carefully investigating their efficacy. I commend the authors for studying their own OPE process and demonstrating that OPEs can serve effectively as one measure of the resident's progress toward independent practice and specialty board certification.

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Clinical Concepts and Commentary

IN THIS issue of ANESTHESIOLOGY we initiate a new section: Clinical Concepts and Commentary. This section originated with a suggestion made by one of the journal's Editors, Dr. Alex Evers. His concept was enthusiastically and unanimously supported by the Editorial Board because it offered an opportunity to further "reach out" to a segment of our readership that on occasion perceives that its needs are insufficiently addressed. Our intent is to publish brief (2-4 pages) reviews and commentary focused on clinical topics that (1) are novel or do not lend themselves to a more lengthy review; (2) require more rapid dissemination than afforded by the usual medical intelligence or review article; or (3) are controversial. In all cases, the goal of the section is to inform and aid the clinician in a succinct, authoritative manner. As the section title implies, the articles will offer not only syntheses of available information (and indicate where data are lacking), but also provide a forum for the presentation of authors' opinions.

The section will contain an additional new feature: color illustrations, which will also be available for downloading from the ANESTHESIOLOGY web site (www.anesthesiology.org). It is hoped that these illustrations will be used subsequently in many presentations. We specifically encourage such use.

We begin this new endeavor with a contribution from an Editor, Dr. James Eisenach, on the use of combined spinal and epidural analgesia in obstetrics, a relatively recent technique that is somewhat controversial. Among other articles scheduled to appear in the Clinical Concepts and Commentary section are reviews of the clinical implications of the American Society of Anesthesiologists Closed Claims Project; a series on myocardial ischemia: preoperative assessment, intraoperative detection, and perioperative prevention and treatment; and transfusion-related immunomodulation. Thus far, the Editorial Board has selected the topics and authors. With the initial article now in print, we anticipate the receipt of unsolicited articles. We welcome not only articles, but also suggestions by the readership for future topics. Because we plan to publish one article each month, not all suggestions or submitted articles can be accommodated.

The process for submission, peer review, and the standards for these articles will be identical to that for other manuscripts published in ANESTHESIOLOGY, except that the manuscripts should be submitted to Dr. Richard Weiskopf, the Section Editor, and they will be screened for suitability of subject matter. Authors contemplating writing an article for this section are encouraged to contact

Reference


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Dr. Weiskopf before submitting a manuscript. Articles will be required to meet not only the usual criteria for the publication in ANESTHESIOLOGY, but also those of timelines and suitability for this section. Producing a scholarly but concise review is not an easy task; as Mark Twain is reputed to have remarked, “I would have written less, but I did not have the time.”

The Editorial Board wants this section to address the needs of clinicians in a reader-friendly, yet still rigorous, manner. The extent to which the section succeeds will depend, in part, on the feedback we receive. We welcome your thoughts and suggestions.

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