A New Look and Continued Growth for *JGIM*

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This issue begins *JGIM*'s 22nd year and the half-way point of our 5-year tenure as Coeditors. This issue also ushers in a number of changes in *JGIM*, some dramatic, some subtle, and all representing progress in *JGIM* as a respected peer-reviewed journal. The most obvious and dramatic change is the cover. In consultation with our Deputy Editors and Editorial Board, we have chosen an eye-catching, radically redesigned cover that reflects the dynamic nature of *JGIM* and the field of general internal medicine.

NEW PUBLISHER

JGIM's new look is predicated on its changing publishers. After 11 very productive years with Blackwell Science, *JGIM* is now being published by Springer, the world's second largest publisher of medicine, science, and technology journals and books. We are excited about our 5-year contract with Springer that brings both increased financial support for the Society of General Internal Medicine (SGIM) and *JGIM* editorial office as well as enhanced access to Springer's many features. Those which we feel will be particularly appealing to *JGIM* authors and readers include:

- **SpringerLink**,¹ the online portal to *JGIM*. *SpringerLink* is accessed by 6,700 individual institutional libraries and an additional 4,000 libraries that participate in 344 library consortia. Besides *JGIM*, *SpringerLink* contains online archives of more than 1,500 journals. We are excited that Springer will be digitizing and archiving all 21 prior volumes of *JGIM*; subscribers will thus have access to all published material from *JGIM* since its inception in 1986.
- **SpringerAlert**² allows anyone (even nonsubscribers) to receive alerts from *JGIM* and any other Springer journals free of charge. This service—accessible through *SpringerLink*—can be customized to provide readers with the latest publications on topics of their choosing.
- **Open access:** Authors, readers, and funding agencies are increasingly expecting journals to provide open access to journal content. Because articles' commercial value is in the timeliness of the content, Springer will provide the author's final accepted manuscript of all *JGIM* articles to the National Library of Medicine's PubMed Central 12 months after their publication. Because the number of

libraries with access to *JGIM*'s content is more than double its number of individual subscribers, open access to *JGIM*'s online content dramatically increases reading by clinicians, educators, and investigators—the latter two resulting in an enhanced Impact Factor.³ Open access also increases reading of *JGIM* articles by the lay public and lay media, further disseminating the authors' work. Importantly, we have immediate free access to up to 24 articles per year that the Editors feel are so important that broad free access is desirable.

- **Online First**TM: In 2005, *JGIM* began article-based publishing⁴, a process where we submit an article to the publisher upon acceptance which is then immediately typeset and proofread. Once approved by the authors, the article is published online and is accessible through PubMed⁵ as "ePub ahead of print." Thus, 6 weeks after acceptance, an article is available to the public in its final format. Springer will continue this process in its *Online First* feature available through *SpringerLink*.
- **Case reports and clinical vignettes:** In the past, due to restrictions in the page budget for *JGIM*, only the abstracts were printed for case reports and clinical vignettes. The full formatted article was available online. However, Springer has increased our page budget substantially and committed to publishing all of the manuscripts deemed acceptable by the Deputy Editors. Therefore, beginning with this issue, we will publish full case reports and clinical vignettes in both the paper and online versions of *JGIM*.
- **Online appendices:** At no charge to *JGIM* or its authors, Springer will allow authors to post appendices on *SpringerLink* that they feel add value to their articles. While we expect most appendices to be textual (for example, an article describing implementation of a new curriculum could include the entire curriculum as an online appendix), they could include digital images, audio (MP3) files, or video (MPEG) files. We hope authors take full advantage of this feature to markedly increase the amount of valuable material *JGIM* publishes.
- **Author alerts:** Through Springer's arrangement with Thompson Scientific⁶, ISI will send an e-mail alert to authors when their work is cited by others.
- **Color:** *JGIM* can now publish 42 articles per year (three to four per issue) with color figures and/or illustrations at no charge. This will boost the visual appeal and readability of *JGIM* content.
- **Blogs:** Springer is initiating this new feature for which *JGIM* will be its first medical journal. Although we will still publish Letters to the Editor in the paper version of *JGIM*, we will also establish an online web-log ("blog") for each article and work to actively engage authors and readers in discussions about the contents of *JGIM* articles and their

