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Physicians as...

SCHOLARS



In this issue >>>

We aim to highlight residents as clinician investigators; taking a self-directed inquiry approach towards future careers as faculty. RCPSC

A Clinician Investigator Program Returns to Queen's...

An Interview with Dr. Graeme Smith
CIP Program Director



Dr. Graeme N. Smith

Professor
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"The overall mandate of the Clinician Investigator Program at Queen's University is to increase Clinician Scientist research capacity in Canada. We will achieve this by developing the next generation of Clinician Scientist Research leaders who will have developed the skill sets to achieve broad-based excellence not only in research but also as clinicians, supervisors/mentors, teachers and academics in general." Dr. G. Smith

"There are 12 Clinician Investigator Programs (CIP) in the country and I believe it is important for residents at Queen's to have this opportunity as well. Any resident registered in an approved Royal College program is eligible to apply.

Where clinical medicine is primarily focused on identifying and fixing the problem, Clinician Scientists focus on coming up with not only new treatments but also ways to prevent the health problem from arising in the first place. I tell medical students that as a clinician I can help my patients, but as a Clinician Scientist I can help everybody's patients.

One of the main goals of the CIP is to help residents integrate clinical practice and research. The CIP enables residents to complete a graduate degree before they finish their training and this puts them in a much better position from a faculty point of view. Queen's, like other medical schools across the country, is less likely to hire a physician to be a faculty member if he or she does not have a graduate degree.

Success in the CIP is very much dependent upon having a Clinician Scientist mentor. We have excellent faculty members who are willing to be mentors. Mentors don't have to be in the same specific residency or clinical area as the trainee for the mentorship process to be effective. A prosperous mentoring relationship is based more on the ability of the mentor to reflect on her/his experiences (e.g. having been there, done

"The primary goal of the CIP is to provide our residents with the training that will enable them to be the Clinician Scientists and research leaders of tomorrow."

that, faced the problems, jumped through the hoops) and using that knowledge in concert with the learner's needs to guide training.

Residents will sharpen their self-directed learning skills in order to develop a research question, hypotheses, review relevant literature and collaborate with colleagues. This process of thinking carries on after you have completed your degree. It imbeds itself in how you approach medicine. My goal is to train residents to be able to identify novel cases in their practice as research opportunities, develop the background, history, hypotheses and change clinical practice."

“When all aspects of learning are personally planned, managed and evaluated by the individual.”

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- The Queen’s CIP is initially only offering a Graduate Training stream through the Continuous Training pathway.
- The Continuous Training pathway involves a minimum of 24 months of intensive research training.
- The trainee can start at any point during their residency program.
- The trainee must devote at least 80% of his or her time to research training. The remaining 20% of the time may be spent at clinical or other activities.
- In the future, we plan to offer a Postdoctoral stream as well as a Fractionated Training pathway.



For more information about the Queen’s CIP, please visit:

meds.queensu.ca/cip

Ask a Former CIP Trainee >>>

Dr. Paula James speaks to the benefits of completing CIP training...

When I completed the CIP, it was an opportunity that made sense to me. I was familiar with the way the Royal College structured programs, exams and training. Therefore, it was a familiar path. For me, jumping into a PhD outside of Medicine was too foreign. Earning a graduate degree through the CIP makes this opportunity much more accessible and understandable to clinicians. The CIP has enabled me to secure a faculty position. I wouldn’t have this job without the CIP training.

A strong program framework is critical in achieving research milestones. However, in order to reach these milestones you must be self-directed. The framework made it very clear that the expectations were abstracts, international presentations, publications and so forth. Clear expectations helped me work towards these concrete goals. You knew what you were aiming for and you could direct yourself towards something that was real.

I knew I wanted to be an academic physician and that this role required additional training after my clinical training. Looking back to when I was a resident, I don’t think I would have predicted my career to look like this. I didn’t know I was going to be running a research lab. Coming out of my clinical training, I didn’t know how to conduct research. Royal College programs try to teach residents some understanding of research during their clinical training. But there is a hefty amount of necessary knowledge and skills to get under your belt as it is, without adding on research training. In order to be a successful Clinician Scientist, you need to learn how to do research in a formal setting. The CIP gave me this opportunity. Having completed the CIP helps me in all my scholarly activities, including obtaining funding. The CIP is the most important line on my CV.

“The CIP showed me an opportunity I wouldn’t have seen otherwise and it actually became what I do.”

I strongly recommend that residents interested in the CIP speak to current Clinician Scientists to better understand what you must do to be successful. Grant money is very competitive. It would be extraordinary to succeed without having received the training provided by the CIP. If the CIP matches a resident’s career goals in research, the CIP would be an excellent opportunity. However, residents have to realize what they are getting into. For starters, you need two papers per year. I needed to know this going into the program because it structured everything I did in my day-to-day life. I also recommend residents speak to Dr. Graeme Smith because he understands being a Clinician Scientist better than anyone. I know he will be a very successful mentor for residents.

Dr. Paula James
Associate Professor
Dept. of Medicine
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Ask the experts >>>

Adult Learning Theory suggests that physicians will learn best when learning...

1. Is in the context of patient care
2. Answers their questions
3. Is directly related to their work
4. Does not take too much time

Q: What are the principles of the Adult Learning Theory’?

- A:**
- Learning is independent and self-directed
 - Learning that integrates the demands of everyday life is valued
 - Adults are motivated to learn by internal and external drives

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