The Legacy of the Fishbein Fellowship

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Four editors-in-chief and 31 fellows later, the Morris Fishbein Fellowship in Medical Editing at JAMA, the Journal of the American Medical Association, continues to offer a rigorous introduction to the world of medical editing, manuscript evaluation, writing, and the many outlets for dissemination of medical information in a rapidly changing health-care environment. In the 35 years since the first Fishbein Fellow was recruited for the academic year 1977–1978, medical knowledge and information technology have changed remarkably. The experiences of the former fellows surveyed in preparation for writing this article reflect that change and underscore the value of a program aimed at teaching the highest standards of medical-science evaluation and writing to physicians who have an MD or DO degree. Such training is ever more essential in light of the explosive growth of scientific output, and the skills learned are transferrable to clinical practice and administrative responsibilities as well as to dissemination of new knowledge.

The inception of the program is due in large part to the efforts of M Therese Southgate, MD. When she joined JAMA in 1962, besides inheriting the desk of Morris Fishbein, she noted how little most physicians knew about the “nuts and bolts” of editing and dreamed of a fellowship that would remedy this. Before entering medical school, she had worked for several years as a technical editor in civil engineering and as a member of the production staff of a weekly chemical news magazine and thus was acutely aware of the need for physicians to understand the entire editorial process. Dr Fishbein died in 1976 and left a sum of money sufficient to support a stipend for a 1-year fellowship, and thus the program began. In naming the program after Fishbein, JAMA leadership acknowledged not only his gift but his long service to JAMA: he served from 1924 to 1949, including a period as editor-in-chief. A published reminiscence describes Fishbein’s often pugnacious efforts against the purveyors of patent medicine in the first half of the 20th century. His was a high-profile position, and Dr Southgate recalls meeting George (“Papa Bear”) Halas at Fishbein’s memorial service at the Rockefeller Chapel at University of Chicago (she had to ask a colleague who he was), the Buxahude organ interlaces that Fishbein loved so well, and the admiration of Frank Lloyd Wright’s work at Robie House at the reception afterward—truly a combination of art and medicine (and football).

In a call for applications for the fifth fellowship, Dr Southgate wrote, “The purpose of the fellowship is to discover those men and women who have the natural gifts to become leaders in American medicine and to provide opportunities for the development of these gifts by on-the-job, hands-on experience on the staff of the largest medical journal in the world.” To accomplish this, fellows not only evaluated manuscripts for suitability for publication but worked in proofreading, copyediting, and layout. She reported that of the first five fellows, two returned to clinical medicine (one in psychiatry and one in internal medicine), one became the editor of a major medical journal, and two joined the JAMA staff.

Today, Robert M Golub, MD, deputy editor of JAMA, directs the program. He notes that “the role of a medical journal editor is critically important to preserving the quality of science. Most editors are not specifically trained and enter the field in other ways, often through recognition as a research leader.” In recruiting fellows, he seeks candidates who are likely to use their training directly. Often, it is someone who aspires to become a medical editor or leader in medical publishing, but if fellows’ careers take a different direction, they may at least be stronger researchers by knowing what is expected in high-quality publications.

The year-long program is an immersive, interactive experience, although the responsibilities have evolved with changes in the journal and in the nature of medicine. In a previous description of the program, fellows were responsible for the annual Contempo issue, which eventually became a regular section but is a now-defunct part of the journal. Editor-in-chief William R Barclay, MD, summarized the inaugural Contempo issue: “we present medicine . . . as seen by our Editorial Board [who] have given us brief accounts of what they consider to be important in the field of medicine in 1977,” as Stephen J Lurie, MD, PhD (Fishbein Fellow 1999–2000), recalls, “the Fishbein Fellow was able to call up anybody on the planet” to solicit articles. The fellow then took the lead in reviewing, researching, and editing the submissions. Today’s fellows might participate in podcasts and author video interviews. One commonality, however, is the opportunity to meet and interview those at the forefront of contemporary medicine. Helene M Cole, MD (Fishbein Fellow 1984–1985), remembers “dining with Paul Volberding and Surgeon General Everett Koop at the first World AIDS Day event” and “interviewing Frank Netter for a Medical News & Perspectives story”. As part of a rotation in reporting, I attended a national meeting for radiologists and conducted telephone interviews with experts from around the globe. That illustrates another unique aspect of the program: because JAMA is a general rather than specialty journal, the fellow must extend his or her reach into a broad array of content beyond that in which he or she was trained.

The centerpiece of the program is the development of rigorous skills in peer review. To that end, fellows serve as reviewing editors for manuscripts. The fellow evaluates the methods, results, and data interpretation of the submission and through mentored discussion decides whether the novelty, validity, and priority merit external peer review. If so, the fellow shepherds the manuscript through peer review and revision. Once the
Former fellows are active teachers in medical schools and residencies, and many continue their clinical practice as well. Fourteen have worked at or are current editors at JAMA. Former fellows work for the US Army and for the US Food and Drug Administration.

While looking back, the former fellows who contributed their reflections to this article also look forward. Electronic communication, individualized content, and the use of multiple platforms are consistent themes. That said, with rapid turnover of information, journals will be ever more challenged in ensuring that data are accurate. Margaret A Winker, MD (Fishbein Fellow 1992–1993), former JAMA deputy editor and now senior research editor at PLOS Medicine, when asked how physicians will get their medical information in 10 or 20 years and how journals can facilitate that, comments that physicians “will have opportunities to access large data sets and unpublished trials and dynamically generate analyses. Journals can help move us to that place by providing access to studies and data sets.”

The Fishbein fellowship is the oldest such program, but Fellowships in Medical editing have been developed by The New England Journal of Medicine, Canadian Medical Association Journal, American Family Physician, Annals of Emergency Medicine, the Radiological Society of North America, and others; some of these 1-year programs are for established physicians, and others offer shorter 1-month experiences for those in training. The Stanford University Graduate Program in Journalism offers the 12-month NBC News Fellowship in Media and Global Health. The imperative to train physician–editors remains essential, and some have called for a more formal curriculum among programs. Dr Golub notes that this is one of the most important endeavors to ensure the future of science; training in research methods must be paired with “skills to judge the quality of writing, its precision, consistency, and transparency.”

In reflecting on her essays for the cover art of JAMA, Janet M Torpy, MD (Fishbein Fellow 2001–2002), notes that “writing about art allowed me to express a different type of expertise, one I don’t often use in the world of anesthesiology and perioperative medicine. However, selecting the proper word, a precise meaning, to explain a concept or an issue to a patient and his or her family actually has daily application in clinical practice.”

Good medicine is good communication, and the challenges of and changes in medicine demand continued expertise not only in the content of medical inquiry but in its dissemination to peers and the public.

I can attest to the extraordinary opportunity that the fellowship provides. Each fellow brings a unique background and individual goals. In the supportive environment of JAMA, these can be refined and realized. The editors and staff have a wealth of diverse experience and expertise, and by the end of the year, the fellow has a deep and rich understanding of what constitutes excellent scientific inquiry and high-quality scientific communication.

Dr Southgate summed up the Fishbein Fellowship well when she noted that she was surprised by how simply the program began. “My greatest gratification is the number of top-notch editors it has produced, many of whom stayed on at JAMA—some to this day—and their important contributions over the past 36 years and, I hope, for years to come.”

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References