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Scholarly writing in a rural family medicine training program: Barriers and bridges

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Background Research capacity building amongst medical faculty has the potential to improve patient outcomes, evidence-based decision-making processes, and policy development by promoting and sustaining opportunities for knowledge mobilization. However, there remains a considerable knowledge gap in faculty development strategies that promote scholarly capacity building amongst family medicine teachers. **Objectives** To establish and evaluate a longitudinal faculty development program that promotes a foundation of scholarly competencies amongst family medicine faculty at Memorial University. **Methods** This project included three phases: I) identifying priority research skills for faculty; II) curriculum design, development and implementation; and III) program evaluation. An iterative, mixed method approach was utilized. A local expert group of medical scholars, a panel of external experts, medical trainees, all of Memorial University's family medicine clinical faculty were invited to participate via Delphi surveys, focus group discussions, and program evaluation questionnaires. This, together with data collected through an extensive literature search and environmental scan, permitted the identification and prioritization of competencies relevant to clinical faculty. **Results** This presentation will report the essential considerations for curriculum design and implementation within this context; program evaluation results; and a validated list of priority competencies including 4 broad competency areas and 30 key competencies essential to becoming a clinical family medicine scholar. The 4 broad competency areas of priority to faculty include: Writing for Publication, Tips on Grant Writing, Sources of Funding and Systematic Literature Searching. The survey revealed that almost all faculties encountered at least one barrier that interfered with scholarly writing. The most common barriers to scholarly work included lack of time (65%), skills in data analysis (59%), confidence (47%), and negative response from journals (35%). A curriculum has been developed and evaluated for the first priority topic, writing for publication. The majority of participants agree that the curriculum has had a positive impact on their scholarly writing and there has been an increase in scholarly activity amongst participants. **Conclusions** A carefully designed curriculum can enhance academic family physicians' scholarly competence. A program such as this is expected to be generalizable to and adopted by other rural remote medical faculties.