As a medical student and a resident, I always enjoyed journal club, a monthly meeting of doctors and trainees discussing and debating published journal articles. Before medical school, I was a health journalist and was unfamiliar with journal clubs. I had not recognized that articles in the academic medical literature could contain flaws—often major ones—and that there was essentially no perfect paper. During my medical training, I was fascinated as I watched clinicians and biostatisticians dissect foremost studies, revealing the imperfections and limitations, pointing out clinical and public-health ramifications, and offering up educational pearls concerning study design and interpretation.

Little did I know that at the end of my internal-medicine residency, I would experience the “ultimate journal club”, as I came to refer to it, as the editorial fellow at the New England Journal of Medicine (NEJM). During my fellowship, I was privy to deliberations among the editors about research, cases, and controversial commentary submitted for publication—all being dissected to an even finer cut to look for potential problems before making the 8% acceptance rate.

I applied for the 1-year training program during my residency and was selected for the full-time position for 2003-2004. Editor-in-Chief Jeffrey M Drazen created the NEJM editorial fellowship for one physician each year interested in any aspect of medical journal publishing or editing. I was the second fellow accepted into the program; the first was a pulmonologist working on his PhD in biostatistics, and the third is starting during summer 2005.

The NEJM fellowship seemed a perfect match for someone like me with a background in journalism and internal medicine. Trust me, it was. For a year, I witnessed the daily workings of the journal as papers came in concerning scientific research and occurrences from around the globe. I watched the physician-editors from varied disciplines deliberate on varied topics. Unlike most fields of medicine where physicians are restricted to their specialty of training, a medical journal provides an opportunity for people with varied training and backgrounds to work in many fields of medicine. Nothing compares with listening to a cardiologist debate an endocrinologist about a paper concerning a public-health finding on another continent. Or having a bird’s-eye view of the confidential discourse of an array of physicians and scientists on key research data. Or hearing an internal debate over a government health agency’s reorganization.

As the editorial fellow, I had many opportunities to learn about medical publishing—from the submission process and painstaking peer review to the development of a new front section of commentary, news, and perspectives. And like the journal clubs in the hospital, my NEJM fellowship provided an important review of medicine. The weekly dose of medical findings, basic science, and clinical guidelines supplemented my 3 years of internal-medicine training—as did reading the journal from cover to cover.

There were many important and different lessons to learn concerning publishing a medical journal, from the weight of clinical relevance and scientific accuracy to the impact of the press and conflicts of interest. I was struck by long discussions with the editors on how the press or the public might misinterpret arcane data and how to eliminate miscommunication or misinterpretation. I listened to papers being presented on matters of national health policy and health-care legislation. I watched the editors keep constant vigilance to guard against the influences of those who might have conflicted interests. I learned how the many angles of statistics can ever so subtly bend the truth if the data are not complete or are not interpreted with precision and context.

After my years in the lay press, I marveled at the speed with which an academic medical journal today can respond and publish articles on public-health crises, including bioterrorism, SARS, and the latest evidence concerning health risks posed by medications. The electronic advances of Web submission and Web publication have ushered in an entire new information era.

During my fellowship, my work included writing a Perspective (“Smallpox
Vaccination—The Call to Arms”) and a book review (“The Healing Art: A Doctor’s Black Bag of Poetry”). I also reviewed several manuscripts and completed a national study and research paper titled “Medicine and Media: The Impact of Health News Reports on Patients, Physicians and Clinical Practice”. And I wrote an article (“A Chasm of Distrust in Medical Reporting”) for the journalism periodical Nieman Reports.

Although I suspect that the NEJM fellowship may not be as structured as some other journal fellowships, for the right person with the right interests such a program can be a remarkable and rewarding experience.

The NEJM editorial fellow is expected to work on journal projects, participate in day-to-day editorial activities, and complete an independent research project. The fellowship period is from July to June, and the fellowship offers a salary equivalent to that for one’s residency training level.

I can honestly say, it was an astonishingly interesting year. And for a physician and a journalist, it was one of the most educational and important years of my training—in both professions.

I still understand that there is no perfect study—but now I also know how a medical journal can ensure that a published study is the best that it can be.

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Erratum. In the May-June 2005 issue of Science Editor, an error occurred in the article by Jorge A Santiago-Blay, “Keeping Those Bugs in Check, or My First Year as Editor of Entomological News: A Personal Perspective”. On page 75, the first sentence of the first paragraph should have read as follows: “In November 2003, I became the editor of Entomological News, one of the oldest bug journals in the United States.”