



2022 BRC ANNUAL REPORT For the ADFM and NAPCRG Boards of Directors

EXECUTIVE SUMMARY

Below is a detailed report for the Building Research Capacity (BRC) program, a joint initiative sponsored by ADFM and NAPCRG. This Executive Summary is intended to bring attention to the major 2022 highlights. Efforts this year have focused on formalizing BRC as it has evolved from a start-up to a more mature program. NAPCRG and ADFM both contribute funding for staffing with Amanda Weidner and Julie Sutter providing strategic support and ADFM providing administration and program support.

Has BRC made a difference in building the research capacity of family medicine departments in the U.S.? We think so. Data¹ indicate a positive change over time in the growth of research capacity. While it is not possible to isolate BRC as the root cause of that growth, we believe that growth and the positive perception of BRC, indicate that BRC has had an impact on this positive trajectory.

Engagement with and interest in BRC and its efforts remains high among departments of family medicine, as shown in the results of this survey question from the 2020 ADFM survey of its members.

Which of the following best describes your department’s engagement with the Building Research Capacity (BRC) initiative to date? (select all that apply)

TOPIC	N (%) N=92 2 missing (2.1%)
I or my faculty have attended a BRC workshop at the ADFM, STFM, or NAPCRG meetings.	42(45.7%)
I or my faculty are interested in learning more about a BRC consultation but haven’t pursued this yet.	21 (22.8%)
I or my faculty have volunteered with BRC (part of the Steering Committee or one of the workgroups, served as a consultant, etc.).	19 (20.7%)
I know what BRC is but my department’s research capacity is sufficient and we are not looking to grow so have not needed to engage with BRC.	14 (15.2%)
I or my faculty have received a BRC consultation.	6 (6.5%)
I’ve never heard of BRC.	5 (5.4%)

¹ Weidner A, Peterson LE, Mainous AG, Datta A, Ewigman B. The Current State of Research Capacity in US Family Medicine Departments. *Fam Med.* 2019;51(2):112-119. <https://doi.org/10.22454/FamMed.2019.180310>.

Consultations & Contract Template

BRC provides a consulting service for departments and residency programs that need assistance in evaluating their readiness for investing in or expanding their commitment to primary care research.

Consultations are supported by fees and involve three different parties: BRC sponsors (ADFM, NAPCRG), volunteer consultant(s), department/program-clients. Given the significant investment amount of time, effort and budget represented by each consulting engagement, we have developed a contract template with the guidance of an attorney. The contract clarifies the role and responsibility of each party -- especially the role of the consultant as an independent contractor -- contract term, and expectation for confidentiality. In addition, the contract clarifies ownership of work product. For instance, BRC (host organizations) will retain ownership of consulting methodologies and work streams while the client would own the actual outcome of the consultation e.g. the final report and its recommendations for their personal strategies to grow research capacity.

Fellowship

BRC launched a fellowship on leading change to build research capacity in departments/institutions. Following a high of 14 fellows in the inaugural year, seven have applied for the next fellowship year (2022-2023). This initial year has been one of ongoing process improvement and we look forward to the second year!

Succession Planning

Late last year we defined a path for leading BRC by defining a succession plan for the chair and vice chair roles. Each serves a 2-year term. The vice chair position is appointed and ADFM and NAPCRG will rotate the appointment of this position. In June 2023 [AW1] [S2] we will implement a transition in leadership. Current Chair Peter H. Seidenberg, MD, MOL, FAAFP, FACSM, RMSK will complete his term. Current Vice Chair Navkiran (Kiran) Shokar MA MD, MPH will automatically assume the role of chair. ADFM will appoint the new vice chair for the next term.

Programming & Meeting at the NAPCRG Annual Meeting (Phoenix)

PR04: Utilizing Research Indicators to Boost Your Department's Effectiveness

Friday, November 18 from 1-5pm Mountain Time

Meeting of Research Directors and Department Chairs: All chairs and research leads are welcome and attendance is open to those with an interest in participating.

Monday, November 21 from 12:15-1:30pm Mountain Time

Laveen B (level 2)

BACKGROUND

The Building Research Capacity (BRC) initiative, co-sponsored by the Association of Departments of Family Medicine (ADFM) and the North American Primary Care Research Group (NAPCRG), was officially launched at the November 2016 NAPCRG conference². The initiative grew out of strategic priorities independently articulated by each organization in 2014 around strengthening research capacity within academic family medicine³ and has built on the strengths and resources of each organization to develop several main areas over the last 5 years: ongoing curricular offerings (e.g. workshops at NAPCRG, ADFM, and other conferences); a consultation service; a new fellowship program, piloted in 2018-2019 and fully developed to launch this year; and an evaluation and assessment arm.

