

FROM THE EDITORS' DESK

From the New Editors' Desk: A Taste of What's to Come

Steven M. Asch, MD, MPH¹, Carol Bates, MD², and Jeffrey L. Jackson, MD, MPH³

¹Palo Alto Veterans Affairs Healthcare System and Division of General Medical Disciplines, Stanford University, Stanford, CA, USA; ²Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, USA; ³Zablocki VA Medical Center, Medical College of Wisconsin, Milwaukee, WI, USA.

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Beginning with this issue, *JGIM* has three new editors in chief: Steven Asch (Palo Alto), Carol Bates (Boston) and Jeff Jackson (Milwaukee). We are truly honored to take on this role, and are grateful for the tremendous shape in which the previous leadership team has left the journal. At this, the beginning of our 5-year tenure, we wanted to share our vision for *JGIM* and invite readers to give feedback and suggestions.

SGIM has six strategic priorities: 1) improving the work and practice environment for general internists, 2) ensuring that reimbursement systems fairly compensate generalists for their work, 3) increasing the value of SGIM for members, 4) increasing career development opportunities, 5) leadership in cutting-edge issues, and 6) growing SGIM membership at a healthy rate. We believe that *JGIM* can serve an important role in helping the Society meet these goals and will work closely with SGIM leadership to that effect. We also believe that we have an obligation to exercise editorial independence and to advance the field of general internal medicine so as to serve you, the readers and authors of *JGIM*, as best we can.

One of our first priorities is to help grow the field of implementation science. Implementation science is a critical step in the process of moving from research to clinical practice. Traditional review methods are not always appropriate for this category of research. Because there is a lack of clarity about what constitutes excellent research in implementation science, much of current implementation research is limited in scope and methods. It is our hope that by focusing on implementation science, we can help develop methods of review and clarify appropriate methods to improve the science in this important field. Given that *JGIM* readers are predominantly clinicians, with nearly all practicing in either inpatient or ambulatory settings, high-quality implementation science is an appropriate fit for our readers.

A second goal is to increase the number of systematic reviews published in *JGIM*. Well-executed systematic reviews can help point the way for clinicians and policymakers. Poorly conducted reviews can lead readers astray. In order to entice submissions, we have assembled a panel of general internists with experience at teaching, conducting and publishing

systematic reviews, and hope to provide a decision for submissions in this category within 2 weeks. In addition to publishing high-quality systematic reviews, we intend to publish articles on methods of meta-analysis, geared toward both research and generalist audiences. The field is rapidly evolving, and we hope to help both researchers and our readers understand these advances.

A third goal is to increase the clinical content of *JGIM*. Our readers mirror SGIM membership, which comprises an equal proportion of clinicians, clinician-educators and clinician-researchers. Innovations in this area will include new series that we hope to grow over time. "News Flashes for Daily Practice" will highlight new drugs, guidelines and warnings, with practical guidance on how these might affect practice. "Controversies in Clinical Care" will include point-counterpoint articles for both sides of a question, followed by a synthesis of agreement on best practice.

JGIM has traditionally been a strong publisher of medical education research and has been consistently ranked very highly as a venue for educational work. We have learned that *JAMA* does not plan to publish an annual medical education issue moving forward and hope to attract articles from educators in other fields that might have targeted *JAMA*. The call for our first Medical Education Issue will be out soon. We also intend to publish the most highly rated presentations in medical education at our annual meeting. As a long-term goal, we would love to facilitate multi-center educational studies through GIM Connect and our *JGIM* website.

Perhaps the highest goal of any journal is to provide a quality venue for authors' work to reach the widest audience. The previous editors have done a tremendous job of increasing the journal's impact factor, now 3.8, a measure of how often our authors' work is cited. While we certainly aim to continue that progress, it is also important to ensure that SGIM can accept as much good work as possible. The journal's current acceptance rate has fallen to 9%; we plan to make it easier for *JGIM* authors to see their work in print through a number of initiatives. First, we now have a new category of submissions, the Concise Research Report, and examples of this category appear for the first time in this issue of *JGIM*. The brevity can be liberating to authors, especially those with primarily descriptive findings that need not delve extensively into background or methods. Second, we plan to increase the number of articles we publish without compromising review standards.

We have other ideas that we hope to roll out over the next few years, including editorials on research articles written by patients, and an occasional series of articles on the “History of Medicine.” We hope to increase the number of articles published from outside the United States, facilitated by “*JGIM* Ambassadors” from the countries that currently have a substantial number of SGIM members who live and work outside the US. This will increase the diversity of SGIM and *JGIM* by soliciting international perspectives and articles. We also plan to increase *JGIM*'s social media presence; any of our readers who are interested and experienced in this area would be most welcome to join our team.

As we take the helm, we invite your help and welcome your suggestions. Among the three of us, we have a long track record of service to SGIM, including as treasurer, regional president, chairs and co-chairs of the annual meeting, chair of the national meeting scientific abstract process, and chairs of the communications and education committees. We have many years of experience in health services research, medical

education, clinical care, and structured reviews. Consequently, we believe we can make progress toward our goals as well as those of the Society. But the journal belongs to us all. Serving as a reviewer and then as a deputy editor is a very good way to advance your career, while allowing you to give back to the medical profession. If this or one of our initiatives is of particular interest to you, we strongly encourage you to volunteer; like SGIM, we believe in a *JGIM* that is inclusive. *JGIM* will be all the better for it. We also welcome ideas from our readers on how to improve the journal.

Again, we thank the Society for the opportunity and the honor of helping guide the journal through the next few years. Nice talking to you all, see you soon at the national meeting, and...don't forget to write.

Corresponding Author: Jeffrey L. Jackson, MD, MPH; Zablocki VA Medical Center, Medical College of Wisconsin, Milwaukee, WI, USA (e-mail: jjackson@mcw.edu).