A Continuity Model for Research Consultation in Family Medicine

Debra G. Froberg, PhD, Richard L. Holloway, PhD, and Carole J. Bland, PhD Minneapolis, Minnesota

This paper describes a model of individualized research consultation designed to assist family physician faculty members to develop research skills. The consultative relationship described here is a one-to-one helping relationship between a client (a family physician researcher) and a research consultant that is directed toward enabling the client to complete a research project and ultimately to function as an independent researcher. The continuity model stresses a relatively longterm, intensive relationship—a departure from the typical consultation in which the consultant renders advice and then exits. Within this continuity model, the consultant is involved at regular intervals throughout the duration of the research project and is committed to its completion. The principal role of the consultant is that of educator, within which the consultant may at various times act as reflective listener, agent of change, role model, "linker" to resources, and informational expert.

With the current emphasis on building a family medicine research base¹⁻⁴ has emerged an awareness that conducting research requires specialized knowledge and skill in the content of research methodology—a content area not emphasized in

the training of most family physicians, not even family practice faculty members. Geyman⁵ notes that "the great majority of family practice faculty so far have been drawn from the ranks of practicing physicians . . . (who) have been well qualified by clinical experience and expertise for teaching, but have usually lacked experience or formal training in teaching, research, or related academic areas."

Despite a lack of formal training in research methodology, family physicians and educators cannot afford to leave research to other specialties, for in so doing they risk losing the uniqueness of family medicine. Thus, to conduct research that

From the Program in Public Health Nursing, School of Public Health, University of Minnesota, and the Department of Family Practice and Community Health, University of Minnesota Medical School–Minneapolis, Minneapolis, Minneapolis, Requests for reprints should be addressed to Dr. Debra Froberg, Program in Public Health Nursing, School of Public Health, University of Minnesota, Box 197 Mayo Memorial Building, 420 Delaware Street SE, Minneapolis, MN 55455.

will advance the discipline and the practice of family medicine, physicians first need educational support to enable them to develop research skills. For maximum effectiveness, this educational support should represent an integrated programmatic effort with various levels of activity targeted for various groups. The University of Minnesota has developed a three-phase Faculty Support Program designed to (1) introduce faculty to research skills through a basic research skills seminar, (2) assist them in carrying out a research project through individualized consultation with an experienced researcher, and (3) explore advanced research topics through additional seminars.

The purpose of this article is to describe the process of the consultation component of the research skills development program. This continuity model of research consultation is most relevant for inexperienced researchers, but elements of it can be adapted for persons with more experience. Further, although it was designed for faculty members, it may be a generic model applicable to the physician in full-time practice as well.

The Continuity Model for Research Consultation

As the name implies, the defining characteristic of the consultative approach is education through continuity. Continuity consultation is best undertaken when three conditions are met:

- 1. The client begins by participating in a basic research skills seminar.²
- 2. The client seeks individual consultation soon after completing the seminar, before final decisions have been made about the design and conduct of a study.
- 3. The client and consultant meet regularly (eg, weekly, monthly) until the study is completed.

Basic Research Skills Seminar

Although individual consultation seems to be

the most effective means for achieving individualized learning outcomes, it is not the most effective strategy for introducing basic concepts of research. The purpose of the basic research skills seminar is to acquaint the beginning researcher with the fundamental elements of a research study: generation and refinement of research questions, literature review, study design, data collection, basic principles of sampling, use of statistics, and formulation of results by means of charts and graphs. If a client comes to the consultant without these basic understandings, much time must be spent in remediation, a relatively inefficient use of consultative time. All new researchers are therefore encouraged to begin with a basic skills course.

Immediate Initiation of the Consulting Relationship

It is best if course participants begin working with the consultant immediately after they complete the course. The earlier the consultant is involved, the more efficient and amicable will be the relationship. If a client comes to the consultant with nothing more than an idea for a study, there is maximum flexibility to discuss all possible alternatives, an optimal condition in terms of both the quality of the research product and the opportunity for learning. Most important, "the study can be designed to answer some aspect of the research question and, at the same time, be tailored to the (client's) level of competence."

This point is important and should be emphasized. The consultant's goal is to assist clients to become independent researchers. The principal consultant role is that of teacher. By helping clients design studies tailored to their level of competence, two things are accomplished: First, the client attains an understanding of the methodological considerations that influence the design of the study rather than taking them on faith, and second, this understanding enables the client to maintain control of the study.

Consultation sought after the research has been executed and the results are in is not likely to be satisfying for the beginning researcher. The data may be inadequate for any kind of analysis, and

short of sending the client back to rework the study, the only alternative is to employ some sort of compromise analysis. Often the time and effort required for a compromise analysis would be better spent in conducting a new study. Thus, there is no substitute for a clearly defined research question and a strong design, which is more likely to be achieved if inexperienced researchers seek consultation as soon as they decide to investigate a question of interest to them.

