

Prolific Partners

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A few months ago, *Family Medicine* Editor-in-Chief, Dr Sarina Schragger, asked us to write a narrative about our collaboration. To keep it personal, we will alternate voices between Dr Campbell (Kendall) and Dr Rodriguez (José) to share both our perspectives.

We started working together at the Florida State University College of Medicine (FSUCOM), where we had adjoining offices. While this seems like a conversation between us, it is designed to be an open conversation, similar to a podcast. We want to demonstrate that our conversations fuel our partnership. We hope to reach early-career faculty who are struggling to find their way in academic medicine, and all faculty who are seeking to improve their writing.

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Kendall: I have always been a distance thinker, the kind of person who can see the old house remodeled or the old car restored even before the fresh coat of paint and the new tires. The current state of things never bothered me too much, as I was always thinking about what could be, what I could build, and how to do it. I believe that approach laid the foundation for my relationship with José. We both valued family, faith, work ethic, and commitment.

We would go to casual eating places off-site to work. We were comfortable in those environments and would speak our minds to each other. Although these are public places, there was more privacy. It took the formality out of the work and allowed us to connect on a different level. We ordered our food, sat down, and talked through the hard things and the easier ones. It was a casual environment in every sense, and it let us be casual as well. We always went to the same places, and they were close to our work. Unbeknownst to us, we were developing professional intimacy,¹ supported by our proximity.²

José: There were times when we disagreed. We saw disagreement as positive discord that moved our conversations toward the best possible product. But when we could not agree, that was easy. It didn't go into the paper. Disagreements were never a threat to the relationship. As we agreed, our voices converged often. We continued to write narratives in our own voices and, separately, led other writing teams, using our skills to find a single voice for each paper. Our partnership gained the attention of other academic leaders at FSUCOM, who encouraged us to apply for a research center.

Kendall: We formed the very first Center for Underrepresented Minorities in Academic Medicine at FSUCOM in 2013. Creating the Center cemented our commitment to each other and the work for the long haul. After the Center formed, it exploded with papers on tenure, minority faculty, and related topics.^{3,4} We saw that this could help us build our careers, and we were intentional about it, ensuring the work advanced both of us. We alternated the first authorship on each paper without considering the paper's potential for success. We took our egos out of the process.

José: In 2016, we left FSUCOM to pursue career growth opportunities at separate institutions. We worked on our pending projects, and then there was a hiatus. We did not write as much, and I missed writing with Kendall. I was overjoyed when he called and said, "Let's get back to work." While I knew I worked better with Kendall than alone, part of me saw this as countercultural. I believed one of my mentors, who told me, "Academic medicine rewards the soloist, not the orchestra." By this time, we had identified multiple issues in academic medicine that could be improved, so doing something different felt like the right thing to do.

Kendall: We had weekly meetings, but we didn't always write. Sometimes we talked a lot about how to navigate the changing times in academic medicine, and other, more

personal stuff. While I am a private person, I was comfortable talking to José. Our meetings were important enough that we sometimes had them in the car, on vacation, or in the early morning hours. When we attended national meetings, we carved out time to write together. We had to hide at the conference hotel because José talks to everybody, and that was distracting. We turned down dinner invitations and we took advantage of free afternoons to write.

José: Our partnership produced other opportunities. We had established expertise in minority faculty development and were approached to lead a writing workshop for early-career underrepresented family medicine faculty. The initial workshop was very successful and we were approached again to convert it into a fellowship. We applied for funding with the Society of Teachers of Family Medicine from the American Board of Family Medicine, and a few months later, we were awarded funding to launch the Leadership through Scholarship Fellowship (LtSF).⁵ LtSF is a product of our partnership, not the other way around. I would never have attempted the application or the project without Kendall. It was as if the Center produced papers, and the papers helped people grow in their careers. Through the partnership and fellowship, we mitigated our own isolation and that of others.

Kendall: Although we had always taught medical students and residents, the fellowship was the first opportunity to take on faculty mentees on a national scale. This fellowship continued to produce papers and represented a significant upscaling of our work. The fellows wrote, we coauthored, and then they wrote on their own. LtSF multiplied our efforts in a way that surprised us.

