From the Editors' Desk

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With this issue of JGIM, the first of 60 that will be published under our guidance as co-Editors-in-Chief, we are pleased to introduce ourselves and our vision for the journal. We do so with much excitement and some trepidation. We are mindful that we are following a distinguished line of JGIM Editors-in-Chief. These former editors have raised the quality bar and hence reader expectations during their tenure, and JGIM has come to occupy a place of distinction as a leading peer-reviewed journal for academic general internal medicine. We especially want to thank Martha Gerrity and Bill Tierney for their tremendous dedication to JGIM over the past 5 years and for their generosity and expert advice during the editorial transition.

We take the reins of JGIM during turbulent times for the US health-care system. The prospect of health-care reform presents new challenges for general internal medicine, along with new opportunities. We believe that *JGIM* can help define what it is that makes general medicine unique, what we do best, and how we frame this expertise for others. Scientific rigor will remain paramount, but we will focus more attention on relevance and applicability of research findings. Readers should leave with answers to such questions as, “How does this new research impact practice, teaching, or policy?” Or, “In light of this new research, what should we consider changing in our practice (or our pedagogy) to improve the quality of care (or education) we provide?” With the help of a diverse and talented team of Deputy Editors, Methodologists, Editorial Fellows, Managing Editors, and of course our authors and readers, we aim to make the journal more relevant, more readable, and more impactful than ever. We want to make submitting manuscripts to JGIM a better experience for authors, and make receiving JGIM (whether in print or on-line) a more exciting experience for readers. Here’s our promise to readers and authors.

To readers, we pledge to maintain JGIM’s current standards of methodological quality and publication ethics. The journal will retain its current policies of rigorous peer review, full declaration of conflicts of interest, and implacable opposition to ghost and guest authorship. At the same time, we want the journal to be not only admired, but read. We recognize that JGIM has a diverse readership—physicians, non-physician health professionals, social scientists; clinicians, clinician-educators, and researchers; web-savvy GenXers, technophobic

traditionalists and the occasional patient. While we believe the time will come when most original research will be published exclusively on-line, the appeal of print will not disappear. Many JGIM subscribers look forward to the delivery of the print journal each month, and we hope that they will soon have even more to look forward to in the months and years ahead.

To authors, we promise to continue to look for ways to reduce editorial turn-around time while maintaining the journal’s tradition of providing useful feedback on submitted material—whether accepted for publication or not. We also want to be clear about what JGIM is, and is not. General Internal Medicine is a big tent, and JGIM’s scope will remain commensurately broad. However, priority will be assigned to original research, reviews, and perspectives that emphasize *practice-based evidence for evidence-based practice*. By “practice” we mean the clinical work undertaken by generalist physicians caring for adults regardless of setting (inpatient, outpatient, nursing home, and beyond) and by teachers of general internal medicine, primary care, and public health. We seek novel, methodologically sound, and generalizable material that reports on observations derived from real-world practices and teaching settings and that has the potential to change practice, broadly defined. To paraphrase Phil Greenland, the esteemed former editor of the Archives of Internal Medicine, we will ask of all submitted material: Is it new? Is it true? And will it change practice?

This issue introduces several new features that we hope will make you think and be fun to read. For example, our clinical team, led by Associate Editor Jeff Kohwles, has developed a new feature called *Exercises in Clinical Reasoning*. These articles will present a compelling inpatient or outpatient case with commentary that will allow the reader to gain new insights into the clinical reasoning process. We expect that these *Exercises* will be useful for clinicians looking to improve their skills as well as for clinical educators hoping to enhance their teaching.

With the help of Deputy Editors Louise Aronson and Jennifer Best, JGIM also introduces in this issue a new peer-reviewed section called *Healing Arts*. Just as medicine is a blend of art and science, JGIM will bring its readers humanistic inquiry along with clinical evidence. The new *Healing Arts* section includes two types of articles. In *Text and Context*, authors supply brief excerpts from literature (novels, short stories, poetry, plays, or creative non-fiction) accompanied by an essay discussing the meaning of the work and linking it to the clinical or medical education literature. We are delighted that this issue’s *Text and Context* features a submission by noted writer Abraham Verghese. Along with one of his students, Verghese offers an excerpt from Tolstoy’s “The Death of Ivan Ilyich” along with an essay placing it in a contemporary clinical and educational context. *Healing Arts* will also feature

new creative pieces under the heading *Materia Medica*: well-crafted, highly readable, and engaging personal narratives, essays, short stories, and poetry that focus on an experience, person, or event that illuminates the practice or teaching of medicine. Other new features to look for in future issues will include articles on Health Policy, Careers, Innovation and Improvement, and more robust Reviews of clinical and educational topics.

JGIM is a journal by and for generalists. Under our editorship, *JGIM* will continue to publish creative scholarship related to clinical epidemiology, health services research, medical and residency education, health disparities, women's health, prevention, patient-physician communication, and quality improvement. We also hope to attract high-quality articles on conflict resolution, health care advocacy, media and health, transitions of care, and team building. We are committed to increasing *JGIM*'s clinical relevance by publishing more reviews on office-based and hospital medicine and providing readers with new web-based features that can enhance practice.

In steering the journal forward over the next 5 years, we will be guided by the principle that *JGIM* is a journal for generalists committed to improving the world in which they practice and teach. Thus, we will seek to publish data derived from settings where real patients live and real doctors practice, as well as reviews and tools that clinicians and educators can use to do their jobs more effectively, efficiently, and humanely.

The world of medical publishing is changing rapidly. Important trends include the secular decline in print journal subscriptions, increased competition from new journals, new requirements for open access, and the "webification" of journal content. Never before has there been such tremendous opportunity to re-think the role of the medical journal and its relationship to readers and to the scientific enterprise. *JGIM* is your journal; we welcome your thoughts. Send us Letters; drop us an e-mail; or, in the spirit of the "new media," post a comment to *JGIM*'s Facebook page. We look forward to hearing from you.