JAMA Fishbein Fellowship Offers Deep Dive Into Medical Editing

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Physicians who want to learn more about life as a medical editor have an unusual opportunity thanks to the Morris Fishbein Fellowship in Medical Editing1 offered by the Journal of the American Medical Association (JAMA). This fellowship, which has been offered annually since 1977, was designed to introduce physicians to all facets of editing and publishing a major medical journal. In this interview, two former fellows describe the experience and how it changed their careers.

Kristin Walter: In 2018, after working as a pulmonary/critical care physician for 18 yr, I had the opportunity to assess what I wanted to do next in my career when I learned my practice was closing. I decided to pursue an interest in medical writing and editing, which had developed over the years of reading medical journals in my field. Plus, I was a history and literature major in college, so I’d always had that interest in reading and writing.

SE: It sometimes surprises me how many scientists have interests—and aptitudes—in writing and literature. Fishbein Fellows gain proficiency not just with writing and editing, but also with manuscript review and selection, peer review, issue makeup, and electronic publishing. Among that wide range of activities, what did you most enjoy, or what stayed with you?

Walter: My fellowship began with a 2-wk period of copyediting manuscripts. That was a valuable experience because I learned the terminology used at JAMA, and it set the tone for what I’d be doing the rest of the year. The fellowship showed me the whole range of what goes into publishing a manuscript—starting with reading the manuscript, deciding whether to send it for review, contacting reviewers, consolidating the reviewers’ comments, presenting at the manuscript meeting, and ultimately making a decision about whether to go forward with the manuscript. I enjoyed seeing manuscripts move from the very beginning (submission) to publication. They tend to get a lot better through the process of revision.

Muth: The journal’s editors are generally focused on deciding which manuscripts are interesting and important—which ones are of high quality. Editors work with authors and other editors on revisions, then after they click “accept,” most are done until they see the final product. The fellowship shows you all the steps in between, so you can understand not just the line-by-line editing but also layout and how the tables and figures are formatted. It really helps to understand the timeline, say, when you’re
trying to expedite publication of a particular article—you know what’s feasible and what’s not.

SE: Kristin, as the more recent fellow, what was it like attending editor meetings? Was it intimidating to be thrown into that group? How were you able to contribute?

Walter: My experience was a bit unusual because the AMA building was closed due to the pandemic, so I was completely remote for my whole fellowship. But everyone was very welcoming. I had just finished working in an ICU, so I had a lot of experience with COVID-19 during the first three and a half months of the pandemic. And there were opportunities to express my opinion about specific papers or concepts, especially about COVID or pulmonary and critical care topics.

Muth: Kristin was critically important. Most of the other editors were not actively seeing or treating patients with COVID, so it was really useful, especially at the beginning of all that, to have her insights. The timing was a coincidence—we offered her the job in February, before we knew COVID was in the United States, and by the time she started in July, she had gained vital experience with the disease.

SE: Science Editor published an article about Fishbein Fellowships in 2013,2 which mentioned that fellows may participate in podcast and video interviews. This offers an opportunity to meet and interview those at the forefront of contemporary medicine. Kristin, did you have an experience like that?

Walter: I did have the chance to do several podcast interviews. In May 2021, I interviewed Dr Aluko Hope, who was involved in starting a long-COVID clinic at Montefiore [in collaboration with the Albert Einstein College of Medicine]. When it first opened, they were geared up for people leaving the ICU who were still critically ill and needed continued care. Yet they were seeing patients who had never even shown up at the hospital, who were presenting with these long-COVID symptoms. They realized that the people they’d set the clinic up for were not the ones coming in—patients with disabling symptoms, months after having a relatively mild COVID infection.

In June the same year, I interviewed Dr Ankit Bharat, a transplant surgeon at Northwestern University Medical Center. He did the first lung transplant in the United States on a patient with COVID-19. It was technically a very difficult surgery and different from the usual lung transplant patients, who typically present after years of COPD (chronic obstructive pulmonary disease) or other chronic lung disease. This was a 25-yr-old patient with acute respiratory failure—a totally different paradigm. Dr Bharat ultimately did 30 lung transplants for patients with COVID-19 acute respiratory distress syndrome (ARDS), and his paper was published by JAMA this year.

SE: Speaking of being on the cutting edge, Chris, is there a new technology or process that you are watching closely?

Muth: There’s a trend toward getting as much information to the audience in the format that is most desirable and easily consumed, so we’re continuing to move into audio and video. Busy clinicians want to know the essence of the article in as distilled a way as possible. As editors, we’re making sure each of those distilled pieces is still faithful to the research article. You have to strike a balance between having enough information so that the full message of the study can be understood in the proper context, but not having something so long that people lose attention.

SE: The article mentioned earlier quotes Robert M Golub, MD—at the time, Deputy Editor of JAMA and Fishbein Fellowship program director—as saying that “the role of a medical journal editor is critically important to preserving the quality of science.” Can you describe how that plays out in practice?

Muth: Most of the research we receive is high quality and done with integrity. Part of the journal’s role is to make sure that shines through for the reader by including all the necessary methodological and other details. That way, there is enough transparency for readers to see whether the design and methods are appropriate to answering the research question, and that the interpretations of the findings both follow from the methods used and account for any limitations. In short, the article that is published must be a faithful summary of the study as it was designed and executed. By doing that, we are preserving the integrity of the science.

SE: Finally, we’ve discussed benefits to the fellows and the larger medical field. For our readers who work for journals that may be considering something similar, what are the benefits to JAMA of offering the Fishbein Fellowship program?

Muth: By offering this fellowship, once a year we get a new voice in JAMA, a new viewpoint. For example, the fellow might be trained in a specialty that none of the editors are trained in. And they are usually at a more junior position in their career, which means we can get their perspective on how we are presenting the medical literature and how they are accessing it.

But part of my job is making sure it’s a good educational experience for the fellow—that there’s a good balance between working and learning. After all, the main goal is to train good editors, whether they work at JAMA or somewhere else. That’s a benefit to science at large and scientific discourse and dialogue.

Walter: And, over the years, a number of Fishbein Fellows have stayed on at JAMA!

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SE: What other directions have former fellows gone after their year in the Fishbein program?

Muth: The careers of former fellows run the gamut: Some move into full-time editing (at JAMA or elsewhere); some go back to clinical work; and others, like myself, continue to see patients and work as editors.

SE: Thank you both for your time today. Stay tuned for a future issue of Science Editor in which we hope to explore additional editing fellowships for physicians, scientists, trainees, and others. Journals and societies are gaining insights from fellows on what is relevant, interesting, and engaging to readers, while the participants benefit from the in-depth experience with the scholarly publishing process.

References and Links