

Power in Numbers – Research Success as a Cluster

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The landscape of research funding has evolved in Canada over the last decade with changes in the priorities and suites of funding programs available. Clinician-scientists are faced with increasing competitive pressures with low success rates in funding, while trying to balance clinical and educational duties. Trainees interested in a career in academia are expected to pursue additional advanced fellowship training (*i.e.* 15-18 years or more of training from undergraduate, through medical school, residency, fellowship and MSc or PhD training). All these factors have contributed to a challenging journey for those who have chosen a clinician-scientist path. How do we as a “research cluster” overcome these perils and still pursue our goal of making large impacts in arthritis care while maintaining our sanity, still having fun and keeping our families intact? Here, we describe our made-in-Calgary solution that illustrates key factors for success in rheumatology research.

How we got on the Clinician-scientist track:

As clinician-scientist track individuals (CB1, CB2 and GH, and no we are not cannabinoid receptors), we were hired after residency into clinical scholar positions, which provided partial salary funding for a 0.3 FTE clinical position, with the remainder of time protected for our formal graduate-degree training. Unfortunately, these clinical scholar positions are no longer offered, but several post-residency fellowship opportunities exist in the Department of Medicine at the University of Calgary to support individuals to pursue additional training.

Formal and informal mentorship networks are readily available to young investigators, including at the O'Brien Institute for Public Health and the McCaig Institute for Bone and Joint Health at the University of Calgary. Additionally, all current investigators are members of Arthritis Research Canada (www.arthritisresearch.ca). These mentorship networks provide project collaboration opportunities, grant review, career advice and support with a view to establishing collaborations within our Division, university and nationally/internationally for early career research success. This was in the setting of extremely supportive colleagues, who recognized the value of clinician-scientists in leading discovery and initiatives to improve arthritis care,



From left to right: Dr. Glen Hazlewood, Dr. Claire Barber, Dr. Cheryl Barnabe, and Dr. May Choi.

even in the face of local human resource limitations in rheumatology at the time.

Research interest in the Division starts early as trainees are highly encouraged to participate in research. There are dedicated opportunities, time, and funding to support and recognize trainee research activities from the Division and the university.

On the Clinician-scientist track:

Under our salary model, we have real protected research time, including recognition of our roles in the operational committees of the CRA, and other national and international endeavours such as the American College of Rheumatology (ACR) committees, the Outcome Measures in Rheumatology Clinical Trials (OMERACT) group and the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) group. Our Division chief and colleagues remain constant supporters of our work, and Advanced Clinician Practitioner in Arthritis Care (ACPAC)-trained professionals have been engaged in our clinics to optimize patient care. New recruitment to the Division has rounded out clinical service and education portfolio roles to minimize the pressures of filling all the typical academic roles.

We complement each other's research programs and skills, and assist one another with reviewing grant applications, papers, and posters. We collaborate in the activities the others are leading and recruit patients for each other's studies. We can apply each other's methods and knowledge

in our own areas of research to create advancement in quality of care, equity of care and patient-oriented methods.

We truly enjoy working together. We are sounding boards for each other. We are great friends, are flexible in helping each other out whether it be in clinic, on call, or even when there is a security alarm call at each other's homes. We keep each other balanced, positive and moving forward.

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