lack of technical support limit resident and faculty ability to fully participate in scholarly activity. Most research to date focuses on medical student and resident attitudes toward research. This study aimed to understand the underlying attitudes of family medicine residency (FMR) leaders toward scholarship.

METHODS: Two focus groups of family medicine residency leaders were conducted in March 2018. The sample (N=19) was recruited through the membership directory of the Family Physicians Inquiry Network.

RESULTS: Leaders shared positive attitudes toward scholarship; however, motivation to engage residents and residency faculty in scholarship diverged. Motivations for promoting scholarly activity among participants were either extrinsic (through ACGME, program graduation, or promotion requirements) or intrinsic (through personal interest and natural drive).

CONCLUSIONS: Emerging themes illustrate differences in how FMR program leaders perceive the role of scholarship in residency programs. As programs aim to increase research and scholarship, more attention must be paid to the motivating messages communicated by the program's leadership.

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In 2006, the Accreditation Council for Graduate Medical Education (ACGME) introduced scholarly activity requirements,¹ and in 2013 it specified faculty requirements.² These requirements created the potential for two mechanisms of culture change: policy change, which communicates new priorities and rules, and generational change, which socializes new residents who will be the faculty of tomorrow.³ Box 1 contextualizes these changes within the history of scholarship in family medicine.

The primary role of organization leaders is to create and manage culture.³ Using survey methods, researchers have assessed program director attitudes toward scholarly activity and barriers to residency scholarship.^{1,4-10} Within primary care specialties, survey studies reveal frustration with barriers and the overall lack of scholarly production.^{1,11,12} Reported barriers include limited time, little funding, difficulty identifying mentors, and insufficient technical support.¹³⁻¹⁶ Although survey research revealed program characteristics related to scholarship

success,¹⁷⁻²¹ it cannot provide a rich understanding of residency leadership perspectives on scholarship. Qualitative inquiry into how leaders perceive these requirements and how they communicate about requirements can provide deeper understanding of leader perspectives.²²

This study aimed to understand the underlying attitudes of family medicine residency (FMR) leaders toward scholarship.

Methods

Following approval from Wilford Hall Ambulatory Surgical Center Institutional Review Board, two focus groups were conducted at the American Academy of Family Physicians 2018 Program Directors Workshop. Purposive sampling targeted residency leadership through the Family Physicians Inquiries Network (FPIN) membership directory (past and current). The fourth author moderated both groups,²³ following a semistructured discussion guide. Open-ended questions within broad topics of success, facilitators, and barriers allowed for flexibility of group discussion and moderator

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Box 1: Historical Context of Scholarship in Family Medicine

1963	World Health Organization recognizes the “particular contribution” family medicine can make to medical research. ²⁸
1967	Planning meeting to create a forum for educators, which later formally became the Society of Teachers of Family Medicine ²⁹
1969	Liaison Committee for Specialty Boards approves the application of the American Board of Family Practice as an approved examining board in a medical specialty ³⁰ First accreditation standards for “family practice” residencies specify: “The participation of the resident in an active research program should be encouraged.” ³⁰
2000	STFM Annual Spring Conference research plenary introduces the Family Practice Information Network model to generate new knowledge through practice-based research. ³¹
2004	The Future of Family Medicine Task Force on Medical Educational emphasizes “Scholarly Pursuit,” calling on the specialty to grow its research and make a greater commitment to a culture of ongoing inquiry in family medicine. ³²
2006	Accreditation Council for Graduate Medical Education (ACGME) introduces scholarly activity requirements; Family Medicine Review Committee: “All residents must actively participate in scientific inquiry...” ¹
2013	ACGME changes documentation from process to outcomes, specific identification of faculty requirements. ³³
2019	ACGME implements new language: “The program and faculty must create an environment that fosters the acquisition of such skills through resident participation in scholarly activities.” ³⁴

