

Family Medicine Updates



Ann Fam Med 2016;14:478-479. doi: 10.1370/afm.1987.

STFM LAUNCHES A NEW JOURNAL FOCUSED ON FAMILY MEDICINE EDUCATION: "PEER-REVIEWED REPORTS IN MEDICAL EDUCATION RESEARCH" (PRiMER)

Doing and publishing research in family medicine has been a chronic challenge for both learners and faculty, new and old. On the one hand, the "bar for entry" may be quite high for someone who has never initiated their own research or who has never been mentored through the finer points of academic publishing, especially if they are located at an institution without a distinct research focus.¹ Additionally, family medicine research has not traditionally been well-funded, and there is a dearth of training available for burgeoning researchers within the discipline.²⁻⁵

On the other hand, requirements for scholarship are increasing in the context of residency training. Additionally, as family medicine matures as both a specialty and a discipline (the latter constituting practicing family physicians, as well as aspiring learners, and non-physician faculty who work in the context of family medicine departments or programs), the need to approach research questions from the unique perspective of family medicine has become acute.^{6,7}

One particular area in which family medicine scholars have shown a great deal of interest is in conducting research and rigorous evaluation around their educational and workforce development projects.⁸ Of course, the journal *Family Medicine* has grown into the go-to place for publishing family medicine-related educational research, and there are a host of other journals devoted more generally to the topic of medical education. The gap between doing a research project which might be presented at a conference, however, and moving forward to publish the results of that research in a peer-reviewed journal, remains large.⁹

In response to these needs, the Society for Teachers of Family Medicine (STFM) has launched a new online-only journal, *Peer-reviewed Reports in Medical Education Research (PRiMER)*. The journal aims to publish short reports (1,000 words or less) focused on medical

education or related topics (eg, primary care workforce policy). PRiMER will serve as the online journal of the STFM Resource Library.

The primary purpose for PRiMER is to serve as a bridge between the presentation of research results at conferences (such as those hosted by STFM or the North American Primary Care Research Group [NAP-CRG]), and the development of full-length articles that would be suitable for submission to traditional print journals, such as *Family Medicine*. Submitted manuscripts may evolve from recent conference presentations, or may be based upon studies or projects that are smaller in scope, exploratory, confirmatory, or in an early stage of development (eg, pilot studies). The focus will explicitly be upon studies of medical education that are relevant to primary care.

The goals of PRiMER are to:

- Provide an outlet for the scholarly exchange of new knowledge and educational innovations that would otherwise not be disseminated after a conference presentation
- Facilitate scholarly productivity and writing skills development of early-stage scholars, including researchers, residents, students, and clinical faculty focused on teaching and educational practice
- Engage and develop early-stage scholars as manuscript reviewers under the guidance of the editorial team

Through PRiMER, we hope to simultaneously provide a step between conference presentation and print publication for new scholars, as well as to open up a new possibility for smaller studies, negative results, or papers that would otherwise face challenges in getting published, helping alleviate the noted "file drawer problem" that exists in many fields.^{10,11}

The PRiMER journal is now accepting submissions. Author instructions and further information is available at <http://www.stfm.org/NewsJournals/PRiMER>. We hope to see PRiMER join other ventures, such as the CASFM Educational Research Alliance (CERA) survey series,¹² the Grant Generating Project (GGP),¹³ and the emerging ADFM-NAPCRG research capacity task force,¹⁴ in furthering the development of the family medicine research enterprise going forward.

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Ann Fam Med 2016;14:479-480. doi: 10.1370/afm.1980.

STEPPING THROUGH: THE TRANSITION FROM DEPARTMENT CHAIR

As the average tenure of department chairs grows shorter and the opportunities after being a chair expand, the question of life after being a department chair becomes more common. Family medicine departments are beginning to see the second generation of family physician leaders, often the first ones to have experienced residency training in family medicine, begin to

"step through." At a recent session of the Association of Departments of Family Medicine, 3 transitioning chairs spoke of their decisions and motivations for this change. Several developmental tasks were described: deciding when it's time for a change, determining the right time to announce and transition, recognizing what is lost and gained, and deciding what to do next.

Time for a Change

"I found myself slouching more in department chair meetings."
In the recently published AAMC book *Leading* by Mal-lon and Grigsby,¹ the authors include a self-assessment for incumbent department chairs² that asks one how commonly she/he demonstrates leadership behaviors such as showing enthusiasm, working without resentment, dealing with conflict, delegating to others, giving praise, and supporting organizational goals. This form of self-reflection can also come from other sources such as consulting with colleagues or family members, working with a coach, journaling, or mindfulness training.¹ Competencies specific to chairs of departments of family medicine¹ include a series of subcompetencies in personal development relevant to knowing when it is time to step through.

Determining the Right Time

"I would like things to be stable so I can hand off the ball rather than drop it."

It may be hard to find the right time to transition. The challenges of academic medicine and the changes demanded of family medicine departments have never been greater. Once a decision has been made, when does one announce? Most agree one's boss, the dean, should know first in order to help plan succession. In fact, competencies for chairs of departments of family medicine¹ include how to optimally manage leadership transitions, including between a chair and dean or other boss. But when should those inside and outside the department find out? A "lame duck" chair may not be effective in a department or medical school filled with divisiveness. Should one set a stop date to push the search process or should an interim chair be recommended?^{3,4} If there is no appointment by the stop date, is this an opportunity to negotiate an extension? Have we done our work to plan for succession, not only for an emergency but also for the long term? Are circumstances right to enable a large investment in the department by obtaining new leadership?

Recognizing What is Gained and What is Lost

"I don't have to go to the gym at 5am" vs "I will miss the relationships with the faculty."

Trying to anticipate what will change and then trying it on to see what it will feel like is probably a helpful