BUILDING RESEARCH CAPACITY

THE BUILDING BLOCKS OF FAMILY MEDICINE RESEARCH

B R C

Influence for Impact

Harnessing Persuasion Principles to Boost Family Medicine Research

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NAPCRG

ADFM
Association of Departments of Family Medicine
VISION, VOICE, LEADERSHIP

Conflicts of Interest

- The presenters have a bias towards research and family medicine

- Otherwise, no conflicts

Objectives

1. Participants will understand how to apply Robert Cialdini's persuasion principles in building research capacity within family medicine.

2. Participants will design actionable implementation plans integrating persuasion-based strategies for building research capacity in their department.

3. Attendees will develop skills of leveraging persuasion principles to foster collaborative networks within and beyond their departments.

Introduction

Outline

- Importance of research

- 6 principles of persuasion
  1. Reciprocity
  2. Scarcity
  3. Authority
  4. Consistency
  5. Liking
  6. Consensus

- Application and action plan

Importance of Research

Why is Research Important in Family Medicine?

- Simple answer – To provide better care for our patients!

- Family Medicine is a unique discipline, not a sum of other specialties

- Unique ecology
  - Low prevalence of disease
  - Complexity of presenting problem
  - RCT's often too exclusive

Context of Care

- Longitudinal relationships

- Family dynamics

- Cultural context

- Social support networks

- Qualitative research vs. quantitative

Accountability to Community

- Population health vs. Individual Health

- Total cost of care

- Value vs. volume

- Understanding outcomes in the context of the pragmatic reality of the patient experience

- Impact on equity and social determinants

Impact on Education and Training

- Integrating research into medical education curriculum

- Cultivating critical thinking and analytical skills

- Inspiring future generations of healthcare professionals

- Strengthening departmental reputation and collaboration opportunities

Principles of Persuasion

6 Principles of Persuasion

1. Reciprocity
2. Scarcity
3. Authority
4. Consistency
5. Liking
6. Consensus

RECIPROCITY SCARCITY AUTHORITY

CONSISTENCY LIKING CONSENSUS

Reciprocity

Reciprocity

- Giving something to someone produces a sense of future obligation
  - Even uninvited favors
  - Rule also applies to concessions
  - "Rejection-then-retreat" technique

Case Example Breakout Instructions

- Use the case example to ask how you can use the influence tactic to increase research and scholarship in your department
  - Use different perspectives (dean, chair, CEO, PD, resident, clinician, etc.)
  - Use examples of how you used the influence principle in your department (can be successful or unsuccessful examples)
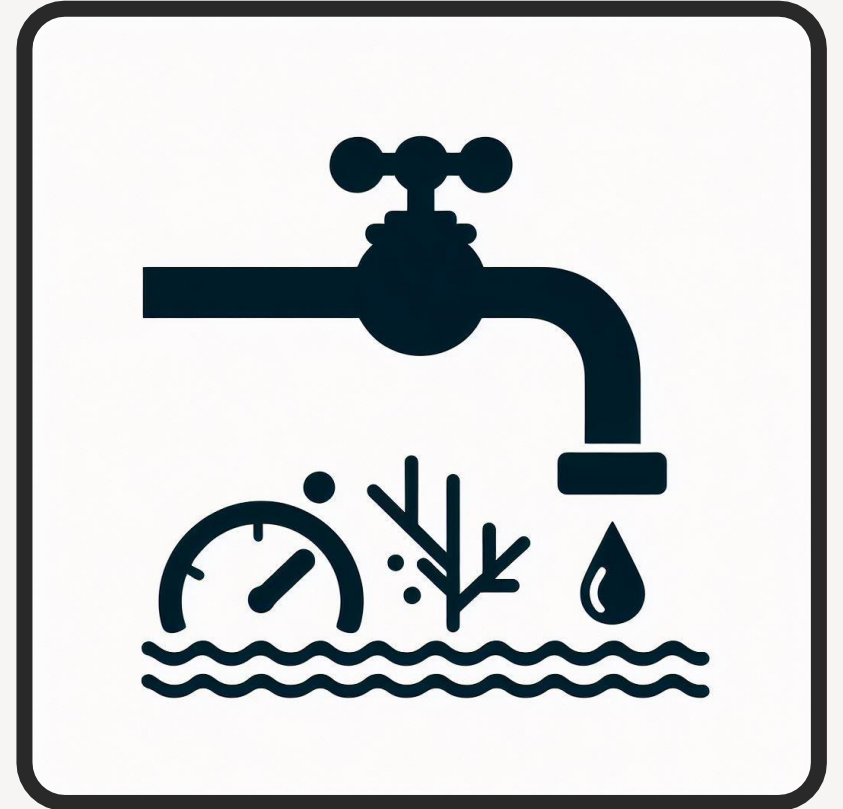
Reciprocity—Case Example

