Ecosystem Audio Transcript

Pete Seidenberg: Today's session is on the research ecosystem, and how you can leverage the ecosystem to increase research in your department.

Pete Seidenberg: I am Dr. Peter Seidenberg. I am the Chair of Family Medicine at Louisiana State University Health Shreveport School of Medicine. I also serve as the Research Development Committee Chair of ADFM. And I am serving as today's moderator. I am also representing the Low Research Production Department.

Pete Seidenberg: Next, Kiran, would you like to introduce yourself?

Navkiran Shokar: Sure, thanks. Hi, I'm Navkiran Shokar. I'm the chair of the Department of Population Health at Dell Medical School. One of the divisions in the department is Family Medicine. I am a family physician, clinical scientist, by training, and I have been in departments of family medicine as well. I'm also the Associate Dean for Community Affairs at Dell Medical School. And I am the chair of the Building Research Capacity Committee at ADFM.

Pete Seidenberg: Thank you. And Mark.

Mark S Johnson: Good afternoon. I'm Mark Johnson, Chair of Department of Community and Family Medicine at Howard University. I've been here since 2011, and I am representing the medium level departments.

Pete Seidenberg: Excellent. Thank you both for joining us today. So…I'm going to ask some questions, and if you wouldn't mind answering these questions from your experience as a department chair and research leader. And we're going to look at the different research productivity levels in departments for those questions, and kind of have an eye on how we can increase that research productivity utilizing the research ecosystem.

Pete Seidenberg: So, how does family medicine research and primary care research in general, how does it contribute to patient care and health policy?

Mark S Johnson: If we are going to make strides in this country, in, improving healthcare. Both from the preventive aspect as well as clinical care. We're gonna have to have data to do that. Much of the research infrastructure in our country is designed to provide us with information about basic science. And while that certainly is valuable, we need to have research as to what's happening in the physician's office, what happens prior to the physician's office, and also the community and social considerations that affect outcomes.

Pete Seidenberg: Excellent.

Pete Seidenberg: Are there some ways that primary care research can actually enhance an institution's visibility and actually enhance potential funding opportunities?

Navkiran Shokar: Yeah, so, definitely, agree with the points Mark made about our contributions. You know, we… the contributions we can make to a research enterprise at a university is that we have a specific level of expertise and setting. That usually isn't represented in research that's done by people that are very specialty-specific, or one system-specific. So, we bring the population, we provide access to the population, with undifferentiated symptoms, with chronic diseases, and multiple conditions. We also have footprints in communities that the University Medical Center will not have, because their specialty care is so focused. So, and in addition to the kind of access to the population and the kinds of people whose health we really want to intervene on, we also have specific expertise among the faculty. Many of them are trained in community-based research methods. They have a broader understanding of research as well, and many of them are trained in public health, so we bring that perspective to the conversation that may not exist. And, you know, many researchers, just because of the way research is funded and is successful, are focused and provide content area expertise as well. To, to a broader team. And, you know, even if they're not trained in research, faculty and physicians that are working in our clinics, have a very important role as co-investigators, bringing the perspective of patients and their families to the research questions that are being asked.

Pete Seidenberg: That brings up an excellent point, especially when we compare the ivory tower of subspecialty academic medicine to the frontline family medicine physician.

Pete Seidenberg: There's sometimes what is referred to as a research practice gap. Can you help explain what that is and why that's important?

Mark S Johnson: Well, I mean, we've… we've gone through a couple of iterations as to how to accomplish that or do away with that gap about a couple decades ago, we talked about dissemination science. You know, how do we get new information into the field and to practice? More recently, we've used the term implementation science, and some of this came about with the advent of the CTSAs, and they talked about, you know, taking science from the bench. You know, the issue is that in order for our population to really benefit from the discoveries that our scientists make, we have to figure out how to get that into the practice of the everyday physician. And there's a science to that. And this is a science that Family Medicine has a big opportunity to contribute to.

Pete Seidenberg: Excellent. Implementation science is key, so that we can make sure these studies that are done in the ideal setting of an academic practice actually have external validity to the front lines and the communities that we serve, so… so thank you.

Pete Seidenberg: So…How can departments, family medicine departments, ensure that their research aligns with the institution's mission and vision statements and overall research goals and directions?

