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Your American Journal of Ophthalmology: The Next Chapter

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Having Recently become the Tenth Editor in Chief for the *American Journal of Ophthalmology* since the first printing in 1884, I more completely understand the importance of meeting the future needs of *AJO*'s constituents. To provide a basis for making meaningful changes in the longest continuously published monthly English-language eye journal in the United States, I am asking all readers, authors, and peer reviewers to tell the Editorial Board specifically how we can more effectively meet the evolving demands for new information in ophthalmology. This input will be collected during a 30-day Listening Exercise. Beginning with receipt of this editorial, respondents may participate by accessing the following link: <http://bit.ly/1RymLHS>. Individuals may remain anonymous or identify themselves for direct feedback. I anticipate that this process will provide honest and constructively critical comments for improving the *AJO*. It will also put the onus on the Editorial Board to respond with measureable actions for genuine improvement and not just with words.

Since my introduction to the *AJO* as a first-year resident in 1977, the *Journal's* readership has changed remarkably. Forty years ago I tracked down hard copies of articles that resided in handsomely bound volumes cloistered in dusty library shelves or in the offices of my mentors. I conducted literature searches by leafing through several thousand pages of *Index Medicus*, hoping to find relevant articles based on my best guess of the "key words." Having access to search engines such as SCOPUS and Google Scholar was unimaginable. After locating and photocopying the articles, I was confronted with interpreting unstructured abstracts and conclusions that were often obfuscated by methodological issues of small sample size and inadequate power. In retrospect, some articles published in the not-so-distant past would have failed to meet the standards of Institutional Review Boards that we all now readily understand as critical for peer-reviewed journals.

The residents and young physicians of today impatiently wait a few milliseconds for their smartphone to direct them to a link that will connect them to an article in real time. Ophthalmology residents at most university-based programs can access peer-reviewed articles published online at [AJO.com](http://ajo.com) in full-length format well before they are in print. All members of the American Academy of Ophthalmology can similarly access a digital copy of the *AJO* as a benefit of their Academy membership. The relatively recent advent of publishing complete online databases makes it possible for the critical resident or faculty

member to review unfiltered raw data in preparation for discussion at a journal club that would have otherwise required reams of paper to sort through.

Although progress has been made towards modernizing the *AJO*, much remains to be done. How can we assure future readers that references listed as "... .. Accessed on January 16, 2016" will be retrievable? In preparing this editorial I sought a reference listed in another publication¹ as "<http://www.isinet.com/products/citation/sci/> Accessed on 24 October 2006." I quickly learned that this information no longer exists. To combat this potential problem for readers and authors of the *AJO*, the Information for Authors at [AJO.com](http://www.aio.com) reads, "Because Internet articles frequently are not available at a future date, the authors must make a print copy of the material they are referencing from the Internet, hold it indefinitely, and provide it to the *AJO* at any time in the future." How can we use social media or limited online presentations, such as podcasts delivered by the authors, to better connect with an information-hungry generation? How can we archive these presentations? More importantly, should they be preserved for future discussion, and who should have this responsibility?

Measuring the specific impact of access on reader satisfaction is not easy. Typically, peer-reviewed journals are judged by their success in competing for the highest impact factor among their subject-based peers. The publication of original scientific articles that are most frequently cited is the key factor in achieving a high impact factor. The *AJO* will continue to pursue the primary mission of publishing original full-length scientific articles that improve our understanding and treatment of conditions that affect our patients' visual health and general well-being. The attainment of a high impact factor for the *AJO* must continue to be a result of the high quality of these publications and not a reason for selection of the articles.

The issue of publishing new and important information in a timely manner is a shared responsibility of authors, funding agencies, and editors. No journal can publish what has not been received. For example, the length of time between completion of clinical trials and publication of National Heart Lung and Blood Institute-funded studies of cardiovascular interventions has been very slow.² Less than two-thirds of clinical trials were published within 30 months after the trial was completed. The rate-limiting step for publications was more likely failure of the authors to submit the manuscript in a timely fashion, and not a bogged-down review process.

We will continue to actively seek Editorials and Perspectives to expand the critical discussion of new and important topics in the United States and abroad for the benefit of all readers, irrespective of age. Postpublication peer review facilitated through the publication of correspondence will assure the ongoing assessment of the authors' methodologies and conclusions. Peer review does not end with publication.³ Residents, fellows, and faculty who regularly participate in journal clubs are encouraged to submit the results of their critical discussions and use this forum to pose fair but tough questions to the authors.

Please take time to access the Listening Survey. I look forward to receiving your comments. You will help determine the future of the *AJO*.

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