- You are the chair of a department with several clinics. Most of the clinicians have no research experience.

- Several clinicians express initial interest in a research collaboration, but as time progresses, their commitment wanes.

Scarcity

Scarcity

- People assign more value to opportunities that are less available

- If we don't act now, we will lose something valuable

- Limiting access to information can induce a greater desire and favorability to it

Scarcity—Case Example

- As the Vice Chair of Research, you are trying to increase the number of grant applications for your department.

- The time commitment and poor success rate from previous grant applications has reduced interest in current applications to near zero.

Authority

Authority

- Deference to position / expertise or perceived position / expertise

- People often react to symbol of authority rather than its substance
  - Title
  - Clothing / Appearance
  - Other symbols – cars

Authority—Case Example

- Your department's FMR has received citations for lack of scholarship

- Minimal to no publications or external presentations > 5 years

- Not meeting ACGME requirements, which are becoming more prescriptive

Authority—Case Example

- **Residents:** "I chose this residency because I don't have to do research."

- **Faculty:** "I have no time for scholarship."

- **Health system:** "Just see patients."

- **Dean:** "Get it done!"

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Consistency

Consistency

- Commitments (even poor ones) tend to be self-perpetuating
  - Generate new justifications to support prior commitments.
  - Reminder of earlier commitments can guide behavior

- "Commitments are most effective when they are active, public, effortful, and viewed as internally motivated (voluntary)"

Consistency—Case Example

- As department chair, you are working on a five-year strategic plan for research.

- Many clinic chiefs are skeptical about the benefits of engaging in research activities, and they are actively hampering the efforts.
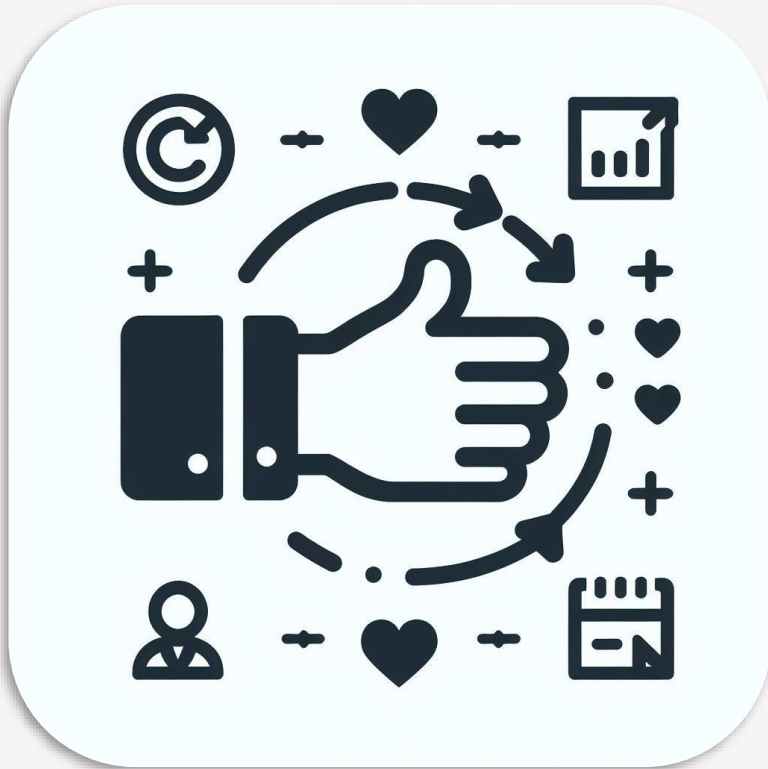
Liking

Liking

- People will defer to the opinions of people they like
  - Physical attractiveness
  - Similarity
  - Repeated contact
 - Association with positive experiences

Liking—Case Example

- As a primary investigator you are trying to enroll clinicians in a study to improve health quality outcomes in a prison population.

