

Methods Matter: Introducing a Methodological Briefs Series in *PRiMER*

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With the publication of articles from Drs Terry¹ and Blalock,² we introduce the first in a series of methodological briefs in *PRiMER*. This series is oriented to learners and new educational researchers and aims to provide accessible explanations of and references for educational research methods concepts—from study designs, to specific methods, to analysis techniques.

Educational research and scholarship are important skills for faculty in primary care. Our teaching settings, the content we cover, and our individual skill sets and creative drives are amazingly diverse. While this rich set of resources potentiates enormous creativity in teaching, proper evaluation requires balancing this creativity with appropriate methods and rigor. As Akman, et al suggest in their practical guide to primary care educational research:

“Teaching and learning need to be grounded in theory and informed by evidence. It is also increasingly important to raise the standards of evaluating primary care education to investigate the impact on learning, behaviour [sic] change and, even more challenging, patient outcomes.”³

PRiMER authors—seasoned researchers, established clinician educators, new faculty, and learners—have all exhibited great creativity and thoughtfulness in their work in the digital pages of this journal, and our editorial team works hard to ensure proper methods and rigor are applied to these valuable projects.⁴ We hope that this series will help future authors discover methods that are new to them, analyses that unlock additional insights from their work, and elevate the scholarly discourse that belongs in primary care educational research and scholarship.

This series is part of a broader, long-standing effort to increase both the amount and quality of research in family medicine. The need for this effort is recognized in a new National Strategy for Family Medicine Research.⁵ At *PRiMER*, it is inherent in our founding mission⁶ to center on trainees, learners, and new researchers,⁷ and to generally promote a “culture of curiosity” to grow research capacity in family medicine.⁸ It is vitally important to create a grassroots culture for research that emphasizes both methodological rigor and creativity, as federal funding for family medicine research and scholarship has remained low for decades.⁹

Our patients and our learners deserve the best research to inform decisions about their care and training. The *PRiMER* editorial team hopes that this series will provide additional guidance that will advance family medicine research in general and our educational research in particular.

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