

Refurbishing *Mayo Clinic Proceedings*: 2011-2012

I suspect that many of us have experience with periodically refurbishing property and relationships. Even in this era of *acquire, use, and discard*, we find those treasured items that have the patina of affectionate engagement and realize that we want them to remain in our lives, but in a form that is more functional and better suited to our present and future interests. These items have core elements that are simply irreplaceable, and once refurbished they will provide form, function, and pleasure that simply cannot be duplicated elsewhere.

Mayo Clinic Proceedings is currently undergoing a period of refurbishing that in relative terms rivals the 1963-1964 decision to remove the journal from the Mayo Clinic Section of Scientific Publications and make the journal an independent body under the leadership of an Editor-in-Chief and Editorial Board. In absolute terms, the refurbishing of *Mayo Clinic Proceedings* that will occur in 2011 and 2012 will greatly exceed any prior initiatives. The journal will retain its core values and pursuit of quality, and portions of its cover will remain colored with Pantone Matching System 151 ink (the unique orange color used for many years), but almost every other aspect of the journal has been, and will continue to be, under review. I will share some of these features with you, the readers, and explain how the refurbished journal should provide functionality and enjoyment unprecedented in the journal's history.

MAKING THE DECISION TO REFURBISH THE PROCEEDINGS

Great decisions are often facilitated by both a push away from older practices and a pull toward new ones. This is indeed the case with the refurbishing of the *Proceedings*. In 2007, downturns in the global and print publication economies were recognized as a threat to journal well-being, and short-term remedial measures were taken.¹ Counterbalancing any tendency toward disheartenment were hard data validating unprecedented improvements in journal quality and sphere of influence. For example, the journal was experiencing healthy readership of the print version (quantified by PERQ/HCI, Princeton, NJ), the Web site was seeing increasing traffic, and media coverage was growing.

Perhaps the most impressive evidence of journal progress was in its impact factor data. From 1997-1999, *Mayo Clinic Proceedings* had an impact factor of 2.0, placing it at approximately the 20th percentile of all general internal medicine journals. Thereafter, and as a direct result of a

targeted leadership initiative, the journal experienced uninterrupted increases in impact factor for each of the next 10 years (Figure). With the release of the latest impact factor data (ie, the 2009 data released in the summer of 2010), the *Proceedings'* impact factor was 4.97, ranking it No. 13 among the world's 133 general internal medicine journals. This is the first time the journal has achieved a top 10 percentile ranking, and there is good reason to believe this progress will continue. Of course, these improvements did not occur by accident, and they certainly were not the result of impact factor inflation. Specifically, among the world's top 15 ranked general internal medicine journals, only 8 experienced an increase in impact factor during the last cycle, only 3 (ie, the *Proceedings*, *British Medical Journal*, and *Journal of Internal Medicine*) experienced an uninterrupted increase in impact factor each of the past 5 years, and only 2 (ie, the *Proceedings* and *Journal of Internal Medicine*) had an increase each of the past 10 years. Furthermore, our modeling of the next cycle of impact factor reporting (to be released in mid-2011) strongly suggests that the journal's impact factor will increase for the 11th consecutive year, an even more unique validation of journal prosperity. These data provide a pull and direction for future journal improvements.

All these metrics characterize a *blue chip* operation, but the exigencies of the print publishing economy, dramatic changes in cutting edge publication methodologies, and altered reader expectations require that the journal take a serious look at fundamental operations if it is to realize its rightful destiny among the world's elite medical journals. Fortunately, shared activities involving the journal's editorial and publishing operations, and the journal's sponsor, Mayo Clinic, will make these changes possible.