PROGRESS AS OF FALL 2022

We set aside time this year to focus more on reanimating our BRC Subcommittees, this included checking in with those that have remained on the roster but could no longer participate in the subcommittees.

The current BRC Subcommittee & Workgroup rosters can be found on our website at:

<https://adfm.org/programs/building-research-capacity-brc/>

The subcommittees have met and are working to develop a set schedule based on the needs of their groups. The new meeting schedules are:

- Steering Committee: Bi-Monthly
- Assessment & Evaluation: As needed basis, generally immediate following a presentation
- Consultation Workgroup: This work group serves as a participant pool of potential consultants. Once a consultation enters into an exploratory or in-depth phase, the Consultation chair selects the best fitting consultant from the pool and schedules meetings for the duration of the consultation. (As needed basis)
- Curriculum Workgroup: The curriculum workgroup maintains a calendar of important dates and call for proposals (i.e. ADFM, STFM, NAPCRG, etc) and meets 1-2 months before submissions are due.
- Fellowship Subcommittee: Meets bi-monthly

Consultations

This year, BRC underwent a detailed look into BRC Consultations, their workflow, structure, and process. First and foremost, we developed a consultation workflow, which is a document that will be able to relay

² [The Building Research Capacity \(BRC\) Initiative: to Be Launched at the 2016 Annual NAPCRG Meeting.](#) *Ann Fam Med* 2016;14:585-586. doi: 10.1370/afm.2009.

³ [Building Research and Scholarship Capacity in Departments of Family Medicine: A New Joint ADFM-NAPCRG Initiative.](#) *Ann Fam Med* 2016;14:82-83. doi: 10.1370/afm.1901.

the steps and process of the consultation from start to finish. This will serve as a guide for those who are familiar with consulting with BRC and as an orienting document for the consultant we will continue to bring in. The workflow includes a detailed breakdown of the initial engagement, full consultation, and evaluation of the consultation which can be seen in entirety in **Appendix A**.

Once the Consultation workflow was determined, the next undertaking was developing a consistent consultant agreement to be used as a template both for the organization receiving the consultation from BRC and an agreement for the individuals providing the consultation. Amanda Weidner and Julie Sutter met with an attorney over the course of several months to finalize some consistent language for these contracts.

The BRC Steering Committee, ADFM, and NAPCRG Executive Directors also worked to lay out a consistent fee schedule for the consultations. This final fee schedule is shared in Appendix B.

The BRC volunteer consultant team has completed **15 exploratory and 9 in-depth (paid) consultations** with **2 more sizeable consultations** underway - one at the University of Chicago and one at the University of Illinois at Chicago. These in-depth consultations have ranged from a few hours of work/a one-day visit to engagement over the span of several months. Below is a table showing the number of consultations each year.

Year	# Exploratory Only	# In Depth (Paid)
2017	5	0
2018	5	3*
2019	2	3
2020	2	1
2021	0	2
2022	0	2

**includes University of Nevada-Las Vegas that stretched 2017-2019*

So far our evaluations show that the in-depth consultations are valuable; as one consultee wrote, “[Our consultant] did an excellent job helping us gather all our information, potential partners, barriers and bright spots into one report.” Consultees have found the summary reports useful as leverage in accessing institutional resources and as a way to plot a path forward with building their internal capacity for research.

Curriculum

The BRC volunteer curriculum team has put on **22 presentations and workshops since November 2016**. This includes 9 presentations at the NAPCRG annual conference, 6 at the ADFM annual conference, 6 at the STFM annual conference, and one at the FMEC meeting (regional collaboration of residency programs in the northeast). These presentations tend to build on each other and try to capture a range of capacity levels. The years and titles/topics of these presentations are listed in **Appendix C**.

Fellowship

The BRC fellowship is completing its very first year at the 2022 NAPCRG Annual Conference and welcoming in 7 new fellows to the 2022-2023 BRC Fellowship (**Appendix D**). The inaugural year began in conjunction with the 2021 NAPCRG Conference and each fellowship year will both begin and end at the NAPCRG Conference. The second-year curriculum is in the finalization stages but you can view the curriculum from the first cohort year in **Appendix E**.

