

Mayo Clinic Proceedings 2013: Report From a New Vista

It's easier to go down a hill than up it but the view is much better at the top.

Henry Ward Beecher¹

I have never engaged in mountain climbing, although I have lived vicariously through the actions of skilled climbers, speaking with them, reading their books, and watching their documentary videos. From these athletes, I have learned that through individual diligence and focus, one can safely and effectively engage lesser peaks; however, scaling the most lofty, challenging peaks requires special skills, special equipment, and support from others who have experience in similar ascents.

Such a scenario is very similar to that underlying the progress of the contemporary *Mayo Clinic Proceedings*. Those of us who have led the journal these past few years (eg, the Editorial Board, staff, and others) have been largely self-taught, and through unrelenting diligence and desire, the journal has experienced progress, as outlined in recent editorials.²⁻⁴ However, for us to reach the next level of accomplishment, it was necessary to join forces with an experienced journal “outfitter,” namely, our new publisher Elsevier, which has immense experience in helping ambitious journals reach their goals.

Elsevier and *Mayo Clinic Proceedings* have been working together officially for the past 12 months and unofficially for a few months more. During this relationship, the collegiality, creativity, and productivity we have shared have exceeded our greatest expectations. In this year’s January editorial, I will outline some of the milestones we have reached plus changes readers and authors can expect during 2013.

The Print Journal

In the years preceding the *Proceedings*/Elsevier engagement, the journal had made incremental improvements in the content and readability of the print journal, but more changes were desired. In January 2012, we introduced a new print journal with design elements that were intended to improve both functionality and aesthetics. Readers’ anecdotal responses were extremely positive. Amusingly, in my years of interactions with authors and

readers, those commenting on the publication always referred to it as “the *Proceedings*” or “the journal.” However, with the redesign, fully a fourth of those with whom I chatted called the new journal “the magazine.” I had never heard the publication referenced this way and interpreted it as a positive comment on the journal’s new aesthetics. Unfortunately, before journal leadership could get too cozy with our success, we also learned that many readers, representing all age groups, found the print too small and difficult to read.

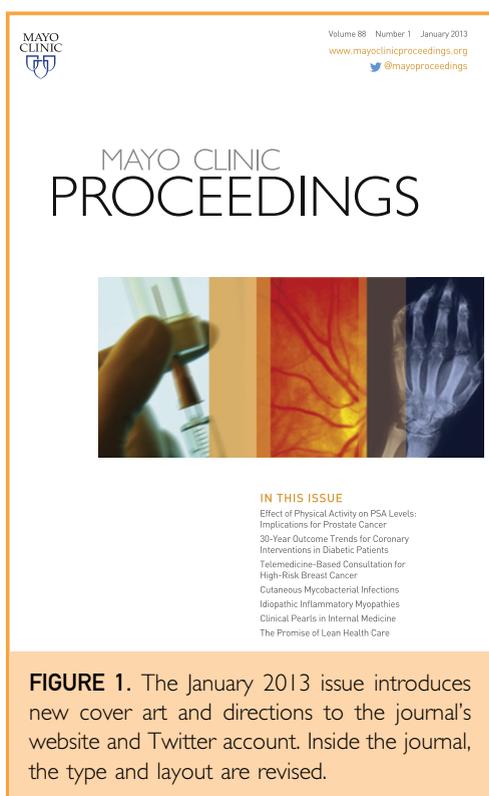
To remediate the problem of type size, the journal and Elsevier have worked together during 2012 to formulate a more reader-friendly version of the journal. Thus, with this January 2013 issue of the *Proceedings*, readers will discover that along with new artwork on the cover (Figure 1), the journal’s interior contains new fonts and new layout that should be easier for all to read and enjoy. The number of editorial (ie, nonadvertising) pages will be expanded slightly so that these style changes do not reduce the volume of valuable journal content per issue.

Concomitant with these changes in print journal functionality, Elsevier and the *Proceedings*’ staff also performed a comprehensive audit of the journal’s registry of subscribers, to ensure that copies of the journal were going to the intended audience. Errors (eg, duplicate subscriptions) were addressed. These registry changes resulted in the print journal reaching approximately 125,000 subscribers each issue. As such, the *Proceedings* retains its circulation ranking as the world’s 4th largest scholarly medical journal of any genre and the 3rd largest for a general/internal medicine journal.