Navkiran Shokar: So, I think that really understanding your environment and setting is key. You know, whether you're an established chair or you're a new chair, it's really important to kind of understand from the dean's perspective, or, you know, whoever you report to, their perspective of how they're operationalizing the mission and vision. And what do they see as priorities? And,

you know, we're very unique as a specialty. We can have expertise in a number of different content areas, so it's actually… we're one of the departments and specialties that's really well equipped to be able to have the flexibility and the expertise to align with whatever the content area expertise is, and also the methods kind of focus that there is. So, understanding the mission and vision of the school and how it's operationalized is key. The other piece is, really being sure that you've mapped out and understand where the centers of expertise are in your institution as far as research goes, I think that's really key as well, and meeting with leaders, you know, your vice dean for research, or your vice president for research. To kind of understand from their perspective where they… what their vision is, so that you can be sure that whatever you do can…kind of respond to that as well. And again, there are usually departments that are very established in research, if your department's not very established. Reaching out to those leaders as well, and seeing where the points of alignment are, based on your understanding of your own faculty's interests and expertise. So, I think collaboration and, socialization and understanding of where, at various different levels in your institution, where the expertise is, and where the alignment could be.

Pete Seidenberg: Excellent.

Mark S Johnson: Yeah, one of the things that happens often is that other departments will come to you and ask if they can use the family medicine patients. And, you know, they… they want to recruit…this or that, and I've always been very adamant that if you're going to use our patients, you're going to use our faculty, too. You know, we… we have a way…to contribute, you know, that's above and beyond what they may have. And so, I encourage chairs to say, yes, we will participate, but we're going to participate as active investigators. You know, from the beginning, and you're not gonna stick us in at the end and just collect our…

Navkiran Shokar: Mark, that's a really good point, and I would add to that, especially with faculty that are not familiar with the research process, or don't have any research training, they often agree to things without understanding the questions they should be asking first, before they commit to something. So, it's really important to educate and socialize your own faculty about those kinds of expectations as well.

Pete Seidenberg: Yeah, that's excellent.

Mark S Johnson: Yeah, we have a form that we actually have other departments fill out, making a commitment that we're going to be able to participate as, you know, investigators, if there's budget involved, we're gonna have part of that budget. And so, we're very proactive in that regard.

Pete Seidenberg: That's excellent.

Pete Seidenberg: So… One thing I think about is, you know, if…my institution's research priorities are in a completely different direction than my research priorities for my department then I'm going to have a hard time getting resources. And so, if I can find ways which my

research aligns. If it's native to my department, or if I'm collaborating, making sure it's in alignment with the vision and mission of the research leadership and the Dean. I think it's more successful. It's better to swim together than swim against the current, and so…that's excellent.

Pete Seidenberg: Have you experienced any policy barriers that might inhibit research in your department, and how have you addressed those?

Mark S Johnson: I wouldn't say policy, per se, but it's very easy, particularly in medium-sized but smaller departments, for the department to be, quote-unquote, run by the emergency program, quote-unquote. Run by the finances, and often it's difficult to prioritize research in that situation. And… so you hear, you have two… possibilities there. One is, if you have a chair who is a researcher, then that chair can kind of impose the importance or prioritization of research, even though everyone's focused on the residency, at least in the beginning. If the chair is not a research person, the chair has to at least give leadership to that. To recognize the people who are doing research, talk about how research is contributing to the finances of the department, if that's what's going on, and elevate research, because, you know, it's easy for research to be…you know, third cousin. To the residency and, and, and the clinical productivity.

Pete Seidenberg: Yeah.

Navkiran Shokar: Yeah, I would agree with that. The barriers are largely related to the alignment… misalignment of incentives, right? Because, you know, there's an RVU-based compensation system. Then it, deprioritizes the research, so it's really up to the leadership of the department and the chairs to, you know, make space for that, revise incentive… departmental incentive programs, if there is some flexibility to do that. To produce the, you know, to emphasize the importance of research. And, you know, the barriers are a lot, as we all know, but there are ways to try and help to mitigate them. Time is the biggest one for clinical faculty, particularly in the low capacity or medium capacity departments, but even in the high-capacity ones, you know, time is the key. So, I think there are ways in, you know, I think we might be getting into this, I don't want to get ahead of ourselves, in building the culture of the department and creating some leverage points that can really help to elevate the importance of research, recognizing that it's… it's always difficult, because research is resource intensive, unfortunately.

