

Advances in Clinical Medical Research and Healthcare Delivery

Volume 1
Issue 1 *Inaugural Issue*

Article 1

2021

Why are we doing this?

Richard Alweis
Rochester Regional Health, richard.alweis@rochesterregional.org

Hemant Kalia
Rochester Regional Health, drhemantkalia@gmail.com

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Recommended Citation

Alweis R, Kalia H. Why are we doing this?. *Advances in Clinical Medical Research and Healthcare Delivery*. 2021; 1(1). doi: 10.53785/2769-2779.1014.

ISSN: 2769-2779

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Why are we doing this?

Author ORCID ID:

0000-0002-4747-8066

0000-0001-9033-9080

Abstract

The editors of the journal explain the rationale for founding a new journal and the goals of the journal.

Keywords

medical education

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Why are we doing this?

Thank you for reading the inaugural issue of *Advances in Clinical Medical research and Healthcare Delivery*. With the ever-growing number of open access journals, some would question why we chose to add to that number.¹ The answer lies in the needs of the students, residents, and faculty of community health systems and independent academic medical centers. By far, the largest number of sponsoring institutions in the United States fall into the community hospital/general hospital category (452 vs. 122 academic medical center/medical school sponsoring institutions) and more than half of all graduate medical education (GME) trainees train in the non-university medical center setting². Although most graduating residents come from community-based programs, published research with residents or fellows as lead authors tends to come from University-based health systems given the significant barriers faced in resources, mentorship, and experience at most community hospitals.^{3,4} Faculty similarly lack a platform to showcase clinical research and innovation—unless they are part of a university collaboration or recipients of grant support. In 2002, nearly 100,000 residents and fellows were supported by a total of \$8.8 billion dollars by Medicare; yet, less than 0.001% was invested in health professions research.⁵⁻⁷ The Agency for Healthcare Research and Quality has recently endorsed the need for research in graduate medical education and several academic organizations have supported a new National Institutes of Health (NIH) branch: National Institute for Medical Education Research.⁸

As the United States rethinks the manner in which graduate medical education is funded, it is clear that higher priority will be placed into rural and underserved communities, often far from a medical school⁹. These generally smaller programs with fewer resources will still do high quality work, but their studies are more likely to be single system, single hospital, or single program in size, and therefore unlikely to be published in the major clinical and educational journals. There is an identifiable need to provide an independent platform for peer-reviewed publications. This journal is mission-based with the aim to meet that need. The scope of the journal is deliberately broad and defines scholarly work broadly, in line with the definition from the ACGME¹⁰

- Any clinical research, including vignettes, trials, bench work, reviews and meta-analyses performed at community health systems
- Education and management articles focusing on the community health system in service of academics
- Quality Improvement and Patient Safety activities.
- Public health program planning, implementation and evaluation research initiatives.

The journal aims to promote and encourage diversity and inclusion in medical publishing, both in the subject matter of the articles that we publish and in the demographics of our team. We will be one of the few journals to collect this DEI data on the authors and reviewers and publish this annually. We have chosen a platinum open access model on a well-respected platform so that authors pay nothing to publish in our journal, removing this barrier to equity¹¹. Therefore, the journal avoids the conflict of interest of placing revenue generation ahead of the quality of peer review process and articles published. As such, we have committed to the standards of peer review set forth by the Committee on Publication Ethics (COPE) and the International Committee of Medical Journal Editor (ICMJE). We look forward to receiving your manuscripts for review and your readership in the years to come!

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