THE MECHANICS OF CHANGE

Working through its Executive Committee (the highest governing body of daily operations), Mayo Clinic in late 2009 and 2010 reaffirmed the value of the *Proceedings* and took steps to ensure its ongoing success. Specifically, the Executive Committee divided *Mayo Clinic Proceedings* operations into portions managed by a Business Oversight Group (BOG) and an Editorial Oversight Group (EOG). The EOG is none other than the journal's Editorial Board, led by the Editor-in-Chief and Editorial Board Executive Committee. In contrast, the BOG is a new entity consisting of highly positioned leaders from the Mayo Clinic Executive Committee, experts in communication and finance, and others who are positioned to marshal the attention and support of the Mayo Clinic organization. As readers should

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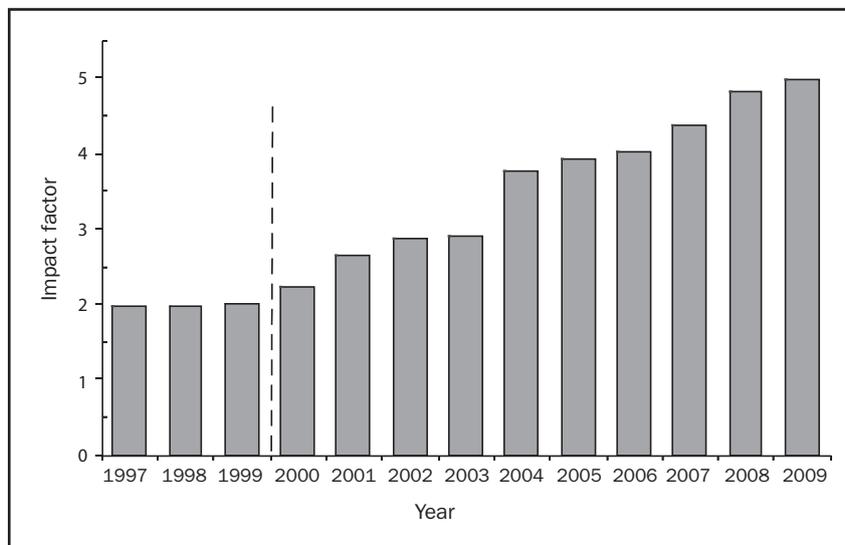


FIGURE. Impact factor data for *Mayo Clinic Proceedings*, 1997-2009. The vertical line represents the beginning of new journal policies aimed at improving impact factor rankings among general internal medicine journals.

desire, the BOG has representation from the EOB membership to ensure that strategic business decisions preserve journal editorial independence and integrity.

Among its many current activities, the BOG is focusing on redefining the journal's scope of mission and vision as well as its business model. Most profound, perhaps, is the group's affirmation that the *Proceedings* should indefatigably advance the knowledge base and professionalism of the physician community to improve the quality of patient care. Specific communication tactics being discussed include the need to improve the journal's Web presence, focusing on increased posting frequency and increasingly dynamic content. The group also plans to discuss functional modifications to the design of the print and electronic forms of the journal. These are merely the immediate next steps to the journal's evolving service.

Complementing these initiatives, the EOG will rewrite the journal's mission and operational statements, restructure the Editorial Board, and refocus Editorial Board operations on the refined mission. For example, the Editorial Board will more actively monitor and systematically recruit manuscripts on important (and sometimes underserved) content areas of interest to readers. Clearly, both physicians and patients will benefit from these actions.

INITIAL REFURBISHING OF READERSHIP SERVICES

Target Audience and Print Circulation. More than a decade ago, *Mayo Clinic Proceedings* was restructured as a general internal medicine journal, the genre it still retains. However, the aforementioned formal study of the journal's

future will examine whether this format is ideal or whether the scope should be broadened to better address the journal's refurbished mission. I will communicate any alterations to you as they develop.

In the meantime, the journal will continue its immense print circulation and refocus the mailing list to better reflect the demographic most effectively served. As a part of this initiative, the *Proceedings* will in 2011 expand complimentary journal subscriptions to approximately 6000 osteopathic physicians who possess certification in internal medicine or in select medicine subspecialties.

