

Critical Reading Habits and the Maturation of Family Medicine

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It is widely appreciated that medicine is in the midst of rapid technologic change, and that new tests, procedures, and interventions are being developed at such a rate that the clinician is hard pressed to keep up. It has been shown that the reading of medical journals constitutes the leading way whereby physicians are first exposed to new developments in their field. Critical reading of the literature is therefore essential if the physician is to assess the validity and applicability of published studies and to decide upon changes in his or her clinical practice based upon new scientific evidence.

Many observers have recognized the need for more critical reading skills and habits for physicians to appraise adequately the clinical literature.¹⁻³ Based upon a belief that "most physicians lack the methodologic competence in clinical epidemiology, statistics, and decision analysis" to make judgments on conflicting data and to assess the applicability of new clinical approaches, the American College of Physicians has launched a new program, the Clinical Efficacy Assessment Project.⁴

The need for sharpening of critical reading skills poses a special challenge in family practice. Although an increasing proportion of family physicians have completed three-year family practice residencies, research and critical reading skills are not emphasized in many programs. Only a small cadre of family physicians are well grounded in clinical epidemiology, biostatistics, and related disciplines. At the same time, the amount of clinical and health services research in primary care and family practice is constantly increasing, as evidenced by the growing body of published work in this journal. In response to this problem, two new directions are charted in this issue of *The Journal*, both intended to foster more critical reading of the maturing literature base of family medicine. Controversies in Family Practice is a new feature inaugurated with the pro and con position papers of Kamerow and Campbell on the question of whether screening is worthwhile for mental health problems in family practice.⁵ The second addition is a commentary piece that will appear each month accompanying one or more original papers in *The Journal*. This is illustrated by Gehlbach's commentary on the paper by Corey and Merenstein on the use of a predictive instrument for acute ischemic heart disease.⁶

The Controversies in Family Practice feature will appear regularly in future issues. It is intended to be provocative and to deal with controversial and timely issues in a schol-

arly and constructive way. Opposing views will be presented on both sides of an important issue, each argued more on the basis of the evidence than on opinion. Future topics of this feature in coming months will address the role of the routine baseline electrocardiogram, screening mammography, screening sigmoidoscopy, and drug treatment of mild hypertension.

Commentary on selected papers is intended to assist the reader in better understanding the research techniques being used in these papers, as well as to help with appraisal of the clinical significance and applicability of the reported work to everyday clinical practice. Commentary may have various forms, including critiquing of research design and interpretation of results, highlighting the clinical significance of results, and suggesting directions for future research.

As an increasing number of clinical studies are carried out in family practice settings, family physicians are beginning to base their clinical approaches and standards of care on the results of clinical studies in primary care and family practice settings instead of on the results of studies in referral settings. Whereas some precepts of family medicine were necessarily adopted as articles of faith in the specialty's early years, the field is now in a position to reassess many of these precepts based upon documented experience. It is hoped that our two new approaches, Controversies in Family Practice and Commentary on selected papers, will help the readership to assess more critically the literature in the field and to stimulate constructive debate so important in any clinical and academic discipline. Feedback and suggestions from the readership are invited and welcomed.

References

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5. Kamerow D, Campbell T: Is screening for health problems worthwhile in family practice? *J Fam Pract* 1987; 25:181-187
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INFORMATION FOR AUTHORS

THE JOURNAL OF FAMILY PRACTICE is a peer-reviewed scientific journal specifically intended to meet the needs of the developing specialty of family practice. Manuscripts are considered in relation to their significance in the advancement and definition of the discipline of family medicine, the extent to which they represent original work, and their interest to the practicing family physician. High priority is given to clinical studies that have practical implications for improved patient care. Some papers that are accepted for publication will be selected for concurrent commentary by other invited authors addressing issues raised by the papers. Manuscripts are considered individually on the basis of content, originality, and relevance to the goal of this journal.

Contributions in the form of original articles, feature articles, and position papers are invited. All articles should include a careful compilation of bibliography. Letters to the Editor are also encouraged, including observations, opinion, corrections, and comment on topics under discussion in the journal. THE JOURNAL OF FAMILY PRACTICE publishes the following features:

Original Articles. Clinical aspects of family practice, representing the family physician's perspective on health, illness, and the family: family practice and health care delivery, addressing the relation of family practice to other clinical disciplines, allied health fields, and community resources; medicolegal matters, audit methods, or practice management; or changing patterns of health care; education in family practice; or research in family practice relating to any of the above broad areas.

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1. Fishbane M, Starfield B: Child health care in the United States: A comparison of pediatricians and general practitioners. *N Engl J Med* 1981; 305:552-556

2. Dubovsky SL, Weissberg MP: *Clinical Psychiatry in Primary Care*. Baltimore, Williams & Wilkins, 1978, p 46

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