- Many of the clinicians in your group oppose the idea of engaging with this patient population.

Consensus (Social Proof)

Consensus (Social Proof)

- People decide what to believe or how to act by examining what others are believing or doing

- Consensus / Social Proof most influential in conditions of …
  - Uncertainty
  - Greater numbers
  - Peer-suasion
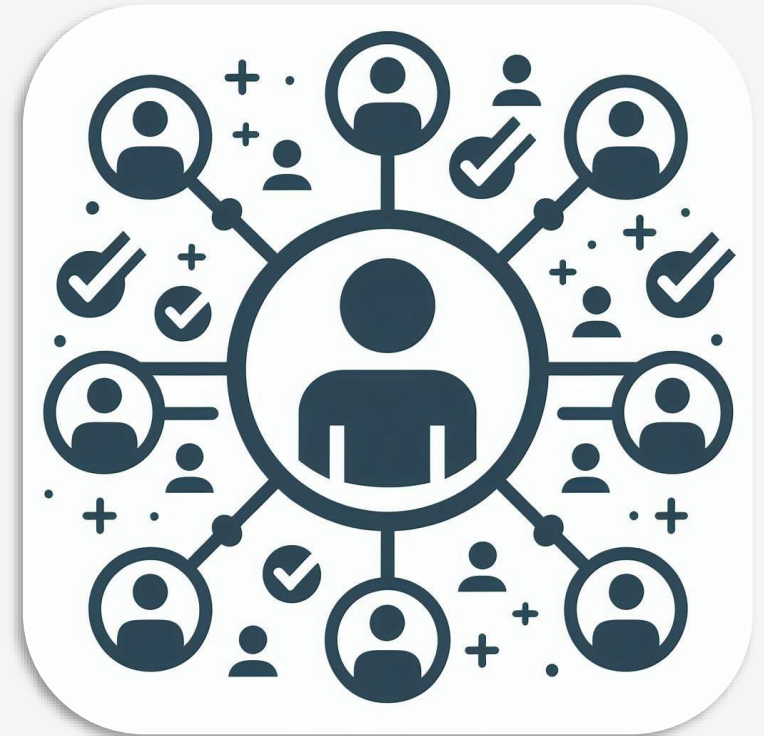
Consensus—Case Example

- Your department has non-physician researchers
  - Produce majority of publications
  - Receive majority of grants
- Your clinicians want to be involved in research but need help
- Your research division resistant to collaboration

Action Planning

Action planning

- What are some goals you have for your department?

- What difficulties do you have with those goals?

Action planning

- How can you use the principles of persuasion to address those difficulties?
  - Table discussion
  - Report to large group

Summary

1. Reciprocity
2. Scarcity
3. Authority
4. Consistency
5. Liking
6. Consensus

BRC Fellowship

BRC (Building Research Capacity) is a joint initiative between ADFM & NAPCRG. The purpose 0f the BRC Fellowship is to equip individuals with the knowledge, leadership skills, mentorship, and peer support to develop and implement a strategic plan for building research capacity within their own programs, departments, or institutions.

Coaching: Coaching support to build research and scholarship capacity within a program or institution

Support: Develop a peer support network among to build research capacity

Strategic Planning: Create a strategic plan for research and scholarship within their home program or institution.

Learn more!

BRC Consultation

BRC Consultations range from very specific problem-solving such as recruitment and leadership issues to the development of a broad multi-year strategic plan.

There is no one formula or pattern for a BRC consultation - they can vary depending on the size and current research & scholarship capacity of the department as well as the goals of the consultation

Possible examples of needs that might be served by a BRC Consultation:

- Increasing the level of scholarly activity across a residency or department
- Increasing the number or size of federal and foundation grants coming to the organization.
- Making the case to the larger institution for building family medicine research capacity
- Leveraging institutional research institutes and centers

Reach out to JoBeth Hamon (jhamon@adfm.org) for more information!

Questions?

- AI input: "Make a joke about persuasion"