

Editor's Note: ANESTHESIOLOGY 2018

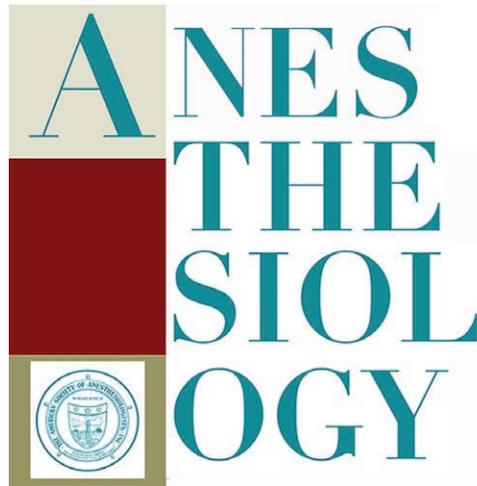
Inspiring Investigation and Education

Evan D. Kharasch, M.D., Ph.D.

IT has been a year since I, as Editor-in-Chief, updated you on the status of ANESTHESIOLOGY.^{1,2} During this interval, we've continued our topmost goal of attracting and publishing the highest quality, peer-reviewed, specialty-relevant science—basic and clinical—that asks and addresses important questions. And we have also advanced our goal of providing evidence and information that informs our clinical practice. We've also made tremendous accomplishments in our goal of expanding Journal richness and reach, and in improving our service to contributors, authors, and readers. This message serves to inform our authors and our readers.

The richness of Journal content refers to the relevance, quality, and validity of our original investigations, their informative value to scientists and clinicians, and their impact on our specialty and on medicine and science more broadly, as well as the educational value of our reviews and commentaries. And we want our content to reach as many readers and viewers as possible.

The numbers help describe our progress and illustrate our success (fig. 1). Over the past year, two thirds of our Original Investigations were in the domain of clinical science, and one third were basic science. And two thirds were in the area of perioperative medicine, with critical care and pain medicine comprising the rest. Last year, ANESTHESIOLOGY was accessible in more than 5,800 institutions, and there were 2.7 million online visitors to www.anesthesiology.org and 19.8 million article downloads. Having started our monthly Editor-in-Chief podcast translation program with Chinese (auto-file in Mandarin), we expanded the effort, which now includes translations into Spanish and Portuguese to increase accessibility. These podcasts average 20,000 downloads per month each, and a total of 1.4 million podcasts were downloaded last year. Additional translated versions will be made



“Being the trusted, authoritative source for quality science and credible information is exactly our goal.”

available this coming year. Social media play an increasing role in alerting readers to content and linking readers together. The Journal social media presence grew 33% to more than 21,000 fans on Facebook and 35% to more than 8,000 Twitter followers. These numbers demonstrate that the Journal is a valued resource.

Journal richness and reach is more than just numbers. We have expanded our content offerings and the ways in which our readers and viewers can access that content. The Science, Medicine, and the Anesthesiologist section of the Journal features key articles from the most recent literature relevant to anesthesiologists. A team of Associate Editors led by Editor Deborah Culley, M.D., keeps lookout for important articles in the nonanesthesia literature. We increased the number of featured articles from 8 to 12 per month, with all of the increase dedicated to relevant publications in the surgical literature. Much of what is relevant to our practice may also be published in surgical journals, so our team now also keeps watch on journals such as *JAMA Surgery*, *Journal of the American College of Surgeons*, and the *Annals of Surgery*. Also new this year, specifically in ANESTHESIOLOGY online, are visual abstracts (fig. 2). Launched in January 2018, based on the idea of Editor Sachin Kheterpal, M.D., M.B.A., and designed by Editor James Rathmell, M.D., these are concise one-frame graphics that convey the essential message of a research article. They are easily shared by social media to “spread the word” about new research findings. They have been so successful, and in such a short time, that we have expanded in June from two to four per issue. Our Clinical Concepts and Commentaries have been rebranded and refocused as Clinical Focus Reviews to better communicate their purpose to readers and to optimize their visibility and discoverability to search engines and indexing services.

Image: ANESTHESIOLOGY logo.

Michael M. Todd, M.D., served as Handling Editor for this article.

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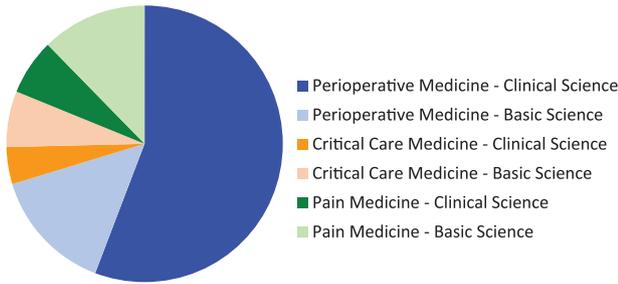


Fig. 1. Original investigations in ANESTHESIOLOGY, July 2017 to June 2018.

