Maintaining Professionalism in Our Scholarly Activities

TO THE EDITOR:

In February 2012, the Board of Directors of the Accreditation Council for Graduate Medical Education (ACGME) adopted a resolution reaffirming its expectations that the graduate medical community demonstrate core elements of professional behavior in all aspects of clinical and educational activities.¹ One area of educational programs that has recently been highlighted for our discipline is the expectation for research and scholarly activity.² While this promotion of scholarly activity from residencies will strengthen the research and academic prowess of family medicine faculty, it requires us to simultaneously attend to the culture of professionalism in our discipline.

An impromptu conversation during the 2012 Society of Teachers of Family Medicine (STFM) Annual Spring Conference in Seattle brought this issue to the forefront. A respected senior leader within STFM approached me looking fairly stunned, relating that he had just attended a session in which a young faculty previously unknown to him had presented significant parts of his published research as if it were her own. We brainstormed briefly about the ways he could respond and then we headed off to other sessions. But I’ve continued to be concerned about what happened.

Since then I have heard of two more instances in which one person had presented or in some way given the appearance of having developed work that was in fact developed by someone else. At the Program Directors’ Workshop, some unpublished work developed by one residency program was presented by a different residency program, without recognition of where the work had originated. A colleague recently found that someone else had uploaded onto the STFM Resource Library (a great tool), and the newly specified ACGME expectations related to scholarly work all make these kinds of lapses in professionalism more likely. I suspect that these instances of plagiarism were not done with the intent to deceive. However, they were unethical and irresponsible and do not live up to the call by Tom Nasca, MD (chief executive officer of the ACGME Board of Directors) for us to demonstrate professionalism in all of our activities.¹

What can be done to prevent these kinds of lapses? I suspect that originators of ideas could sometimes do things to more assertively claim credit for their work. STFM could also advocate for giving credit where credit is due—on the STFM Resource Library, in submissions to conferences, and by explicitly asking that evidence of plagiarism be reported in conference feedback processes. We need to raise awareness of this problem, especially as residency training programs are encouraging less experienced presenters to do scholarly work.

The ACGME has called upon us to do research and to maintain standards of professionalism. Let’s do both.

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References

Response to “Geographic Patterns in Primary Care Visits Provided by Osteopathic Physicians”

TO THE EDITOR:

As Dr Licciardone pointed out in his letter to the editor,¹ our article² did not deal with osteopathic physician (DO) contribution to the rural primary care workforce as measured by patient visits. Our study was never intended to examine osteopathic physician share of patient visits but, rather, to describe the contribution