



Association of
Departments of
Family Medicine



Building a Research Ecosystem in Family Medicine Departments

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Introduction

Developing a thriving research culture in Family Medicine requires intentional leadership, alignment with institutional priorities, and a clear understanding of the value primary care research brings to the health system. This document provides guidance for department chairs and leaders who wish to strengthen their research ecosystem—outlining the rationale, strategies, and cultural elements that sustain growth and engagement at all levels.

Ecosystem, Culture, and Goals for Research

Primary care research sits at the intersection of clinical practice, education, and community engagement. Family Medicine offers a unique lens—focused on whole-person care across the lifespan and the full range of health conditions—that contributes essential insights to population and community health.

Our patients and clinicians serve as a bridge between academic discovery and real-world implementation. Primary care is often the “last mile” in the delivery of innovation—where research findings reach the people who need them most. This makes it an ideal setting for implementation science and practice transformation.

Practice-Based Research Networks (PBRNs) exemplify this bridge, connecting clinical settings with research priorities. Ideally, PBRNs should be housed within or closely connected to departments, ensuring that research responds to practice needs rather than remaining isolated in academic silos. Through this integration, Family Medicine contributes to innovation, quality improvement, and health system redesign—building relevance and trust within the larger research enterprise.

Aligning Research with Institutional Priorities

A successful departmental research agenda aligns closely with the mission and vision of its parent institution. Chairs should ensure that their department’s mission explicitly includes research and that it complements institutional goals. This alignment not only strengthens advocacy for resources but also reinforces how research supports the department’s other missions—education, clinical care, community service, and equity.

Chairs should meet regularly with the Dean and other institutional leaders to confirm shared priorities and explore how departmental research can advance system-wide objectives. Framing research as a driver of innovation, education, and care improvement

helps others see its strategic value.

Departments should also protect their role in research partnerships. When other units wish to engage with primary care populations, chairs must negotiate faculty participation, co-authorship, and shared ownership of outputs. Clear policies and templates—such as letters of support, collaboration agreements, funding, and publication expectations—help ensure equitable partnerships and mutual benefit.

Integrating Research with Practice and Education

Research, clinical practice, and education should reinforce one another. Aligning these missions begins with understanding the needs of each area and identifying where they overlap and complement each other. Chairs can facilitate this integration by conducting needs assessments, engaging with institutional stakeholders, and designing research initiatives that respond to health system priorities such as value-based care or population health metrics.

To encourage broad participation, departments should define research inclusively—recognizing a spectrum from “Big R” federally funded projects to “small r” scholarship such as quality improvement, evaluation, or educational innovation. This flexibility allows all faculty to contribute meaningfully and see research as achievable rather than intimidating.

Chairs should also help faculty and residents understand the continuum of scholarly activity, offering examples of feasible projects, mentorship on design and writing, and resources for collaboration. Pairing MDs and PhDs can help bridge methodological and clinical expertise. Ultimately, integrating research into the daily work of education and clinical care fosters a shared identity as scholar-clinicians.

Cultivating a Research Ecosystem and Culture

A sustainable research ecosystem depends on culture, structure, and leadership. The chair’s language and actions set the tone—communicating that research and scholarship are core missions, not burdens. Using inclusive terms such as “faculty” and “scholarship” rather than “researchers” and “physicians” reinforces that everyone can participate.

Hiring strategies should balance recruiting established researchers with cultivating early-career faculty through structured mentoring and protected time. Departments should consider appointing a vice chair for research to coordinate mentorship, collaborations, and infrastructure support. Faculty startup packages should include time and resources for developing a scholarly trajectory.

Team science should be encouraged, breaking down divides between clinicians and researchers. Celebrating achievements, nominating faculty for awards, and sharing successes publicly help normalize scholarship as part of departmental life. Recognizing the value of “small r” research—such as program evaluation or PBRN projects—ensures that

contributions of clinician educators are respected alongside traditional grant-funded science.

Capacity-Building and Engagement

Many faculty members approach research with apprehension. Chairs can reduce that fear by expanding the definition of scholarship to include inquiry and curiosity-driven improvement. Building a “culture of curiosity” invites faculty to pursue questions that arise naturally in practice, using QI as a gateway to more formal research.

Developing research capacity requires administrative support and an understanding of available institutional resources. Chairs should advocate for infrastructure funding, staff support, and seed grants for pilot projects. Including research resources in chair negotiation packages and leadership development programs (such as LEADS and BRC) ensures sustainability.

Aligning incentives is critical. Compensation plans and promotion criteria should reward scholarship. Early funding pools, internal grants, and faculty development opportunities encourage engagement and help faculty build confidence. Partnerships—with other departments, schools, or national networks—further expand opportunities and visibility.

Training and Mentoring for Researchers

Effective mentoring is at the heart of research development. Chairs should define “researcher” broadly to include clinician educators, PBRN investigators, and career scientists. Mentorship should match goals and context—federal funding pathways for some, small-scale scholarly projects for others.

Pairing MDs with PhDs is an especially effective model, providing complementary expertise. Departments can offer orientations for new faculty that include sessions with the Vice Chair for Research and emphasize available resources, IRB support, and collaboration opportunities.

Core skills—literature searches, framing research questions, and basic data collection—should be taught universally. Encouraging curiosity through systematic inquiry turns everyday clinical questions into opportunities for learning and contribution. Research mentorship should also normalize asking for help, promoting teamwork and resourcefulness rather than isolation.

Promoting a Research Culture: Leadership and Practice

Chairs play a crucial role in modeling and sustaining a culture that values inquiry. Servant leadership—supporting others to succeed—builds trust and engagement. Research should be framed not as an additional task but as a way to enhance efficiency, effectiveness, and professional satisfaction.

Expectations for scholarly activity should be introduced during faculty onboarding and

revisited in periodic reviews. Collaboration with residency and clinic directors ensures that research aligns with clinical and educational missions. Chairs should allocate time for scholarship, connect faculty with networks such as PBRNs, and support participation in conferences and presentations.

Practical strategies include creating departmental research days, journal clubs, and internal incentive programs. Using models like Glassick's criteria for scholarship helps faculty translate QI and innovation into publishable work. Mentorship networks—both internal and external—further sustain growth. Aligning departmental incentives with institutional reward systems reinforces consistency and fairness.

Advancing to the Next Level

Moving a department to the next level of research maturity requires strategic investment in people and infrastructure. Time is the most critical resource. Clinician-researchers typically need 50–75% protected time during their early years to establish a successful research trajectory, ideally supported by mentorship and fellowship experience.

Departments thrive when a mix of faculty—career researchers and clinician scholars—are engaged in QI, PBRN projects, and publications. Chairs should cultivate relationships with institutional research centers, such as CTSAs, and secure access to project management, grant administration, and statistical support. With the right mentorship and infrastructure, departments can advance from isolated projects to a fully integrated research culture that enriches all mission areas.

Conclusion

Building a strong research ecosystem in Family Medicine is both a leadership challenge and an opportunity. It requires vision, alignment, and an inclusive understanding of scholarship that values inquiry in all its forms. When chairs intentionally nurture curiosity, mentorship, and collaboration, research becomes not an added burden but a natural expression of academic and clinical excellence. By investing in people, structure, and culture, departments can elevate the role of Family Medicine within the broader research enterprise—ensuring that discoveries translate into meaningful improvements in care, education, and community health.