

A Physician Peer Support Writing Group

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Background and Objectives: *Barriers to publication can be overcome through a peer support writing group in an academic department of family practice. This study describes the experience and outcomes of a writing group in a family practice department. Methods:* A writing group was established to provide collaboration in identifying potential research and/or writing projects, to assist individual faculty to complete unfinished work for submission, to match journals appropriate to the individual group member's work, and to provide peer support for faculty members through attention to group process. Resource materials included instructions for authors for various journals and writing support literature. Minutes were taken at each meeting, and the manuscripts presented were tracked. Individual publication records in CVs and citations in Index Medicus were used to generate pre-group and post-group publication records for group participants and nonparticipants. **Results:** *The writing group met 23 times in 36 months. Attendance ranged from 3 to 10 participants. Fifty writing projects were discussed, and 12 of the discussed manuscripts were published in indexed journals. The seven most frequent attendees increased their publications as first author from one publication over the 3 years prior to the writing group to 10 publications over the first 3 years of the writing group. Comparison of the attendees' publication records with nonparticipant members of the department demonstrated an increase in publication success for participants. Conclusions:* *A peer support writing group, emphasizing group process and respectful collaboration, has increased the publication frequency of faculty in a Canadian department of family practice.*

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The writing and publishing of papers in the biomedical literature extends the knowledge of a discipline and honors the commitment to scholarly work, both of which are essential undertakings for an academic department. However, significant barriers to writing and publication exist for both community-based clinicians and full-time faculty members. Lack of time available for writing is an important barrier, but other barriers may be easily addressed in a supportive peer group environment.

Many clinicians find it difficult to write, and medical schools generally do not teach medical writing skills. Physicians may feel constrained by low self-confidence, fear of criticism, difficulty focusing on a topic, and a sense that their writing might not reach a wide audience.¹ Working alone, the novice writer may experience "writer's block," which produces feelings of anxiety,

feelings of being overwhelmed, and worries about rejection. These feelings may provoke delays in finishing an initial draft, reviewing drafts, revising and re-submitting an accepted paper, or restructuring a previously submitted and rejected paper.² Within an academic department, there may be little direction or support for how to write and publish while juggling the demands of professional and personal life.³

The usefulness of writing groups is well documented in the social science literature. A writing group can provide a nonthreatening environment in which to develop manuscripts, increase awareness of the audience, reduce distance between reader and writer, and highlight the social dimensions of writing.⁴ The latter is important since it allows the group to discuss the process of writing and can give writers confidence in their own words and ideas.⁵ Cooperative writing groups are used at colleges and universities to improve writing skills and productivity and to stimulate positive attitudes toward writing.^{6,7} Skills needed to function in a cooperative writing group can also be taught.⁸ The majority of participants in writing groups think that their own

writing improves as a result of group participation as does their understanding of the process of writing. Additional benefits documented from establishing a peer support writing group among academic faculty include increased publications and improved teaching ability.⁹ Finally, the importance of a facilitative and supportive group in developing skills in new researchers has been identified.¹⁰ By providing ongoing and systematic educational meetings in a relaxed and safe environment, faculty sensitivity to scholarly writing can be enhanced.¹¹

The Department of Family Practice at the University of British Columbia convened a task force on scholarly work in 1996 that identified barriers to publication for most faculty. After cataloging a substantial number of unfinished and unpublished manuscripts by academic and clinical faculty, the development of a peer support writing group with the following objectives was recommended. The objectives of the writing group were (1) to share ideas about potential collaborative research and/or writing projects, (2) to assist individual faculty to complete unfinished work for submission, (3) to match journals appropriate to the individuals' work, and (4) to provide peer support for faculty members through attention to group process. This paper describes the experience and outcomes of our writing group.

Methods

Program Description

The director of research (Dr Grzybowski) of the University of British Columbia Department of Family Practice invited all academic and some community-based faculty involved in research to attend a series of evening meetings in the spring of 1998. A core group of seven (two men, five women; three academic, four community based) were joined by eight other occasional participants. Participants had a range of 0–22 years' experience in the department, and most had achieved only limited previous success with publication.

We agreed to meet at participants' homes (where the phones rang, teenagers intruded, and dogs barked) to create an alternate environment to our usual meeting rooms. Simple food was available for the busy clinicians who might come directly from house calls or the office. Integrated within this environment of supportive facilitation was an agreed-on regimen of self-imposed accountability.

