

## FROM THE EDITOR

# CAN WE TALK?

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*"The single biggest problem in communication is the illusion that it has taken place."*

—George Bernard Shaw

Lately, I've been thinking a lot about communication. In our field, and so many others, the ability to communicate at the right time and in the right context is critical. In many cases, good communication leads to a positive impression, and a better understanding among individuals. In our field, poor communication can mean the difference between life and death. Feedback and peer review are methods of communication that we regularly encounter in academic medicine. Communication is defined as "a two-way process of reaching mutual understanding, in which participants not only exchange information, news, ideas and feelings but also create and share meaning. In general, communication is a means of connecting people or places."<sup>1</sup> This month's *Forum* has several articles dealing with various avenues of communication.

Communication is not a passive process, but rather an interchange of information during which that information is often transformed in the process. Last year, Tom Gallagher wrote a series of "President Columns" about communication and openness in the Society with regard to how SGIM communicated to its members and how it operated. Tom's columns reflected the constant efforts by SGIM and the Council to continuously improve and be accountable to its members.

Feedback is a form of communication defined as "helpful information or criticism that is given to someone to say what can be done to improve a performance, product, etc."<sup>2</sup> This year, Giselle Corbie-Smith continues the emphasis on communication in her "President Column" by sharing several highlights from feedback received from membership surveys as well as the independent audit commissioned by the Council concerning SGIM's approach to communication and ultimately how we do business. The audit process was thorough and feedback received was comprehensive. Dr. Corbie-Smith shares the good and the bad, and offers her and the Council's thoughts and initial approach. There is much to be done.

In this month's Flashback40 feature, Avital O'Glasser opines on an article written by Adam Gordon in June 2008's *Forum* on the virtues of non-peer-reviewed articles. I consider peer review, defined as the "process by which a scholarly work (such as a paper or a research proposal) is checked by a group of experts in the same field to make sure it meets the necessary standards before it is published or accepted"<sup>3</sup> as a form of communication or at least a representation of the communication process of articles that we consider valued in academic medicine. The discussion is particularly relevant in regard to how we solicit and review the quality of articles we publish in *Forum* and how they are viewed by our readers and by our peers who judge our work, especially for academic promotion.

This month we also have a feature that we don't see as often as I'd like in *Forum*—a Leadership Profile. Jennifer Carnahan and Seki Balogun share a thoughtful Q&A and commentary with Chris Callahan, this year's Distinguished Professor of Geriatrics at the 2018 National Meeting. The opportunity to hear from a seasoned and innovative academic clinician on what it means to be a member of SGIM and the growth of geriatrics as a specialty is not to be missed. In addition, Tiffany Leung's piece reveals her own issues around language and communication when leaving American medicine and becoming a clinician in another country. Finally, this month has another great Morning Report case, and descriptions of curricula around LGBTQ affirming care and National Health Policy and Advocacy.

Happy reading!!

### References

1. <http://www.businessdictionary.com/definition/communication.html>.
2. <https://www.merriam-webster.com/dictionary/feedback>.
3. <https://www.merriam-webster.com/dictionary/peer%20review>.