Table 1: Focus Group Discussion Guide in Practice

Success	
<p>The first section focused on how programs determine their success in accomplishing scholarship. Follow-up questions sought clarity in actors and motivations. The primary prompts were: <i>Describe how successful you feel like your program is [in accomplishing scholarship]. In your words, what determines success for your program?</i></p>	
Transcript quotes of follow-up questions	<p>“I heard publication and I’ve heard to meet the scholarly activity requirement. Do you see that as the same goal or do you see those as two separate?” “So, meeting the requirement. Has anyone had a different impetus than that?” “You mentioned residents, I didn’t hear you use the word faculty. Is faculty engaged in that process as well?”</p>
Facilitators	
<p>The second section of the discussion guide explored the resources that facilitated successful scholarship. Follow-up questions sought clarity in institutional factors and processes. The primary question was: <i>What are the greatest contributors to your program’s success?</i></p>	
Transcript quotes of follow-up questions	<p>“Who is funding that and gave you the support to be able to do that, to give that person that time?” “Does everyone have that type of leadership support? That you can give that protected time?” Moderator: “I’m actually hearing there are two different roles you perceive value in, and it’s actually enforcing, you used the word police.” Respondent: “The enforcer.” Moderator: “That’s what you feel like you have a need for more is enforcement?”</p>
Barriers	
<p>The third section explored continuing barriers to successful scholarship. The primary question was: <i>What barriers to success has your program encountered?</i></p>	
Transcript quotes of follow-up questions	<p>“Other than time, what resources do you need to make this successful?” “For those of you who have had to make the argument to your administrations, to your GME offices, what has been the most valuable argument?”</p>

follow-up (see Table 1 for group discussion guide). Each group occurred for 80 minutes in a hotel conference room. Audio recordings resulted in 83 pages of transcribed text.

The first author conducted a thematic analysis using the constant comparative method.²⁴ Initial analysis identified two primary themes of extrinsic or intrinsic motivations to engage in scholarship. The first and fourth authors met to discuss emergent themes. Axial coding then identified dimensions of each motivation and highlighted key aspects of the theme.

As a validation strategy, six additional FMR leaders (none connected to FPIN member programs) were invited to review findings. Each provided a peer check, supporting content validity.²⁶

Results

Participants (n=19) were residency program directors or associate program directors. Table 2 presents program and individual characteristics.

Participants provided their own definition of success in scholarship. Leaders described success via production or participation. Some leaders determined success by a product—completed publication; whereas other leaders perceived success through participation in the scholarship process. One leader summarized, “Success being measured then, that all of my third-year

residents all participate in a project before they graduate. Success, not necessarily being measured by publication.”

Leaders shared positive attitudes toward scholarship; however, motivations to engage residents and residency faculty in scholarship diverged. Motivations for promoting scholarly activity among participants were extrinsic (through ACGME, program graduation, or promotion requirements) or intrinsic (through personal interest, educational value, and a creative pursuit). Table 3 presents participant descriptions to illustrate perceptions. The intrinsically-motivated leaders encouraged scholarly activity of the value it brings to medicine. Many take part in scholarly activity to appreciate the role it plays in generating literature, which guides patient care guidelines and decisions. This motivation contrasted the extrinsic motivators that drive other leaders. Motivation was not described as a facilitator or barrier.

References to lack of resources (particularly knowledgeable experts, support staff, and time) and uncertainty of “what counts as scholarship” were cited as primary barriers. Participants also cited clinical production incentives as a hindrance to producing scholarly activity.

In the validation check, the six peer checks supported content validity. One leader emphasized,

Being a [program director] is much like being a parent. The Holy Grail of parenting is installing inherent motivation in your children. If ... we have installed some inherent motivation towards scholarship whatever the definition is, I have been successful.

Discussion

Emerging themes illustrate differences in how FMR program leaders perceive the role of scholarship in residency. Participating in scholarly activity due to extrinsic factors can be effective; however, discipline leaders should be aware of its potential long-term effect. The implications of this contrast in motivators can be interpreted through a dual-processing framework. Dual-processing theories suggest that behaviors prompted by intrinsic motivation will be more enduring.²⁵ Conversely, individuals motivated by extrinsic forces may be less inclined to continue efforts after forces are removed. When resources are limited, value-based decision making occurs, and scholarly activity can be pushed to the side. However, if the surrounding environment recognizes scholarly activity as high value, reprioritization efforts will reflect that value. If we aim to cultivate physicians who value evidence, leaders should emphasize the intrinsic motivators of scholarship, consistently communicating to residents

