EDITORIAL

CHANGING PARTNERS

By Kathleen Dracup, RN, DNSc. From the School of Nursing, University of California, San Francisco, Calif.

It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.

—Charles Darwin

The nurses who comprised the American Association of Critical-Care Nurses (AACN) Board of Directors almost 4 decades ago envisioned an official scientific journal that would provide the evidence base for critical care practice. The journal's editors were charged with publishing clinically relevant content for readers with the ultimate goal of improving the care of critically ill patients and their families. Even then, this fledgling nursing organization recognized the importance of interdisciplinary collaboration. Through its board of directors, AACN ultimately envisioned a journal coedited by a nurse and a physician, and an editorial board that reflected the many disciplines that make up the critical care team: pharmacists, respiratory therapists, administrators, social workers, dieticians, and others. AACN's vision was that the coeditors would forge the kind of collaboration that is the hallmark of our critical care specialty. The board hoped that selecting coeditors from 2 different professions would encourage authors from multiple critical care disciplines to write and publish together.

Interdisciplinary Research and Clinical Practice

In appointing a nurse and a physician as coeditors and supporting an interdisciplinary scientific journal over the years, AACN once again demonstrated extraordinary vision. In fact, in the past year the National Institutes of Health (NIH) has taken a page from the AACN playbook. In a series of new grants called Clinical and Translational Science Awards, the NIH is giving large grants (approximately $100 million each) to groups of investigators at single universities. The new grant program was designed to encourage researchers from different disciplines to work together to "translate" scientific discoveries created in the laboratory and apply them to patient care.

As these awards are being distributed to various universities across the United States, they are changing the way health sciences are taught and how research is conducted. The single investigator working in lonely isolation is an anachronism. Grant proposals in the Clinical and Translational Science Award program are judged by how well they integrate individuals from various disciplines and how well they translate the knowledge learned in the laboratory into clinical findings that positively affect patient care. The new mechanism provides a huge incentive to universities and colleges, including schools of medicine and nursing, to eliminate artificial barriers to collaboration and to reward effective teams and networks. It also offers new incentives for researchers to seek out and collaborate with clinicians in the community.

Thanks to the NIH and the changing healthcare system, boundaries that separate and define various disciplines and professions are blurring. These boundaries often are jealously guarded by organizations and state licensing agencies, but in many cases they are artificial and result in healthcare that is expensive, fragmented, and ultimately ineffective. Current proposals for healthcare reform highlight the need for disease management for the chronically ill, coverage for the uninsured, and preventive services for everyone. Just as in science, such changes in the nation's health policy will require strong interdisciplinary collaboration and lobbying by the health professions, particularly nursing and medicine.

A New Partnership

This issue marks a new editorial partnership. Dr Chris Bryan-Brown has retired as the founding medical editor of the *American Journal of Critical Care (AJCC)* and Dr Peter Morris is the journal's new medical editor.

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Pete is an associate professor of medicine at Wake Forest University School of Medicine and medical director of a 24-bed intermediate care unit designed specifically for ventilator-dependent patients. He is board certified in internal medicine, critical care, and pulmonary medicine and has developed a distinguished career in critical care, first at the University of Kentucky and more recently at Wake Forest. He is an acknowledged expert in acute respiratory distress syndrome (ARDS) and sepsis, having been invited to lecture widely in Europe, Asia, and across the United States. He is a member of the National Heart, Lung, and Blood Institute's ARDS Clinical Trials Network Steering Committee. Along with other committee members, he prioritizes and conducts clinical studies that are urgently needed by clinicians practicing in the intensive care unit (ICU).

In addition, Dr Morris is an accomplished author, having published many research papers as a bench scientist and clinical researcher. His expert knowledge of basic science techniques combined with his experience as a collaborator in multiple double-blind placebo-controlled clinical trials will be invaluable as he communicates with prospective authors of *AJCC.* He also has served as a reviewer for a variety of scientific journals, and recently edited an issue of *Critical Care Clinics of North America* on the value and methodology of increasing mobility in patients hospitalized in the ICU. In compiling a group of experts for that particular issue, Pete eagerly sought authors from a variety of disciplines for what often has been a physician-only enterprise. Clearly, his work as a researcher, clinician, educator, author, and reviewer has prepared him well for the role of coeditor of *AJCC.*

I have only met Dr Morris on one occasion. He was the first choice of the AACN Search Committee and recently we both flew to Washington, DC, to meet in person before making a final decision—his to accept the position and mine to support his selection. Our meeting was like thousands that occur in critical care units every day. In the ICU, nurses and physicians stand at a patient's bedside initially as strangers, thrown together by a combination of choice and circumstance. With each interaction they assess one another's knowledge, openness to suggestion, and commitment to patient care. They learn each other's strengths and weaknesses and, over time, forge relationships and friendships that become the bedrock of effective collaboration. They communicate, negotiate, and compromise.

Dr Morris and I now are at the beginning of that journey. We are strongly committed to interdisciplinary collaboration and recognize that it is at the heart of our specialty and of this journal. I am delighted to have such a talented and generous partner. Although we live and work in different states, we share a single editorial vision and mission.

Saying Goodbye

Dr Chris Bryan-Brown and I have worked together as coeditors for 18 years, first as coeditors of *Heart & Lung* and then as coeditors of the new AACN scientific journal, *AJCC,* which was launched in 1992. Over that period we have come to know each other well; we have shared lecture podiums at professional conferences, consulted with each other about difficult editorial decisions, and shared bylines for our editorials. We have seen each other through the loss of parents and the growing up of our children. I'm not sure if we started out as similar people, but like many partners we've grown to be a bit more alike over the years, though I still refuse to wear a bow tie. We share a passion for parenthetical phrases (to the horror of all our copy editors) and for quotes from the classics.

Chris has been the most wonderful of editorial partners and I am going to miss his enthusiasm, his wisdom, and his wit. His retirement from the editorship will allow him more time for the practice of anesthesia and for the political intrigues of international critical care. I wish him well and welcome Dr Pete Morris to the partnership.

The statements and opinions contained in this editorial are solely those of the Editor.

FINANCIAL DISCLOSURES
None reported.