Pete Seidenberg: Well, I think that's a great transition to discuss culture now, and so…what are some of the most effective ways you have found to promote a research culture in your department?

Navkiran Shokar: Okay, so I think that prioritizing research, you have to… and scholarship, first of all, I think that's an important consideration. You know, broadening your definition of research to include scholarship of different kinds, so not just a discovery-oriented scholarship, but also application and integration and teaching, which is… and education as well, so it's all-encompassing, and also QI as well. So that's one area. Helping faculty to understand that there's a whole spectrum of activities that fall under this umbrella. And so, it's achievable for everybody, you know, depending on where their main focus is, whether it's clinical or education,

it doesn't mean that they can't participate in research and scholarship. So…you know, being sure that you measure your output. If you don't measure something, you tend not to do anything about it, right? Resourcing it is really important, celebrating it and disseminating it, I would say. Those are all kinds of things that you can do, and just creating that expectation, that, you know, that is what you're expecting as a leader, as far as research and scholarship goes, but also connecting it to promotion and tenure and annual evaluation, etc. So, just remembering that third wheel is just as important as the other two wheels. You know, Mark refers to it as the third cousin, and I would agree. So, there are ways that you can kind of elevate its importance through the way that you, as a leader, talk about it, and role model it, and so on. So those are some ways.

Pete Seidenberg: Mark, do you have any additional thoughts or specific examples?

Mark S Johnson: Well, I would… I would have to echo, you know, the words that she just said, being a leader and being a role model. You know, you are not going to change culture without leadership. And that's a function that all the chairs need to recognize if they want to advance the research agenda for their departments.

Pete Seidenberg: Yeah, and so as a chair, we have to walk the talk, right? And so, we have to be involved in it as well. So…one thing that I've done in my department, which has taken it from a no research production to now, just recently a moderate research production department was… Include it in the annual evaluation. Have some money behind it as an incentive, end-of-the-year incentive. And it wasn't a large amount of money, but it was some money showing that I valued it. And then, during my mentorship meetings with my faculty, I would ask what they were doing, and I would point out how they can take what they're doing on an everyday basis, add a little methodology behind it, and there you have research. And so, so creating that…culture of inquiry, what I call a culture of curiosity, you know, what… What bugs you? What do you want to know more about? What do you want to treat better? How can we do it? How can we test that in our clinic, in our everyday practice? And I kind of use QI as my entry point, all of our physicians are required to do QI for their maintenance of certification, and so I use that as the entry point, and once they learn how easy it is. It gets the ball rolling.

Mark S Johnson: I don't know about the easy part but go on.

Pete Seidenberg: Well, it's not as intense if you provide the… I provided support. And… and so that… that's a great point. We have to be able to provide support. One of those, support… points that I've utilized, and I'd like to hear your experience on this, is utilizing PhDs in your department.

Pete Seidenberg: Have you… have you done that, for collaborating on research?

Pete Seidenberg: How have you encouraged the cross-pollination between physicians and PhDs?

Mark S Johnson: We just published an article about that. You know, more than 20 years ago, I led some workshops at NAPCRG, talking about the whether or not we want to have PhDs doing research, whether research that PhDs did… does that really count as family medicine?

