

# “Paper in a Day”: A Model to Encourage Psychology Collaboration and Participation in Research/Program Evaluation

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Although psychologists are trained to conduct research as well as clinical work, it can be challenging for psychologists outside of traditional academia to find the time or capacity to engage in research. Providing opportunities for practicing psychologists to conduct research may enhance the generalizability of psychological research, as well as provide benefits to psychologists in terms of collaboration, promotion, and engagement. Yet, several barriers exist, including competing demands on time, lack of institutional support, and limited research confidence. This article describes “Paper in a Day” (PiaD), a novel approach to research engagement that is well-suited for busy practitioners. PiaD considers many of the aforementioned factors and provides a method to navigate the often-daunting prospect of research involvement for the practicing clinician. Through PiaD, two Department of Veterans Affairs (VA) Medical Centers engaged clinicians and trainees in collaborating in a time-limited way to write and publish peer-reviewed articles. The current article outlines the process by which clinicians at these two sites structured research engagement utilizing PiaD, and it was also written utilizing the PiaD model. The authors have now led or participated in the PiaD process five times, with 13 teams of clinicians producing nine peer-reviewed articles and five conference presentations. A brief survey indicated that participants felt engaged in the process and would participate again if given the opportunity. This article outlines barriers and facilitators of the PiaD process, with the hope of encouraging other settings to consider using such a method to enhance research productivity and engagement for psychologists.

## Impact Statement

“Paper in a Day” describes a process of research collaboration that can be used in primarily clinical settings to help psychologists engage in research. This process has proven productive and engaging, resulting in several peer-reviewed publications and high levels of participant satisfaction.

**Keywords:** research activity, research capacity building, publication, scientist–practitioner, practice-based research

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The scientist–practitioner model serves as the foundation for the training of most clinical and counseling psychologists, particularly those attending doctoral programs accredited by the American Psychological Association (APA). With its emphasis on the understanding, creation, and publication of empirical research as well as delivery of clinical services, the model positions psychologists for

career contributions in the arenas of both clinical care and scholarly productivity. Yet, only approximately 20% of clinical/counseling psychologists publish their dissertations (Evans et al., 2018), and even fewer (14%–17%) enter academic positions (American Psychological Association [APA], 2019). Engagement in research activities and dissemination of scholarly work are especially rare among psychologists employed in primarily clinical roles. In fact, the modal number of publications among clinical psychologists previously was reported as zero (Barrom et al., 1988). A recent survey found that most clinicians believe that research engagement is important to their careers, yet 46% are unhappy about their current scholarly involvement (Senecal et al., 2021).

Paper in a Day (PiaD) is a group-based model for writing research articles in a limited amount of time that may provide a useful way for busy clinicians to participate in research. The process is described in depth below; briefly, this model identifies participants who have relevant data to be analyzed, as well as participants interested in research but without access to data. The PiaD process begins by grouping such participants together and identifying a day that all can

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block off in their schedule for writing. The groups do some brief work before the day itself, then meet for the full day to work on writing the article. The proximal goal is to produce a completed, or nearly completed, document by the end of the day. The larger goal of this approach to article preparation is to help clinicians engage in more scholarly activities.

The diminished presence of practicing psychologists in scholarly activities represents a missed opportunity for multiple reasons. First, many clinicians develop new insights and ideas informed by their clinical practice that could generate empirical investigations. Research produced by active clinicians likely provides distinct and perhaps more generalizable results than those derived purely from highly controlled research settings (Marchand et al., 2011), which could help to mitigate concerns regarding some laboratory-based results that are widely articulated in the psychological literature (Seligman, 1995). Second, job satisfaction is a key reason to encourage the involvement of practitioners in research efforts. Utilizing the clinician's research skills and knowledge to address a concern in their daily practice could improve their personal delivery of clinical services, and in turn, these efforts may enhance practice in other areas of the field, which could prove gratifying.

