

BRIEF REPORT

Perceived Value of Family Physicians Inquiries Network Membership: A Qualitative Study

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ABSTRACT

Background and Objectives: Leaders in academic family medicine founded the Family Physicians Inquiries Network (FPIN) 27 years ago to facilitate scholarship and research in family medicine residency programs. This study evaluates the perceived value of FPIN membership (defined as what members feel FPIN membership adds to their program) by analyzing responses to open-ended questions in the annual membership survey from 2018 to 2023.

Methods: The survey asked questions such as, “Would you recommend FPIN to a friend? Why or why not?” and “Do you believe that the care you are providing patients in your community is better as a result of your involvement with FPIN?” Researchers applied thematic analysis to code and categorize responses into themes that capture a meta-summary of ideas.

Results: Over the 5-year study period, individuals in 109 of the 169 programs (66% of programs) responded to the survey, including 289 responses to open-ended questions. We were unable to calculate an accurate response rate, but our best estimate is about 2%, making the quantitative portion less useful. Qualitative analysis revealed themes of strengths, impact, and areas for improvement. Strengths subthemes included publishing clinically useful summaries, assisting novice writers, welcoming supportive environment, and publishing guidance and feasibility. Impact subthemes included journal impact and objective, and broader visibility. Areas for improvement subthemes included FPIN financial constraints, help desk answers publishing frustrations, and website difficulties.

Conclusions: FPIN members responded positively and valued participating in FPIN.

INTRODUCTION

Residency programs in the United States have scholarship and research requirements mandated by the Accreditation Council for Graduate Medical Education (ACGME). These requirements traditionally have been challenging to achieve;¹ and recently, ACGME has loosened the criteria to grant flexibility to these programs. However, residency programs still have these requirements, necessitating faculty time and experience; and many family medicine faculty do not have research experience.¹ Early career family medicine faculty have indicated that they would like assistance with scholarly activity.² Family medicine residencies are at the epicenter of this challenge, encouraging research early in careers; and many programs have developed individual scholarship curricula.^{3,4} Despite efforts to increase scholarly activity requirements in family medicine residency programs, scholarship and research remain a challenge.⁵

The Family Physicians Inquiries Network (FPIN) is a subscription-based consortium of residency programs and family medicine departments that addresses the pressing need for increased scholarly activity in family medicine. FPIN’s mission is to provide quality education and professional development for family physicians and clinicians to practice evidence-based medicine and produce scholarship. FPIN provides the education necessary for residents and faculty to create highly structured literature review products. The journals *Evidence-Based Practice*, *Journal of the American Board of Family Medicine*, and the *American Family Physician* publish manuscripts produced by FPIN members. The four manuscript types are Priority Updates to the Research Literature (PURLs),⁶ Help Desk Answers (HDAs),⁷ Clinical Inquiries (CIs),⁸ and Good Evidence Matters (GEMs). PURLs and GEMs summarize a single study, while HDAs and CIs are structured literature reviews that answer a clinical question. FPIN staff and editors

support authors throughout the publication process and provide opportunities to serve as peer reviewers.

While FPIN has existed as a scholarship-focused learning network for more than 27 years, little information is available about its perceived value to FPIN members. This manuscript is a qualitative analysis of the responses to the open-ended questions of the annual membership survey over 5 years (2018–2023).

METHODS

This research is included in the Exemption Umbrella: Evaluation of Educational Activities in the Department of Family and Preventive Medicine, IRB_00091384, granted by the University of Utah Institutional Review Board. Local editors and corresponding faculty authors in all FPIN member programs received the survey via email annually through QuestionPro. The authors of this paper obtained de-identified responses to open-ended questions. Table 1 presents sample open-ended questions.

TABLE 1. Sample Open-Ended Survey Questions

Do you believe FPIN has improved your skills in evidence-based medical decision-making and understanding research?
Would you refer a friend to FPIN? Why or why not?
What are some of the strengths or weaknesses of FPIN?
What are some of the opportunities or threats to FPIN?

Abbreviation: FPIN, Family Physicians Inquiries Network

Although some questions varied annually, all questions included in this analysis were asked for more than 1 year. Between 2018 and 2023, FPIN administered five surveys. This article analyzes the responses to the open-ended questions from those surveys.

E.C.L. and J.E.R. applied thematic analysis⁹ to code and categorize responses into themes that capture a meta-summary of ideas¹⁰ across open-ended questions from the membership survey. Despite the inconsistencies in the length of responses (ie, some responses included two or three words, while others were complete sentences), the thematic analysis allowed researchers to examine the different perspectives of survey participants across similar questions. Text responses that lacked clarity were removed regardless of the length of the text. E.C.L. initially coded the data to identify topics associated with the value, benefits, and motives of being a member of FPIN. E.C.L. and J.E.R. then analyzed codes to create themes that captured recurrent patterns related to experiences and responses¹⁰ associated with FPIN membership. Lastly, E.C.L. and J.E.R. further investigated core themes created from initial codes, verifying a meta-summary of participants' responses to each question. Responses were combined for analysis and reporting. All authors reviewed, discussed, and agreed with the coding and thematic categories created.

