

# What I Learned; What Will You Discover?

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The *Annals* online discussion (called TRACK) interprets, questions and challenges the findings of articles published in the *Annals* from the perspectives of diverse readers. In this On TRACK, I reflect on what the online discussion since the last issue has taught me, and invite you to reflect on your own revelations.

## What I Better Appreciate

- The rejuvenating potential of bringing an ecological perspective into the consultation room in small ways,<sup>1</sup> and the challenges of doing so.<sup>2,3</sup>

- The complexity and implications of interpersonal continuity of care.<sup>4-6</sup>

- That people "yearn for a PHYSICIAN who will get to know them and STICK WITH THEM as they reap the benefits of modern medicine applied to their worries, problems and personal health care goals. But they don't think this type of physician exists anymore, and if such a physician should be fortuitously discovered, people doubt that the current ridiculous health care arrangements in the United States do or would permit them to do their job as a personal physician."<sup>7</sup>

- That despite all the guidelines and emphasis on prevention and chronic disease management, "The prize of office care is attending to the chief complaint, understanding it and seeing it in the context of the patient's life."<sup>8</sup>

- The largely untapped but rapidly emerging potential of community-based participatory research for addressing some of our most intractable problems.<sup>9,10</sup>

## What I Understand

- The need for more primary care clinicians to perform colonoscopy,<sup>11</sup> and the feasibility of adding this skill to practice with a high degree of competence.<sup>12,13</sup>

- The potential and limitations of unsedated ultrathin esophogoscopy for screening and diagnosis of the airway, esophagus, and upper stomach.<sup>14,15</sup>

- The "multifaceted nature of many mental health problems and the need for complex integrated strategies to deal with them"<sup>16</sup>

- How the hard-won wisdom of painful personal experience can help clinicians to overcome a "warrior"

mentality to develop more mutually healing connections with patients<sup>17</sup>

## What I Grapple With

- The corrupting influence of pharmaceutical companies' marketing<sup>18-21</sup> and our professional organizations' dependence on it<sup>22</sup>

- The difficulty of an intelligent, accomplished reader in grasping the complexity of research articles that we publish.<sup>23</sup> The Issue in Brief feature, accessible from the *Annals* homepage at <http://www.AnnFamMed.org>, is an attempt to put complex research articles into context and to make the main findings accessible to a broad audience. The discussant's call for clear, accessible writing in the primary article, however, is a good reminder for authors and editors

- The need to move beyond reductionist and mechanistic thinking to fully make use of the wisdom in the biopsychosocial model<sup>24</sup>

## What I Learned About

- Successful efforts to increase communication between complementary and alternative and traditional clinicians<sup>25</sup>

- Three categories of research: fundamental, strategic/developmental, and evaluative<sup>26</sup>

## Useful Web Sites I Found

- Avoid being bought by pharmaceutical companies at: <http://www.NoFreeLunch.org><sup>18</sup>

- Community participatory research<sup>9,10</sup>:

- AHRQ Evidence Report "Community Based Participatory Research": <http://www.ahrq.gov/clinic/tp/cbprtp.htm>

- NIEHS Community-Based Participatory Research: <http://www.niehs.nih.gov/translat/cbpr/cbpr.htm>

- Community Participation in Research (PAR-05-026): <http://grants.nih.gov/grants/guide/pa-files/PAR-05-026.html>

- NCMHD Community Participation in Health Disparities Intervention Research (RFA-MD-05-002): <http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-05-002.html>

## I'm Looking Forward to Authors' Replies to These Concerns

- The association of transferrin saturation, dietary iron intake and cancer risk<sup>27</sup>
- How researchers studying cognitive strategies of physicians figuratively got into the heads of their study participants<sup>28</sup>
- The analysis methods of a study of patients not accepting the diagnosis of depression (questions raised by medical students using the article for a journal club)<sup>29</sup>

This is my personal list of learning from the recent online discussion of the *Annals* community. What is yours? Please join these and other readers in adding your insights at <http://www.annfam.org>. Click on "Discussion of articles" or follow the links for the comments or the article on which you wish to comment.

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## CORRECTION

The digital object identifier (DOI) numbers assigned to the updates by the American Departments of Family Medicine (ADFM), the American Academy of Family Physicians (AAFP), and the American Board of Family Medicine (ABFM) for the March/April 2005 issue of the *Annals of Family Medicine* are incorrect in the print version. The DOI numbers in the online version of the March/April issue of the *Annals* are correct and depart from those in the print version. The correct numbers are listed below.

Organization Update Citation	Incorrect Print Version DOI	Correct DOI
ADFM. Academic family medicine chairs. <i>Ann Fam Med</i> 2005;3:180-181	DOI: 10.1370/afm.279	DOI: 10.1370/afm.306
AAFP. Patient's voice in Washington. <i>Ann Fam Med</i> 2005;3:181-182	DOI: 10.1370/afm.277	DOI: 10.1370/afm.297
ABFM. 2005 examination dates and test centers, 2004 Pisanco scholars. <i>Ann Fam Med</i> 2005;3:182-183	DOI: 10.1370/afm.278	DOI: 10.1370/afm.298