Several systems-level factors contribute to the lack of research engagement by psychologists in clinical positions. As women and ethnic minorities make up increased proportions of the psychology workforce (Norcross et al., 2018), there has been greater awareness of how structural inequalities make publishing difficult, especially for scholars of color, women, and those with childcare needs (APA, 2006; Roberts et al., 2020; Witteman et al., 2021). The nature of the work of clinical and counseling psychologists has also changed. For example, the Doctor of Psychology degree, which emerged as a graduate training option in the 1970s, emphasizes clinical practice over empirical research (Cautin, 2011). Even for those psychologists with significant research training, it can be challenging to transfer that training from the structured setting of graduate school to the often-unstructured environment of a clinically based practice. Lack of institutional support in the form of funding, allotted time for research, and access to research assistants has been shown to reduce the research capacity of clinicians (Pager et al., 2012; Senecal et al., 2021). Finally, finding time for research can be difficult due to competing demands for time, including the time needed to review the electronic medical record, the pressure to accumulate relative value unit production as part of compensation, heavy supervision and training responsibilities, as well as pressure to give back to the profession through advocacy and committee participation. All these factors are rewarding but take time that might otherwise be directed toward producing scholarly work.

Several individual-level variables can block research progress as well. For instance, clinicians and practicing psychologists report that they feel significantly less confident than nonclinicians in their research skills and do not "know how to get started" with research (Ciemins et al., 2020, p. 36; Senecal et al., 2021). Lack of structure and support around the process of moving research to completion has been cited as a barrier to the growth of clinicians' research capacity (Trusson et al., 2019). Mentorship can be one important way to provide the structure and accountability needed to develop research skills and help research progress (Brown et al., 2009). However, access to institutional support and experienced mentors is not universal, so models need to be developed that provide the framework for incorporating research into practicing psychologists'

schedules, thereby making research productivity a more realistic pursuit.

The myriad responsibilities and composition of the field have become more diverse, and the approach to conducting clinical research will also likely need to undergo similar adaptation in the future. This article describes "Paper in a Day", a novel method of research engagement that is well-suited for busy practitioners. PiaD considers many of the aforementioned factors and provides a method to navigate the often-daunting prospect of research engagement for the practicing clinician. We share our experiences utilizing this framework, identifying limitations and potential ideas for improvement.

## Method

### History of Paper in a Day at Milwaukee Veterans Affairs and Hines Veterans Affairs Medical Centers

One author (SEL) participated in a PiaD workshop that was held during the International Society for Traumatic Stress Studies (ISTSS) conference in 2012. At that point, PiaD took place as an unofficial premeeting institute the full day before the conference, open to early-career mental health professionals as a way to increase collaboration and networking with a tangible outcome. Over subsequent years, SEL participated in two PiaD workshops at the conference, led two additional workshops, and then began mentoring new leaders to assume the PiaD facilitator role (in keeping with the early career focus at this conference). Of note, PiaD has since become an official premeeting institute at the ISTSS conference and is now a formalized part of the program.

In the meantime, a group of Milwaukee Veterans Affairs (VA) psychologists formed a Psychology Research Workgroup (PRW) to promote and support psychologists' involvement in research. Historically, though VA in general has engaged in research, many individual VA medical centers (Milwaukee VA) did not have a history of psychologists being actively involved in research. As such, at the time the PRW started, only 0.5 full time effort protected time for research was shared by two psychologists working at Milwaukee VA, making research productivity and collaboration challenging. Given the experiences at the ISTSS Conference, the PRW decided to implement the PiaD process at Milwaukee VA to promote research collaboration and productivity. Whereas ISTSS focused on early career researchers, the Milwaukee VA version of PiaD was presumed to be most helpful for those clinicians with no protected research time as well as trainees with an interest in research but facing the challenge of initiating and finishing a full research project in a 1-year training period.

The first Milwaukee VA PiaD happened in 2016–2017; a total of four "rounds" of PiaD have now occurred there, with most rounds having more than one writing team (see Table 1; each "round" starts with a call for interest and, depending on the number of interested people, ends when one or more groups submit article(s) for publication; see below for the general procedure). Although PiaD was initially structured for the clinicians involved to gather in person to write, the most recent round at Milwaukee VA happened during the COVID-19 pandemic, which necessitated a virtual format. Although some collaborators previously had joined PiaD from Community Based Outpatient Clinics based in other cities, this remote collaboration was easier via a virtual modality. The change from in person

**Table 1**  
*Local Paper in a Day Rounds and Outcomes*

Location and year	Number of teams per round	Number of presentations	Number of published articles
Milwaukee VA 2016	3	3	3
Milwaukee VA 2018 <sup>a</sup>	4	0	3
Milwaukee VA 2019	3 <sup>b</sup>	1	2
Milwaukee VA 2021	2	1	1 (+1 in preparation)
Hines VA 2021	1	0	1
Current PiaD	1	1	1

*Note.* VA = Veterans Affairs; PiaD = Paper in a Day.

