

## FROM THE SOCIETY

## Vision of New JGIM Editors

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**W**e are very excited to assume the helm at JGIM! The *Journal of General Internal Medicine (JGIM)* has a long history of employing excellent editors (see table) and we are grateful that our predecessors have done such a wonderful job and handed us a journal in excellent shape. There are many measures that one can use to assess the strength of a journal—the most common is the *impact factor*, a simple ratio of the number of citations divided by the number of “counted” publications over the past 2 years. *JGIM* is currently at an all-time high with an impact factor of 3.7. This is 22<sup>nd</sup> on the list of general and internal medicine journals and 13<sup>th</sup> on list of healthcare sciences and services journals. The impact factor has become so important that many journals have taken drastic steps to massage their impact factor. *JAMA*, for example, publishes fewer research articles than before, thereby reducing the number of counted articles that figure into its ratio. While we believe that the impact factor is important, it is not the only measure of a journal’s health. *JGIM*’s Google *h5* index is the number of times an article has been cited *h* times in the previous 5 years. On this measure, *JGIM* has an *h5*-index of 55, placing it #1 on journals focused on primary health care. With an average monthly download of 84,022 in 2017, we also know that *JGIM* is being copied and read; we therefore encourage SGIM members and other authors to publish in *JGIM*.

One of the advantages of having three editors is that it allows us to

**Table. Former Editors of JGIM**

1986-1989	Robert H. Fletcher & Suzanne W. Fletcher
1990-1994	David C. Dale
1995-2000	Sankey V. Williams
1999-2004	Eric Bass
2004-2009	William Tierney, Martha Gerrity
2009-2017	Richard Kravitz, Mitch Feldman
2017-2022	Steve Asch, Carol Bates, Jeffrey Jackson

have a more ambitious agenda of goals. Each of us has a particular focus that represents the breadth of GIM and the diversity of the Society’s membership. As the flagship journal for SGIM, we believe that *JGIM* can play an important role in helping SGIM accomplish its six strategic goals: 1) Improving 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.

Steve is very interested in helping to grow the field of implementation science, an important step in moving research from the bench to the bedside. Often, traditional review approaches can be constraining and there is a lack of understanding of what represents excellence. Steve is hoping to help

clarify the review methods and guide researchers in using appropriate techniques. Lisa Rubenstein has joined him in this venture and if this is an interest for you, please feel free to contact them.

Carol’s goal is to increase the clinical content published in *JGIM*. Two new series that are contemplated include “News Flashes for Daily Practice” and “Controversies in Clinical Care.” She’s also working closely with the *JGIM* educational affinity group, and we expect to announce another call for a dedicated issue on medical education very soon. Carol’s focus on education is particularly timely in that *JAMA* has recently decided to no longer publish its annual medical education symposium. We believe that medical education is a critical component of what academic medicine is about as a majority of SGIM members identify themselves as clinician-educators. We encourage anyone interested in helping Carol with any of these initiatives to contact her.

Jeff is focusing on increasing the number of systematic reviews *JGIM* publishes. While systematic reviews, when well done, can provide a solid evidence base for clinicians and policy makers, poorly conducted ones can mislead readers. We’re offering streamlined two-week reviews for meta-analytic and systematic review submissions. In addition, we hope to publish articles on systematic methods to help readers better understand how to interpret and incorporate and be critical consumers. An upcoming

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February *JGIM* editorial outlines some common weaknesses in systematic reviews.

*JGIM*'s success, however, has not come without some unintended consequences. Recently, the acceptance rate has fallen to less than 9%. We believe this discourages submissions to our journal. In a previous study, we evaluated the outcome of articles that were rejected by *JGIM* and found that articles that were "close" to acceptance had the same impact factor as those that were accepted.<sup>1</sup> In an effort to increase the number of publications, we believe we can accept many of these articles on the cusp with no deleterious effect on quality. In addition, we're launching a new category of submissions, called the "Concise Research Report." Since many articles don't need a full 3,000 words to make their point, we believe these brief, focused research missives will be attractive to authors as there is no need to delve deeply into the background and discussion and the shorter length will allow for

an increase in the number of research articles published in *JGIM*.

Several other ideas include an occasional series on the history of medicine and facilitating the publication of articles from outside the United States by naming "*JGIM* Ambassadors" from countries that currently have significant SGIM membership. Akira Kuriyama has been named a *JGIM* Ambassador to Japan. He will liaise with the Japanese Medical Society to promote *JGIM* and will serve as deputy editor for submissions from Japan; we welcome additional volunteers from Japan and from other regions outside the United States. 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.

We are excited about the next five years, look forward to your help and involvement, and welcome your

suggestions. One of our charges is to continue the practice of publishing special issues of *JGIM* and welcome your ideas on supplement topics. We believe the journal belongs to all the members of SGIM and there are a number of ways that members can get involved. Serving as a reviewer and then as a deputy editor is a great way to advance your career by allowing you to give back to the Society and 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, our journal will be all the better for it. Please send us your ideas on how to improve the journal. We even welcome your criticisms. We're strong, we can take it.

### References

1. Jackson JL, Srinivasan M, Rea J, et al. The validity of peer review in a general medicine journal. *PLoS One*. 2011;6(7):e22475. doi: 10.1371/journal.pone.0022475. Epub 2011 Jul 25. *SGIM*