

misconception of equating all research with investigations undertaken primarily to acquire new knowledge, without a particular application in mind. This misconception has 2 main consequences. First, many front-line staff see little relevance of research to their daily practice. Second, they find it difficult to formulate everyday problems into researchable questions. I would like to share some of my own observations that may help in overcoming these barriers.

First, choose an issue for which you will be able to answer the question, “Who cares?” at the end of the project. It does not have to be a high-profile type of question. For example, choose a problem that frequently frustrates you in daily practice. In my experience, the urge to resolve a common practice problem is, for most practitioners, more powerful than the need to fulfill a scientific curiosity. Who has not encountered a patient with dysphagia and wondered how to make the oral liquid medications safe to swallow?<sup>3</sup> Equally important, other people, including your supervisors, are likely to share such frustrations. Instantly, your research project has the potential to solve a departmental problem, with the prospect of support from your colleagues and managers.

Second, design your study according to the minimal effort that will be needed to complete the project. Do not expect too much help from grant funding, residents, or students. Most grant applications are seasonal. If your question is of any importance, the urgency to resolve it will not always coincide with the timelines of grant reviews, the start of new residencies, or the availability of summer students. Following this advice does not mean that you can do the project sloppily. Rather, focus on the minimal amount of evidence sufficient to make a practice decision. Use data that are readily available and make reasonable assumptions to define an end point and the a priori magnitude of change that will be acceptable for the key decision-makers.<sup>4</sup>

Third, set a deadline. Most undergraduate, graduate, and resident researchers complete their projects because they have set deadlines. For non-career researchers, it helps to create our own deadlines. Choosing an important departmental problem usually helps to you move along. Better still, commit to submit an abstract to a conference, since that deadline will be non-negotiable.

Fourth, you must disseminate your findings. Doing so is not just good for your resumé or the reputation of your department. All researchers have an ethical obligation to share their findings so that others will learn from them to improve patient care. This is equally true for studies conducted by pharmaceutical manufacturers and by publicly funded health care professionals.

Finally, all practitioners have an obligation to use the best evidence available for patient care. This means that we must systematically seek out the tertiary, secondary, or primary literature whenever it is readily available. With widely available guidance on how to conduct research, such as that being presented in the Research Primer series,<sup>1,2</sup> I would argue that we are equally obliged to generate primary data ourselves as part of the systematic search for the best evidence available for patient care.

## Pharmacy Research by “Nonresearch Pharmacists”

I applaud the efforts of the Journal’s Editorial Board in initiating the Research Primer series. The articles by Bond<sup>1</sup> and Tully<sup>2</sup> have set a good stage for anyone interested in conducting research. In my experience, however, conducting research is viewed in most pharmacy departments as ideal but not essential. This is partly due to the

## References

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