<sup>a</sup>This year focused on writing case studies; thus, each “team” was an individual. <sup>b</sup>One team formed but did not progress to the point of having a writing day.

to virtual also opened an opportunity for two collaborators to join the group from the Hines VA in Chicago, IL, as the entire writing day was completed over Microsoft Teams. Subsequently, a separate PiaD project was initiated at Hines VA in 2021. The Hines VA round used a virtual format to include 11 psychologists representing six different clinics across three separate VA locations.

## Paper in a Day Process

### Team Roles

To initiate the process of PiaD, one person identified team members, appropriate data, and a date, time, and location for the PiaD (we will refer to this person as the “facilitator”). The person who had data available to be analyzed for the purpose of PiaD typically took a leadership role as well (we will refer to this person as the “data manager”). Since the data manager was typically most familiar with the data itself, they most often took the lead in analyzing the data leading up to PiaD, a more time-intensive role. They also managed any needed institutional review board (IRB) approval prior to the day itself. In some rounds of PiaD, the facilitator and data manager were the same person and generally served as the first author. In other teams, the facilitator was not the data manager and did not write individual sections of the article but served to moderate discussions, suggest an overall structure for the work on the day itself, and functioned as an independent reader of article drafts (i.e., not an authorship role).

### Process

The process for each round began with the facilitator identifying a data manager and available dataset. For instance, data and article types that could be considered for PiaD include data that were collected but not analyzed in previous articles, clinical evaluation data, case studies, meta-analyses, systematic reviews, or commentaries on published articles (each of the above has been used in either ISTSS, Milwaukee VA, or Hines VA PiaD). Typically, the data were already approved by IRBs or other research compliance, as they were collected initially as part of another study or were exempt from oversight due to the focus of the article (e.g., quality improvement/

quality assurance, program development/evaluation). The best type of data for PiaD is likely to be data that are already collected and ready to be analyzed, and either already approved by IRB or determined to not need IRB approval. Since the distinction between “research” (which requires IRB approval) and “program evaluation” (which does not require IRB approval generally) varies across organizations, consultation with an IRB is recommended to first determine when IRB approval is needed.<sup>1</sup>

Once a suitable data set was identified, staff and trainees were contacted to assess their interest in participating in PiaD. Most participants historically have been practicing psychologists, though other participants have been researchers, students, and allied health professionals with connection to the data being utilized. To date, PiaD groups have included between three and 11 members, with four to six being optimal in terms of ability to allocate an adequate amount of work per person. After forming the team, members identified a day to schedule the PiaD when all members could block a whole day (or occasionally 2 half days) to work as a group to communicate and write the article. Prior to the scheduled writing day, a preliminary analysis of the data was completed by the data manager. These preliminary analyses served to identify the question(s) that would be the focus of the study, which was presented to the team approximately 1 month prior to the day of writing. Potential journals for submission were then identified (sometimes before and sometimes during the day itself), which provided the editorial and formatting structure for the article. Team members were encouraged to conduct a literature review, at times with the assistance of VA librarians, and share articles with the group before the day itself. The facilitator then asked which portion of the article each team member had interest in writing (e.g., Introduction/Backgrounds, Methods/Results, and Discussion), with the facilitator ultimately deciding which team members would be responsible for each portion of the article. These assignments were made at least 1 month ahead of the day itself, so that team members could meet before the day to put together a brief outline of their article sections and to discuss relevant literature.

The goal for the PiaD day itself was to produce a rough draft of the entire article by the end of the day. The day of PiaD started with the facilitator leading brief introductions and a discussion among all participants to establish the schedule and goals of the day. Authorship discussions began at this point, if not before, with the expectation that authorship would continue to be discussed throughout the day and revision process, to be updated based on how participation unfolded. Following this initial meeting, the team broke into subgroups based on their areas of focus to discuss their sections and start writing. The day alternated between small group and individual writing, with periodic breaks to rejoin as a larger group to discuss any questions and assure continuity among sections.

