

# Reflections on 4 Decades of Family Medicine Editing

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**Y**ou might not know Claire Zimmerman by name, but if you've read or published in a family medicine journal in the past 4 decades, you have probably benefited from her work. Since 1980, Claire has been a managing editor, as well as copy editor and editorial assistant, for the original *Journal of Family Practice*, *Journal of the American Board of Family Practice* (later renamed *Journal of the American Board of Family Medicine*), and *Annals of Family Medicine*.

This issue of *Annals* marks Claire's retirement. Although she's happily been behind the scenes all these years in family medicine publishing, she agreed to share some memories and advice with us.

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## WHAT WAS YOUR FIRST JOB IN FAMILY MEDICINE?

My first job in family medicine was as an editorial assistant to the editor, John Geyman, MD, at *The Journal of Family Practice* in 1980. My family had just moved to Seattle, and I had been working in a variety of medical editing positions before then. After the *JFP* was sold to a different publisher in 1990, John moved to the *Journal of the American Board of Family Practice* (now *Medicine*), and I went with him. I stayed with John until he retired in 2003, when I joined *Annals of Family Medicine*. Although the publishing office is at The American Academy of Family Physicians in Leawood, Kansas, I always telecommuted from Seattle. The *Annals* was an online journal from the outset.

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## WHEN YOU FIRST STARTED AT JFP, WHAT WAS THE JOB LIKE?

The *JFP* editorial office in Seattle was supported by our New York City publisher, Appleton-Century-Crofts. I was in touch with the publisher almost daily, as they were responsible for the business end of the journal.

The Seattle office was in the Department of Family Medicine at University of Washington, where John was chairman. It was a tiny office, a large closet really, with just enough room for my desk, an assistant's desk, and a chair for John. One wall was covered in a large

green chalkboard, where he filled out a grid with slots for the types of manuscripts accepted for future issues. John sorted submitted manuscripts into categories of accept, various stages of interest, or reject. Manuscripts that weren't rejected were returned to the authors with comments and requests for revision.

Using a pencil, I line edited accepted manuscripts and sent them to the printer for typesetting into galley proof. When I received the proof, I sent it to the authors for corrections. All communication with the authors was by mail or Federal Express.

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## WERE PAPERS SENT OUT FOR PEER REVIEW?

When I started, John relied on a few trusted colleagues for manuscript review. As the journal's submissions increased, he expanded his panel of reviewers, which continued to grow over the years. Every time we sent an article for review, we put a pin beside a reviewer's name, which was on a typed list tacked to a cork board. That's how we kept track before we had computers.

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## WHAT WERE THE PAPERS LIKE IN THOSE EARLY DAYS?

The quality of writing and scholarship was mixed. Family medicine research was a young discipline, and the *JFP* was established to give the specialty a literature of record. Many authors were not experienced in research and writing, and those who were tended to publish in the established journals.

We published editorials, original research, methods, grand rounds, brief reports, essays, book reviews, and letters to the editor. We usually published several original articles in each issue, which were often disease specific. In 1984 an editorial described the 10-year evolution of original work in *JFP*,<sup>1</sup> noting that most articles covered biomedical, health services, and educational subjects, and that observational research had increased. It was fun. I learned to edit research articles at the same time the authors were learning to write them.

## HOW HAVE THE TOPICS OF ARTICLES CHANGED OVER TIME?

The topics haven't changed so much as has the manner in which the research is addressed. Articles continue to focus on biomedical issues, health services, and more recently, patient education. The biggest change came with the introduction of computers. The depth and breadth of research methods increased as computers gave researchers access to and management of large amounts of data. Departments of family medicine created research sections; the academic researchers acquired advanced degrees in public health and a growing sophistication with statistical analysis. Because computers are ubiquitous in clinical medicine, there now is more emphasis on health systems management.

## WHAT HAVE YOU ENJOYED MOST ABOUT YOUR WORK?

Working in family medicine. Family medicine attracts an intelligent, friendly, nurturing group, and I value the friendships I made over the years. Making the leap from print publishing to print and online publishing was exciting, and sort of scary, and being part of the evolving publishing environment has been especially intriguing. Working with the manuscripts has been a favorite; they are like working on puzzles. I enjoyed line editing an article to make it more accessible to a wide audience without changing the author's voice. I was captivated by the challenge of transforming tables loaded with information into something logical and easy to read. I also found meeting deadlines on a continuing basis, dealing with traffic flow, the logistics of it, very satisfying.

## MANAGING EDITORS HAVE SO MANY PIECES TO JUGGLE. HOW DO YOU DO IT?

Teamwork: it takes a team of skilled players with a laser focus on the details. We use style sheets, check lists, and flow charts, double-checking everything and then double-checking again. The editorial office works closely with the production office, who manages page layout and prepares the journal for printing. When the issue is final, we work closely with the online publisher. Aiming for excellence at every level is essential.

## WHAT DO YOU THINK MAKES A GOOD RESEARCH PAPER?

Clarity. The author should stick to the main elements of the paper and keep the sections concise and to the point. A reader's attention will drift if the article is chatty, has unnecessary details, or is redundant. For

example, if a finding is displayed in a table, it doesn't necessarily need to be repeated in the results. Instead, use the results section to highlight important findings, and briefly summarize the rest.

## WHAT ELSE SHOULD AUTHORS KEEP IN MIND?

Choose a title carefully. Include the major elements from the article, keeping in mind a very long title might need to be shortened, so delete unnecessary words. Select key words with indexers in mind. In the body of the article, try to avoid using a lot of abbreviations and acronyms, which can be distracting to readers. Finally, know what you want to report before you start writing. By using an outline, the paper will almost write itself. Relax and enjoy the act of writing, and it will be a pleasure to read.

## ARE THERE ANY PARTICULAR MEMORIES OF THIS WORK THAT HAVE STUCK WITH YOU?

When I first went to work for the *JFP* I had 3 young children. John was very understanding that I had family responsibilities, too. That was when I realized working in family medicine would be a great fit.

Later, I was stunned when the *Annals of Family Medicine* was so successful from the outset. It was indexed in Index Medicus in 6 months, an almost unheard-of achievement.

My fondest memories, however, are of the people I worked with. I will miss those associations.

## References

1. Geyman JP, Berg AO. The Journal of Family Practice—1974-1983 analysis of an evolving literature base. *J Fam Pract.* 1984(1):47-51.

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