

Nurturing the Development of Future Editors: The John F McDermott Assistant Editor- in-Residence Model

There has been increased interest in formulating and formalizing a process whereby early-career physicians interested in working for medical journals can learn the skills and become familiar with some of the challenges that arise in producing a peer-reviewed, scientifically rigorous medical journal.¹ To address that need, some journals have offered fellowships (including the *Journal of the American Medical Association*, *New England Journal of Medicine*, *Canadian Medical Association Journal*, and *American Family Physician*²⁻⁵), medical student and residency electives,^{6,7} and such programs for attending-level physicians as the Radiological Society of North America's William R Eyer fellowship.⁸

In 2007, the *Journal of the American Academy of Child & Adolescent Psychiatry* (JAACAP) created a position designed to systematically expose early-career child psychiatrists to medical editing. In recognition that this developmental process might be best undertaken over a substantial period, the John F McDermott Assistant Editor-in-Residence is a 3-year, part-time fellowship open to early-career child and adolescent psychiatrists after completion of their residency training. It has been endowed in perpetuity in recognition of the leadership of former Editor-in-Chief John F McDermott, professor emeritus of psychiatry at the University of Hawaii. In this electronic age, most of the communication and work occur online and by telephone, but face-to-face contact is required, so the fellowship provides funding for attendance at the American Academy of Child & Adolescent Psychiatry's national meeting and another JAACAP-related conference during the year.

Over the 3 years, the John F McDermott Assistant Editor-in-Residence (hereafter termed *assistant editor*) works closely with the editor-in-chief and designated senior members of the editorial board. He or she is involved in editorial processes behind the production of JAACAP, including participation in the peer-review process, editing papers, copyediting, communicating with authors, and tracking papers from submission to completion. In addition to

those specific task-related activities, the assistant editor becomes involved in discussions and decisions regarding ethical and professional issues. Because there are many stages of development in a career, the assistant editor is expected to become a mentor to medical students, residents, and child psychiatry fellows through formal appointment to mentoring programs in the American Academy of Child & Adolescent Psychiatry and by informally fostering relationships with persons who have particular interests in editing and publishing. There is only one assistant editor appointed every 3 years, so it is expected that the assistant editor will participate in finding and mentoring possible candidates for the fellowships.

Exposure to the breadth of medical publishing is part of the experience, but the assistant editor is given a variety of specific roles. The most innovative formal expectation is that the assistant editor initiate and edit a section of JAACAP for the duration of his or her term. As the inaugural assistant editor, I developed In Context: scholars and experts from outside child and adolescent psychiatry are invited to submit short papers on subjects related to child and adolescent mental health from the perspective of their respective disciplines, training, or expertise. The goal of the section is interdisciplinary collaboration, whereby the author shares his or her knowledge and insights while being exposed to the thinking of child and adolescent psychiatrists through the review process and by gearing the presentation toward the intended audience. In Context has included papers on such topics as federal mental-health policy, the effects of the built environment, free-speech rights and adolescents, challenges for Muslim children in the United States, and consumerism.

In addition to the responsibility of taking on a project of this size, a key role of the assistant editor is continuing mentorship under several senior figures on the masthead. Thus, I have been given the opportunity to coedit another section of JAACAP, Clinical Perspectives, with the senior member of the Editorial Board,

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Michael Jellinek. The strengths of such long-term mentorship include the benefits of a collaboration that has time to evolve and the product-oriented goal of getting high-quality work into a peer-reviewed, scientifically rigorous journal.

Several questions come up with regard to programs designed to educate and nurture people who might want to pursue formal or academic careers in medical editing. Skillfully reviewing papers and being aware of complex medical and journalistic ethical issues are crucial components of medical editing, but helming a medical journal is about much more than what gets put onto the printed page. Given the magnitude of the task and the many hats that a medical editor must wear, how does someone learn the ropes? What ropes need to be learned? How long should the program be, and how much time needs to be devoted to it? This assistant editorship is fairly long, allowing for exposure to a number of aspects of editing over time and for the development of projects, but those questions remain. How does the program fit into the trainee's or fellow's professional career?⁹ In this case, the funding covers attendance at conferences, but it is "extracurricular" and, however time consuming, must fit into an otherwise active career.

A structured, longitudinal program like JAACAP's gives the fellow a chance to learn the ropes and the vicissitudes of medical editing. Medical editing is about collaboration, e-mailing, delegation, and

debate; it is learning how to solicit articles, how to whip them into shape for publication, and how to reject solicited articles that don't work; it is as varied as thinking about the particulars of research methodology, checking grammar, and working through ethical conundrums. Exciting new studies, thoughtful re-evaluation of what we know, and vociferous and passionate debate are bound up in every issue of a journal, but learning how to negotiate the real-life world of business, advertising, and attempts to reach an overwhelmed readership is also important. It is clear from reports from other training models that the breadth of issues that trainees will be exposed to is one of the most surprising aspects of any program.¹⁰

The advantage and the disadvantage of the JAACAP model is the risk posed by every apprenticeship. Every journal operates in its own way, drawing on its institutional culture and on the experiences, wisdom, and idiosyncrasies of its editorial board. There is no outcome of this particular program yet, inasmuch as I am the first assistant editor, and the "n" will be small with any fellowship that lasts 3 years, but this may be one model that can channel experienced people onto the mastheads of our medical journals.

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