2023, Volume 55, Issue 8, 501-502, e-ISSN 1938-3800

Family Medicine

EDITORIAL

Stories Are the Heart of *Family Medicine*

Christy J.W. Ledford, PhD

AUTHOR AFFILIATION:
Department of Family and Community Medicine, Medical College of Georgia at Augusta University, Augusta, GA

HOW TO CITE: Ledford CJW. Stories Are the Heart of *Family Medicine*. *Fam Med.* 2023;55(8):501-502.
doi: 10.22454/FamMed.2023.274623

PUBLISHED: 1 September 2023

As a communication major almost 30 years ago, my career goal was to run a house organ. A house organ is an organization's communication channel. It tells stories of its members, crafting the narrative and norms that both reflect and inform an organization's culture. That goal shifted when I returned to graduate school and witnessed the power of research to impact community health. Then, 10 years ago, an email introduced the *Family Medicine* medical journalism fellowship, and I discovered how my training and expertise could uniquely serve my new discipline. *Family Medicine*'s former editor, John Saultz, called the journal the "diary of our discipline."[1] At the close of my time with the journal, I offer this final entry in our diary.

Dear Diary,

As the journal of the Society of Teachers of Family Medicine, this journal is a cultural artifact of the discipline. It influences the discipline beyond the simple dissemination of emerging research findings. With each word, table, and figure, these pages communicate the values and norms of academic family medicine. Researchers tell stories of curiosity and their quest for answers in research papers.[2,3] Physicians and educators tell stories of humanism and heroism in narrative essays.[4–6] Discipline leaders tell stories of vision and inspiration in commentaries and editorials.[7–9] As Family Medicine publications, the primary purpose of these stories is to advance the practice of family medicine and education.

While research publications are informative, their purpose surpasses information transfer. Curiosity drove empiricism, but most researchers hope that empirical data transforms practice. Authors ultimately aim to persuade the reader, using their methods and data, to effect c hange. A uthors expose problems, create conversation, and challenge how we think. As a journal, what we publish communicates what we value—as educators, as researchers, as an organization, and as a discipline.

It is not just the topic[6,10,11] and context[12–14] of papers that communicate values. At a foundational level, the 7 Cs[15] are reflected in the methods we publish. Longitudinal inquiry[16] demonstrates the value of continuity, data triangulation[17] manifests *comprehensiveness*, and so on. Just as family physicians recognize the influence of *context* and community on each patient's outcomes, our research recognizes and respects the contextual and interventional effects of method decisions.

Methodological approaches inherently communicate what we value, and measurement itself is value laden. I joined our discipline with a textbook understanding of this principle. My doctoral training focused on experimental methods and multivariate statistics. I completed qualitative coursework out of obligation rather than out of interest. Then, in my first research study embedded in a family medicine clinic, I saw how each experimental control I designed reduced the relevance and application to patients' lives. Although my program trained me in mixed methods, family medicine transformed me into a mixed methodologist.

In family medicine, we do not have a methods canon of literature or textbooks. Instead, many family medicine educators employ papers published in this journal for their own methods education. As a journal that aims to advance family medicine education research, we must acknowledge this pedagogical role of our papers. Readers seek and discover how to answer questions in our pages. The journal must make room for clear, replicable methods sections and rethink the traditional role and structure of the limitations section. Rather than using limitations sections to obfuscate methods lessons we learn in study implementation, we should boldly acknowledge that we make mistakes, we miss things, and we encounter obstacles we didn't expect.

One repeated conversation I have is a bellwether of a troubling norm in medical education scholarship. My days are inundated by learners (and colleagues) asking how to get involved in research. Some days I consider this demand signal a success—that we have cultivated a culture of curiosity—a desire to contribute to the evidence base to inform patient-centered care. Other days I see a darker side of the demand.

In these conversations, I push learners to explain why they want to get involved. I volley this question with a request for transparency—I can't help them achieve their purpose if I don't know what it is. Increasingly, they admit that they "need a publication." The former "publish or perish" mindset has been eclipsed by "publish without purpose." This motivation does not advance science; it advances self. When papers are prepared and published for production alone, the stories are superficial and ungrounded. They fade without impact.

Readers read differently now. Readers often find articles through online search engines rather than reading journals like a subscription magazine. This reader behavior changes how we disseminate not only knowledge but also value and context. With individual articles, authors and editors can no longer assume reader understanding of the common values of family medicine or of the context of primary care or community settings. Increasingly, authors will need to explain the "whys" and "hows" that frame the "whats" and "whos."

Some of those most critical "whys" and "hows" define our identity as family medicine educators. Historically, *Family Medicine* prioritized acculturation, publishing papers that explicitly stated values. When, in 1989,[18] the journal republished Dr Gayle Stephens's 1979 publication "Family Medicine as Counterculture," it amplified the values of family medicine. When the journal published it again in 1998,[19] and published Gayle Stephens' Festschrift in 2011, *Family Medicine* once again elevated this value.[20] The journal played a vital role in codifying the values of the discipline.

Today, few readers stumble upon those essential readings. They don't populate searches for family medicine topics. Yet, these are the values that unite family medicine educators. And they are the values that will attract students to the discipline. Students select specialties for their culture, and today's students, who prioritize health equity and community needs, understand the power of disruptors. The challenge now is how to weave those values through each published work so that readers recognize the unique identity of family medicine.

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