José: This work propelled our careers in unprecedented ways. After the fellowship started, Kendall, who was serving as senior associate dean for academic affairs, became chair of Family Medicine and Community Health and was elected to the National Academy of Medicine. I had recently become associate vice president for health equity, diversity, and inclusion at the start of the fellowship, and I am now chair of family and community medicine, recently elected to the Bishop Society at STFM. These titles and accolades came because of the work of others investing in us and our investment in others. We have been compared to the duos of Drs Slawson and Shaughnessy,² leaders in information mastery, and Drs Crabtree and Miller,⁶ who pioneered mixed methodology. We find this very flattering, and a phenomenon that we never thought possible.

Kendall: I have reflected a lot about what makes the partnership work. The initial proximity to José helped us build a relationship of trust. Our shared experiences as underrepresented faculty served as both the subject of most of our work and the fuel for our efforts to seek solutions. Timing and location played an essential part in our success, as we were both associate professors at a new institution when we started—a fantastic opportunity. We recognized opportunities as they arose and adjusted our work to turn them into successes. The Center and the fellowship are only two examples of this, but we have repeated this multiple times. After proximity, shared commitment, starting at a similar career stage, and growing together have been helpful. I get to the airport 4 hours early, and José will arrive 20 minutes before the plane leaves. I always put my keys in the same place when I get home, and José cannot understand it. These different approaches to life helped us realize that even after all these years, we can learn from each other.

José: Kendall always said we wanted our work to speak for us, and this idea became a driving force for productivity. We also saw that writing is a wellness activity and, as such, has an important role in our personal time.⁷ We took turns with the perks, alternating first, corresponding, and senior author roles. Our partnership works because we are different. Kendall is an introvert and I am an extrovert. Kendall sees how our work can build upon itself. I can see the immediate challenges and opportunities. Kendall is thoughtful and deliberate and I am impulsive. The combination of our uniqueness makes us a powerful team. Kendall lives in my blind spot, and I live in his. We capitalized on the wisdom of crowds,⁸ and our personal and professional success is due to this. I like to say that it is good to be smart, but it's better to be lucky. I am lucky that I met Kendall when I did. Together,

we have more than 50 PubMed-indexed publications; adding our work where we are not coauthors, the library expands to over 400. But there is an important piece that needs to be said. There is love and respect in our relationship, for each other and for the work.

REFERENCES

1. Rogers JC, Holloway RL. Professional intimacy: somewhere between collegiality and personal intimacy? *Family Systems Medicine*. 1993;11(3):263–270. doi:10.1037/h0089049
2. Slawson DC, Shaughnessy AF, Bennett JH. Becoming a medical information master: feeling good about not knowing everything. *J Fam Pract*. 1994;38(5):505–513.
3. Rodríguez JE, Campbell KM, Pololi LH. Addressing disparities in academic medicine: what of the minority tax? *BMC Med Educ*. 2015;15(1). doi:10.1186/s12909-015-0290-9
4. Morley CP, Mader EM, Smilnak T, et al. The social mission in medical school mission statements: associations with graduate outcomes. *Fam Med*. 2015;47(6):427–434.
5. Robles J, Anim T, Wusu MH, et al. An approach to faculty development for underrepresented minorities in medicine. *South Med J*. 2021;114(9):579–582. doi:10.14423/SMJ.0000000000001290
6. Miller WL, Crabtree BF, Harrison MI, Fennell ML. Integrating mixed methods in health services and delivery system research. *Health Serv Res*. 2013;48(6 Pt 2):2125–2133. doi:10.1111/1475-6773.12123
7. Rodríguez JE, Locke A, Campbell KM. Writing for personal and professional wellness. *PRiMER*. 2024;8. doi:10.22454/PRiMER.2024.663516
8. Surowiecki J. *The Wisdom of Crowds: Why the Many Are Smarter Than the Few and How Collective Wisdom Shapes Business, Economies, Societies, and Nations*. 1st ed. Doubleday; 2004.