Although most of the journal's print copies are provided free of charge to a controlled circulation, the Editorial Board and I wish to thank those of you who have contributed to our Voluntary Paid Subscription program. We will continue this program for the foreseeable future. The revenue stream it has generated has helped the journal continue its mission of pursuing excellence.

Additional Distribution of Journal Content. *Mayo Clinic Proceedings* has for several years published full editorial content on its Web site; however, changes in technology and readers' expectations have demanded that we constantly improve our Web site and consider paradigm shifts that will make our site competitive with those of the world's elite medical journals. As such, you should expect a constant progression of improvements in 2011, 2012, and beyond to make our Web site content more timely, informative, and accessible.

In October 2009, the *Proceedings* began publishing a monthly audio podcast in which the Editor-in-Chief pre-

viewed the latest issue of the journal. This feature will continue in 2011, but Thomas Gerber, an Associate Editor, will provide the monthly overviews. In 2009, the journal also began publishing video podcasts of authors describing their *Proceedings* publications. These podcasts are hosted under the Multimedia section of the Web site (www.mayoclinicproceedings.com/site/misc/Multimedia.xhtml) and additionally are available on YouTube (www.youtube.com). For expediency, the video podcasts began with authors from the Rochester, MN, campus of Mayo Clinic; however, once the logistics of this operation became established, we began recruiting video podcasts from authors from other Mayo Clinic campuses and authors with no affiliation to Mayo Clinic. Some of the more successful podcasts are those in which Ayalew Tefferi discusses the article by Vaidya et al on recent survival gains in primary myelofibrosis²; David Wetter discusses his article on Stevens-Johnson syndrome³; Amy Oxentenko discusses her article on Clinical Pearls in Gastroenterology⁴; Leslie Cooper discusses the article by Schultz et al on viral myocarditis⁵; Manish Kohli discusses his article on the medical management of prostate cancer⁶; and Masud Khandaker discusses his article on pericardial disease.⁷ From outside Mayo Clinic, Farrah Mateen of Johns Hopkins University, Baltimore, MD, discusses her editorial on the epidemiology and downstream medical consequences of chewing the botanical substance khat,⁸ and Jorge Escobedo of the Unidad de Investigación en Epidemiología Clínica, Instituto Mexicano del Seguro Social, Mexico, discusses the relationship between diabetes mellitus-associated albuminuria and cardiovascular diseases.⁹

In the fall of 1999, the *Proceedings* began a program of promoting select articles to the media, and the immediate success was phenomenal, typically reaching a daily audience of more than 1 million people. Recently, the *Proceedings'* leadership has rededicated itself to these efforts, working with the newly reorganized Mayo Clinic Department of Public Affairs, and the initial successes have been superb, in both the quality and the extent of coverage. Recent publications receiving impressive media coverage have been the original article by Oreopoulos et al¹⁰ on measures of body composition and their relationship to chronic heart failure prognosis and an accompanying editorial on the obesity paradox by Lavie et al¹¹; the original article by Ali et al¹² on the medical consequences of khat ingestion and the accompanying editorial by Farrah Mateen⁸; and the review article on energy beverages by Higgins et al.¹³ For example, within the first weeks after publication, the khat and energy beverage articles were covered by more than 100 Web sites each, and they received considerable attention in the print and broadcast media. Readers of the *Proceedings* can expect more of this type of coverage during

2011 and beyond, simply because the journal will publish more appealing articles, and we will make them known to media entities.

Continuing Medical Education Credit. During 2010, the *Proceedings* leadership petitioned the Mayo School of Continuous Professional Development (MSCPD), which oversees our continuing medical education (CME) credit operations, and they granted us the ability to provide CME credit free of charge to all qualified readers. The Editorial Board and MSCPD will continue to monitor this program to ensure that our actions conform to the highest standards of CME credit certification.

