

## Supa fly

**A** good editor's job is to be a fly in the readers' nose and make them sneeze."

I heard this quote at a recent conference of scientific editors I attended. The speaker was talking about editors having the courage to publish controversial viewpoints and less mainstream scientific papers to stimulate and provoke the readership. I am going to keep this in mind during my tenure as editor, and I did have the thought that if everyone gets rhinovirus my reign may be short.

I have never been to a scientific editors' conference before and found the process interesting and stimulating. I found it particularly fascinating how journals around the world and particularly in the United States decide which manuscripts to publish. Even private, for-profit journals send potential manuscripts to a number of outside peer reviewers who perform this duty for free. Once the reviews are collected the assistant editors and editor-in-chief make final decisions on publication. These journals' editorial boards act as reviewers and experts in their various fields, often supplying names of other potential reviewers. I was amazed that some

well-known journals receive more than 40 manuscripts per day and have acceptance rates for publication as low as 6%.

### **Much of the dialogue revolved around bias in peer review, substandard editorial board members, and internal journal conflict.**

All of this caused me to reflect on our own *Journal* and our informal, collegial, yet highly effective system, which has led to us being voted the top provincial medical journal in British Columbia for more than 20 years. Submitted manuscripts, unless they are completely inappropriate, are distributed to the Editorial Board for review. The Editorial Board consists of seven members plus yours truly. The physician Board members have different backgrounds and practise in different areas of medicine. The Editorial Board meets once a month, where the reviewed manuscripts are discussed. General consensus is reached surprisingly easily on papers

stamped *accepted* or *rejected*, allowing more review time for those manuscripts that require further thought (*please revise*). I am constantly humbled by the intellect of the Board members and the different perspectives they bring forward. Their thoughtful opinions lead to the improved revised manuscripts that are published in our *Journal*. Outside reviewers are occasionally sought out if the manuscript's subject matter doesn't fall within the Board's comfort level or expertise. At our monthly meetings, submissions to Personal View and other working parts of the *Journal* are also discussed. Our fabulous, experienced *Journal* staff are also in attendance, taking notes and acting as excellent advisors.

At the conference much of the dialogue revolved around bias in peer review, substandard editorial board members, and internal journal conflict. I am glad to say that your *Journal* remains a happy place devoid of these apparently common problems. Our monthly meetings remain one of my favorite and enjoyable tasks. So now for something controversial—I believe the egg came first.

—DRR

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## Partners

I feel very fortunate and privileged to count myself among the 50% of married people who married well. Now in our twentieth year of marriage, my husband has proven to be the most amazing partner, father, provider, and companion that any woman, let alone a woman surgeon, could ask for. But he is not the only partner that I value. Any doctor who runs a busy clinical practice will understand the importance of having a competent medical office assistant or secretary. I have, yet again, somehow managed to be lucky enough to work with the grand champion of MOAs.

My secretary, let's call her Norine (because that's her name), has been in the business for many years. She started at the age of 17, fresh out of school, working for one of my senior mentors and has made running a surgical office her career. She knows the ins and outs of surgical bookings and preparations, whom to call to most efficiently book required investigations, and which patients need a little extra TLC. She is unfailingly polite, pleasant, and cheerful on the phone, even when she is unfairly getting the gears, or is the bearer of bad news like surgical cancellations or postponements. She is the organizer of my ungainly waitlist, and when emergencies demand it, she is the one who bravely faces canceling entire clinic days. She is the face of my practice, and our patients consistently and spontaneously remind me that she is a great face. She, without being asked to, organizes patients' appointments to coincide with other specialists' so that patients who travel far need only make one trip. She arrives before me in the morning and leaves when she feels her work is done, usually later than I think she should. She suffers through my dictation and its occasional expletives. She doesn't take enough holidays yet maintains an excellent sense of humor.

She knows to be suspicious if I start a conversation with, "Wow, your hair looks really great today!" because it usually means I've messed up in some way that means more work for her. She is the den mother for our residents and fellows and every fellow has threat-

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ened to hire her away from me. She is not just an employee, she is the most valuable partner I have in my career, and I tell her so as often as I can without crossing that line into stalking. I probably do cross it, actually.

I think that she feels the patients are hers as much as mine, and my patients' families often know her better than they know me. I am sometimes asked for advice by young trainees, especially young women considering surgical careers and families. How can they balance life and career goals? They can't do it easily on their own. They need partners. The partners that can be picked should be chosen with great care and respect. In the case of office assistants and secretaries, I tell them to hire the very best person they can, pay them well, and then don't micromanage them. Value them. Listen to them.

Learn from them. Respect their time. Become day-to-day partners in the practice. It really improves your ability to do your own part of the job and decreases your and your patients' stress.

I'm lucky, I know, to have been able to work with a true gem from the beginning of my practice; many of my colleagues have not had that happy opportunity. I think that in some cases, both on the part of the employee and employer, there might be an unrecognized bias that this is "just a job" or that secretaries are pretty interchangeable. Not in my world. I've told Norine that if she decides to retire before me (she is after all a whole one year older!), I will ask her to do one last task: advertise for my position. I couldn't do it without her.

—CV

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