Table 1. Supplements and Special Issues Published in 2006 or in Progress for 2007–2008

Title	Publication Date	Type of Supplement/ Special Issue	Sponsor
Reforming Relationships in Health Care	January 2006	Papers Presented at the 9th Biennial Regenstrief Conference	Regenstrief Institute, Inc.
Implementation Research	February 2006	Papers Presented at a VA State-of-the-Art Conference	Department of Veterans Affairs
Women's Health	March 2006	Call for Papers Supplement	Department of Veterans Affairs
Medical Education	May 2006	Call for Papers Special Issue	Society of General Internal Medicine
Health Literacy	August 2006	Call for Papers Special Issue	Pfizer, Inc.
Spirituality/Religion and Quality of Life in Patients with HIV/AIDS	December 2006	Papers from an NIH-Funded Study	National Institutes of Health
Managing Complexity in Chronic Care	May 2007 ^a	Papers Presented at a VA State-of-the-Art Conference	Department of Veterans Affairs
Limited English Proficiency	June 2007 ^a	Call for Papers Supplement	Robert Wood Johnson Foundation
New and Emerging Technologies	July–August 2007 ^a	Call for Papers Supplement	Blue Shield of California Foundation
Global Theme Issue on Poverty and Human Development	November 2007	Call for Papers Special Issue	None
Health Information Technology	January 2008 ^a	Call for Papers Supplement	Agency for Healthcare Research and Quality
Medical Education	May 2008 ^a	Call for Papers Special Issue	Society of General Internal Medicine

^aPublication date is tentative.

implications. Science is a dialogue, and progress is measured by the degree to which published material generates additional discussions and ideas. *JGIM*'s blog feature should enhance *JGIM*'s role as an electronic forum and spur clinical, scientific, and educational discoveries and development.

NEW SECTIONS IN JGIM

With this issue, *JGIM* has initiated new sections: categories of articles that focus on increasingly important aspects of general internal medicine and *JGIM*'s mission as a vehicle for advancing the field and its authors' careers. These new sections include:

- *Hospital medicine*: The number of hospitalists has increased dramatically in the past 5 years, especially in the U.S., and formal hospitalist divisions—as well as hospitalist sections within divisions of general internal medicine (GIM)—are appearing in academic medical centers throughout the country. In an effort to support the ongoing evolution of hospital medicine and to combat forces that may be driving a wedge between GIM division members who practice inpatient versus outpatient medicine, in late 2006, *JGIM* issued a Call for Papers for a new section on Hospital Medicine. This section is edited by Andy Auerbach, *JGIM* Deputy Editor and director of research in hospital medicine for Moffitt Hospital at the University of California at San Francisco, and should appeal to those of us who function as full- or part-time hospitalists. (Both of us are part-time hospitalists.)
- *Clinical updates*: The number and popularity of Clinical Updates at the annual meeting of the Society of General Internal Medicine have been increasing—eight were presented at the 2006 meeting in Los Angeles.⁷ We decided to publish these in *JGIM* to provide its readers with a review of the most important developments in selected subcategories of clinical medicine and other foci of interest to general internists. To date, *JGIM* has published or accepted for publication updates in HIV/AIDS care, perioperative medicine, and women's health. Additional Updates are under review at this writing. The *JGIM* Deputy Editors responsible for Updates are Rich Hoffman and Brent Williams. They will work with each SGIM annual meeting's codirectors for updates and encourage those presenting the updates at the annual meeting to submit an update manuscript to *JGIM*. Each update will be peer-reviewed; acceptance for publication is not guaranteed. The authors of each update must use an explicit, systematic approach to identifying the most important recent advances in their topic: original studies, high-quality reviews, and evidence-

Figure 1. Submissions and acceptance of manuscript to *JGIM* from 1997 through 2005. Regular articles exclude editorials, letters to the editors, book/media reviews, and creative writing pieces.

based guidelines whose findings and recommendations are potentially immediately applicable to the field of general internal medicine.

