

“Research sucks!”

Gord McInnes, MD

This was a comment I muttered under my breath in 1997. Now, 3 years later, I find myself thinking about research. It scares me, and I'd like to try to explain my disturbing conversion.

During the CaRMS (Canadian Resident Matching Service) interview I avoided all questions on research. In fact, I avoided most questions altogether; I'd suffered a closed head injury while skiing — I'd broken my jaw. Ultimately, the fracture healed, the edema resolved, and the brain injury . . . well, who can say? But somehow I ended up in the first year of my emergency medicine residency. Reluctantly, I attended our first resident research meeting, then the second and the third. Finally I came up with some quasi-interesting clinical question. Each year at Resident Research Day I presented my idea at its various stages of completion, the whole time thinking, “I hate this!”

I explained to our program director at one of the research meetings that research sucked. In fact I explained this several times. Emphatically! His response was to chuckle and ask what I disliked about it. I said if I had wanted to spend long hours trapped in medical records or at a computer analyzing a database, I would have chosen internal medicine. This response provoked dramatic action. My supervisor came to the rescue and notified the head of our research department who, in turn, hired a research assistant to help me. My role in the medical records dun-

geon became that of a supervisor. Life was looking up. I no longer spent vast quantities of time gathering data, and it wasn't so bad any more. I mean, it didn't totally suck — which brings me to my first research tip.

Research tips for dummies

1. If you're as passionate about data collection as I am (Not!), then find someone to help you. Medical students doing required literature reviews or seeking research experience to pad their CaRMS applications are a great source of free labour. You can spend less time in the dungeon and more time windsurfing supervising.

2. Choose a topic that interests you, not the one that requires the least amount of work to meet program requirements. All projects evolve, and easy ones often become complex. If you like your project you can ensure it develops in a direction that will continue to interest you.

3. Choose the right supervisor. You'll spend many hours with this person so, if possible, select someone with outside interests that mimic your own. If your dream is a huge multi-centre trial with peer-review funding, you'll need a supervisor with vast research and grant-writing experience.

For the non-believer

Are you still wary of tackling research head on? Do you still believe your

only focus should be clinical skills? If so, consider this. Have you noticed that different attending docs provide conflicting opinions about patient management? If you want to base your practice on evidence, rather than which one is taller, older or more personable, then research is for you. It's true that not all EM graduates will become researchers, but those working in academic centres will need a basic level of research knowledge, and both academic or community-based emergency physicians should have the ability to critique the evidence that we base patient care on.

Queen's University EM residents have won the Canadian Association of Emergency Physicians' resident research competition 5 times in the last 5 years and have taken second place twice. This success comes not from forcing research on its residents, but from providing a supportive environment where commitment to resident research is obvious. If, like me, you are in a program with the resources and the right people encouraging you, then watch out! You are research bound.

Have I gone over to the dark side? Absolutely! Was it the brain injury? Perhaps. Will I do a Masters in epidemiology? Who knows. I never thought I'd like research, now did I?

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