Developing the Group. The first meeting began with a general discussion of our own experiences with writing, why we wanted to write, why we were having difficulty writing, and how we could make writing less stressful and more fun. Careful attention was paid to group process. The group leader facilitated a climate of inclusion in the group by encouraging and acknowledging the ideas and contributions of each member.

Safety and trust were enhanced by careful time management, giving each participant a chance to speak, avoiding judgmental comments, and using a consensus process of decision making.¹² The group decided to address challenges and issues as they arose for the participants, rather than requiring a strict adherence to a set agenda.

Minutes were kept of each meeting and circulated to the group. Each participant was given a resource binder that included guidelines for writers, methods for reviewing, and instructions to authors from most of the frequently targeted journals for family physicians.¹³

The initial structure of the meetings was modeled on a writing support program from another university faculty.¹⁴ This program proposed a sequential series of meetings dealing in turn with the abstract, introduction, method, results, and discussion.

The Process. During our first meeting, each writing group member committed to write a paper and submit it for publication by the end of the series of meetings. At the next meeting, all members received help and constructive criticism from the group about an abstract of the paper they were preparing. At the third meeting, we discussed papers' Introductions, and an interim evaluation by participants indicated that the group was generally working well.

The Methods section was discussed at the fourth meeting, when it became clear that some papers did not fit well into the structural framework. The group agreed, therefore, on a flexible process for editorials and descriptive papers. As well, the volume of work was becoming more than could be accommodated easily in an evening. To address this issue, the group identified one key reviewer for each paper so that all group members could receive detailed feedback on their work. At times over the next few sessions, the larger group broke into smaller groups for part of the evening to ensure discussion and feedback of all work prepared.

Our Crisis. A different problem arose in the fifth meeting. None of the participants had worked on, or completed, their Results sections. Sitting in front of the fire, drinking tea, we discussed what had prevented us from completing this task and problem solved as a group the issues that arose. We agreed to break the body of the work down into smaller pieces of writing, starting with an outline, and to set realistic, achievable goals. Instead of feelings of failure and guilt, group members completed the evening with renewed commitment for completion as well as strategies to facilitate their work.

Bonding the Group. The writing group met a total of eight times during the spring of 1998, culminating in a potluck dinner celebration. We acknowledged the large body of work that had been completed, ceremonially

sealed the manuscripts into envelopes ready for mailing, and toasted the achievements with champagne.

The Mature Group. The group reconvened in the fall of 1998 and naturally slipped into a more flexible agenda. Individuals would bring whatever writing project or problem they wished, and we would organize the meeting to address the tasks presented. A number of the initial members of the group gradually ceased attending, and a number of new members joined. The welcoming of each new participant involved a round of introductions, which revisited the group-forming activities and reaffirmed the group culture.

We also added workshops, with medical journal writers and editors, to the experience.¹⁵ Previous studies have shown a significant increase in the number of publications of faculty members following such workshops, due in part to increased motivation, skills, and understanding of the publication process.¹⁶ Sessions with editors helped demystify the process of publishing by explaining the criteria for choosing articles and the basis for reviewers' suggestions and decisions, transforming rejection into a more nonjudgmental and less painful experience.

Program Evaluation

The program was evaluated in three ways: (1) by tracking the number and ultimate outcome of manuscripts brought to the writing group sessions, (2) by comparing publication success between frequent, infrequent, and never attendees, and (3) by a written survey that was circulated to all participants after the initial set of eight meetings.

The Research Office of the Department of Family Practice compiled and maintained the minutes of each meeting. These minutes identified the participants, the manuscripts reviewed, and news of manuscripts in the submission process. The fates of manuscripts brought to the group were tracked through the minutes, CVs, and searches of MEDLINE.

Number of Publications. A retrospective analysis was undertaken to identify participants' publications prior to group formation, and publications were mentioned prospectively during the first 3 years of the group. Although writing group participants published some of their manuscripts in nonindexed journals, guidelines, and other publications, the comparative analysis was restricted to manuscripts that met the criteria for inclusion in MEDLINE. To compare the publishing success of the three groups: a) frequent writing group attendees (10 to 23 meetings), b) infrequent writing group attendees (3 to 9 meetings), and c) those who never attended the writing group, a method of quantifying the number of papers published per person per year was devised.