We are also working to make articles more readable. Titles and abstracts are a gateway to the full article and may even be the only portion read by grazers and busy readers. Recognizing that article abstracts can become overrun with jargon, abbreviations, and acronyms, we eliminated all these distractions from abstracts, as well as from titles. We endeavor to ensure that abstracts can stand alone and succinctly but effectively convey the key elements within an article. Each abstract should communicate the research purpose and hypothesis, key methods, the most important findings (including the

primary outcome, at minimum) described using numerical results (and statistics), and clear conclusions supported by those results. ANESTHESIOLOGY is increasing the allowable length of abstracts to facilitate improved communication.

What you read begins with manuscripts submitted by authors, who are a core constituency of the journal. What follows manuscript submission is a thorough peer-review process designed to culminate in providing the very best science and writing, followed by an extensive production process to create the print journal and online content. Entirely unseen by readers, these processes are essential, and important to our contributors, to whom we aim to provide outstanding service. Authors value speed. This year, we undertook a major process evaluation and improvement exercise. We made major improvements to our submission, peer-review, and production processes. Authors can submit a single PDF, with tables and figures embedded, for an initial submission. The many steps in our peer-review process have been streamlined and compressed, without affecting quality. Our average time to first decision is down to 26 days and continues to decrease. After a manuscript is accepted for publication, our average time to Online First publication has been reduced to

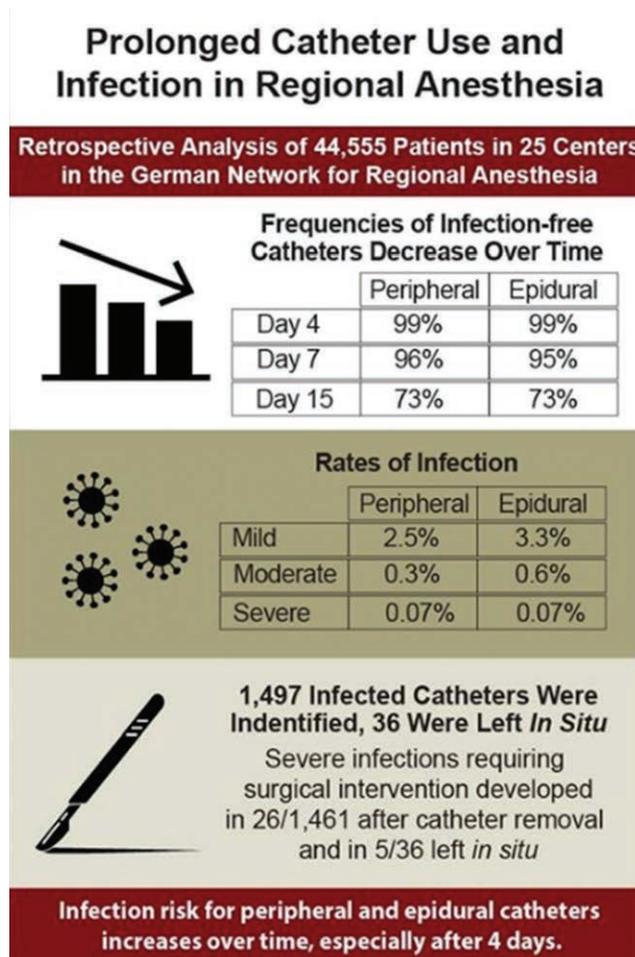


Fig. 2. ANESTHESIOLOGY added visual abstracts in January 2018. These are concise illustrations that summarize the research in an article.

only 17 business days. These improvements accrue benefit both to authors and readers.

In scholarly publishing, the “unit” of publication has changed from the monthly issue to the individual article, and the mode of delivery is migrating from postal to download. *ANESTHESIOLOGY* has changed our model to “continuous online publication.” We release articles for online posting daily rather than weekly as in the past. However, the monthly print edition is not imperiled—it will continue.

Two years into my tenure, and with innumerable enhancements and improvements in place and more coming soon, it was time to learn what our readers think about *ANESTHESIOLOGY* as well as what they want. With the assistance of our publisher, Wolters Kluwer, we executed a readers’ survey in fall 2017. More than 2,500 of our readers shared their general impressions and their reading habits for both the print and online journal and provided feedback on specific content and Journal value. Half of the respondents were from academia and half were from private practice, two thirds were American Society of Anesthesiologists members, and three quarters were predominately clinical practitioners. We heard from regular readers (70%) and nonreaders (30%).