Following the PiaD, next steps were identified by the facilitator. A schedule was designed for each team member to review a draft of the article and edit the draft for clarity and consistency across the article sections. A team member, typically the first author or data manager, handled submitting the article to the journal, and subsequently organizing responses to any journal reviews, with team members

<sup>1</sup> For those who do not work at an institution with an IRB, options can include starting an IRB at their institution, using an external IRB, or working with someone at an institution whose IRB can serve as the IRB of record (Rice, 2008).

contributing to edits as they were able. The corresponding author kept the PiaD team informed of the article's status via email after the PiaD.

The current article was written by five psychologists who participated in at least one prior PiaD and who agreed to use the same PiaD process to produce the article. The authors met on a specific day and reviewed available data from each previous round of PiaD to examine the effectiveness of the process. The current article was written over 2 half days when all authors were present. Data presented below include the number of rounds of PiaD completed at Milwaukee VA and Hines VA, the number of presentations and articles generated across those rounds, and a description of the types of articles and data included. For the Hines VA round of PiaD, a 10-item survey was sent to participating psychologists to assess their engagement and experience with the process. Six of the questions were 5-point Likert scale items (from *strongly agree* to *strongly disagree*, e.g., "I would take part in another Paper in a Day"), and two asked participants to rate their experience from 0 to 10, for example, "From 0 (*not engaged*) to 10 (*fully engaged*) how active were you throughout the PiaD?". A free response item was included to allow additional insight from participants.

## Results

Data are presented from the five PiaD rounds in which the current authors participated (four at Milwaukee VA, one at Hines VA), plus the current round from which this article was derived. For each round, the number of groups working on article depended on which collaborators had data to contribute to the project, as well as the number of staff and trainees interested in participating (see Table 1, for a summary, and the Supplemental Material, for full citations). Though the focus was on psychologists, other professions were included when they were involved in the project's data collection. As Table 1 shows, these PiaD rounds were largely productive, with each leading to at least one article or presentation, often more than one. Across five rounds of PiaD, 13 teams were formed. Of those, 10 resulted in a publication. Of the three not resulting in a publication, one did not progress to the point of a writing day (due to needing to complete more extensive cleaning of clinical data), one case study was initiated but the author did not submit for publication, and one study has not been accepted at a journal for publication (though the authors are currently revising the article to submit it to a new journal). Thus, of all the teams that started the PiaD process ( $n = 13$ ), 10 (76.9%) had an article published. Of those teams who got to the point of submitting an article ( $n = 11$ ), 10 (90.9%) were published.

The types of data used for PiaD ranged widely. Most projects involved clinical or quality improvement data evaluating the effectiveness of a particular clinical program's offerings. In two cases, a trainee used data from their dissertation after having already published the main portion of the study. In another, a trainee-turned-employee contributed data that were collected as part of a required postdoctoral research project. The second year of the Milwaukee PiaD focused on case study writeups when participants with relevant cases wrote individually (though one person contributed to a group writeup). The PiaD structure was used to reserve time away from other duties and create accountability to work on case study writeups. Further, since most individuals were less familiar with the standards for writing case studies than research-based articles, individuals used

part of the time to discuss the nuances of consent, publication standards, formats, and so forth.

Given that many of the projects focused on clinical or quality improvement data, the insights offered were often uniquely clinically relevant versus those generated by a research-driven protocol. As highlighted in abstracts presented in the Supplemental Material, several of the published studies involved novel clinically driven innovations (e.g., an interdisciplinary sexual health rehabilitation for spinal cord injury, Brundage et al., 2020; a fully individualized addictions team to treat those often untreated in other programs, Keating et al., 2021). Other studies reported on evidence-based treatments implemented in real-world settings with unselected populations and clinically relevant questions (e.g., questions such as whether a group suicide prevention intervention would be effective in a clinic setting, Simons et al., 2019; whether cognitive processing therapy would work well within an integrated residential model, Shepard et al., 2022; whether noncompletion of treatment differs between posttraumatic stress disorder and depression, Larsen et al., 2023; and whether individualized shared decision-making would enhance clinic outcomes, Hessinger et al., 2022). Finally, two publications were case studies, which by their nature utilize clinical insights from single cases to generate research or educational insights (e.g., hypersexual behavior as a symptom of posttraumatic stress disorder, Larsen, 2019; cognitive impairment resulting from chemotherapy tested with neuropsychology, Fischer, 2019).

