

# Trusted Evidence: Discovery to Practice

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

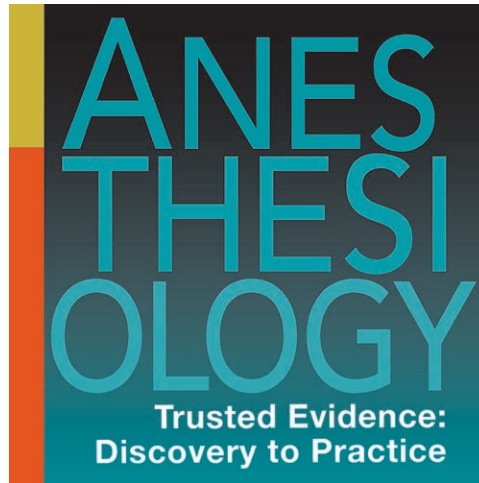
Sometimes the simplest questions can be the most insightful. And the hardest to answer. A wise and enthusiastically supportive member of the Committee on Publications of the American Society of Anesthesiologists (ASA) recently challenged ANESTHESIOLOGY with the question: “What are you about?” Sounds simple, right? Not so much. It is a modest question yet foundational and drives immediately to the core of everything.

ANESTHESIOLOGY has had for many years a mission statement: “Promoting scientific discovery and knowledge in perioperative, critical care, and pain medicine to advance patient care.” That statement is operationally descriptive, is still true today, and will remain so. It says what we do, but not what we are. Or what is our highest aspiration. And as was pointed out by our observant committee member, it does not align with the mission statement of the ASA, which is “Advancing the practice and securing the future.” To put the challenge question differently: “What is the value proposition of ANESTHESIOLOGY?”

The answer is: *Trusted evidence: Discovery to practice.* The Editorial Board arrived at that affirmative declaration through a concerted process of creative thought, self-examination, extensive communication with our subscribers, readers, and authors through surveys and focus groups, and collaboration with our publisher team at Wolters Kluwer. Mostly, however, you told us about us and what we mean to you.

## Trusted Evidence

Surveys of readers of anesthesia journals (readers and nonreaders of ANESTHESIOLOGY) told us that peer-reviewed content (original research articles and reviews) is the most important



**“What is the value proposition of ANESTHESIOLOGY?...*Trusted Evidence: Discovery to Practice.*”**

source of information to support their clinical practice or inform their research. The most common reasons why they read ANESTHESIOLOGY are that it is an authoritative source of clinical practice information and an authoritative source of clinical research information. And the highest rated attribute of ANESTHESIOLOGY content was the credibility of the information. Confirming the survey information on credibility are Journal metrics: annually more than 2 million online visits, 20 million article views, 2.8 million article downloads, and almost 2 million podcast downloads, in addition to nearly 500,000 cumulative article citations. This means to ANESTHESIOLOGY that our information is trustworthy and trusted.

Authors in the specialty rated as the highest ANESTHESIOLOGY quality attribute its overall reputation, prestige, impact, and influence on the field, followed immediately by the quality and scientific rigor of our content. In considering the various factors that might influence the decision of authors in the specialty to submit their manuscripts to ANESTHESIOLOGY, the most important reason was again the Journal’s overall reputation, prestige, impact, and influence on the field, followed closely by the ability of authors to reach a specific audience of readers, the quality and scientific rigor of our content, and the quality and timeliness of our peer-review process. While authors valued timely peer review, they valued quality peer review even more. Authors indicated that editorial independence and freedom from bias and influence were critical to and responsible in part for the reputation and credibility of ANESTHESIOLOGY.

Surveys of ASA members found that the top driver for maintaining their ASA membership is staying informed on clinical information. Among all ASA programs and offerings, ANESTHESIOLOGY had the highest percentage of use or participation. The vast majority of ASA members are

Michael M. Todd, M.D., served as Handling Editor for this article. Illustration by A. Johnson, VivoVisuals.

Accepted for publication November 5, 2018. From the Department of Anesthesiology, Duke University School of Medicine, Durham, North Carolina.

Copyright © 2018, the American Society of Anesthesiologists, Inc. Wolters Kluwer Health, Inc. All Rights Reserved. Anesthesiology 2019; 130:1–2

satisfied or extremely satisfied with ANESTHESIOLOGY, and the Journal was in the top 15% of all ASA offerings having the highest member satisfaction.

## Discovery to Practice

ANESTHESIOLOGY is predominantly a clinical journal, publishing mostly clinical investigations and reviews, but we also publish clinically relevant basic science, specifically targeting preclinical translational research that is foundational for, and moves forward to, clinical investigation, which then ultimately grounds and informs our practice. Hence the interests and content of ANESTHESIOLOGY *span* from discovery to practice, *translate* discovery into practice, and *influence* the science of the specialty from discovery to practice.

## ANESTHESIOLOGY Redesign

All of the information above suggested to us that we provide credible, authoritative, and trusted information, from discovery to practice. The Editorial Board believes this message is so important to our readers, to the specialty, and to the ASA that we have decided to place it prominently on the cover of the Journal. It will occupy a position immediately subadjacent to the Journal title. We also took this important change as an occasion for a total refreshment and redesign of the Journal “look.” Executive Editor Dr. Jim Rathmell led a team of creative designers and layout artists to refresh and modernize our article layout and presentation, fonts, and color palette. Greater and judicious use of color “brands” each article type in the print edition, to enable readers to more quickly find articles of interest. Articles will have a new two-column format. While we are switching to that layout, we know that lecturers sometimes reproduce a print article title header on a presentation slide. Therefore we will also have available for download a premade slide with article information, suitable for landscape-format projection.

Journal changes are not, however, limited to aesthetics, and some have been implemented already. For example, the highlight box for each original investigation, which contains succinct text written by the handling editor of that article

summarizing What We Already Know about This Topic and What This Article Tells Us That Is New, carries the new title Editor’s Perspective. That summary is one of the features most highly rated by readers and contributors. To increase the accessibility and enhance the reach of ANESTHESIOLOGY, this summary is now freely available to all readers, as are the article title and abstract. The Journal currently produces one video abstract per month, featuring *via* animated illustration and narration one original investigation selected by the Editors. Going forward, we will increase the number of potential video abstracts, with an Editor’s Choice, as well as author-sponsored visual abstracts. We continue to increase the number of visual abstracts, which are one-frame illustrations or graphics of research results and are popular and utilitarian for social media and other dissemination and communication.

## The Future

How does one secure the future and advance the practice? The future of our specialty is vitally dependent on the discovery and dissemination of credible new knowledge and innovation. Peer-reviewed content, based on high-quality research done by basic, clinical, and population scientists who are asking important and clinically relevant questions, is the most important source of information, indeed evidence, to support clinical practice. For decades and up through the present and into the future, ANESTHESIOLOGY has been and will be a source of such trusted evidence, from discovery to practice, to advance the practice and secure the future.

## 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

Address correspondence to Dr. Kharasch: [evan.kharasch@duke.edu](mailto:evan.kharasch@duke.edu)