LETTERS
TO THE EDITOR

Collaboration to Support Family Medicine Research

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The points made by Drs Bolon, Phillips, and Ferrer are important.[1,2] The development of the research base in family medicine has been slow for a variety of reasons, with the lack of resources being a constant issue.[1,2] One partial solution to the problem is to more actively seek out collaborations with colleagues in other disciplines, including some outside of medicine. We may find colleagues who have greater expertise in important areas and better access to resources, including funding and graduate students. At the University of Wisconsin, a 10-year collaboration between the Department of Family Medicine and the Department of Industrial and Systems Engineering has been very fruitful. It has drawn upon the strengths of both and now involves colleagues from the Department of Internal Medicine as well. We have recently reported on this collaboration and its results in an editorial.[3]

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Another Response to "Building the Research Culture"

TO THE EDITOR:

Bolon and Phillips have published a well-conducted cross-sectional study on fellowship research training.[1] I appreciate this needed and valid research and strongly agree with the discussion of the need for more research supports. Research is fundamental for family medicine. This has been cited repeatedly.[2] Efforts to expand the specialty's research capacity have also been seen.[3,4] Thus, it is easy to link their results on research training to this fundamental discussion. However, the implications of the results are overstated. There are gaps between the study's design/results and discussions/conclusions.

Regarding my concern, this is a cross-sectional design to compare the research training between research focused and non-research focused fellowships without any existing standard. It is not possible to conclude if any type of fellowship reaches the appropriate level of training without a standard. Another issue related to the design is, although it is understandable from the survey that both types of fellowship programs face several barriers for research training and funding sources, the results can't be generalized at the level of family medicine specialty. The descriptive data is about the training program, which is only part of family medicine research. We do not know quantitatively how much fellowship programs influence family medicine research.

Another consideration that impacts generalizability is that each fellowship has its own objectives that determine the level of research training and other activities. Objectives of each fellowship program affect the balance and types of activities emphasized and pursued during fellowship. How much of the differences in research skills, funding sources, and barriers shown in the study might be the by-product of the intended objectives?

While I value this research and the results, the implications extended from them seem overstated. The main function of the discussion and the conclusion should be to respond to the research objectives and to explain how the results support (or not) the answers to the objectives listed in the background. For example, identifying how research training was taught and its obstacles to enhancing research training in fellowship imply the area of improvement for fellowship research curriculum to increase research culture. Sometimes the implications of results are extended to bolster the findings or to enhance the implication of the research. However, these implications cannot be used as the evidence to judge the quality and infrastructure of trainings or to call for research advocacy efforts.

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