EDITORIALS

Entering the Electronic Age: Risks and Challenges for *JGIM*

JGIM is now entering the electronic age. For the current subscription year, all members of the Society of General Internal Medicine (SGIM) will receive access to an electronic version of the *Journal* in addition to receiving the print version. The electronic version of *JGIM* is available at <http://www.blackwellscience.com/journals/internal/index.html> through an online journal service called Synergy, which was developed by Blackwell Science and its sister company, Munksgaard. Synergy is a full-service online product.

Each new issue of *JGIM* will be posted on the Synergy Web site at the same time that the print version is mailed. In addition, the 1997, 1998, and 1999 issues of *JGIM* have been posted on the Synergy site. So, if your spouse or roommate is complaining about that pile of old journals, you can get rid of at least some of them.

In future years, subscribers will choose to receive the print version, electronic version, or both versions. The exact subscription rates will be set by the Society of General Internal Medicine (SGIM) after negotiation with the publisher.

Our editorial team debated whether *JGIM* needed a new look for the electronic age. As you can see from this issue, we decided to make only minor changes in the appearance of the *Journal*. We have added the full names of authors to the cover page (to fully recognize the people who submit the products of their hard work). We have changed the third page of the *Journal* to include a brief summary of the key finding or main conclusion of each article (for those months when that is all you have time to read). We considered adding more color, but decided it was not worth the extra printing costs. We also prepared new instructions for authors, which were published in the December issue and posted on the unrestricted home page of the *JGIM* Web site.

Rather than spending a lot of time redesigning the format of *JGIM*, our editorial team decided to address the risks that *JGIM* faces as it enters the electronic age. Probably the greatest risk to *JGIM*, and other medical journals, is embodied in the "E-biomed" proposal by Dr. Harold Varmus, director of the National Institutes of Health, to establish a Web site for distributing the results of biomedical research.^{1,2} As a journal editor, I cannot comment on the E-biomed proposal without bias. I would rather address the underlying question that prompted this bold proposal: Are traditional peer-reviewed medical journals too slow and too expensive to survive?

Our editorial team has responded to this question by making two commitments. First, we must dramatically

decrease the turnaround time for handling submitted manuscripts. Second, we must ensure that the peer-review process adds significant value to work submitted to the *Journal* and thus is worth the cost.

Electronic technology should help us achieve our goal of decreasing the average time between submission and an initial decision to less than 1 month. We are now using electronic mail to expedite communication with reviewers and authors. The next step is to request electronic submission of manuscript text and figures. Electronic technology should be particularly useful in decreasing the time from acceptance of a manuscript to its publication. Our publisher already has made some changes to streamline this part of the process.

The main problem, however, is that we need help from you, our readers, if we are to achieve our turnaround time goal. For the past 1 to 2 years, it has taken an average of up to 4 weeks to recruit 2 people who are willing to review a manuscript, and often more than 4 weeks for reviewers to return their reviews. While it is hard to find time to serve as a peer reviewer, recent work has shown that it should take no more than 3 hours to perform a high-quality review of a manuscript.³ As indicated previously,⁴ I consider *JGIM* to be *your* journal. Therefore, I urge readers to be willing to perform at least 1 or 2 reviews each year. There will be 2 more courses at the national SGIM meeting, on May 4 to 6, 2000, for those interested in learning more about how to perform a high-quality review of a manuscript.

Another major challenge for our editorial team is to ensure that the peer review process adds value. Many readers do not have time to critically evaluate the details of study methods and rely on editors to do much of this. Also, readers need to be able to clearly identify and understand the key findings and conclusions of each study, keeping in mind that even the best studies often yield only one pearl of wisdom that will change how you practice. Unfortunately, a surprisingly large number of manuscripts need substantial editing to be clear and concise. In a study of manuscript quality before and after peer review and editing at *Annals of Internal Medicine*, the investigators found that most reports had substantial room for improvement and that peer review and editing could improve reports in ways that are particularly important to readers, the media, and the lay public.⁵ The E-biomed proposal fails to adequately account for this critically important role of an editorial team.

Another risk to *JGIM* is that the electronic age will

bring new conflicts of interest that may divert *JGIM* from its mission. Medical publishing is big business. Business concerns raised by electronic publishing opportunities may conflict with editorial concerns. What I have learned from the recent conflicts that led to the departure of the editors of *JAMA*⁶ and the *New England Journal of Medicine*⁷ is that we must carefully define the relationship between the editor and the journal's sponsor—in this case SGIM. I believe that the relationship between the editor and the sponsor should be based primarily on a shared mission, with appropriate safeguards for editorial freedom. In response to my request, SGIM has prepared a policy statement that defines the relationship between the Editor and the Society. This statement is posted on the *JGIM* Web site.

The challenge for our editorial team is to pursue creative ways for *JGIM* to support SGIM's mission of improving patient care, research, and teaching in primary care and general internal medicine. To meet this challenge, we have announced plans for a new section, "Innovations in Education and Clinical Practice."⁸ We are planning two other new sections, "Health Policy" and "Populations at Risk." We are exploring ways to link *JGIM* with the reviews of clinical topics contained in UpToDate in Adult Primary Care and Internal Medicine, the electronic clinical reference tool developed by UpToDate, Inc. (Wellesley, Mass), with which SGIM has an agreement to provide peer review of contents. We are changing the "Book Review" section and renaming it "GIMedia Reviews" to encompass software, Web sites, and videotapes in addition to tradi-

tional print media. The new "GIMedia Reviews" section should complement the efforts of SGIM's Task Force on the Clinician-Educator to create a new electronic clearinghouse of peer-reviewed educational resources. We also are committed to developing ways to use electronic communication to increase the impact of the original research published in the *Journal*.

Overall, our editorial team believes that it can best meet the challenges of the electronic age by dedicating itself to speeding up the publication process, adding value through the peer review process, and focusing on the mission of SGIM.—**Eric B. Bass, MD, MPH, Editor**

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