Navkiran Shokar: Yeah, definitely, I think that, you know, one of the things we… people often forget is, especially, people that are not as experienced in research, faculty. Is that, you know, there's a lot of fear about doing the word research, so expanding that to scholarship is important, but getting back to your question. I think PhDs and even master's level investigators can be really helpful, and there's different roles. You know, PhDs can serve in PI kind of roles, bringing on faculty and role modeling, research, and helping to educate faculty that are less experienced with research in the research process, so they can be really effective that way. And I would say PhDs are very critical in family medicine to helping, in build capacity in the research infrastructure. And it's not just in our specialty that PhDs are utilized, they're utilized in many specialties, so we should not back away from that. They can definitely help in building capacity and confidence among the faculty, because they're focused and they're trained. You know, they've done a lot of training in their research methods, and this is what sometimes we don't always recognize, that. You know, in order to do what we call the big R research, there's a lot of training. You have to do a PhD, you have to do a post doctorate, and then you still need a period of mentoring after that to become successfully launched as a researcher. So, it's not surprising that clinicians really struggle with this concept, because they don't necessarily have the training. The other way we've used PhDs, even if it's not… they're not their primary PIs, is they can really help in supporting the infrastructure for research, helping people to, incorporate research designs into the work that they're doing, help with analysis, the data collection, and data management, either as a mentor or either as a person that's really doing that. And the same, the other thing I think that's really key and fundamental to any department that's trying to build upon their level of research productivity, at whatever level they are, is having, staff-level people that really are either master's trained or bachelor's with experience that are familiar with the research process and the research administration, the pre-award, the post-award, and the kind of managing projects as well. Because clinicians, especially those that don't have too much protected time, really are not going to be able to do those pieces of the research project. They can provide the kind of scientific questions and asking the questions, but it's really difficult for them to have the time and also build the experience to really do that themselves. So that has made a wealth of difference in different departments that we've been in, if the chair invests in a staff-level person to really help people with those aspects of the research that they're doing.

Pete Seidenberg: Excellent.

Mark S Johnson: You mentioned an important word for me, and that is fear, and fear is often the, one of the things that we have to overcome if we're going to build a research culture. At an ADFM meeting many years ago in Miami, I actually gave a presentation on fear of research in family medicine, and equated that with some of the anti-intellectual tendencies that we were getting from some members of the family of family medicine. But that's just another…thing that the leader of the department has to overcome if he or she is going to build a research culture.

Pete Seidenberg: Excellent, excellent, I agree 100%.

Pete Seidenberg: By just, even sharing a PhD with another department, I greatly increased the research production and the scholarship within my department. That PhD has mentored people in studying things that he doesn't even study. And just as far as research design, and developing a question, and as you said, data analysis. So that's been great.

Pete Seidenberg: So… How, how do you embed research…into GME and UME in your department.

Mark S Johnson: We have, all of our residents are required to do QI projects, and we've gotten to the point where we hand the projects down from one group to the next, so there's some continuity with it. And, you know, we have them doing, you know projects that can also be sent out as posters or, or little reviews. So, it's in our curriculum, it is required for graduation, and it is assessed, actively by the faculty.

Pete Seidenberg: Excellent.

Navkiran Shokar: Yeah, and I would, absolutely, a great way to do it. I think that the other piece of that is you know, when you have… so I'm speaking in my experience in a high-capacity department, and even medium capacity, often, and going back to that word, fear is a barrier, but often there's a… there's a kind of, siloing of the research faculty, research-focused faculty, even when they're clinicians and they're clinical educators, so de-siloing is really, really important. And it's a challenge because, you know, the rhythm of the work is so different in those two spaces, you know, from the researchers versus the clinical educators. But, so, whatever you can do to increase that socialization across the two and set expectations is really important from a leadership perspective. The other thing is providing, you know, building off of what Mark has mentioned has happened in his departments. It's also important to provide incentives and resources for residents so they can actually go and present or go to NAPCRG, and I quite often see, you know, groups of students and residents that have been supported by their departments to go to NAPCRG and other places as well, so I think that's a critical…piece of that. It shows, you know, how much you're valuing that contribution. That the residents and even medical students are making to the research enterprise. And it can be a great way for a clinician. You can create programs in your department where you're providing pilot funding or something like that for a researcher to partner with a clinician, to also have a learner on the team. And that way, you're really kind of forcing people to talk to one another, and kind of get to know one another, and that piece is really important, because, you know even in research, collaborations are built off of that initial meeting and getting to know people. Without that, it's very hard to do a very successful collaboration, so those basic things that we as family physicians are very good at, rapport building, building trust. And a collaborative mindset is really important in all those different spheres, you know, education versus clinical, collaborating with other departments, and other resources on campus as well. So, that's what I would add to that conversation.