Each publication was arbitrarily allotted a value of 1.0 for first-authored publications, and .5 for coauthored publications. These values were summed for all the indexed publications in each group over the two time periods and divided by the number of people in the group and the number of years of observation. To avoid the problem of inflated results through multiple authorship, when more than one individual from our group appeared as an author on the same manuscript, the manuscript was attributed only to the author who was listed first.

The sample of faculty who did not attend the writing group was selected as a comparison group from a list of (1) all of the academic faculty in the department who had expectations to publish from 1995 through 2000 and (2) clinical faculty who were known to be interested in research. Six of the nine eligible academic faculty and one of the more than 450 members of the clinical faculty were selected for the comparison group. Academic faculty were included if they were either successfully publishing in the 3-year period prior to the writing group meetings or were on tenure track and consequently needed to publish to achieve their academic goals or both. The clinical faculty member included was chosen due to demonstrated interest and success in publication in the pre-writing group period.

Evaluation of Writing Group. The written survey was distributed to the eight eligible participants of the initial series of meetings (facilitator excluded) at the eighth meeting. The survey included questions about the most effective and least useful aspects of the group meetings and comparison to other approaches to enhancing writing success. Suggestions for changes or improvements were solicited. A series of four questions asking about satisfaction with group process, content, outcome, and overall satisfaction was included with responses marked on a 7-point Likert scale. Respondents were asked whether they intended to continue participating in the group. Representative responses to the survey were organized thematically by two of the authors, attempting to include all ideas generated by respondents. Satisfaction and interest scores were averaged.

Results

The writing group met 23 times from January 1998 until December 2000. Attendance ranged from 3 to 10 participants. The frequency of meetings was approximately monthly but varied seasonally and in response to group decisions. A core group of seven of the original nine participants who attended the spring 1998 sessions maintained active participation in the group. Eight other faculty attended at least three meetings. An open invitation to other interested departmental members remains in effect, and the price of admission is bringing a piece of writing in progress.

We worked on 50 manuscripts and other pieces of writing, including clinical practice guidelines and poetry. Forty-three of these had frequent writing group attendees as first authors, coauthors, or both. As a group, our publications addressed a broad range of medical issues (Appendix 1).

Table 1 presents an overview of the most frequent attendees' group activities and publication success. The number of papers published with any writing group frequent attendee as the first author increased from one in the 3 years prior to the inception of the writing group to 10 in the first 3 years of the writing group.

Using our method of quantifying the number of publications per person year (PPY), the outcome of the writing group frequent attendees increased from .14 PPY before the writing group to .60 PPY during the first 3 years of the writing group. The outcome of the less-frequent writing group attendees remained relatively steady at .23 PPY to .27 PPY. The outcome of the departmental members who did not attend the writing group decreased slightly from .83 PPY to .55 PPY.

Statistical analyses were not performed because the samples were not randomly selected, and the sample sizes were very small, rendering hypothesis testing invalid.

Table 1

Number of Papers Published in Indexed Journals by Frequent Writing Group Participants, Infrequent Participants, and Departmental Faculty Who Have Never Participated

Participant	Years Since Started Tenure Track*	Years of Academic Involvement**	# of Papers Published in Indexed Journals 1-1-1995-12-31-1997		# of Papers Published in Indexed Journals 1-1-1998-12-31-2000		# of Papers Published in Indexed Journals 1-1-1998-12-31-2000		# of Papers Intended for Indexed Journals Presented for Discussion at Writing Group	
			Before Start of Writing Group		With Writing Group Input		Without Writing Group Input		Writing Group	
			First Author	Co-Author	First Author	Co-Author	First Author	Co-Author	First Author	Co-Author
Departmental faculty who attended 10 or more writing group meetings										
A	6	10	1	1	3	2	1	4	5	2
B	5	10	0	2	3	0	0	1	3	4
C	N/A	18	0	0	1	2	0	0	1	5
D	N/A	10	0	0	0	0	0	0	3	1
E	4	13	0	3	0	1	0	1	3	2
F	N/A	4	0	0	2	0	0	0	3	1
G	N/A	3	0	0	0	0	0	0	2	1
TOTAL PAPERS			1	6	9	5	1	6	20	16
SCORE***			1	2	9	0	1	2.5		
Departmental faculty who attended three to nine writing group meetings										
H	N/A	14	0	0	1	0	0	1	1	1
I	N/A	N/A	0	0	0	0	0	1	1	0
J	2	2	0	0	0	0	0	0	2	1
K	N/A	5	0	0	1	1	1	0	1	1
L	N/A	N/A	0	0	0	0	0	0	1	0
M	N/A	9	0	0	0	0	0	0	1	0
N	N/A	22	5	1	1	0	2	0	3	0
O	N/A	0	0	0	0	0	0	0	1	0
TOTAL PAPERS			5	1	3	1	3	2	11	3
SCORE***			5	.5	3	0	3	.5		
Departmental faculty who never attended the writing group meetings										
P	22	22	3	7			0	7		
Q	4	4	1	0			1	0		
R	8	8	6	4			3	4		
S	1	1	0	0			1	1		
T	5	10	0	0			0	0		
U	12	19	2	0			0	1		
V	N/A	3	0	0			1	2		
TOTAL PAPERS			12	11			6	15		
SCORE***			12	5.5			6	5.5		