- **Teaching tips:** To better serve *JGIM*'s teachers as well as readers with specific interests in focused topics, *JGIM* is beginning a Teaching Tips series. Each series will contain several articles on a selected topic, the first being on learning and teaching evidence-based medicine. Originally published in the *Canadian Medical Association Journal*,⁸ this series will describe methods for teaching evidence-based medicine to medical students and residents. *JGIM* will soon be publishing a formal Call for Papers for submissions to its Teaching Tips series. As with the Updates, *JGIM* will only publish articles that pass full peer review.

SUPPLEMENTS AND SPECIAL ISSUES

When we first applied to be Coeditors of *JGIM*, we proposed to increase the number of high-quality articles published—at no cost to *JGIM* or SGIM—by promoting externally funded supplements and special issues. These were to be either collections of papers from symposia and conferences or the results of targeted Calls for Papers. To maintain *JGIM*'s reputation for quality, all papers must pass peer-review as being worthy for publication in *JGIM*. This effort has been largely successful: as shown in the Table 1, in 2006, we published six supplements and special issues on wide-ranging topics. Two were symposium supplements, three were supplements or special issues resulting from Calls for Papers, and one was a series of papers generated under a grant from NIH. The quality of the papers published in the above supplements and special issues was high: for the period July 2005 through June 2006, two-thirds of 20 most frequently downloaded *JGIM* articles were published in supplements or special issues.⁹

For 2006, we are working on six supplements or special issues to be published in 2007 and 2008, also shown in the table. Again, the topics are diverse; one will be papers from a VA state-of-the-art conference on managing complexity in chronic care, and the other five are Calls for Papers. In November, *JGIM* will participate in an international theme issue to be published by a collaboration of more than 120 journals coordinated by the Council of Science Editors.¹⁰ Finally, in 2007, *JGIM* will publish a Call for Papers for the biennial Medical Education Special Issue, to be published in May of 2008.

CONTINUED GROWTH

In 2005, for the first time, *JGIM* received more than 1,000 (1,087) manuscripts, which included 912 regular articles (excluding editorials, letters to the editors, book/media reviews, and creative writing pieces). Figure 1 shows the growth in submissions and published articles over the past 9 years. As of this writing, submissions are up slightly for 2006. The acceptance rate for regular articles has held steady between 20 and 25%.

JGIM's impact factor also continued to rise: 2.75 in 2002, 2.81 in 2003, 2.82 in 2004, and 3.01 in 2005. *JGIM*'s rank among the 110 journals in the General and Internal Medicine

category dropped slightly from 15th in 2002 to 17th in 2006. However, counting citations is only one measure—and a suspect one at that¹¹—of the quality of journal content. Perhaps, a more accurate measure in the digital age is the number of times full-text articles were downloaded from *JGIM*'s website, which more than doubled from 103,363 in 2003 to 228,443 in 2005.

JGIM operates under a distributed model of editorial decision making. That is, we recognize that general internal medicine is a broad and diverse specialty. So, we recruited a diverse and geographically dispersed group of Deputy Editors who assigned manuscripts in their areas of interest and expertise, manage the peer-review process, and decide (with consultation as needed from each other and the Coeditors) which manuscripts will be accepted for publication. In the past year, Jas Ahluwalia and David Stern stepped down, and we send them our grateful thanks for 2 years of dedicated service to *JGIM*. We have also added six deputy editors in 2006: Lori Bastian (Duke University), Tracie Collins (University of Minnesota), Jennifer Kogan (University of Pennsylvania), Thomas Sequist (Harvard University), Anderson Spickard (Vanderbilt University), Diane Wayne (Northwestern University), and Lisa Willett (University of Alabama-Birmingham). Please look at the names of the deputy editors and editorial board members listed on the masthead. Their selfless commitment of time and energy are what continue to make *JGIM* a treasure for the clinical, educational, and research communities and a joy for us to have the privilege to manage for SGIM.

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