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Building research capacity through community-based projects

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Building research capacity through community-based projects

Abstract

Research during general practitioner (GP) training has historically been underrepresented in the medical curriculum. Few GPs in Australia have postgraduate research qualifications and few engage actively in research. The development of an integrated and innovative curriculum at an Australian university provides a unique opportunity to embed research and critical analysis (RCA) at every stage of the programme.

Keywords

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Building research capacity through community-based projects

Kathryn M Weston, Judy R Mullan & Peter L McLennan

Context and setting Research during general practitioner (GP) training has historically been underrepresented in the medical curriculum. Few GPs in Australia have postgraduate research qualifications and few engage actively in research. The development of an integrated and innovative curriculum at an Australian university provides a unique opportunity to embed research and critical analysis (RCA) at every stage of the programme.

The RCA theme is one of four core components of the medical curriculum; the others are personal and professional development, clinical competencies and medical sciences. The graduate medical programme is a 4-year course, which includes a 12-month GP placement in a rural, regional or remote community in New South Wales. Presently, this programme is into its third year and the first cohort of 68 students recently commenced their 12-month placement. This paper outlines one strategy to develop students' RCA skills during this placement.

Why the idea was necessary The RCA theme was developed as an approach to building research capacity amongst both future graduates and their teachers who were already working in the community. In addition, the integration of research into the medical curriculum was required by the national medical council approving the new course. The long term aim of this change in the medical curriculum is to develop research-aware GPs who are able to engage in evidence-based medicine.

What was done Each student is required to undertake a research project relevant to his or her placement community. Students are encouraged to identify local issues as topics and to discuss them with their teachers and university academic supervisors, who mentor their progress at all stages. Students are also required to apply for ethics approval for their projects and are given relevant information about research design. Finally, each student is required to write a formal report and disseminate his or her results to relevant stakeholders, peers and academics.

Evaluation of results and impact The impact of the programme on the research capacity of the students will be evaluated using pre- and post-placement surveys. Ten areas of research will be investigated, namely: defining a research question or idea; writing a research protocol; finding relevant literature; critically reviewing literature; using quantitative research methods; using qualitative research methods; analysing and interpreting results; writing and presenting a research report; publishing results, and applying for research funding.

The programme has the potential to increase understanding of local health issues in regional, rural and remote communities, to increase engagement with and acceptance of medical students in these communities, and to increase the engagement of the community in research. Moreover, GPs and students will have increased appreciation of the possibilities for undertaking research in their environment, regardless of location. Finally, successive cohorts of students may become involved in longitudinal research projects in the placement community, in which data collection is ongoing and survey analysis is undertaken annually.

Currently, all students have selected their projects and have prepared proposals for submission to the university ethics committee. Areas of research chosen by the students include patients' awareness of stroke symptoms, osteoporosis risk factors, choices for breast cancer treatments, clinical best practice audits, and patient willingness to allow medical students to be involved in the consultation process.

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