We asked you to tell us about you. We learned a lot—thank you. We learned that peer-reviewed original research, review articles, and editorials are the most important sources when you seek information to inform your research or clinical practice. You told us that the most important reason you read (in print or online) *ANESTHESIOLOGY* is that the Journal is an authoritative source of clinical practice and clinical research information. And you told us that the most important *ANESTHESIOLOGY* attributes are the credibility of information, clarity of presentation, and unbiased nature of the content. Quality-based attributes, including article usefulness, readability, and clarity of presentation, were also scored highly. Clearly, our goals and your values are fully aligned. Being the trusted, authoritative source for quality science and credible information is exactly our goal. Journal focus on perioperative, critical care, and pain medicine, publishing clinical and clinically relevant basic science, will remain our core.

Further findings focus on our online content. Most of our audience discovers journal content through either PubMed or Google search. As we suspected, the most read parts of articles are the abstract and title. Half of our online readers also want the print edition. Although our web traffic is impressive, we also learned that many viewers are not aware of our new and enhanced multimedia features, such as videos and author podcasts, and many others are asking for more. Our monthly video abstract is a 3- to 5-min narrated and illustrated summary of a research article (fig. 3). It is highlighted on the Journal’s homepage and social media platforms, garnering more than 20,000 views. We will be expanding this opportunity and allowing authors to create their own videos.



Fig. 3. *ANESTHESIOLOGY* offers 3- to 5-min videos of certain research articles to make the research more readily understandable.

Author podcasts, hosted by Editor James Rathmell, M.D., and Associate Editor BobbieJean Sweitzer, M.D., F.A.C.P., are interviews of authors to describe and highlight their research. Podcasts can be found on the podcast page of www.anesthesiology.org or by subscription *via* iTunes for iOS devices or Google Play for Android devices (these devices will receive automatic updates when a new podcast is available).

You also told us that you expend much effort to find information. Let us help. Online search is your most common method for finding articles, but automation can supplant some of that effort. We encourage you to sign up for alerts (this can be done from the “My Alerts” link at the upper right of the Journal home page). *ANESTHESIOLOGY* also offers several alerts to inform you when new content is added to the website. These include a weekly Table of Contents alert (eToC) highlighting two featured articles with a link to the full issue, and topic collection alerts update you when new content is added to your specified areas of interest. Online First alerts are sent out automatically whenever new content is added, including daily. Let the information come to you.

As Editor-in-Chief, I have the honor and pleasure of working with an exemplary cadre of smart, dedicated, creative Editors. It is fun to be on the team. And like all teams, rosters change. Executive Editor Michael Avram, Ph.D., is now the Assistant Editor-in-Chief. Editor Brian Kavanagh, M.B., F.R.C.P.C., is now an Executive Editor. Amanda Fox, M.D., M.P.H., and Yandong Jiang, M.D., Ph.D., joined the Editorial Board in January 2018. Piyush Patel, M.D., F.R.C.P.C., has retired from his role as Editor but continues in his career as an outstanding basic and clinical neuroscientist and clinician. It has been an honor to work with him and the Journal’s privilege to enjoy his presence and service on the Editorial Board.

In addition, I am thoroughly delighted to introduce and welcome to the Editorial Board two new Editors of *ANESTHESIOLOGY*, George A. Mashour, M.D., Ph.D., and Laszlo Vutskits, M.D, Ph.D. Both are outstanding basic and clinical neuroscientists and clinicians. George Mashour is Professor of Anesthesiology and Neurosurgery, Senior Associate Chair for Anesthesiology Research, and Director of the Center for Consciousness Science at the

University of Michigan, Ann Arbor, Michigan, as well as Associate Medical School Dean for Clinical and Translational Research. Laszlo Vutskits is the Head of Pediatric Anesthesia at the Department of Anesthesiology, Pharmacology and Intensive Care at the University Hospital of Geneva, Geneva, Switzerland, and leads a translational neuroscience research group at the interface of the Departments of Anesthesiology and Fundamental Neurosciences at the University of Geneva Medical School, Geneva, Switzerland. The addition of these Editors will strengthen our Journal's existing interest and excellence in basic and clinical neuroscience.

One last bit of change: Careful inspection of the Editorial Board page shows that I have changed institutions, with relocation to Duke University in Durham, North Carolina. But nothing else will change, and I am still always reachable at editorial-office@anesthesiology.org.

Looking back and looking forward, much has been accomplished, and much more will be. We will go where the science takes us.

Competing Interests

Dr. Kharasch is the Editor-in-Chief of ANESTHESIOLOGY, and his institution receives salary support from the American Society of Anesthesiologists for this position.

Correspondence

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