Pete Seidenberg: So, what I have found, especially in the low research productivity department, is that I start with GME. And so, I start with the intern class. And then I build it up from there. And so, I launched a… what I call Culture of Curiosity curriculum, because speaking to the fear of research, that big R, scary R research, I make it a friendly little R, and through a lot of

workshops and working together, create a culture of research and curiosity at the ground level, the grassroots level. And then… The resident has to get their mentor involved in their project. And so, their faculty mentor has to be involved in the project, and then it spreads from there. And once, people start seeing that I'm sponsoring people to go present at NAPCRG, or STFM, or FUTURES Conference, they, they're like, I get a trip out of this. I want to do this. And then anyone who gets anything published. I celebrate far and wide. I have scholarship boards. Outside of the department office. I had… boards because one board quickly got filled up after a year. It just became…a momentum builder. And so, once people start seeing their name published. And mom and dad are proud of them for what they've published. And their families are proud, and…we're proud, and so I make sure that even in health system meetings, I highlight those research accomplishments, those scholarship accomplishments, and it shows the system, the academic system, and the health system, that we're involved in this, too, as family physicians. We have something to contribute, come collaborate with us. And so… but… there has to be a partnership there, as Mark alluded to, and Mark, I would love to share that form online that you utilize if you're allowed to, so that other departments can model after that, because I think that would be an excellent resource for people.

Mark S Johnson: Absolutely.

Pete Seidenberg: And then the other thing is, I try to get any medical students that are interested in family medicine, I try to partner them with ongoing research in the department. Or if they share a research interest, I try to pair them with somebody else in the department with the same interest. And so, kind of, I see our job as chair as kind of being a networker for our research folks. In addition to providing resources. But one of those resources is time. The biggest barrier, I think, we have is…When a lot of us were growing up in family medicine, research and scholarship was done at night and on weekends. But that just produces a bunch of burnt-out clinicians and academic missions.

Pete Seidenberg: So… How have you leveraged time for your department, for your, say, especially your clinician researchers?

Navkiran Shokar: Yeah, it's a tough one. Earlier in my career, we wrote an HRSA grant, one of those AAU grants. Where we developed a program where we were able to release faculty from their clinical duties. So that, towards a defined project. So, you know, so if you have that kind of a resource, or other ways you can creatively create that kind of a resource, and it's more structured, where they're required to have a partnership with a mentor, similar to what you just described. With, you know, some, product at the end of it that they're expected to produce, so that's one way. But this timepiece is a really difficult one. And, you know, you often have to go and advocate to the dean about why it's important, etc., So it's not easy, and we often have to be very creative. The other thing in my experience is that if you have a staff member that's dedicated to research, a research associate or something like that. That can, that kind of person can really help to support the faculty, so they don't spend time on those administrative-type tasks, which take a lot of time. So those are just some of the ways that you can try and get at that time piece. The other thing that's really important is to make sure that, and I'm sure we're all doing this, is to make sure that faculty understand the promotion process and how important

scholarship and research is to their advancement in their careers as well. Even if that's not their primary focus, depending on what track they're on, there will at least be some requirement for scholarship, as well. So, tying that in, again, to incentivize can help motivate people, you know, to go the extra mile, which often they have to do in terms of release from duties is always difficult. But, you know, fear and time are kind of one of the two biggest barriers that we have for particularly our clinical educators. And then, you know, you mentioned that, you, speak with your faculty about leveraging what they're already doing to produce scholarship is another way that you can address this issue of time. So, it's not something additional that are new they have to do, but that everyday things that they're doing with a little bit of structure and a systematic approach, they can turn that into a scholarly product as well, so…those are some of the ways that you can kind of try to overcome that barrier.

Pete Seidenberg: Excellent, excellent.

Pete Seidenberg: Please, Mark.

Mark S Johnson: I was gonna say, that's… for new chairs or transitioning chairs, that's often a point of negotiation when you go into the job. You know, because, you know, deans will often say, “Well, I want you to be atop whatever research department”, but then not give you the resources. And you have to know what resources, including time for faculty development… to negotiate for if…you're going to be successful in 3 to 5 years.

Pete Seidenberg: Yeah, that's an excellent point.

Navkiran Shokar: And I'd just like to add, so for those that are… don't… chairs, new chairs that perhaps aren't… research isn't their main area, you know, they can always reach out to other people in other departments, or at other schools or through ADFM to get help with trying, you know, thinking through what kind of a research package is, you know, would fit in their context, and what is reasonable to ask for as well. So that's… I know ADFM has done that for a number of new chairs, or negotiating chairs, so that's always a good resource.

Pete Seidenberg: Yes, definitely. Definitely.

