

EDITORS' NOTES

Issue 3: Editors' Note

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With the new year comes the promise of new opportunities, including those at the Texas Family Medicine Research Journal. This issue introduces new content, new author guidelines, new operating procedures, and new ways of engaging with our audience.

We appreciate the wealth of submissions we received from authors throughout Texas for this issue - more than our two previous issues' submissions combined. We are also proud to have the chance to represent different institutions for almost all of our articles, case reports, reviews, and opinion pieces in this issue, reaffirming our goal to represent family physicians and trainees throughout the entire state of Texas.

As we edit each submission, we continue to refine our guidelines to both adhere to industry standards and allow for smooth transitions into the review process. Since our last issue, we have added resources to help with American Medical Association-style citation and reference formatting, a how-to video for adding line numbers for more specific reviewer feedback, and plagiarism review tools.

Our Scholastica platform is now integrated with CrossRef, SimilarityCheck, and iThenticate. With these tools, all future submissions will be automatically analyzed for any unauthorized or uncited reproduction from other scientific work. Furthermore, our Metadata on Scholastica meets standards so that all our articles now have Digital Object Identifiers (DOI) and are a permanent part of the world of searchable science going forward. With this foundation, we can move forward in the two years with our goal of becoming part of the Directory of Open Access Journals (DOAJ) and registry with PubMed and other scientific search systems.

We have also added guidance on the use of Artificial and Augmented Intelligence (AI) to write manuscripts. AI has been in the forefront of the publishing conversation for a few years, and while it is a powerful and useful tool, we also recognize its associated pitfalls and risks. On one hand, we are worried about overdependence on these tools and AI confabulation, but on the other, we are actively using AI-powered features in our primary care daily activities, such as ambient listening programs and OpenEvidenceAI. Each

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conference that our editors have attended over the past two to three years has had at least a handful of sessions about the future of AI in medicine, addressing both the excitement and misgivings about the next big step in our technological culture.

In our journal, we strive to support original authorship and creative writing while also embracing AI as the most powerful research tool to date. This is why we are implementing AI authorship detection in our editing process and requiring disclosure of the use of AI tools for all submissions. At this point, AI tools are even embedded in frequently used programs, like Word or Canva, so we realize that reporting on every instance of AI usage is impossible, but until guidelines around its use are more universally accepted among publications, we feel it is our duty to be as transparent with its use as possible. As AI in publications continues to evolve, we will keep you posted as our policies and procedures change with it.

Sincerely,

Jennifer Nordhauser, MD,MPH
Editor-in-Chief

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Associate Editor-in-Chief

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