Letter to the Editor

Blending research support and mentorship to foster scholarly activity at a resource-limited institution

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Keywords: *Academic medical centre; Education; Research*

To the Editor,

Paediatricians in academic departments face a multitude of barriers to undertaking scholarly work, including clinical responsibilities, limited protected time, limited extramural funding, and lack of mentorship from established researchers. To overcome these obstacles, prior reports have described teams that provide primarily logistical support (1), or models in which senior faculty with established success in publication and extramural funding serve as mentors who catalyze career development for junior faculty (2). While informal mentorship of emerging clinician scientists by staff researchers is common in basic science fields (3), mentorship by research staff is less common as part of clinical faculty development (4). At our rural academic medical centre, the Department of Paediatrics restructured and expanded the clinical research team in 2018, with research faculty and staff being jointly responsible for project execution as well as mentorship of clinical faculty undertaking scholarly projects. The resulting rapid increase in academic productivity provides initial evidence in support of this strategy for empowering small research teams to guide development of a scholarly portfolio at academic paediatric departments.

Historically, most divisions in our department had few academic projects and minimal extramural funding excepting pharmaceutical clinical trials. In July 2018, a centralized research team was implemented to increase academic productivity and engage additional faculty and trainees in scholarly work. Given limited core services for investigator-initiated research at our institution, the team supported the logistical needs of scholarly projects (e.g., regulatory submission; data collection; data

analysis; and scientific writing). An academic project tracker, updated weekly, was used to apportion effort between new study development, completion of ongoing studies, and manuscript submission or revision. Responsibilities for logistical support and academic mentorship were overlapped within the positions on the team. For research faculty, this meant providing consulting or mentorship as well as hands-on assistance with protocol submission, statistical analysis, and manuscript development. For research staff, this meant expanding their scope of responsibility beyond operational tasks to include original project design and research mentorship of clinical faculty or trainees.

Publications and presentations were selected as short-term metrics for evaluating our approach. Progress to date is illustrated in Figure 1, with department publications increasing from 4 original articles published in 2015 to 49 published or accepted in January–June 2020. By June 2020, we had engaged 30 medical students, 19 residents, and 4 neonatology fellows on projects managed by the research team, resulting in 27 manuscripts submitted to date, of which 9 have been accepted for publication. For comparison, our medical school class size is approximately 80 students, the Paediatrics residency has a cohort size of approximately 10, and the neonatology fellowship has 2 fellows per year. Whereas other centres have described initiatives that either provided logistical support for academic projects or enhanced research mentorship for clinical faculty, we recognized that both research faculty and staff needed to fulfill each of these roles to support faculty and learner engagement in research. With growing interest among departments of paediatrics

Received: June 22, 2020; Accepted: July 22, 2020

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Figure 1. Department peer-reviewed publications and abstracts accepted for presentation at the Pediatric Academic Societies meetings, by year (2020 data include January–June publications).

in supporting faculty scholarship, our experience may aid other programs looking to enhance research productivity in resource-limited environments.

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Potential Conflicts of Interest: All authors: No reported conflicts of interest. All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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