

EDITORIAL

Pursuing Clinical Research Excellence Through Clinician-Scientists

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When four Malaysian universities namely, Universiti Malaya (UM), Universiti Kebangsaan Malaysia (UKM), Universiti Sains Malaysia (USM) and Universiti Putra Malaysia (UPM) was given the Research University status in 2006, there was no stepping back for the researchers (lecturers). Subsequently, these universities had experienced a phenomenal increase in publications and research grants; pressured to perform well on the basis of much higher key performance indicators set by the Ministry of Education. The force to excel in research is even immense at medical schools as the discipline of medicine contributes vastly to a large number of high impact factored journals, research and researchers.

The medical lecturers are the backbone of the medical faculties and typically had to perform three core main activities: (1) teaching of undergraduate and postgraduate medical students (2) performing clinical duties at hospitals and clinics and (3) lastly but not least, conducting research. Beside these main stream of core duties, often some of the medical lecturers are appointed to conduct administrative duties such as head of departments or even deputy deans. One should bear in mind that the routine academic life of a medical lecturer has been very busy hence, it skews a fair allocation of time for all three (or four) core activities. By nature, most of the medical lecturers incline towards clinical duties and teaching where the training of medical students and servicing the teaching hospital have become main business for the medical school. Due to this priority, research activity at certain time frames could be slightly sidelined which are resultnged in slower research activities and reduced the expected outputs. Moreover, this challenge might reach a severe level when the critical mass is not achieved at certain departments owing to the lack of clinicians. It has been noticed that medical schools with many clinical-based postgraduate students, notably UM, UKM and USM been substantially assisted by various supporting paramedical staffs and allied science scientists. However, UPM on the other hand, which has just started the medical postgraduate programs, neither have this similar 'luxuries' as of well-established medical schools. The medical lecturers in UPM have to work together with their health sciences colleagues in order to excel in research. Having said that, it is interesting to note that there is one advantage that medical lecturers have over their scientist colleagues – the ability to conduct clinical research. This can be done while doing their own clinical duties in their own clinical premises.

A number of clinicians have taken the initiative to pursue further for their PhD which is commendable and had taken a different perspective in doing research. This new generation of 'clinician-scientists' have slowly proved and showed the way forward to pursue clinical research excellence in medical schools. With the allure of private practice and other challenges, these clinician-scientists deserve a pat on the back for their commitment in research and creating a research culture among the clinicians in Malaysia. It is not easy to instil such commitment among clinicians yet can be nurtured at early phase of the clinician's career. There are compelling reasons to pursue the career path in clinician-scientist track (Marban and Braunwald, 2008):

1. **Unique opportunities**
The robust technology advancement in all sub-disciplines of medicine and other trans-disciplines perpetuated the betterment of the point of patients care. New technologies lead to new paradigms in patient care and the opportunity to re-write the standard of care through clinical research.
2. **The thrill of discovery**
All scientists desire breakthroughs such as new discoveries and serve as a major achievement and milestone in a life of a scientist. Additionally, this would bring an extra credibility to the clinician-scientists as outputs of such discoveries will be reflected in changing and improving patient care.
3. **Favorable skill sets**
Clinical skills and research skills complement each other and therefore, the learning curve is not that steep. The abundance of unanswered questions of clinical importance give clinician-scientist an edge over scientists.
4. **Synergy**
The challenge of what the clinicians do not know in clinical practice motivate the clinician-scientist to search for the answers through clinical practice itself. This is not a new concept. What is needed is the change in the way we think and obtain the necessary skills.

It is widely perceived by patients that medical schools in universities provide one of the best clinical care or excellent patient care (Christmas *et al.* 2010). It is therefore, important to maintain this perception by promoting clinical excellence among the clinicians to meet the needs of the society. It is proven that excellence in research can provide clinicians with opportunity to provide excellent patient care and therefore, it is important for the clinicians to realize their significant role in pursuing research excellence. With the presence of clinician-scientists who have trained scientifically to address the clinical problems/questions or clinical research 'opportunities', the clinical research excellence can be augmented to a new level. To sought fruits from 'clinician-scientist', it requires well-planned strategies, right mentality and importantly, patience.

REFERENCE

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