

Family Medicine Updates



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GUIDANCE AND RESOURCES FOR FAMILY MEDICINE SCHOLARSHIP

Do you want to contribute your knowledge and experience to academic family medicine scholarship but don't know where to begin? STFM recently released a series of 3 podcasts called "Demystifying the Publishing Process"¹ that pulls back the curtain and gives valuable advice from Sarina Schrager, MD, MS, *Family Medicine's* Editor-in-Chief, and Octavia Amaechi, MD, *Family Medicine's* Associate Editor for Diversity, Equity, and Inclusivity. The podcast series complements resources the family medicine journals and STFM have created for authors and reviewers just getting started in scholarly activities or who are ready to take their scholarship to the next level.

High quality scholarship with a wide range of voices is key to advancing academic family medicine knowledge, driving innovation, sharing best practices, increasing health equity, and contributing toward better health outcomes for all. Aside from reading family medicine journals, one great way to gain confidence in scholarly work is by applying to be a peer reviewer.^{2,3,4} There are multiple benefits to reviewing family medicine articles, including:

- Contributing to the body of knowledge of family medicine scholarship, strengthening the specialty and the family medicine journals (your review is your chance to pre-emptively influence the literature that gets published!),
- Gaining exposure to diverse, current topics in academic family medicine; refining your own ideas for future research or methodology
- Learning about the publishing process from the reviewer perspective including timelines, communication, and gaining knowledge about different types of publications submitted for review

The peer-review process depends upon a robust pool of reviewers.⁵ First-time reviewers bring fresh perspectives to the process that may favor longstanding, repeat reviewers.⁶ Dr Schrager states, "If we want to advance our discipline, then we want to publish the highest quality papers we can and we can't do that without a broad group of peer reviewers who are volunteering their time to help us."

When contemplating writing, there are a variety of publication types to consider. A first-time author may wish to respond to a published article in the form of a commentary or a letter to the editor. Another option is to transform a presentation into a publication with a Family Medicine Focus

infographic or write a book review. Writing about teaching or clinical work through a case report can transform an interesting grand rounds or morning report into a published work. Crafting a narrative is a way to tell a story that doesn't involve a literature review or formal discussion. Family Physicians Inquiry Network's Evidence-Based Practice⁷ is an opportunity to write or update answers to family medicine questions.

When considering which journal to submit potential publications to, Drs Schrager and Amaechi recommend considering several factors:

- General fit and type of paper/Intended audience- the people who may be interested in reading your work and who you want to read your work
- Main journals of citations in literature review
- The Journal/Author Name Estimator (JANE)⁸

STFM and its journals have developed resources for authors to start or strengthen their scholarship journey. Dr Christopher Morley, PhD, MA, *PRiMER's* Editor-in-Chief, emphasizes that the journal supports early career scholarship by:

- Focusing on basic rigor and quality over "cite-ability" or novelty
- Sticking to a brief report format for all publications
- Pushing the entire editorial and review process to be instructive
- Infusing the developmental philosophy of the journal into all roles and processes

There are fellowships for writers such as the CERA Fellowship,⁹ which offers a yearlong exposure to survey methodology, and the Medical Editing Fellowship,¹⁰ which offers an intensive, yearlong experience as a member of a peer reviewed journal's editorial team. Additionally, there are resources for underrepresented in medicine (URM) early-career faculty, such as *PRiMER's* URM Author Mentorship Program¹¹ and the Leadership through Scholarship Fellowship.¹² Experienced STFM editors offer valuable guidance on how to review a paper¹³ and how to turn a presentation into a publication in a Family Medicine Focus infographic.¹⁴

Family medicine journals serve many purposes, one of which is meeting authors and scholars where they are in their writing and publishing career so they can begin the process of deepening their insights and ultimately increase the real-world impact of primary care research.

Sam Grammer, Publications Manager and April Davies, Director of Strategic Priorities and Programs

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**From the Association
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THE CHANGING ROLE OF A CHAIR AND DA: FOLLOW-UP FROM THE 2023 ADFM ANNUAL CONFERENCE SESSION

With the consolidation and growth of ever larger health systems, and the development of service-line approaches to clinical specialties, increasing numbers of academic medical centers have combined the role of department chair with that of an enterprise clinical leader. In the 2024 ADFM member survey, 63.8% of department chairs indicated that they oversee clinical operations for their departments. Integration of academic and health system responsibilities fundamentally alters these roles to one that allow leadership and influence of primary care across regional health systems, while also shifting the center of gravity of the chair role beyond the academic department. Building upon a session at the 2023 ADFM Annual Conference of the same title, this article provides updates on the experience of 3 large health systems

whose chairs of family medicine or administrators also hold enterprise leadership positions and describes how those roles are shaped by and are shapers of the organizations in which they reside.

The Donald & Barbara Zucker School of Medicine at Hofstra/Northwell

This medical school was created under the collaboration of an existing health care system, Northwell, and a university, Hofstra. A selection of clinical department leaders of the hospitals and academic leaders of various residency programs were invited to help create the new structure and curriculum for the medical school. Eventually, most of these individuals would go on to be the medical school department chairs and their physicians would become faculty. The original operational role that most had now involves academic skills. The clinical sites for the trainees and physicians vary from the large medical partner group to the federally qualified health centers, community-based clinics, hospital-based clinics and a variety of other areas that our family medicine physicians work. Due to the scale of this organization, the operations are divided into regions with administrative oversight influenced by the specialties and service lines.

This interplay between the operations of the organization and the academic mission of the medical school can at times create a tension for the academic chairs who are working to increase the academic productivity while being mindful of the clinical work that is needed to serve our patients and community. The team has managed to work with other specialties in both areas—providing Advanced Life Support in Obstetrics for the OBGYN interns annually, creating a Family Medicine Urology fellowship and then a Family Medicine ENT fellowship to help with the lack of access in these specialties in certain regions.

Medical College of Georgia at Augusta University

In the last year, the Medical College of Georgia has partnered with Wellstar, a 11-hospital system in Georgia. The transition has provided more opportunities and attention to primary care and resources for the department. This has allowed the department chair and administrator the opportunity to sell the importance of family medicine and take the lead in the expansion. Materially, they have been tasked to identify new locations to grow. To enhance the teaching mission, the team sees this as an avenue where residents can rotate in more sites, see patients of varying acuity and need, and access to increased recruiting opportunities in Georgia. The partnership between Wellstar and Augusta University has also resulted in a fruitful exchange of knowledge, benefiting both institutions. On a quarterly basis, departmental faculties showcase theirs and other academic research to Wellstar community clinicians. The rich interaction and dialogue have opened doors for conversations on new models of interventions and active learning by both entities. The diverse opportunities presented by this collaboration have generated enthusiasm among learners and