The BRC Fellowship initially planned to take on 4 fellows at its launch in 2021 and we were shocked to receive 15 applications and accept 14 fellows for the 2021-2022 BRC Cohort. We believe this larger number was due to pent-up demand and the 2022-2023 BRC Cohort of 7 fellows seems like a more realistic number for years to come and will allow the BRC Fellowship to be more individualized for the participants.

The inaugural year has gone well, but the team remained open and receptive to feedback as some components were trial and error as many first-year programs are. This year has provided helpful feedback from the fellows, faculty, and staff on ways to improve the BRC Fellowship curriculum, format, and functions for the following years. We successfully held a faculty feedback session where we were able to develop a more thorough set of guidelines for the future BRC Fellowship faculty in their expectations of participating in the fellowship and their role in providing guidance and input for our fellows. We have devised an assessment and evaluation plan for the following fellowship years.

The BRC Fellowship Assessment & Evaluation Plan:

- Immediate Zoom polling on the didactic sessions, reading materials, and webinars. (“Yes/No” questions and answers on whether the readings, speakers, and topics felt beneficial to the fellows)
- A Mid-Year Evaluation. A more thorough evaluation that requests written feedback on what is working well and what could be improved in a more immediate sense (things we can change to improve for the fellow for the remainder of their fellowship)
- A Year-End Evaluation. A thorough evaluation that requests written feedback on what worked well and what the fellow could be improved on for future BRC Fellowship years.

We have also elected to make some structural changes to the fellowship. Given the reduced number of fellowship participants we will be reducing the number of faculty serving the fellowship accordingly.

Along with the 2 Fellowship Co-Directors (Stephen Stacey and Peter Seidenberg), there will be two learning communities for the 7 fellows with 1 MD/DO faculty, 1 PhD faculty, and 1 Business Advisor (faculty at a business school).

Given that meetings are back to being in person, we have also increased the BRC Fellowship tuition from \$4,250 to \$6,250. This will cover travel to two NAPCRG and one ADFM meeting for in person cohort workshops as well as two years of membership in NAPCRG, the honorariums and travel-related costs for BRC Fellowship Faculty, and BRC staff time.

Improvements to the fellowship for the second year include:

- Faculty Orientation Zoom Meeting
- Faculty Expectations Guideline & Contract
- Pre-Planned Bi-Monthly Meetings between Faculty & Fellows
- New Tracking System for Fellow Assignments
- Improved Assessment & Evaluation Plan

MEASUREMENT & EVALUATION OF BRC GOING FORWARD

In 2021 we reported extensively on the plans for an overall evaluation plan for BRC. Work on this plan and gathering evaluation data as we proceed along is ongoing.

In addition to evaluating the effort itself, we have considered ways to measure change across the discipline. In 2016, a team of individuals from ADFM, NAPCRG, BRC, and Family Medicine for America's Health conducted a special CERA survey of department chairs to get some baseline measurements for the [research capacity across the discipline](#), as well as the [scholarly productivity of the discipline \(measured by publications\)](#). These references and some other key references have been compiled into the start of a [BRC bibliography](#) – and work is underway to follow up on this data with a “5 year update” from a 2021 survey of the ADFM member departments.

One idea under consideration is the creation of a “Research” subcommittee of the BRC Steering Committee that would focus on analyzing the data we have collected over time, such as this effort.