Pete Seidenberg: So…Mark, you had talked about the three wheels of the department, with research being one of those wheels. How do you make research part of a department's core identity?

Mark S Johnson: Well, Dr. Shakor mentioned it, and you mentioned it, one of the things you have to do is celebrate it. You know, people value what is celebrated. You know… one of my… faculty just got a very innovative grant to use, go-go bands to do colorectal cancer, outreach. And it's not a huge grant, but it's an exciting grant. And so, we have to make sure everybody in the department knows the success that she had getting this grant, and what this is going to mean. Not only to the department at the medical school, but to the community.

Pete Seidenberg: Right. I mean, it, you know, it… I think remembering what our ultimate goal is, it's the families and communities we serve. You know, how do… how does what we do impact

them? And tying it back to that. Tying research back to that. They all feed off each other. Especially implementation science. And so, it all feeds off each other. Question that comes up clinically becomes a research project, a research project elsewhere implemented in the real world of family medicine. That's a research project, and so, all of these things…I think are very important.

Pete Seidenberg: Let's talk about…recruiting for research. How do you strategically recruit? To expand your research in your department.

Navkiran Shokar: Are you talking about faculty?

Pete Seidenberg: Faculty…support staff, but I was thinking more along the line, because we've kind of talked about support staff, but I was thinking more along the line of faculty, whether it's clinician faculty or PhD faculty? How do you recruit strategically? Is there… are you only going after the super experienced? Are you going after the more mid-career? Are you going after the junior researchers? Are you doing a mix? How are you doing that?

Navkiran Shokar: Well, I think you start with a needs assessment and some kind of internal strategic planning, right? You have to know where you are and where you want to go to, and that's in part determined by the resources that are available to you, but also the expertise that you have that you can rely on across the school. As well in other departments or programs, and so on. Now, clearly, one thing we haven't really talked about too much, although Mark and both you have mentioned it, is mentoring and how key that is. So, if you want to build an infrastructure for research within your department, you have to be sure that people have access to the mentors, and mentors tend to be either more experienced faculty or senior faculty. So, looking at what you have available and what your resources already are in the department is really key. If you already have a senior investigator, do you want an early career person? And, you know, some considerations are in order for an early career researcher to be successful. It's very hard for someone to start a new program from scratch, and the resources you need for that are going to be very different.

Pete Seidenberg: Right.

Navkiran Shokar: You're bringing someone on where you have an established investigator that has a line of research, and then you have to make a decision, you know, what is… is that the content area you're going to focus on? So, I think that, in summary, you have to kind of go through a thoughtful and considerate process to decide how are you going to get to the next level, and what is the next level? In an ideal department, in a mature department, you know, you really want a mix of PhDs and clinical investigators. You want some early career, you want some mid-career, and you want some senior. But it's very hard outside of a mature, well-established, research-focused department to have all of that in one place. So, you really have to identify where are the resources. And, you know, you can look beyond your institution as well. When I started as an early career researcher, my mentors were all at other institutions, and I met them through NAPCRG, actually. And so that kind of networking is really important, and can really

help you to build your Department, because we're all kind of in it together, and we want to help. So that's just some kind of big picture ideas and considerations of how you might decide.

Pete Seidenberg: Excellent.

Pete Seidenberg: Touching on that mentorship piece, so you have someone who's a more experienced researcher. Do you make mentorship an expectation of that more experienced researcher?

Mark S Johnson: And you can even assign, you know.1.2 FTE to it. Because the value that they can give can grow exponentially from sharing their experience.

Pete Seidenberg: Yeah, and the amount of collaboration that happens there, and the amount of productivity that happens from just some mentorship that happens, but I think you're right, that you have to assign time to it, dedicated time, because otherwise it's an extra. And if I have a grant I have to submit by such and such a date, I am not going to prioritize meeting with this more junior mentee, research mentee, unless it's a written expectation with some dedicated time behind it. So, I think that's an excellent point.

Navkiran Shokar: Yeah, and also, when you're hiring new faculty, having a named mentoring committee is really key, and being thoughtful about who you put on that. And many, schools also have school-level mentorship programs, so make sure that you're putting your faculty forward for those as well. Because they often come with resources and also access to an infrastructure that helps support the mentoring process from the perspective of the mentor and the mentee.