Table 2: Leader and Program Descriptives

Program Characteristics			
Number of residents in program	Mean 23.84	SD 7.42	Range 12-26
Number of core faculty	Mean 8.67	SD 5.97	Range 2-30
Programs with a residency research coordinator	Yes	11 (57.9%)	
	No	8 (42.1%)	
Amount of protected time for the residency research coordinator	None	1 (5.3%)	
	1%-25%	9 (47.4%)	
	100%	1 (5.3%)	
Individual Characteristics			
Years in leadership (program director and associate program director; n=16)	Mean 6.22	SD 5.81	Range 1-21
Years since completing residency (n=17)	Mean 13.24	SD 7.90	Range 2-32
Gender	Female	12 (63.2%)	
	Male	7 (36.8%)	

Table 3: Emerging Motivation Themes

Leaders Described These Motivations for Scholarship...	Including These Dimensions...	In These Words.
Extrinsic	Program requirements	<p>“These citations [ACGME penalties] that come up, and a community base program where you’re getting paid by the patients you’re seeing not by the research you’re doing.”</p> <p>“Your faculty aren’t really interested in promotion. They don’t care if they ever make professor. They just want to make sure that they’re enjoying their teaching, and you can go and you can show them now with these publications, those citations [ACGME penalties] went away.”</p> <p>“We use this as the way to meet the faculty requirement for us. Really our core faculty and our main teaching faculty are assigned [a specific writing task]. It’s not really something they select themselves for which gets to the piece of not necessarily wanting to be involved and not as engaged.”</p>
	Graduation requirements	<p>“Is it required means that they cannot graduate before they are done? Which is not the case but it is a fulfillment of a requirement so if it is done then they’re ok, like they can graduate without doing it. But it’s a requirement in the sense that we expect them to do it at my university and it’s sometimes used more, disappointment in them if they don’t get it done and that’s what motivates them.”</p> <p>“When it was not mandatory, no one was going to work to do it. I mean, who’s going to sign up for work and so for that matter making it mandatory has certainly been a big contributor to being more successful.”</p>
	Promotion requirements	<p>“They’re not interested in writing [online only ...] because...they’re not indexed. They don’t count toward anything they do at the university so it’s time and effort and zero count toward their academic promotion.”</p> <p>“I tried to teach them before I left, but then they ended up not staying in, so, the culture probably didn’t stick but the personal gain I got out of it was, was big, because it helped me develop a curriculum around teaching this.”</p>
Intrinsic	Educational value	<p>“We have our scholarly activity at every level, from the basic science all the way to the clinical sciences and something in between...and so it’s just an educational process from our part to get them to understand what we’re doing and how important it is.</p>
	Topical interest	<p>“We have a few other faculty that have some interest but again I think time is the single critical factor. I think you have to have a lot of self-interest and motivation either because you need to get your residents scholarly projects or because you happen to have a lot of self-motivated interest in the topic to be able to do it.”</p>
	Creative pursuit	<p>“Research by definition is creative, right? It’s a creative pursuit. You have to have time and space to really be creative.”</p> <p>“Success being measured then that all of the residents now participate in writing projects...before they graduate. Success not necessarily being-measured by publication.”</p>

the role of scholarship in evidence-based medicine.

A focus-group method enabled us to hear from participants representing a variety of experiences, from varying program types and sizes. Demographic questionnaires were anonymous so we are unable to connect statements to demographics. The research experience of residency leaders themselves may influence motivations, but this information was not collected. Data were collected before July 2019 changes to

ACGME common program requirements. However, a change in ACGME requirements does not change this study’s findings that leaders are motivated by extrinsic and intrinsic forces.

Conclusion

The reasons for mandating resident and faculty scholarship must be clearly communicated to affect positive attitudes toward scholarship. Leaders and residents must understand that scholarly activity

is an educational process intended to move residents and faculty toward a goal, but it is not the goal itself.

As the number of family medicine residencies increases, the demand for leaders increases as well.²⁶ When selecting leaders, perceptions of the role of scholarship should be a factor. Training programs for new leaders, such as the National Institute for Program Director Development,²⁷ can challenge leaders to think about the motivation for residency scholarship.

DISCLAIMER: The views expressed within this publication represent those of the authors and do not reflect the official position of the US Air Force, Uniformed Services University of the Health Sciences, the Henry M. Jackson Foundation, the Department of Defense, or the US Government, at large.

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