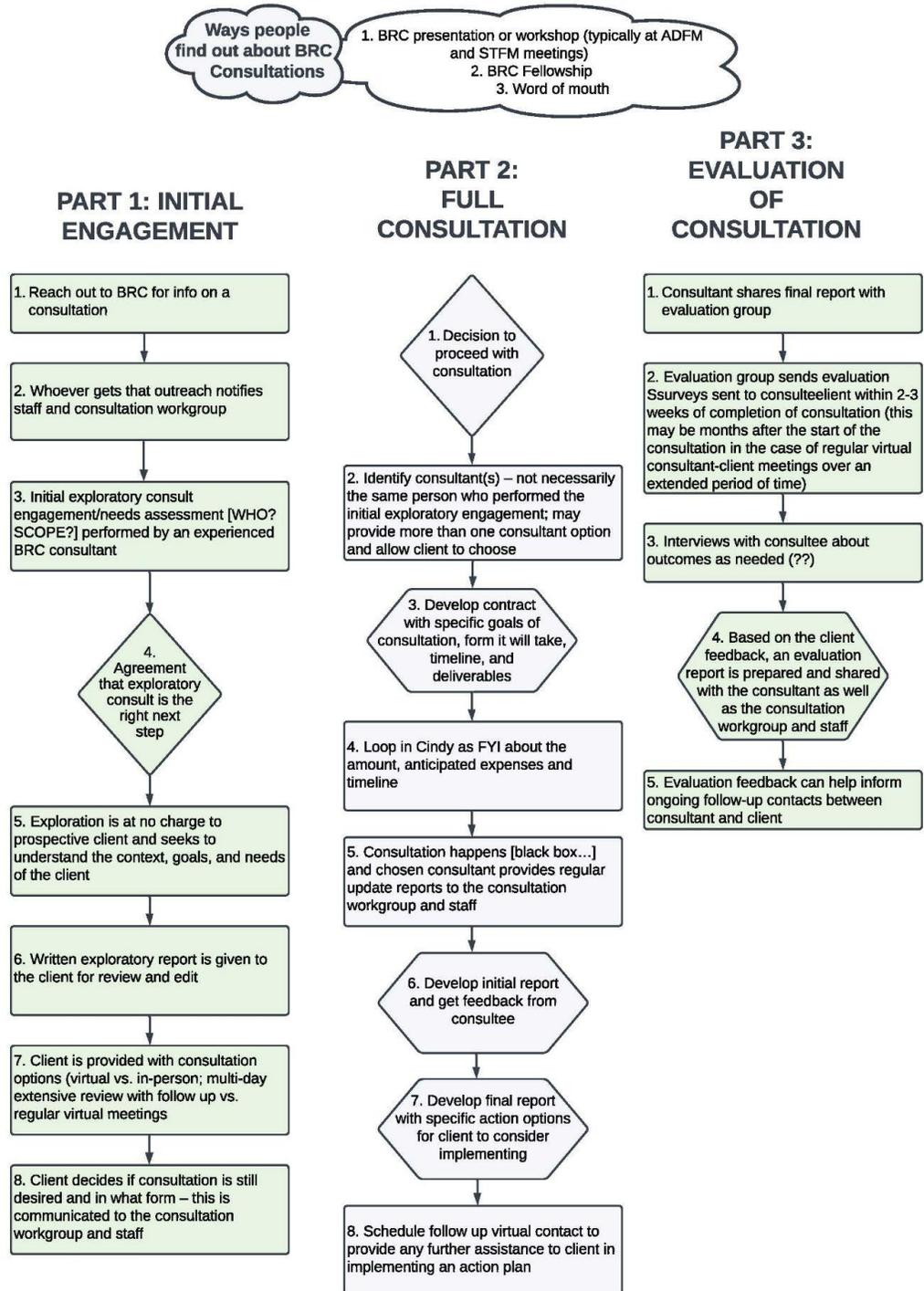
SUSTAINABILITY & SUCCESSION PLANNING

Late last year we defined a path for leading BRC by defining a succession planning for the chair and vice chair roles. Each serves a 2-year term. The vice chair position is appointed and ADFM and NAPCRG will rotate the appointment of this position. When current Chair Peter H. Seidenberg, MD, MOL, FAAFP, FACSM, RMSK completes his term he will be succeeded by current Vice Chair Navkiran (Kiran) Shokar MA MD, MPH. ADFM is on deck to appoint the new vice chair for the next term.

Appendix A: BRC Consultation Workflow

BRC CONSULTATION WORKFLOW

Draft 8/3/2022



Appendix B: Fee Schedule as of 2022

CONSULTATION FEE SCHEDULE

Exploratory conversation: No charge

The purpose of the exploratory consultation is to discover the needs and wants of potential client and whether a full BRC consultation would be useful to their particular situation. Depending on the scope of the challenge and the scope of the proposed consultation, this may be a few hours of contact or may be more.

BRC Consultation

We anticipate that most consultations going forward will be done virtually. On rare occasions, an on site consultation might be considered necessary, particularly in cases where some “face time” with senior leadership is deemed critical to the success of the consultation. The fee structure below reflects the extra time and effort required to be present on site for a consultation vs. to manage it virtually.