REFURBISHING JOURNAL CONTENT

New Articles and New Formats. In July 2010, the *Proceedings* published the final installment of its Symposium on Cardiovascular Diseases,¹⁴ and a book containing all 18 symposium reviews is now available for purchase on the *Proceedings* Web site or by calling the editorial office (507-284-2094). In February 2011, a new symposium series, *Advances in Antimicrobial Therapies*, will begin. The 15 reviews planned for the series, all published in the monthly issues of the *Proceedings*, will be bound as a book and available for sale in mid-2012. The upcoming antimicrobial symposium articles will differ from those published by the *Proceedings* between October 1998 and February 2000 in that they will focus more on cutting edge information related to these therapies and rely less on information that can be found in textbooks. Hopefully, this approach will allow readers to use their reading time more efficiently.

The Editorial Board has also approved an initiative to publish more diagnosis and treatment *guideline* articles, based in part on the success of related articles on multiple myeloma.^{15,16} Furthermore, in 2011, we will begin publishing a new series in which single authors or small groups of authors discuss their *expert approach to treatment* of a given condition having important implications for practicing clinicians. Clearly, these two categories of articles (ie, guidelines and the expert's approach to treatment) will be most valuable if they address evolving or controversial topics and if they are authored by recognized authorities or authoritative groups. For these reasons, the Editorial Board will recruit these articles and authors on the basis of a needs assessment survey. Potential authors who wish to have their ideas vetted for this series should petition the Editorial Board before they begin writing. As with all other journal content, manuscripts will be considered for publication only after they pass the journal's rigorous peer review requirements and Editorial Board oversight.

New Author Guidelines. The *Proceedings* has long attempted to provide richer journal content in a more concise

format to improve the value to readers. Elimination of *case report and review of the literature* articles some years ago was but one step. In the ensuing years, more stringent acceptance standards and the inclusion of more experienced authors tended to move article content and structure in the desired direction. With the publication of this January 2011 issue of the journal, the Editorial Board introduces new guidelines for the maximum length, numbers of figures and tables, and number of cited references. Authors who have special writing needs that do not conform to the guidelines should petition the Board for a guideline exemption. These will be granted if it is determined that the subject matter warrants the exemption.

REFURBISHING EDITORIAL BOARD ORGANIZATION

To address the aforementioned changes, the journal's Editorial Board will be restructured, moving from a leadership pyramid of Editor-in-Chief, Associate Editors, and Board Members at Large to an Editorial Board in which most Members at Large are supplanted by Section Editors. The Section Editor designation refers to a single individual who will oversee a defined segment of editorial content operations. Metrics will be used to determine the individual's performance in meeting journal expectations for the volume and quality of content in the area of jurisdiction, along with processing times, acceptance rates, etc. The number of Associate Editors will be reduced and centralized in Rochester, MN, to allow more rapid responses to time-sensitive issues. With this strategy, journal operations should become more highly focused and accountable than ever before.

These changes will dictate the repositioning of many members of the Editorial Board. I want to thank all who have embraced their new service roles, particularly 2010 Associate Editors Ruth Weinstock of the State University of New York, Syracuse, and Carl Lavie of the John Ochsner Heart and Vascular Institute, New Orleans, LA. Clearly the journal cannot reach the next step in its growth without the ongoing altruistic input of these individuals.

CLOSING REMARKS

As with any major alterations such as those aforementioned, readers of *Mayo Clinic Proceedings* must wonder, "What does the journal's editorial leadership think of these changes?" In a word, those of us on the EOG find the changes *exhilarating*. Surely the changes will introduce short-term uncertainty and require us to make alterations in our daily routines. (The shift of two Associate Editors to other roles at the journal is a striking example.) However, the EOG sees in these changes of 2011 and 2012 the operationalization of programs we

merely dreamed about a decade ago. Clearly, with the input of the new BOG and with the ultimate oversight and blessings of the Mayo Clinic Executive Committee, these operations now have the leadership gravitas that heretofore was unobtainable.

