

FLASHBACK 40

WOULD YOU, COULD YOU...WRITE A NON-PEER-REVIEWED ARTICLE ANY DAY?

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Over the past year, in commemoration of SGIM's 40th anniversary, *SGIM Forum* has republished notable past articles along with fresh observations of the impact of that piece. It has been an opportunity to reflect on what has grown in excitedly surprising directions, what has stood the test of time, for what we were "off the mark," and when we were unexpectedly prescient. For this last #FBF, I selected Dr. Adam Gordon's piece, "I'll Write a Non-Peer-Reviewed Article Any Day", published exactly 10 years ago.¹

In the piece, republished in this month's *Forum*, Dr. Gordon reflects on his own tenure as an associate editor for *Forum* and editor of the "This Month in *JGIM*" col-

umn (TMIJGIM) that also ran in *Forum*. The TMIJGIM column revisited research published in *JGIM*, ultimately and unexpectedly focusing more on "the interviewee... than my 'review' or interpretation of that work." The TMIJGIM column was one of the inspirations for how we selected our #FBF articles.

Reflecting on his non-peer-reviewed articles reflecting on peer-reviewed articles, Dr. Gordon muses about the overt imbalance in the importance and assigned value of peer-reviewed versus non-peer-reviewed articles, especially in academic institutions and in promotion and tenure tracts. However, he also makes a strong argument that non-peer-reviewed work can be personally invigo-

I'll Write a Non-Peer-Reviewed Article Any Day

—Adam J. Gordon, MD, MPH, FACP, FASAM

As I close out my term as Associate Editor of the *SGIM Forum*, I am happy to reflect. My role as editor of the "This Month in *JGIM*" (TMIJGIM) column has been productive, invigorating, and rewarding. Too bad my academic institution is less excited about my work in this role: I should have been working on my research and publishing my own peer-reviewed work.

Through 18 TMIJGIM articles over three years, I have explored with corresponding authors who have published their work in the *Journal of General Internal Medicine (JGIM)* the origins of their research, their research career, and the trials and tribulations of original clinically related investigations. I found it easy to communicate with the corresponding authors. They seemed to be excited about having their work featured in another format outside of *JGIM*.

The TMIJGIM piece was much more about the interviewee and their work than my "review" or interpretation of the work. Often the TMIJGIM articles had more expressions from the author-interviewee as quotes than my original thoughts.

Two surprises happened over the years: not one potential interviewee turned down being interviewed for a featured TMIJGIM piece, and not one potential interviewee asked to be "co-author" on the TMIJGIM *SGIM Forum* article. The latter surprise, co-authorship, involved a debate among the *SGIM Forum* editorial staff when TMIJGIM originated: Should we "offer" a co-authorship to every interviewee? In the end, we decided to offer this if the interviewee requested it. No interviewee did.

Perhaps interviewees recognized that the *SGIM Forum* was not a peer-reviewed publication and co-authorship would not be "valued" by their academic institutions—even though the publication was about their work and their experiences.

As an academic clinical investigator, like many of the interviewees for the TMIJGIM column, I recognize that peer-reviewed published literature is the "currency" of an academic career. In the tenure and non-tenure streams, promotions are judged primarily with the number and quality of peer-reviewed publications and peer-reviewed grants. Reflecting on my recent promotion experience, I dutifully catalogued all my peer-reviewed articles regarding "quantity" (primarily the number) and the "quality" (the nebulous journals' impact factors). In the clinical-educator's world, peer-reviewed case reports and original research are also valued extremely highly by promotion committees. Many promotion committees are not similarly asking for quantification or quality factors of their faculty's non-peer-reviewed publications.

Why not?

Non-peer-reviewed publications include commentaries and opinions, letters to the editors, print or web-

continued on page 2

FLASHBACK 40 (continued from page 1)

based reviews, book chapters, editorials, and even *SGIM Forum* articles. Many SGIM members are often invited to author non-peer-reviewed work on these products.

They must delicately balance the time to produce these products with peer-reviewed papers and grants. Other SGIM members contribute original thoughts or commentaries but don't seek to publish—peer-reviewed journals contribute little space for this type of thought. Interestingly, senior members of the faculty are often excited about writing an editorial or writing a book—they already have the necessary currency of peer-reviewed work and more protection within the institution (e.g., seniority, tenure), making pontificating in non-peer-reviewed work less risky.

Despite the relative non-importance of non-peer-reviewed work in an academic clinician's dossier, non-peer-reviewed work is *valuable* to the public, to peers, and the academic faculty.

