

Harmonization Across Academic Missions to Build Research and Scholarship Capacity

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The problem and opportunity. Academic family medicine has three interlocking (or “tripartite”) missions—care, education, and research. But most faculty experience these as competing priorities or as ships passing in the night. Faculty need one job and one life—not three competing ones. Care, education, and research missions in academic family medicine are often united in theory but much less so in practice, particularly the research mission.

Yet activity in the clinical and educational missions offers fertile ground for research and scholarship when clinician educators or clinical faculty, have practical ways to study and publish their own work. This can not only lead to publications and other scholarly products for faculty and learners but contributes to becoming a learning health system¹ for the benefit of patients and a culture of critical thinking and scholarly habits for learners.

We also have reasons to believe that it makes a more interesting place to work—where a culture of curiosity and inquiry helps keep interest up and job satisfaction high in the face of the demands of daily practice. In the clinical realm we have “whole person care”. Now we need “whole faculty jobs” with harmony among the care, education, and research missions.

The strategy. Achieving alignment across care, education, and research missions in action is called “harmonizing the missions” and appears in publications and presentations over the past several years, specifically in the Department of Family Medicine and Community Health at the University of Minnesota^{2,3,4}. As defined in these articles, harmonizing missions means that:

- 1) No one mission is allowed to subordinate the others;
- 2) Each mission informs and strengthens the others--changes in one mission are quickly translated to corresponding changes in the others; and
- 3) Faculty experience the work of harmonized missions as one coherent job, not as competing priorities, and derive greater satisfaction and joy of practice.

Longitudinal implementation. Harmonizing the missions is easy to appreciate at a high level. But is often not so clear to leaders and faculty at the level of what it looks like in action and what set of leadership and organizational strategies and action are required over time to get the desired results—which are expanded scholarship and a better place to work.

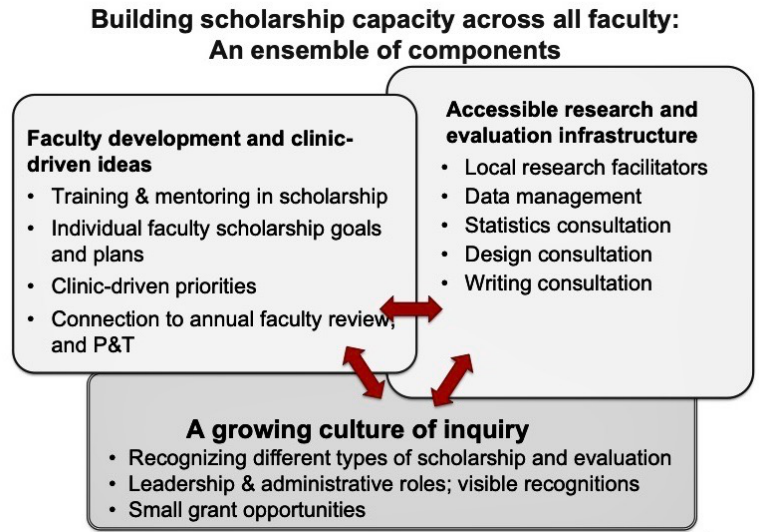
The Minnesota published papers and Building Research Capacity (BRC) workshops describe much of this as developed at University of Minnesota, along with many examples of how harmonizing the missions led to increased scholarly output and a majority of clinical faculty publishing peer reviewed papers, usually with learners as co-authors.

Main ingredients for harmonizing the missions
in a way that builds research and scholarship capacity

Show intention and commitment. Develop a vision/mission statement and plan that demonstrates commitment to a harmonized approach; widely recognized and embraced across the department because it addresses faculty aspirations and felt concerns about being torn between activities of the 3 missions.

Build an ensemble of functions that builds scholarship capacity across all faculty². Develop these mutually reinforcing functions simultaneously to achieve enduring results:

1. Training and mentorship for all interested clinical faculty that leads to a peer-reviewed publication. In our department that is a 12-month series called Collaborative Scholarship Intensive (CSI-FM)⁴, led by senior research faculty, with ongoing coaching, that helps faculty overcome their lack of confidence—and “get the bug” by satisfying their innate curiosity and study what they do.
2. Organized and accessible resources and infrastructure. Once people acquire some enthusiasm and confidence, they could become discouraged right away when encountering tasks such as framing questions, gathering data, or approaching IRB unless they can quickly access organized help so they can take their next steps without feeling stuck or feel all alone with their questions and uncertainties. In our case, this takes several forms:
 - Research facilitator staff at each participating clinic and an identified research champion or research committee to ensure research and scholarship are front-and-center at local programs.
 - Time for brainstorming research and scholarship ideas. At Minnesota we have “percolator” meetings over the noon hour, or for 15-20 min. of our clinic meetings to brainstorm ideas; time to think and be creative in what ideas would be helpful to our patients and ourselves
 - A Research and Coaching Portal—an online guide to forming a sound proposal and then submitting it as an application for specific department research services and staff consultations from the research and evaluation “hub” such as help with study questions and design, statistics and database management, survey construction. The Portal also tracks and coordinates proposals and the resources deployed.
3. A pervasive culture of curiosity and inquiry visibly and continuously supported by leaders. Such a culture of inquiry depends on harmonizing the missions so that all faculty can ask and answer questions about their own work. Examples include:



- Viewing scholarship through a wide lens that includes research, evaluation, and other forms of scholarship—not only traditional research done by career researchers. It being feasible and gratifying to study your own work, whatever that work is.
- Visibly recognizing scholarly products as an important part of what faculty in this department do—whatever their main activities such as patient care or learner education.
- Faculty role descriptions and offer letters that include scholarship; a shift in residency program director role descriptions and review processes to include making sure they are running a culture of scholarship.
- Goal setting for scholarship in annual reviews, encouraging consciousness of promotion and beginning early to build a P&T portfolio.
- Global department budgeting that allows funds and faculty time to move around rather than stay strictly within mission silos. This includes funding models for locally generated program evaluations and research that are published but also help the clinic system learn from its own work⁵.

