To Our Readers: An Experiment in Education

In the lead article of the first issue of Anesthesiology, the respiratory physiologist Howard W. Haggard noted that medical progress requires research and dissemination of that research to medical practitioners and the public. Last month I wrote to our authors, who provide the research basis for this progress, regarding how we intend to better serve them. The purpose of this editorial is to describe changes in presentation of research and new educational content beginning with this issue of the journal designed to better disseminate the new knowledge that we publish. To paraphrase Dr. Haggard, practice-changing research cannot change practice if it is not read, and we want to increase the number of anesthesiologists who open and read the work published in Anesthesiology.

A new section of the journal, Education, debuts with this issue and introduces types of content not previously available in mainstream journals in our specialty. Let me provide a few words regarding the history and rationale for this addition. The mission of Anesthesiology is to advance our medical specialty by promoting new discovery. After defining this mission, our editorial board spent 2 yr determining how we could better serve our authors to receive more important research relevant to clinical practice. Simultaneously, we initiated efforts to better serve our readers in how we communicate this research, including a successful press release program, redesign of a single-page synopsis of highlighted articles in each issue (This Month page), immediate free access to all articles highlighted each month on the homepage of the Journal’s Web site, and a redesigned Web site. At the same time, Roger Moore, M.D., then President of the American Society of Anesthesiologists, asked me to lead a task force to explore development of a new journal aimed for the clinician. Among our conclusions, we noted that several types of materials that are popular with clinicians in other specialties are not available in the major journals in Anesthesiology. Steve Shafer, M.D., Editor-In-Chief of Anesthesia and Analgesia and a member of the task force, has been instrumental in working with the International Anesthesia Research Society to introduce one of these missing materials, an educational Web site for clinicians. In the new section on Education in this issue of Anesthesiology, we introduce several others.

The primary goal of the Education section is to provide clinically relevant materials in a manner conducive to learning at all stages of a medical career in anesthesiology. Alan Jay Schwartz, M.D., M.S.Ed., a member of the task force and who now joins Amr E. Abouleish, M.D., M.B.A., and David J. Murray, M.D., on our Associate Editorial Board with primary interest in education, led multiple discussions and has been instrumental in forming this new content. Case Scenarios in our medical specialty, akin to clinical pathologic conferences published in general medical journals, follow a case to its resolution via discussions from experts within and outside our specialty. Images in Anesthesiology present classic images (and videos online) complemented by succinct clinically relevant descriptions. Literature Review presents brief synopses and commentary of articles published outside the anesthesia literature but of importance to our clinical practice. These new types of articles are handled by Editors Bruno Riou, M.D., Ph.D., Hugh C. Hemmings, M.D., Ph.D., and Timothy J. Brennan, Ph.D., M.D., respectively. In addition to this new material, we include in the Education section the brief review of clinical topics called Clinical Concepts and Commentary, short reviews on the topics most commonly missed by American residents in their in-training examinations, Classic Papers Revisited, and traditional case reports.

Another goal of the Education section is to encourage submission of research into education. Two excellent examples of such an article appear in this issue, each accompanied by an editorial. Anesthesiologists introduced high-fidelity simulators in medical education, and an entire section of the April issue will be devoted to articles on this topic from the session at the 2009 Annual Meeting of the American Society of Anesthesiologists sponsored by Anesthesiology and the Foundation for Anesthesia Education and Research.

Finally, a goal of the Education section is to encourage more anesthesiologists to open Anesthesiology and look at the sections devoted to original investigation in Perioperative Medicine, Pain Medicine, and Critical Care Medicine. This issue debuts what we hope is a more reader friendly print style and a brief summary for each article highlighting what is already known on this research topic and what new information the current article brings, with a focus on clinical relevance.

In the end, the primary mission of Anesthesiology is to publish and promote important new discovery in medical science in our specialty. This is not a how-to manual or a journal with primary focus on review material. Yet, I, like my predecessors as Editor-In-Chief, often hear the statement that this journal is perceived as being full of esoteric studies in laboratory animals, irrelevant to the clinician as we take care of our patients. Also, like my

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predecessors, I make no apologies for what we accept to print in Anesthesiology, and believe that our clinical practice has been formed and informed by these publications. I hope that the addition of a section focused on Education will complement and enable our primary mission by encouraging submission of research in education, by providing better clarity as to the clinical relevance of our articles, and by enlarging readership. After all, authors choose to submit their best work to Anesthesiology because they want to reach our clinician readers.2 This section will evolve along with the journal, and I look forward to hear your comments and suggestions.

James C. Eisenach, M.D., Department of Anesthesiology, Wake Forest University School of Medicine, Winston-Salem, North Carolina, and Editor-in-Chief, Anesthesiology. editor-in-chief@anesthesiology.org

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