Non-peer-reviewed work by academic physicians is valued by the public. When an academic physician steps out from behind the ivory tower of academic medicine, the public receives expert knowledge. Letters to the editor or commentaries in metropolitan newspapers from academic

clinicians are valued. Interestingly, more people read this work than a publication in a lower-tiered peer-reviewed journal. Physicians have been trained to be experts in medicine, and SGIM members are more than likely to be physician-leaders. Providing expert opinion on the topics of the day (e.g., smoking bans in public places, tort reform, universal health insurance) are what leaders of academic medicine *should* do.

Peers value non-peer-reviewed articles. Take the *TMIJGIM* column. Over the years, I have received many positive and engaging comments regarding this column. One article prompted a national grant organization to contact me to assist in contacting the interviewee for a potential funding opportunity. In addition, over the years, I've published quite a few opinion pieces in the *Bulletin of the Allegheny County Medical Society* (Google it—you won't find it in Medline!), which has influenced local opinion leaders and non-academic physicians. Now as president of that organization, I see that the *Bulletin* provides an excellent conduit to inform the members, non-members, and the public about what the Society is doing. Reporters, politicians, and other key stakeholders ask me more about my articles in this

journal than my latest peer-reviewed article in *JGIM*.

Participating in non-peer-reviewed work is akin to community-based participatory research. If we are to change society, we, as academic physicians, need to interact with society on its own terms. Non-peer-reviewed publications are a currency of this interaction. This type of currency can accomplish change.

Finally, non-peer-reviewed work is valuable to academic physicians. It is my opinion that faculty who enjoy working on non-peer-reviewed projects are more likely to become physician-advocates. They are advocates for their profession and their patients. They speak out. They are willing to express opinions that may be unpopular. Non-peer-reviewed work promotes debate and discourse.

Peer-reviewed work is (and should be) the currency of academic medicine. But non-peer-reviewed work is an important conduit for opinion and expressions of leadership. In monetary terms, if peer-reviewed work is valued as highly as a dollar, then non-peer-reviewed work should be considered at least a quarter. SGIM values the *SGIM Forum*, a non-peer-reviewed publication. However, the *SGIM Forum's* value in academic medicine is less apparent. Why?

rating and rewarding, valuable to the public and peers, a conduit for education and discourse, and a form of advocacy.

A recent *JAMA Internal Medicine* editorial questions how the “academic arms race” positively or negatively contributes to meaning and burnout in our work.² I found out about the article through a lively Twitter discussion, with multiple colleagues chiming in about the potential risk of the “publish or perish” attitude in academia.³ Several contributors highlighted the value of pursuing work that was fulfilling for its own merit, such as non-peer-reviewed articles—ala, don't do it because you have to pad your CV or “for show,” do it because you want to write it.

I realized during this conversation that some of my favorite and most fulfilling pieces to have gone through the process of writing have been during my three years as an associate editor for *SGIM Forum*. I've published “art of medicine” humanistic editorials that were declined from peer-reviewed venues, I've had a forum (no pun intended) to muse about my great-great grandmother's death certificate from 1938 documenting her fatal case of pemphigus vulgaris, and I've published for the first time a piece co-authored with my husband. Writing and editing for *Forum* has led to multiple new acquaintances and instant connections at conferences. I have stretched myself and indulged my creative side, and I've

been fulfilled by mentoring students, residents, and junior faculty.

Dr. Gordon outlines how peer-reviewed publications are the “currency” of the academic world, judged by quantity, quality, and measures of impact. There are rumblings in the academic world that there is potential for the non-peer reviewed publication realm to change with the rapid adoption of social media to disseminate, share, and converse about medical writing. In parallel to this, alternative and updated measures of impact, beyond a journal impact factor or number of citations, can now be tabulated, including for non-peer-reviewed articles. The times they are a-changin'.

continued on page 3

FLASHBACK 40 (continued from page 2)

There is a line from the Broadway musical *Hamilton*: “Pick up a pen, start writing. I wanna talk about what I have learned, the hard-won wisdom I have earned.”⁴ I cite the line far too liberally, though with good reason, when it comes to discussing my enthusiasm for promoting scholarship. I hope that Dr. Gordon’s republished piece, with another 10 years of academic medicine experience, will compel you to write non-peer-reviewed articles. I similarly hope that our #FlashBackForty series this past anniversary year has shown how non-peer-reviewed articles can more than

stand the test of time—and inspired you to write them yourselves (of course, with an *SGIM Forum* bias).

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