

Changes at Minnesota Medicine

We often make changes in the content and operations at *Minnesota Medicine*, but most are below the radar for readers. Two recent changes, deserve, we feel, more explanation.

Medical leadership for the magazine

Zeke McKinney, MD, MPH, MHI, stepped down as the chief medical editor for the magazine at the end of 2021, after just over three years of service. A relatively early-career physician, Zeke brought energy, interesting ideas and new perspectives to the magazine; his regular columns were insightful, meaningful and personal.

But Zeke has been in demand on several fronts, especially since the pandemic began. He was part of active COVID vaccine research and promotion of vaccination—particularly for underserved communities—and became the face of vaccine encouragement we saw everywhere in print, online and on television. He has been involved in efforts to bring equity to healthcare and to the medical profession. He is the new president of the Twin Cities Medical Society, which will no doubt have challenges in its first year of operation separate from MMA. And, of course, he has the demands of his occupational medicine practice with HealthPartners and the needs of his young family.

We will miss Zeke; if you've ever met him, you'll understand why.

Rather than replacing Zeke with one physician, we are going to have a team of three medical editors. We hope that will provide us with more diversity in type of practice, geography, gender, interests and personal background. Each medical editor will write two columns/year and help shape the content of the magazine with suggestions for topics and expert sources.

Instead of an advisory board, we will call upon a group of medical advisors. Each will represent, in general, a kind of practice/specialty and/or interests. So, for example, there may be a medical advisor for surgery and one for rural medicine and one for arts and medicine. They will suggest ideas, but also may be asked to review articles in their area of interest before publication to make sure they are accurate and medically sound.

We are in the process of putting together the three-physician team of medical editors and the medical advisors and expect to announce them in the next issue of *Minnesota Medicine*.

Research articles

We learned in early 2018 that the magazine was no longer indexed on PubMed. The change had happened several months earlier,



with little notification. We applied for reinstatement but were turned down in March 2021, in large part because *Minnesota Medicine* had not published as many peer-reviewed research articles over the past few years as PubMed felt appropriate for a medical journal.

Following the PubMed decision, we contemplated just what *Minnesota Medicine* should be and determined that we had an important and unique role to play for physicians and physicians in training: to provide information about what other Minnesota physicians are doing in their practices, in their lives and in their communities. No

other publication is doing that.

Research is a part of that. We already have started presenting research articles differently, as you can see in this issue and in the November/December 2020 issue. Instead of following the strict AMA format, we are presenting articles about clinical research as narratives—sometimes as commentary, sometimes as features, sometimes under a Research label. None of these changes are made without the consent of the authors, but so far they have been happy with how their articles have been edited. The goal is to make research articles more accessible so that more readers will engage with them.

We will report and write articles about ongoing research in Minnesota in specific areas. For example, we may interview several physicians conducting research on Alzheimer's disease and write summaries about their efforts. We also will include articles about research by Minnesota physicians that have been published in other journals (there are two in this issue).

There are many journals in which original peer-reviewed research can be published; our aim is to tell the story behind the research.

Please let us know your reaction to these changes—and any ideas you have about what we should be covering going forward. Remember, this is *your* magazine. Call 612-669-0623 or email lpicone@mnmed.org and share your thoughts. **MM**