Harmonizing research and scholarship with clinical, educational and operational priorities supplies a “tailwind” for building research capacity, where a headwind is so often experienced⁶.

Research is often perceived by clinicians, teachers, and clinics as difficult to do, difficult to fund, and results difficult to use. Yet a strong practical need exists to ask and answer emerging questions in care, education, and other institutional priorities. Institutions have practical need for evidence upon which to make leadership and operational decisions and become a learning health system¹.

If not studied by people doing the work, who will be a research workforce on behalf of what matters to the institution and the field?

Research and scholarship priorities can be formed so they appeal to what matters to institutions, clinics, care systems, clinicians. Identify the problems, pressing issues and imperatives. Then formulate questions and answers that already matter to those issues and stakeholders around you.

Harmonizing research with operational priorities can mean turning QI, implementation, and other questions that already matter to the care system, institution, or your state into research with up-front discipline that puts projects on a path to publication.

Harmonizing research and scholarship with practical interests makes a culture of inquiry real, not just an idea. Research harmonized with practice and operations is part of what makes things possible in family medicine—rather than only trying to compete nationally for federal grants in topics that may or may not appeal to what matters to those in departments or their institutions.

Effects on scholarship production. Over time, these efforts have led to a steady increase in publications by Minnesota clinical faculty, while research faculty publications also grew. This is also reflected in more clinical faculty going up for promotion. Many publications are clinically oriented such as FPIN help desk answers or evaluations of new programs started in the clinics, studied by those doing the work³. Residents and post-docs were often co-authors because clinical innovations studied were harmonized to entail changes in learner education, and changes to education were harmonized to entail changes in clinical care.

Publications every three years for UMN family medicine faculty

Year	Research faculty	Clinical faculty	Total
2013	32	10	42
2016	41	21	62
2019	74	24	98
2022	70	20	90 (includes COVID years)

Lessons learned from the Minnesota experience²:

1. Key elements of harmonized transformation need to be balanced as an ensemble.
2. Cultural and organizational shifts take concerted effort and time.
3. Embrace iteration: allow “bumps in the road” to propel the work forward.
4. Harmonizing the missions is financially feasible.
5. Career research faculty can mutually benefit with clinical faculty engaging in scholarship.
6. Honor skepticism or disinterest and let people cultivate enthusiasm for research and scholarship rather than being forced.

Conclusions for participants in the Research Summit

Experience with harmonizing the missions shows that it helps make research and scholarship more feasible and gratifying for all faculty. This increases the rates of publication, increases number of questions asked and answered arising in daily practice, and builds a deeper sense that research and scholarship is what normally takes place in family medicine. This contributes to making a learning health system¹ and helps people feel good about their work.

This is a strong reminder not to think of research only in the traditional form—career researchers and federal funding working apart from clinics and clinical and teaching faculty and the practice-based questions that arise in their environment⁷. A large fertile area for developing research capacity in family medicine is where scholarly questions arise while doing clinical and educational work; asked and answered by those doing the work. Family medicine is a discipline in a great position to dramatically enlarge the base of people doing scholarly work on topics of practical interest.

When you are at the summit and planning a longitudinal strategy for research in family medicine, please put on the harmonization lens as well traditional research in lens. Broad possibilities emerge.

¹ Wlodarczyk S, Dhaliwal G. The Learning Sciences Meet the Learning Health System. *JAMA Netw Open*.2022;5(7):e2223113. doi:10.1001/jamanetworkopen.2022.23113. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794645>

² Berge JM, Peek CJ, Pacala JT, Adam P, Prasad P, Finstad D, Windenberg D, Bengston J, Loth K, Allen ML, Buffington A. Expanding Family Medicine Research and Scholarship to all Faculty: The Minnesota Model for Harmonizing Clinical Care, Education, and Research Missions. *Journal of the American Board of Family*

Medicine, Sept 2021; 34(5):1055-1065.<https://www.jabfm.org/content/expanding-family-medicine-research-and-scholarship-all-faculty-minnesota-model-harmonizing>

- ³ C.J. Peek, Michele Allen, Katie A. Loth, Peter G. Harper, Casey Martin, James T. Pacala, Angela Buffington, Jerica M. Berge. Harmonizing care, education, and research missions in academic medicine: What it means and what it looks like in action. In review at *Annals of Family Medicine*, October 2023.
- ⁴ Buffington ALH, Lange C, Bakker C, Berge, J.M. The Collaborative Scholarship Intensive: A research-in-tensive course to improve faculty scholarship. *Fam Med*. 2021; May;53(5):355–58.
- ⁵ Windenberg D, Berge J, Peek CJ, Bengtston J. All-faculty scholarship: Harmonizing researchers and clinicians through online technology while finding the time and money. Workshop at NAPCRG 48th Annual Meeting, November 2020
- ⁶ Peek CJ, Ewigman B, Schneider D, and the ADFM-NAPCRG Building Research Capacity (BRC) team. How to do feasible and gratifying research by harmonizing with clinical, quality, and operational priorities. Forum at NAPCRG Annual Meeting, November 12, 2019. Toronto, CA
- ⁷ deGruy FV, Ewigman B, DeVoe JE, et al. A plan for useful and timely family medicine and primary care research. *Fam Med* 2015;47:636–42