

How to author an article for *CJPL*



Deirdre McKennirey

*Are you interested in writing an article for *CJPL*? We are always looking for new authors and subject matter related to physician and health care leadership. Check out December's special edition of *CJPL* which focuses on co-leadership experiences with perspectives from both sides of the dyad!*

As managing editor of *CJPL*, let me provide an overview of the process once we receive your manuscript, which will have been written following *CJPL*'s Guidelines for Authors. Editor-in-Chief Dr. Abraham (Rami) Rudnick will review it for appropriateness of content and style, including attention to innovation, rigour, impact, and clarity. If he accepts your manuscript, he will provide directional advice regarding how to strengthen content by expanding specific sections, providing concrete examples, or sharpening focus, for example.

Research articles are sent to at least two peer reviewers with relevant expertise, normally chosen from our Editorial Board, although in exceptional cases we look further afield to ensure content is appropriately assessed. This step extends the time before the article is considered for final approval and delivered to our copy editor. Otherwise, articles can generally be turned around in less than a month.

In this issue

Dr. Guaiana and third-year Western University medical sciences student Ms. Wadhawan review synthesized peer-reviewed literature on rural health care leadership to support the position that rural leadership is not an optional administrative function. Read the article to understand their argument that strengthening rural leadership offers a practical strategy to improve

equity, resilience, and continuity of care in underserved communities. In the ninth article in our health economics series, professors Hoch and Dewa determine when simple methods assuming normal distributions can be used to analyze skewed data. In the new Health Informatics section, Jonas Bambi, PhD, and colleagues argue that the future of health care AI should build on, rather than bypass, already accumulated knowledge of health informatics. Equally important, physicians and other clinicians must be partners throughout the AI lifecycle. Consider BC physician John M. Hwang's view that the traditional, largely implicit physician compact with the institutions they serve is no longer valid as he argues that an explicit compact, built through genuine dialogue, is necessary but that the real work lies in determining, concretely, what sustains meaningful physician leadership. Read the assertion of third-year University of Toronto medical student and graduate student in the university's Health Systems Leadership and Innovation program, Eric Hempel, that embedding people leadership development meaningfully in the medical school curriculum offers a critical opportunity to reshape workplace culture, strengthen team cohesion, support staff well-being, and ultimately improve patient care. The issue ends with the third article in our Coaching Corner series covering the use of emotional intelligence to move from overwhelm toward clarity, prioritization, and intentional action.

As always, input on *CJPL*'s content, process, style, and format is very welcome.

Author

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CSPL Coaching Network



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Mantra:

You don't get to choose how you're going to die, or when. You can only decide how you're going to live. Now." – Joan Baez