* As of December 31, 2000

** Clinical and/or academic appointment, as of December 31, 2000

*** Adjusted score used to calculate publications per person year.

Five of the eight eligible participants responded to the survey circulated at the end of the first series of writing group meetings. The responses are summarized in Table 2. Mean satisfaction scores, which ranged from 1=not satisfied to 7=very satisfied, were group process—6.5, content—5.25, outcome—5.75, and overall satisfaction—6.5. Interest in continuing with the group (1=not interested and 7=very interested) was 6.5.

Discussion

The development of a “writer-centered” support process, described in this paper, parallels the learning-centered model described by Rogers.¹⁷ This model includes careful attention to group process with a willingness to create an alternate academic environment and has enabled a significantly increased contribution

from one department of family practice into the indexed medical literature. Personal relationships fostered by the group setting have led to new collaborations in writing and research.

Other authors have documented the importance of a respectful, supportive, egalitarian group process to the success of an academic writing circle.¹⁷ We feel we achieved this and had fun too. We have celebrated each other’s successes and shared each other’s rejections, thus overcoming the barrier of isolation.

All participants live within a reasonable geographical radius. Our evening meetings competed with family and personal time, although families came to enjoy the laughter issuing from the living rooms. Although meeting during the day in a university or hospital setting might be logistically easier, we feel it would be difficult to establish the pleasant, relaxing ambience that has been central to the enjoyment and sustainability of our group. We believe that we have developed a method that honors and respects the participants in a way that supports their writing.

We recognize that there are some limitations to our approach. We attracted participants who enjoyed group work and who felt motivated and committed to attempt to publish. Not all researchers and writers are comfortable sharing their first drafts for criticism and suggestions, and our method may not be accepted in other settings. It takes a certain amount of trust in one’s colleagues to expose ideas, particularly at the formative stage, and accept that the origin of the idea will be respected and criticism offered in a caring and safe fashion.

Interestingly, a number of faculty came to one or two meetings and decided that the writing group was not appropriate for their needs. Faculty with advanced research skills (PhD) or a preexisting successful publication record did not become frequent attendees. The group seemed to work best for faculty with very low publication rates prior to the initiation of the writing group. This indicates that individuals self-selected their participation in the writing group depending on their publication success and their need for the support provided by the group. Participation in the writing group brought the publications PPY of the frequent attendees up to a level similar to that of the department members who did not participate in the writing group.

Our comparative analysis has a number of weaknesses. It is retrospective and is based on a small population, which severely limits opportunity for matching characteristics of participants and nonparticipants. Although the average numbers of years of academic involvement for the writing group’s frequent attendees and for the group that never attended the writing group meetings were similar (9.7 and 9.6 years, respectively), their tenure track profiles differed. Three of the seven writing group frequent attendees, one of the eight

Table 2

Summary of Evaluations After First Series of Writing Group Meetings

MOST EFFECTIVE ASPECTS

- Group format and process (group support, camaraderie)
- Timelines, regular meetings, external motivation
- Respect and encouragement, exchange of energy and ideas (large group and small group)

LEAST USEFUL ASPECTS

- E-mail forwarding of manuscripts before meetings
- Feedback in the larger group not as effective as the intensive small-group sessions
- Gaps in schedule at times were too long

COMPARISON TO OTHER APPROACHES TO WRITING

- More enjoyable and more successful
- Able to overcome being stuck

COMPARISON TO OTHER WRITERS’ WORKSHOPS ATTENDED

- Sustained group support more helpful than 1-day workshop to actually complete work
- Helped demystify the writing process

