

Clinical Discoveries: A New Feature of the *Annals*

Kurt C. Stange, MD, PhD, Editor

Ann Fam Med 2008;6:175-176. DOI: 10.1370/afm.832

CLINICAL DISCOVERIES FROM PRACTICE

In an editorial entitled, "Assessing Clinical Discoveries,"¹ Ian McWhinney challenged the *Annals* and other journals to make space for novel ideas that are grounded in the wisdom of knowing and caring for patients over time. He suggested that such manuscripts be evaluated on the basis of 4 criteria: plausibility, support from the basic sciences and appropriate literature, clarity of the concepts, and reproducibility of the procedures.

Since the last issue, readers have resonated with Dr McWhinney's message. Blankfield notes that "it would be a welcome development if peer-reviewed family medicine journals took an interest in publishing observations and ideas that do not fit the conventional mold."²

Greiver notes that because of competing demands she "may be able to recognize important problems in my own practice, but I can't study them in a form that is publishable as 'research.'" She calls for "collaborations between front-line clinicians and experienced researchers, such as practice-based networks."³

Another commenter noted that the Family Practice Inquiries Network (FPIN) serves as a mechanism for asking and answering questions that come up during clinical practice.⁴ Questions that are not answerable from the existing literature but that are clinically important can constitute a research agenda.⁵

Hahn, whose work, like Blankfield's, exemplifies the kind of practice-based questioning and investigation that Dr McWhinney espouses, tells his own story and calls for "the *Annals of Family Medicine* [to] dramatically increase its content of clinical research publications by broadening its editorial perspective and calling for all sorts of clinical observations of various designs from practice."⁶

In response to the need for a venue for publishing emerging discoveries from clinical investigation, the *Annals* is pleased to announce a new feature, called Clinical Discoveries. Clinical Discoveries are

brief reports of early-stage and innovative observations grounded in reflective practice. In addition to considering usual criteria for publication, we will ask reviewers of Clinical Discoveries articles to give particular consideration to the 4 criteria espoused by Dr McWhinney, the article's grounding in wisdom from reflective practice, and any new and clinically useful information that the article might present.

OTHER THREADS OF ONLINE DISCUSSION

Other online comments since the last issue address the challenges of promoting physical activity and weight loss,⁷⁻⁹ development of therapeutic relationships,¹⁰ the politics of case management for mental health,¹¹ and the need to integrate mental health into the medical home.¹²

The study by Ohman-Strickland generated interesting discussion of the potential role of nurse-practitioners in diabetes quality of care.¹³⁻²⁵ One commenter appropriately noted that the use of the word "influence" in the title implies causation. Whereas the rest of the article makes it clear that the causal direction of the observed associations cannot be known from the cross-sectional design, the editors regret that this word in the title was allowed to make it through the editing process, and appreciate the commenter's pointing this out for the record.

Lopez, reflecting on Selwyn's essay on the nature of patient-doctor interactions,²⁶ noted:

This article prompted so many thoughts for me. First is recognizing that we have, as physicians, a unique and intimate entry into the lives of our patients. Second, though, is how seldom we take the time to reflect on this privilege. I think we sometimes miss the open doors, the opportunities, because we're hurrying from one patient to the next and then we're hurrying home to our own families and lives and the drama that resides there. Such missed opportunities deprive our patients of our potential insights. We also deprive ourselves, however, of the opportunity to learn more, not just about our patients but about ourselves and

life. If we just took 5 minutes in the middle of the day to reflect on our experiences we'd be better and happier doctors. That, however, is more easily said than done, at least it seems so in the current environment.²⁷

Reflections on articles from prior issues of *Annals* challenged the reasons for the US "brain drain" taking physicians from other countries.^{28,29} Other observations reinforced the Inverse Care Law (that resources tend to be directed toward those who need health care the least).³⁰ Further discussion decried "simplistic, single-minded solutions to this complex problem" of multimorbidity,³¹ calling for multidisciplinary team approaches.³²

Please add your voice to this evolving community of knowledge by joining the discussion at <http://www.AnnFamMed.org>.

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