Website and Social Media

The affiliation with Elsevier has also facilitated important improvements in the journal’s website: www.mayoclinicproceedings.org. This website offers full-text and PDF electronic versions of the print journal’s content, articles published “online first” prior to print publication, author interview videos, monthly multimedia summaries of the print issue, Medical Images,





supernumerary electronic-only Residents' Clinic articles, thematic collections of contemporary articles, profiles of journal personnel, a bookstore, and other features. The intent of the electronic journal is to provide access to the entirety of print journal articles for all who prefer the enhanced access and searchability that the electronic format offers and additionally to provide independent features not available elsewhere or not possible in print. The site incorporates archival content back to the January 1995 issue (with PDFs and full text) and will soon be expanded to include yet another decade. The website has also been designed with rotating feature content so that with regularity, a new article or image will be presented each time the reader accesses the website.

Additionally, the *Proceedings* began a migration of journal content to mobile devices. A journal app for iPads is available for download through the App Store and Newsstand. With this app, all features of the print journal, and selected online-only features, can be downloaded separately or in combination for off-line viewing and sharing via social media. First-time registration requires subscribers to provide their journal

account number, found on the address label of the print journal. All inquiries regarding registration and log-in should be directed to journalonlinesupport-usa@elsevier.com (phone: 800-654-2452). Upcoming changes in our website will improve the online experience and readability for other mobile computing platforms and for smartphones.

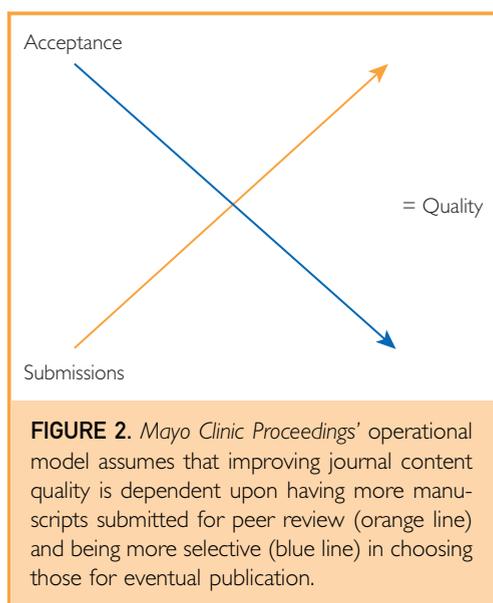
On the social media front, the *Proceedings* has established a dedicated YouTube channel, "Mayo Proceedings" (www.YouTube.com/MayoProceedings). This channel features presentations and interviews with authors who describe the core findings and importance of their *Proceedings* articles. These videos are primarily organized as playlists by monthly issue but are also indexed and searchable by topics. New author interviews are added throughout the month, as soon as new articles are published "online first."

The *Proceedings* also introduced a Twitter account: www.Twitter.com/MayoProceedings. The Editorial Board intends to disseminate alerts to followers regarding online-first publications in the journal as well as newsworthy developments. Sign-up for this easily accessed service is free.

Recognizing that electronic publication and social media are highly dynamic aspects of our journal's presence and impact, we are constantly recalibrating and fine-tuning our approach in collaboration with Elsevier. In order to target our electronic evolution toward interacting with and serving our audience optimally, the Editorial Board and staff invite and welcome your feedback and input at proceedings@mayo.edu. The information needed to access the *Proceedings'* social media presence will be presented regularly on the cover of the print journal and on the *Proceedings'* website.

Peer Review

Mayo Clinic Proceedings' operational model assumes that if the number of articles published each year remains relatively constant, annual increases in the number of manuscripts submitted and corresponding decreases in the fraction accepted will result in improved quality (Figure 2). In this regard, the journal relies on authors' spontaneous actions and Editorial Board recruitment efforts to increase both the number and quality of submitted manuscripts from which the reviewers and Editorial Board



select the best for publication. In recent years, the journal has made linear, incremental progress in these areas, as validated by a number of metrics (see “Metrics and Survey Results”), including an impact factor that increased for 11 consecutive years.³ Fortunately, with the *Proceedings*/Elsevier partnership, progress has been accelerated. Specifically, total journal submissions increased by 20% in 2012, and journal acceptance rates declined accordingly. Submission increases came from all 3 demographic groups the journal monitors—ie, Mayo Clinic authors, US authors not affiliated with Mayo Clinic, and international authors; however, the greatest growth came from international authors. This is a valuable change for the journal, simply because the diversity of international patients, environments, and treatments allows greater insight into human diseases than would be possible otherwise.