The first PiaD at Hines VA occurred in 2021 as part of a local innovation grant to engage clinical staff in research practices. One study was initiated that involved 10 clinical psychologists and one research psychologist. The primary goal of the Hines VA PiaD was to write an article with participants across multiple settings, which was published in a peer-reviewed journal in 2022. A secondary goal was to evaluate the team members' satisfaction, engagement, and productivity of PiaD via a questionnaire that was provided following the PiaD. Nine team members completed the questionnaire. Team members reported high satisfaction with the experience, said they felt productive, and indicated that they would be interested in engaging in another PiaD (see Table 2). Further, when asked: "From 0 (worst) to 10 (best), how would you rate your PiaD experience?" participants rated their experience highly ( $M = 8.8$ ,  $SD = 1.29$ ). Likewise, when asked: "From 0 (not engaged) to 10 (fully engaged) how active were you throughout the PiaD?" participants rated their engagement highly ( $M = 9.1$ ,  $SD = 1.29$ ). Three participants also provided free-form responses, which are included below:

- "I'm amazed at how much we accomplished—this is an awesome idea and I would like to do it again."
- "Awesome change of pace and way to re-engage with a different professional 'muscle.' Would def. take part again, should be done annually."
- "I thought this was a great process to be involved in, I loved thinking through ideas and connecting with other folks in this way. I think there was some disconnect with how each group was conceptualizing the paper which might have helped create a more coherent paper. Taking time to set up the frame with everyone might have helped. Thank you for all the pre and post work you have done to set up this experience."



**Table 2**  
Hines VA PiaD Feedback Questionnaire

Questionnaire items	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My experience at the PiaD felt like a waste of time	0%	0%	11%	11%	78%
I think I was given an adequate amount of information to feel prepared to engage in PiaD	44%	56%	0%	0%	0%
My experience at the PiaD increased my interest in future research	44%	33%	22%	0%	0%
My experience at the PiaD felt like I was working as part of a team	66%	33%	0%	0%	0%
We did not accomplish as much as I thought PiaD would	0%	0%	22%	22%	56%
I would take part in another PiaD	66%	33%	0%	0%	0%

Note. VA = Veterans Affairs; PiaD = Paper in a Day.

## Discussion

Bringing the PiaD process to the Milwaukee VA and Hines VA has been a valuable endeavor. Overall, PiaD has been productive in terms of resulting in scholarly outputs that have been disseminated nationally and internationally. We would suggest that the process has provided other benefits as well with respect to psychologists' career satisfaction, diversification of work activities via participation in clinical research, engagement with an (underutilized) aspect of their doctoral training, and collaboration across settings and colleagues. For those psychologists who also have an academic affiliation, research productivity may be helpful for promotion as well. Although we did not systematically assess participant engagement across all rounds of PiaD, the brief survey at the Hines VA indicated a high level of satisfaction, engagement, and teamwork. Given recent reports of high incidence of work-related burnout and turnover among health care workers (Garcia et al., 2014; Rinne et al., 2020), none of the above is trivial. As such, inclusion of PiaD in job announcements may make clinical positions more enticing to potential candidates and may bolster recruitment and retention of psychologists in clinical settings.

In highlighting the importance of collaboration, we should note that the process of teamwork in PiaD is different than in some other research projects. Whereas research or clinical collaborations are often with others who share a particular niche expertise, the PiaD model utilizes individual training as a scholar/practitioner beyond content-specific knowledge as the foundation for the partnership. Thus, the process provides a way of expanding psychologists' content knowledge beyond their typical areas of clinical focus while also fostering the act of producing research. In other words, PiaD projects are ones in which psychologists may not otherwise be involved, but through engagement in the process are able to strengthen, share, or further develop their knowledge of the research process. This often makes for a richer end product and more knowledgeable psychologists, albeit potentially with more time spent on knowledge building than in a project where everyone shares the same content expertise. Moreover, the PiaD process may promote participant connectedness to fellow psychologists with whom they otherwise would not directly work. In high-demand clinical settings where risk for and rates of burnout are high, such increased connectedness could serve to promote better work-related mental health and increase opportunities for innovation (Garcia et al., 2014; Rinne et al., 2020).