Pete Seidenberg: Excellent. So, have you utilized these… these types of programs to increase your research competency within your department? For… for people who are not as experienced?

Navkiran Shokar: Yes. And it's, you know, it doesn't always work out, because it's a mentor-mentee relationship is very unique, and sometimes it isn't very good. Or the… or a person is not able to commit the time, or they're not, willing to accept the guidance, etc. So, it's not… there's a personality mixture there that the chemistry has to be right as well, so they don't always work, but…when they do work, it's really a sight to behold, and we've had some… I've had some great experiences observing how these have worked in the past, when they're at the institutional level, and also how sometimes they don't work as well, so… Yeah.

Pete Seidenberg: You can learn from that, it's just so much.

Mark S Johnson: Sometimes it's important to set expectations. You know, if the mentee says, you know, the mentor says to the mentee, what is it that you want to get? You know, how can I help you? And there should be an active discussion about that, because sometimes you may find out in the first conversation that this isn't gonna work, because the needs of the mentee don't match what the gifts of the mentor are. And so you need to have that as an active discussion to make sure that things align.

Pete Seidenberg: Yeah, no, that's an excellent point.

Navkiran Shokar: Yeah, and yeah, and setting expectations. Sometimes mentees don't understand what the role of the mentor is. I've had experience in a previous institution where the mentee was basically expecting the mentor to do all the work. And that they… yeah. So, yeah, so it's kind of that education, especially for early career faculty, about what mentorship is and what it isn't is really important. And Mark's point about expectations, are, are, is really important as well.

Pete Seidenberg: Yeah, and I think identifying up front if it's not a good match, because I don't have that skill set to mentor you in that area, but you know what? I know who does, let me connect you. That right person for… for this. You know, and so… but what else can I help you with? I can help you in this area. But for this piece, you're gonna need coaching from this person, and mentorship from this person. And by the way, I'll tag along so I can learn, too. But that's… extremely important.

Pete Seidenberg: So… there's… thoughts in some departments that…we focus our research on just this area, and we grow just this area. Versus other departments want a very diverse research portfolio that's very investigator driven, very, grassroots driven.

Pete Seidenberg: What are your thoughts on those two different approaches to your research culture?

Mark S Johnson: I would say that this brings up the issue of the need for strategic planning for your research in the department. As family physicians, we sometimes want to do everything, study everything, be everything, and you just can't do that in research. And, and so, to have, to have our strategic planning, understand what the interests are of the people in the department, and then maybe saying, we're going to concentrate on this, this, and this, or maybe just this. And then focus all of your energy toward getting the resources that you need in order to be successful in those areas that have been outlined in your strategic plan.

Pete Seidenberg: Right. I do think, you know, especially for traditional research that's extremely important, that's very… resource intensive. Whereas in the scholarship realm we can be…more inclusive and more diverse in what we… what we pursue. But things that are gonna be resource-heavy, We all have finite resources. And so, so those become some difficult decisions that you have to make as a department. I think after doing a needs assessment and doing some strategic planning. I think that's… that's very important. But during that strategic planning process, I highly recommend you look at your vision and mission statements and make sure that research and scholarship are included in those. Because otherwise, that third wheel, that third cousin of research, is going to be very diminutive. As opposed to having an equal or near equal footing. And so, you want it front and center. You want it spoken about often. You want to communicate it regularly. So that it stays a part of the culture.

Pete Seidenberg: So, this has been an absolutely excellent discussion. As you can tell, we all have a lot more we want to discuss. We're just touching the tip of the iceberg. There will be

other resources on our website with, including a PowerPoint and a white paper on the research ecosystem that I encourage people to refer to. We also will be having 3 other panel discussions that you can check out as well on… and those topics are on research regulation, infrastructure, and funding. You'll find there's some overlap between all of the, all of the sections, because nothing's in a silo by itself. But this allows us to emphasize each of those four areas separately so that you can look at these panel discussions very targeted if you have a specific question.

Pete Seidenberg: So, thank you, Dr. Johnson and Dr. Shokar, for your expertise and your time. We greatly appreciate it, and I greatly appreciate the opportunities I've had to work with both of you during my career, and I look forward to further collaboration in the future.

Pete Seidenberg: Have a great day, everybody.