Those of us on the Editorial Board ask you to watch closely as the changes unfold during the next 2 years. Please call or e-mail to tell us of the changes you most appreciate and offer suggestions for further improvements. Ultimately, the journal exists to serve its readers and authors, with the understanding that together we will improve the health and well-being of patients and improve the tools that practitioners require to care for those patients.

William L. Lanier, MD
Editor-in-Chief

1. Lanier WL. The business of providing high-quality content to *Mayo Clinic Proceedings*' readers: 2009 and beyond [editorial]. *Mayo Clin Proc.* 2009;84(1):7-10.
2. Vaidya R, Siragusa S, Huang J, et al. Mature survival data for 176 patients younger than 60 years with primary myelofibrosis diagnosed between 1976 and 2005: evidence for survival gains in recent years. *Mayo Clin Proc.* 2009;84(12):1114-1119.
3. Wetter DA, Camilleri MJ. Clinical, etiologic, and histopathologic features of Stevens-Johnson syndrome during an 8-year period at Mayo Clinic. *Mayo Clin Proc.* 2010;85(2):131-138.
4. Oxentenko AS, Litin SC. Clinical pearls in gastroenterology. *Mayo Clin Proc.* 2009;84(10):906-911.
5. Schultz JC, Hillard AA, Cooper LT Jr, Rihal CS. Diagnosis and treatment of viral myocarditis. *Mayo Clin Proc.* 2009;84(11):1001-1009.
6. Kohli M, Tindall DJ. New developments in the medical management of prostate cancer. *Mayo Clin Proc.* 2010;85(1):77-86.
7. Khandaker MH, Espinosa RE, Nishimura RA, et al. Pericardial disease: diagnosis and management. *Mayo Clin Proc.* 2010;85(6):572-593.
8. Mateen FJ, Cascino GD. Khat chewing: a smokeless gun [editorial]? *Mayo Clin Proc.* 2010;85(11):971-973.
9. Escobedo J, Rana JS, Lombardero MS, et al; BARI 2D Study Group. Association between albuminuria and duration of diabetes and myocardial dysfunction and peripheral arterial disease among patients with stable coronary artery disease in the BARI 2D Study. *Mayo Clin Proc.* 2010;85(1):41-46.
10. Oreopoulos A, Ezekowitz JA, McAlister FA, et al. Association between direct measures of body composition and prognostic factors in chronic heart failure. *Mayo Clin Proc.* 2010;85(7):609-617.
11. Lavie CJ, Milani RV, Ventura HO, Romero-Corral A. Body composition and heart failure prevalence and prognosis: getting to the fat of the matter in the "obesity paradox" [editorial]. *Mayo Clin Proc.* 2010;85(7):605-608.
12. Ali WM, Zubaid M, Al-Motarreb A, et al. Association of khat chewing with increased risk of stroke and death in patients presenting with acute coronary syndrome. *Mayo Clin Proc.* 2010;85(11):974-980.
13. Higgins JP, Tuttle TD, Higgins CL. Energy beverages: content and safety. *Mayo Clin Proc.* 2010;85(11):1033-1041.
14. Olin JW, Sealove BA. Peripheral artery disease: current insight into the disease and its diagnosis and management. *Mayo Clin Proc.* 2010;85(7):678-692.
15. Dispenzieri A, Rajkumar SV, Gertz MA, et al. Treatment of newly diagnosed multiple myeloma based on Mayo Stratification of Myeloma and Risk-Adapted Therapy (mSMART): consensus statement. *Mayo Clin Proc.* 2007;82(3):323-341.
16. Kumar SK, Mikhael JR, Buadi FK, et al. Management of newly diagnosed symptomatic multiple myeloma: updated Mayo Stratification of Myeloma and Risk-Adapted Therapy (mSMART) consensus guidelines. *Mayo Clin Proc.* 2009;84(12):1095-1110.