Given that the PiaD process has been implemented across a variety of settings (e.g., at two different VAs, at professional conferences; see also Baron et al., 2020) with tangible scholarly outputs, it appears that it may be applicable to many health care environments. We have highlighted that PiaD may be a useful way to encourage research involvement among early-career psychologists, those with all their time assigned to providing clinical services, and trainees with limited time to dedicate to independent research or program evaluation projects. We noted that the process included psychologists who had no research engagement outside the PiaD project, and often the teams were successful despite having little prior experience with research in general or with the PiaD process specifically. PiaD promoted novel learning and connection to others with whom psychologists may not work in clinical settings. It also helped trainees to produce additional articles from their own work that they may not have otherwise had time to do. We would posit that PiaD may be useful to psychologists practicing in non-VA settings as well. For instance, those in private practice might benefit from having the structure and collaboration of the PiaD process to produce articles or presentations. With the increase in remote work, the PiaD process could be useful for clinicians who are working in different clinical locations to increase collaboration around a common goal. Although we have focused on clinicians, this model may also be useful for seasoned investigators looking to increase productivity and development (i.e., grants, lab expansion).

For those considering implementing the "Paper in a Day" model at their own institutions, some considerations may make the process more productive. In terms of factors that facilitated the success of these projects, leadership support is crucial. It should be feasible for VA clinicians to assert the benefits of the PiaD approach to their supervisors given that research is a core mission of VA, but clinical demands may make that challenging. Having support from supervisors will encourage participants to feel they are able to block their clinical duties for the day and join the PiaD collaboration. Next, although it is not necessary that all group members be experienced researchers, it is likely to be a smoother and more productive process if at least one team member (or the facilitator) is an experienced researcher and/or has prior experience with PiaD. This can help in many ways, such as knowing when and how to seek IRB approval, knowing which sources of support are available at a given location (e.g., biostatistics), having familiarity with analytic software needed, and having knowledge of the publication process. This

includes being familiar with the need to often revise or submit to new journals; successful PiaD groups often submitted to multiple journals before publication. The facilitator and data manager roles can be somewhat more time-consuming than those of other team members, so if either of those participants has protected time for research, that can be a benefit to the process as well. The most successful groups had facilitators who were willing to take more leadership in terms of assigning roles to others, monitoring progress, and providing accountability to keep moving forward and making decisions when there were multiple opinions about how to proceed. For the data managers, we also found that having data that are already entered, cleaned, and ready to be analyzed (or even already preliminarily analyzed) led to the success of the groups—and to some groups not progressing when that was not in place. The facilitator and data manager also are often charged with reviewing and editing the document to increase cohesion across areas of an article prior to submission. A related barrier, the time needed for cleaning clinical data (prior to the day) and addressing any needed edits (after the day) can be more challenging than the dedicated time for the PiaD day itself. As one participant noted in open-ended feedback, attention throughout the day to having a unified “story” for the article can facilitate cohesion in the finished product, but this is likely always to be a challenge when writing in this fashion. Finally, we found commonly available software, such as Dropbox, Google Docs, Zoom, or Microsoft Teams, to be immensely helpful in connecting participants.

### Limitations

Several limitations are noted in this study. This review of the PiaD process was retrospective in nature and primarily limited to two VA medical centers in the Midwest region of the United States. The satisfaction and engagement data were collected from only one VA and one round of PiaD and may have been different had it been collected across all rounds. Given the naturalistic retrospective review of previous rounds of PiaD, it is challenging to predict how well this process would generalize to being productive and useful in other settings. Prospectively evaluating the implications of expanding this practice will help to more systematically evaluate the feasibility of PiaD in clinical settings as well as the outcomes associated with the process.

### Conclusions

This report represents an initial evaluation of a novel approach to engage clinical staff and trainees in research practices. The use of PiaD has resulted in peer-reviewed publications and poster presentations in short periods of time. The PiaD structure facilitated participation by those who typically would not have engaged in research despite a strong desire to be more involved and has thus been one of the most successful endeavors of the PRW at Milwaukee VA. This approach could be adopted by other settings desiring to engage primarily clinical staff in research activities. Available feedback suggests high satisfaction and enjoyment with the PiaD process by participants, in addition to the generation of highlighted clinically relevant publications. It is hypothesized that this practice of engaging clinicians who were not otherwise involved in research also helped to increase collaboration that ultimately may increase connectedness and decrease burnout in a clinical setting. Further

evaluation of this promising approach in different settings and geographic areas is needed.

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