Charges for a full consultation are as follows:

- \$500 flat fee for the consultant who initiated the consultation with the exploratory work
- \$325 per hour spent by consultants on the consultation
 - This assumes consultation efforts are virtual
 - Of this, \$250 is paid to the consultant (or the entity of their choice*) and \$75 is retained by BRC for overhead (30%)
- \$4,000 per day for any in person consultation
 - All of this is paid to the consultant to cover their time; there will be no fees charged for BRC overhead costs
 - Any prep work and post-work will be charged at the regular hourly rate
 - Clients are also expected to cover the costs of travel and accommodation for the consultant via direct reimbursement

A contract will be negotiated ahead of time between BRC (ADFM/NACPRG) and the client, using the consultant and BRC team’s best guess for the number of hours that the consultation will require. All contracts will include standard language allowing for some flexibility in this estimate. Consultants will track their hours during the consultation and clients will be kept informed of how many hours have been spent as the proposed consultation timeline progresses to assess whether more or less time might be required.

All fees, with the exception of any travel reimbursement (which will be paid directly to the consultant), will be paid to BRC. BRC will create a separate contract with the consultant to provide the consultation and the consultant will be paid based on the hours they report they have spent on the consultation. Consultants may choose to have the payment go to themselves, to their institution for special projects or salary recapture (at their discretion), or to another fund or entity.

Appendix C: Presentations by Year

Year	Conference	Title
2016	NAPCRG	BRC Launch - Building a culture of inquiry in departments and residency programs
2016	NAPCRG	Role of leadership and senior management in facilitating or impeding scholarship and research development
2017	ADFM	Joy in Research: The Role of the Administrator-Chair Partnership in Inspiring Research
2017	STFM	Creating a Culture of Inquiry in Academic Family Medicine
2017	NAPCRG	Means to Meaningful Mentorship
2018	ADFM	What Does Building Research Capacity Mean to Departments of Family Medicine: A BRC Dialogue
2018	STFM	Should Family Medicine Educators be Expected to Do Research: A Point-Counterpoint Debate
2018	STFM	I Am Not a Researcher: Why Should I do Research? How Participation in Research Makes ME a Better Family Medicine Educator
2018	NAPCRG	Promoting Research and Scholarship in Family Medicine: Finding the Time and Money to Support It: A Building Research Capacity (BRC) Workshop
2019	ADFM	Key Chair Decisions in Building Research and Scholarship Capacity
2019	STFM	Quality Improvement Projects as Research: A Building Research Capacity (BRC) How-To Workshop
2019	NAPCRG	A BRC Forum: How to Do Feasible and Gratifying Research by Aligning with Clinical, Quality and Operational Priorities
2019	NAPCRG	Building Research Capacity: Gathering US and Canada Chair and Research Leader Priorities and Practical Strategies

2020	ADFM	The Leader’s Guide to Decision-Making When Building Research and Scholarship Capacity (preconference workshop)
2020	STFM	Creating Great Educational Research Projects - A Building Research Capacity (BRC) Session
2020	NAPCRG	Strategies to Address Research Challenges and Opportunities in the Midst of a Global Pandemic: A BRC Workshop.
2020	NAPCRG	Building Research Capacity: From Priorities and Strategies to Department Actions (preconference workshop)
2020	FMEC	Building Research Capacity: From Priorities and Strategies to Action
2021	ADFM	Research in the Era of Crises: COVID, Health Equity, Population Health, or Making a More Equitable Research Enterprise (preconference workshop)
2022	ADFM	Creating a Strategic Plan for Research in Your Department
2022	STFM	Fulfilling Your Program’s Scholarship Requirements Through Readily Available Resources and Creative Strategies
2022	NAPCRG	Utilizing Research Indicators to Boost Your Department’s Effectiveness

Appendix D: 2022-2023 Fellowship Faculty, Mentors, and Fellows

Fellowship Co-Directors

- Stephen Stacey, DO, Director of Osteopathic Education, Mayo Clinic Family Medicine Residency
- Peter Seidenberg, MD, MA Professor, Chair, and Physician at LSU Health School of Medicine

Fellowship Faculty & Mentors include:

- Dean Seehusen, MD, Professor & Chair, Medical College of Georgia at Augusta University
- Debbie Cohen, PhD, Vice Chair of Research, Oregon Health & Sciences University
- Lynn Meadows, PhD, Assc. Emerita Professor, University of Calgary
- One more TBD

Fellowship Business Partners

- Bill Sawaya, Ph.D, and current Department Head in Organization Behavior at Bowling Green University
- Binyamin Cooper, PhD