In addition to manuscripts spontaneously submitted to the *Proceedings*, the Editorial Board increased and more finely focused its recruitment efforts in 2012 to obtain more authoritative articles on broad-reaching topics of interest to readers. The recruited articles will appear in the journal throughout 2013 and beyond. The new articles will include a new symposium series on regenerative medicine that will begin mid-year, along with more treatment guidelines, consensus statements, My Treatment Approach articles, and review articles. A needs assessment conducted by the Editorial Board also determined

that we should expand the Board and increase its diversity in 2013 to address underserved content areas. Therefore, in January 2013 or soon thereafter, the Editorial Board will have new Board members representing pain medicine, family medicine, pediatric and adolescent medicine, and biotechnology. These additions are not meant to alter the core direction of the journal but instead to provide higher-quality, more representative content of interest to physicians engaged in the practice of general/internal medicine.

Metrics and Survey Results

In 2012, the *Proceedings* experienced good news in several metrics of interest to authors and readers. Our latest impact factor (ie, the 2011 value released in June 2012) was 5.698 (Web of Knowledge; Thomson Reuters, New York, NY). Although the raw value was minimally changed from the previous year, the impact factor ranking improved from 13th of 153 general and internal medicine journals in 2010 to 11th of 155 in 2011. This combination of impact factor and ranking is the most favorable in the journal's history.

The journal also recorded some impressive readership data this past year. The biannual Kantar Media (North American office, New York, NY) survey ranked the *Proceedings* as one of the most widely read internal medicine journals. This positive assessment was confirmed by the annual, syndicated Essential Journal Study, conducted by the Matalia Group, Inc (Kulpsville, PA) on behalf of the *New England Journal of Medicine* via mail to American Medical Association physicians in 10 specialties. In order, the top journals that the internists considered “essential” to their practice and “important in clinical decision making” were *New England Journal of Medicine*, *JAMA*, *Annals of Internal Medicine*, and *Mayo Clinic Proceedings*. The *Proceedings'* website was ranked third among this demographic of readers, following only the websites of *New England Journal of Medicine* and *Annals of Internal Medicine*.⁵

The Essential Journal Study also determined that the *Proceedings* was ranked among the top 10 journals for cardiologists (No. 9), hospitalists (No. 7), and pulmonologists (No. 10).⁴ Of note, most of the journals rated as essential by specialists and subspecialists are journals in which the content is highly focused on those practice areas. That the *Proceedings*

scored well here likely indicates that the journal is seen by generalists and specialists alike as a vital source of information for staying apprised of important developments in general and internal medicine.

In addition to these scientific assessments, Elsevier conducted a random survey of *Proceedings*' readers to assess their impressions of the journal. One thousand twenty-five surveys were returned. Recognizing the potential selection bias inherent to such methodologies, the respondents' assessments were nevertheless encouraging and valuable in helping us plan for the future. Specifically, readers considered the quality of *Proceedings*' content comparable to that of *New England Journal of Medicine* in meeting their professional needs and superior to all other general/internal medicine journals surveyed. Further, 80% of respondents agreed with the statement that *Proceedings*' "content aids in my clinical decision making," and 60% agreed with the statement "content presents balanced perspectives on controversial clinical issues." These results, along with other metrics, help confirm that the journal's recruitment efforts and peer review process are indeed addressing its mission statement: "To promote the best interests of patients by advancing the knowledge and professionalism of the physician community."

Conclusion

In closing, in addition to well-exercised quality improvement initiatives over the past few years, the *Proceedings*—through partnership with its new publisher Elsevier—is now introducing meaningful improvements at a historic rate. Weekly strategy sessions, aimed

at maintaining the quest for improvements and innovation, ensure that momentum is not lost. These efforts have taken us to new vistas, where we are able to envision the next forms that the journal will acquire and the improvements beyond that. The enthusiasm and energy is very high at all levels of planning and execution, and we view every workday as a new opportunity to better serve authors, readers, and patients.

On behalf of the Editorial Board, staff, and publisher, I thank you for your support and feedback throughout these changes and for identifying new initiatives we should consider. This sense of partnership with those we serve is felt at all levels of journal operations. We believe that this extent of interaction is rather unique for a medical journal of our size and scope of operations, yet we think it is indispensable if the journal is to optimize its contributions to those served.

William L. Lanier, MD
Editor-in-Chief

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