RESULTS

Over the 5-year survey period, 109 of the 169 programs (66%) provided at least one response; and annually, an average of 51.7% of programs offered one. We are unable to calculate an exact response rate due to software limitations and our inability to determine whether duplicate emails were sent. However, our best estimate is that the survey was sent to between 1,892 and 4,383 individuals per year from 2018 to 2023, resulting in a response rate of approximately 2%. From multiple questions that were open-ended, we analyzed 289 distinct responses. Qualitative analysis of open-ended response questions revealed three themes: strengths, impact, and areas for improvement. Table 2 presents themes, subthemes, and illustrative quotes.

The authors identified four subthemes within the strengths theme: publishing clinically useful summaries, assisting novice writers, welcoming and supportive environment, and publishing guidance and feasibility. The theme impact was divided into two subthemes: journal impact and broader visibility. The final theme, areas for improvement, had three subthemes: FPIN financial constraints, HDA publishing frustrations, and website difficulties.

Of note, survey respondents indicated that the strengths of FPIN included the teaching of evidence-based medicine, as well as support to produce FPIN manuscripts. Respondents reported that the modules teaching critical appraisal of the literature were effective and that FPIN helped novice writers. In the impact category, respondents stated that it was not in-depth for starting research careers. Respondents also questioned whether the FPIN journal and products were visible enough. In the areas for improvement category theme, respondents highlighted quality improvement areas for FPIN, suggesting compensation for editors, simplification of the website, and streamlining of the publication process.

DISCUSSION

FPIN members shared positive feedback and suggestions for improvement, to which FPIN leadership has responded. Several of the themes associated with the strengths of FPIN and opportunities for improvement aligned with reasons participants would or would not refer FPIN to friends. Qualitative data from the surveys revealed the following themes: strengths, impact, and areas for improvement. Respondents reported that FPIN helped support scholarly activity and taught skills, including critical appraisal of the literature, for use in other types of scholarship to provide the foundation for an academic career.^{11,12}

While members reported FPIN's positive value, they also identified FPIN's areas of improvement. Members expressed frustration with the website, long publication times, and difficulty with HDAs. These areas are essential in supporting members' pathways to increased scholarly activity. Members also questioned the impact of *Evidence-Based Practice* and indicated that broader visibility was an opportunity for growth. FPIN should use this information for quality improvement.

TABLE 2. Themes and Subthemes Identified

Themes	Subthemes	Quotes
Strengths	Publishing clinically useful summaries	“Provide brief, concise, patient-centered, critical analysis of some of the bigger articles and topics in health care.” “Publish and provide clinically useful information.”
	Assisting novice writers	“Personal attention to programs in helping those programs achieve scholarly activity” “Assist programs with their EBM curriculum and publications” “Introduces [faculty and residents] to scholarly work which isn’t intimidating” “Appropriate level for most residents”
	Welcoming supportive environment	“FPIN creates an atmosphere in which even nonresearch-oriented individuals feel comfortable.” “Approachable and great at answering questions”
	Publishing guidance and feasibility	“Structure. From question to review to write-up. Initially, the training modules were really good, then they got simplified.” “Flexible with timelines when needed”
Impact	Journal impact and objective	“Prescriptive nature of HDA. Not sure it’s meeting objective.” “Not considering previous data beyond 5 years may bias results.” “Lack of impact factor” “Not in-depth for those interested in research careers”
	Broader visibility	“Not well-known outside academic circles” “I’m not sure how visible and well-known it is to family physicians, broadly speaking. It seems more likely to be known by people close to residency programs or med schools, but perhaps less so for the typical family medicine doc working in the community.”
Areas for improvement	FPIN financial constraints	“Higher compensation for deputy editors to ensure enough editors to ensure material is returned in time” “Financial dependence on struggling residency programs”
	HDA publishing frustrations	“Reliance on a considerable volunteer workforce that slows the process” “Lack of continual follow-through including training in the process, especially editing” “Sometimes reviews take very long. Residents lost the passion since they forget the process.”
	Website difficulties	“Lack of accessibility to the website, nonsearchable on Google, lack of PubMed ID#, difficult to navigate website, often irrelevant topics” “The EMR system is antiquated and difficult to use”

Abbreviations: FPIN, Family Physicians Inquiries Network; EBM, evidence-based medicine; HDA, Help Desk Answers; EMR, electronic medical record

Limitations exist that may influence the interpretation of this study. First, two authors, L.G. and A.H.S., are FPIN employees. J.E.R. is serving as president of the FPIN Board of Directors, and S.J.G.W. is a vice president on the Board. Second, only active FPIN members received the survey, introducing selection bias that skewed the responses to the positive. Third, survey items vary from year to year, and the survey was not piloted or validated before its administration. Fourth, membership surveys are anonymous, so faculty, resident, and student responses cannot be distinguished. Lastly, the retrospective cross-sectional nature of our study provides a snapshot at a specific time, limiting our ability to establish causal relationships.

Addressing these concerns in future research will contribute to a more robust understanding of FPIN’s role in supporting research within family medicine and its broader implications for health care outcomes. Additionally, yearly surveys will be standardized, and questions will be continued year to year for better extrapolation of future data from current and prior members. FPIN’s response to member feedback will be measured and reported. Based on the limitations of this study, future research is needed from the perspectives of nonmembers or former members to offer a more comprehensive view of FPIN’s value to the broader family medicine community.

CONCLUSIONS

Our study illustrates the perceived value of FPIN for its members. Positive and constructive feedback from FPIN members on the value and accessibility of FPIN resources is important to the organization’s continued professional development of family physicians. Thus, the findings can support additional research on this topic, leading to the assessment of FPIN outcomes.

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