BRC Fellows 2022-2023

First Name	Last Name	Institution	Position
Brandon	Hidaka	Mayo Clinic Health System	Assistant Professor
Alexis	Coulourides Kogan	University of Southern California, Keck School of Medicine of USC	Assistant Professor of Family Medicine and Geriatrics, and Gerontology; Director of Research for Family Medicine Residency
Karen	Lutrick	University of Arizona	Assistant Professor and Executive Director of Primary Care Research
Joan	Ilardo	Michigan State University	Senior Associate Chair
Sarah	Merrill	University of California San Diego	Associate Program Director Family Medicine Residency; Medical Director of Family Medicine Clinic; Faculty Director of Assessment Program of the UCSD PACE Program

Randy	Foss	Mayo Clinic Health System	Physician
Amie	Ashcraft	Director of Research; Research Assistant Professor	West Virginia University

Appendix E: Planned Curriculum for the 2021-2022 Fellowship Cohort

I. Fellowship Overview

a. Qualifications of fellows

Fellows of the BRC Fellowship want to build research/scholarship in their institutions—which requires skills in leadership, research organization, and faculty development. Fellows have been asked to be a change agent for building their organization’s capacity for producing scholarly activity. The fellow’s organization should support development of that capability, including supporting the development of a strategic plan as a product of the BRC Fellowship. Fellows might be chairs, aspiring chairs, research directors, research change agents in a residency program, administrators or others charged with making change in the organization.

b. Expectations of fellows and faculty

Fellows are expected to:

1. Attend the NAPCRG annual meeting at the beginning of the fellowship (November)
2. Attend the NAPCRG annual meeting at the completion of the fellowship (November)
3. Participate in scheduled virtual meetings and didactic sessions
4. Produce required end products

Faculty will:

1. Provide coaching and support as fellows navigate through their fellowship year
2. Instruct during scheduled virtual meetings and didactic sessions
3. Evaluate the curricular products produced by fellows
4. Offer feedback to the BRC Fellowship Leadership Team regarding fellow progress and areas for program improvement

II. Learning Objectives

a. Overall Goal

To equip individuals with the knowledge, leadership skills, mentorship, and peer support to develop and implement a strategic plan for building research capacity within their own programs, departments, or institutions.

This goal will be accomplished by providing fellows with coaching support that focuses on leadership development and research tools and skills.

b. Leadership Development

1. *Leadership development goals:* To create and implement a strategic plan for research and scholarship within their organization.
2. *Leadership development objectives:* Upon completion of the curriculum fellow will be able to do the following:
 - a. Perform a needs assessment to identify organizational strengths and opportunities for growth.
 - b. Utilize principles of change management to motivate, initiate, and sustain change in an organization.
 - c. Identify key stakeholders in the change process and respond to their individual needs and priorities.
 - d. Develop a strategic plan to guide the change process and align it with organizational priorities.

c. Research Tools and Skills

1. *Research tools and skills goals:* To obtain the necessary knowledge and relationships to assist in development of research and scholarship.
2. *Research tools and skills objectives:* Upon completion of the curriculum fellow will be able to do the following:
 - a. Recognize the importance of research to an organization.
 - b. Recognize and model the characteristics of high-capacity research organizations.
 - c. Develop a peer support network among other individuals or teams trying to build research capacity.
 - d. Motivate others towards scholarly pursuits through training and development of a culture of inquiry.

III. Timeline

Fellows are required to attend the meetings at NAPCRG and ADFM. Attendance requirement is 75% of remaining meetings, though expectation is to attend 100% unless this is not possible.

1. NAPCRG Annual Meeting
 - a. Time: December 1, 2021 from 1000-1600 Central Time
 - b. Topic: Creating a climate for research
2. Group conference
 - a. Time: January 5, 2022 from 1230-1600 Central Time
 - b. Topic: Finding research allies
3. ADFM Pre-Conference
 - a. Time: February 23, 2022 from 0800-1300 Mountain Time
 - b. Topic: Planning for change
4. Group conference
 - a. Time: May 4, 2022 from 1230-1600 Central Time

- b. Topic: Communicating
- 5. Group conference
 - a. Time: July 6, 2022 from 1230-1600 Central Time
 - b. Topic: Remove obstacles, create short-term wins
- 6. Group conference
 - a. Time: September 7, 2022 from 1230-1600 Central
 - b. Topic: Build on the change
- 7. November 2022 NAPCRG
 - a. Time: TBD
 - b. Topic: Anchor research into culture