

As Time Goes by—Happy New Year!

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"Time moves slowly but passes quickly."

—Alice Walker

In my editorial last January, 2023,¹ I outlined several changes being made to the journal. We started publishing online exclusively in January, 2023 and have made several improvements to the website as well as to the publication process over the past year. Readers will see on the website that we have added topic collections curated by the editorial team.² These topic collections rotate based on new content and time of year. For instance, we have recently added a topic collection about enhancing diversity in your residency class, in time for recruitment season.³ This collection includes five papers that were published over the last 4 years looking at ways to recruit and retain more diverse residents. We also have a topic collection pulled from a recent theme issue on factors to consider when doing virtual residency interviews.⁴ In addition to a list of papers published online ahead of being assigned to a monthly issue,⁵ the journal's home page now maintains data about the most read and the most cited papers in *Family Medicine* over the last few years.

Our publications team has worked tirelessly to reduce the time from acceptance to publication. All papers are currently published online ahead of being assigned to a monthly issue. After a year of dedication, *Family Medicine* has cut the average time from acceptance to publication to less than 6 weeks on average. The editorial team has also worked to decrease the time from submission to first decision (obviously we also depend on peer reviewers returning their reviews in a timely manner) to around 100 days (down from over 200 days in January, 2023). These improvements are part of an effort to improve the author experience. We want people to submit their papers to *Family Medicine* and to have a good experience with the journal regardless of whether the paper is ultimately accepted or rejected.

There are many benefits of submitting your educational research to *Family Medicine*. First, we have no publication costs for authors, nor subscription costs for readers (thanks to the support of STFM). In a publishing environment increasingly dominated by either pay-to-publish open access journals or paywalled journals charging access fees to readers, *Family Medicine* is proud to be free to authors and readers alike. Second, your paper will be read by STFM members and family medicine educators around the world. Third, you will be contributing to a vibrant community of family medicine faculty that has been publishing important work in *Family Medicine* for over 50 years. Fourth, the journal has just been accepted to participate in PubMed Central.⁶ This designation allows for more researchers in fields closely related to primary care education to find our articles when doing a search. It also ensures that full text of the papers will remain available, even if the journal should cease to be published.⁷

Two papers in this issue of *Family Medicine* highlight the progression from medical student to practicing family physician. In the narrative "A First Year Medical Student's First Patient," Peplinski tells a story about a friend calling about his girlfriend's abdominal pain.⁸ In clear and meaningful language, the story describes having the friend do a physical exam on his girlfriend, making a recommendation to go the emergency department, being worried that they would be faced with a large bill, and then ultimately hearing that their friend's girlfriend had an appendectomy and was doing well. The story recalls a common scenario for many people early in their training. Do we know the answer? What if we tell our friends and family members the wrong thing?

Fast forward 6½ years and many residency faculty are asking themselves whether our newly-graduated residents are competent to practice independently as family physicians. We have dedicated 3 years of residency training after medical school to teaching them necessary medical knowledge, clinical reasoning, communication skills, patient advocacy, and pro-

fessionalism. How do we know if we did a good job? Taking the American Board of Family Medicine board exams will help us assess their medical knowledge, but there are a plethora of other nontangible factors that affect the practice of family medicine. Dr Carney and colleagues developed a tool to be used 3 months after new graduates start their first job.⁹ This assessment tool uses information from physician colleagues and clinical staff to assess competence. It is an innovative way to evaluate clinical skills and identify areas of deficiency.

It is hard to believe that *Family Medicine* has been published online for an entire year. The editorial team so appreciates the support of STFM in continuing to publish this journal, especially in light of a changing publishing landscape.⁷ Happy new year. We hope that 2024 brings more engaging, interesting, and stimulating content to our journal. Thank you for reviewing, writing, and reading!

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