SUGGESTIONS FOR CHANGES OR IMPROVEMENTS

- Create small groups earlier in process, perhaps pairing writers with similar types of manuscripts (eg, qualitative)
- More-flexible timing between meetings to allow for individual progress
- Distribute list of names, addresses, and phone numbers, as well as e-mail addresses of the group
- Consider running the group in core work time rather than evening family time

GENERAL COMMENTS

- Expand process by creating natural writing groups within physician communities (call groups, hospital staff, interest areas)
 - A great opportunity for new department members
 - This format has been a tremendous breakthrough for me (increased self-confidence, actually enjoying writing, appreciating different interest areas and styles of writing)
 - Most importantly, the group helped me to finally complete and submit that paper that was “stuck,” which had left me feeling guilty and unable to write anything else
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writing group infrequent attendees, and six of the seven individuals who never attended the writing group were on tenure track. However, this inequity will likely work against the hypothesis that those who attend writing group meetings will have more publishing success than those who do not. Although the number of members in the department was so small that there was not enough power to perform statistical analyses, the improvement in publishing success of the frequent attendees of the writing group is irrefutable.

Conclusions

A peer support writing group for physicians in a Canadian department of family practice has led to successful scholarly publication through careful attention to group process with an emphasis on respectful collaboration.

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Appendix 1

Twelve Manuscripts Published in Indexed Journals, Following Review at Writing Group Meetings, January 1, 1998, to December 31, 2000

- Andrew R, Bates J. Program for licensure for international medical graduates in British Columbia: 7 years' experience. *CMAJ* 2000;162(6):801-3.
- Calam B, Andrew R. CPR or DNR? End-of-life decision making on a family practice teaching ward. *Can Fam Physician* 2000;46(Feb):340-6.
- Calam B, Norgrove L, Brown D, Wilson MA. Pap screening clinics with native women in Skidegate, Haida Gwaii. Need for innovation. *Can Fam Physician* 1999;45(Feb):355-60.
- Calam B, Far S, Andrew R. Discussions of "code status" on a family practice teaching ward: What barriers do family physicians face? *CMAJ* 2000; 163(10):1255-9.
- Grzybowski S, Nout R, Kirkham CM. Maternity care calendar wheel: improved obstetric wheel developed in British Columbia. *Can Fam Physician* 1999; 45(Mar):661-6.
- Grzybowski S, Thommasen HV, Mills J, Herbert CP. Review of University of British Columbia family practice resident research projects. *Fam Med* 1999;31(5):353-7.
- Grzybowski S, Lirenman D, White MI. Identifying educational influencers for formal and informal continuing medical education in the province of British Columbia. *J Contin Educ Health Prof* 2000;20:85-90.
- Harris S, Buchinski B, Grzybowski S, Janssen P, Mitchell E, Farquharson D. Induction of labour: a CQI/peer-review project to reduce rate. *CMAJ* 2000; 163(9):1163-6.
- Kirkham CM, Grzybowski S. Maternity care guidelines checklist to assist physicians in implementing CPGs. *Can Fam Physician* 1999;45(Mar):671-8.
- Livingstone VH, Willis CE, Abdel-Wareth LO, Thiessen P, Lockitch G. Neonatal hypernatremic dehydration associated with breast-feeding malnutrition: a retrospective survey. *CMAJ* 2000;162(5):647-52.
- Martin RE. Is it feasible for women to perform their own Pap smears? A research question in progress. *CMAJ* 2000;162(5):666-7.
- Martin RE. Would female inmates accept Papanicolaou smear screening if it was offered to them during their incarceration? *CMAJ* 2000;162(5):657-8.

Three Manuscripts Published in Non-indexed Journals, Following Review at Writing Group Meetings, January 1, 1998, to December 31, 2000

- Rieb L. Substance use guideline 3: general clinical management of pregnant substance-using women. In: Guidelines for perinatal care of substance-using women and their infants. Vancouver: British Columbia Reproductive Care Program, 1999:1-8.
 - Rieb L. Substance use guideline 4a: perinatal opioid use: care of the mother. In: Guidelines for perinatal care of substance-using women and their infants. Vancouver: British Columbia Reproductive Care Program, 1999:1-17.
 - Rieb L. Substance use guideline 5a: perinatal cocaine use: care of the mother. In: Guidelines for perinatal care of substance-using women and their infants. Vancouver: British Columbia Reproductive Care Program, 1999:1-6.
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