Regular Meetings

The third condition necessary for continuity is regular meetings between the client and consultant. Because there are regular meetings and expectations of an enduring relationship, the question of role definition arises. In fact, role clarification has emerged as one of the most critical elements needed for success in the consulting relationship. Some discussion of roles and responsibilities naturally occurs during the first meeting. The discussion usually follows this sequence of topics:

- 1. What need(s) prompted the client to seek consultation?
- 2. Are the client's needs compatible with the kinds of services the consultant can offer?
- 3. What outcomes are desired by the client? By the consultant?
 - 4. Who will be doing what?
 - 5. What is the time perspective?

Ideally, the consultative relationship consists of a series of meetings, beginning with the first meeting during which expectations are clarified, and continuing through the entire sequence of research stages, culminating in a research article.

Consultant Roles

The consultant may assume five roles at various times with various clients. Most consultant behaviors can be classified within one of these five roles,

all components of the central role as educator: reflective listener, agent of change, role model, "linker," and informational expert.

Reflective listening is particularly important when the client is formulating a research question. At this stage the consultant listens carefully to what the client says he or she is interested in researching and selectively reflects what the client says back to the client. Reflective listening is a fundamental communication skill. It is not a passive activity: it actually requires more energy and concentration than do the more directive activities. The reason is that at the beginning clients usually do not know exactly what they want to research, and it is the consultant's job to assist them to articulate their interests. Reflective listening is a powerful tool, not only during the initial research question formulation, but throughout the consulting relationship.

As an agent of change, the consultant assists clients in making adjustments in their work lives that will enable them to become productive researchers. Faculty members often say it is difficult to justify setting aside time to do research. Sitting down with the door closed to spend three hours reading, writing, and thinking does not seem like legitimate work.

Setting aside "sacred" academic time is no guarantee of research productivity according to a study conducted by Bobula and colleagues at Duke University.7 They found that when faculty were given the opportunity to allocate two to three hours each week to research activities, 44 percent of these reserved periods were subsequently rated by faculty members as total "wipeouts," meaning that conflicting activities totally supplanted research activities. The authors suggested that faculty, being more comfortable with their everyday tasks than with the intimidating prospect of conducting research, may even welcome such intrusions. Regular meetings between consultant and client legitimize the time spent for research activities. As an agent of change, the consultant provides support for clients so that they will continue to move forward and experience the rewards of research that can occur only with intensive effort. The support the consultant provides includes suggestions for concrete steps to take and recognition and praise for successful accomplishments.

Continuous consultation makes it possible for the consultant to model certain researcher atti-

tudes and behaviors: curiosity, reflectiveness, thoroughness, excitement. The consultant also strives to communicate an appreciation of the rewards of research: pride in being an expert in one's area, support of other researchers, intellectual challenge, a sense of accomplishment for each stage of research completed, and discovering and sharing new information with colleagues.

The consultant helps clients make optimal linkage with outside resources. Initially, when clients are formulating a research question and reviewing the literature, the consultant refers them to other people on campus who have done research in the same area. Often these experts will know of review articles and recent research to help the clients. Clients are also assisted in contacting the appropriate librarians to conduct their literature searches.

Initially it was assumed that the consultant's primary role would be analogous to that of medical consultant—an informational expert. With experience the informational expert function has been relegated to a less prominent, but still important, position. The consultant does provide a great deal of information to clients about research design, data collection, and statistics, as well as providing readings pertinent to their methodological problems. Such information is most effective, however, when it is incorporated into a continuous consulting relationship in which the consultant also acts as a reflective listener, agent of change. role model, and "linker."

Even if the consultant effectively fulfills all these roles, it is not enough to ensure that faculty will develop into productive researchers. Ultimately, the research productivity in family medicine will depend upon the extent to which faculty members perceive research as rewarding, and those individual rewards cannot exist in a vacuum. Departments and programs must support and reward the research activities of its members. Both research in social psychology and applied research on innovation have shown that programs directed at individuals are likely to fail-no matter how motivated the participants—if the organization to which the individual returns is not supportive.8 Professionals responsible for developing individual consultation programs cannot, therefore, ignore the effects of organizational climate on individuals' research productivity.

References

1. Geyman JP: Research in family practice. In Family Practice: Foundation of Changing Health Care. New York, Appleton-Century-Crofts, 1980, pp 297-319
2. Holloway RL, O'Brien DK, Hyatt MJ: A basic research

seminar for family practice faculty. Fam Med 15:143, 1983

3. Harris DL: Strengthening our academic base through

research. Fam Med 41:21, 1982

4. Parkerson GR, Barr DM, Bass M, et al: Meeting the challenge of research in family medicine: Report of the study group on family medicine research. J Fam Pract 14: 105, 1982

5. Geyman JP: Progress of faculty development in family practice. J Fam Pract 6:953, 1978

6. Remer R: Statistical consulting. CEDR Q 13:17, 1980 7. Bobula JA, Gehlbach SH, Warburton SW, et al: Academic sacred time: A medical faculty's experience with time allocation. Fam Med 15:14, 1983

8. Morrison BM, McKeachie WJ, Braithwaite RL, et al:

Joint Hampton-Michigan Program for Training Minority and Women Researchers. ERIC Document, ED213708, 1980,