



An Editor's Walk With *Mayo Clinic Proceedings*, 1999-2017: Promises, Aspirations, and Reflections

There is no limit to the amount of good you can do if you don't care who gets the credit.

Ronald W. Reagan (40th president of the United States)¹

I have long known that I would someday write this editorial: a closing punctuation for the activities that transpired during my term as editor-in-chief (EIC) of *Mayo Clinic Proceedings* and a comment on Journal aspirations for the future. The obligation, or opportunity, to write such a closing piece became apparent in the early days of my EIC tenure, through meeting and joining in fellowship with other EICs who led significant journals and approached their jobs with dedication and dignity. Two elements impressed me about these editors: (1) they had an immense knowledge of their journals' history and values and (2) they all would write closing editorials when their terms had ended.

I initially thought that these closing editorials were primarily a tool for the EICs to say thank you to those with whom they had interacted over the years and secondarily a method to publicly review their successes one last time. However, this interpretation changed in late 1999 when the *Proceedings* publisher suggested that I write an annual January editorial to explain the Journal's current status and mission for the upcoming year. I initially resisted, in part because I had published an introductory tone-setting editorial the previous January,² and I feared that the time spent on writing an introspective editorial each year would be a distraction from the more meaningful ambition of enriching the lives of those served by the Journal—ie, the authors, readers, and ultimately patients.

Nevertheless, for the entirety of my 18 years, I indeed wrote January editorials and soon developed a great respect for their potential utility. (My 2000 editorial was entitled "The Evolution of *Mayo Clinic Proceedings*,"³

and it set the course and tone of Journal actions for almost 2 decades.) I soon learned that the annual editorials were an opportunity to detail for readers how the Journal planned to make meaningful progress each upcoming year, and they would force Journal leadership to continually envision innovations to incrementally improve Journal operations and content. As so formulated, the January editorials also provided an accounting for the promises made 12 months previously. In brief, annually sharing aspirations for Journal improvements with others carried benefits that I never previously anticipated.

Throughout my term as EIC, my teammates (on the editorial board, staff, and elsewhere) and I have conducted *Proceedings* operations as if the Journal were a *learning laboratory*, and we have freely shared our challenges, successes, and failures with students who wished to learn along with us. It is in this spirit that I share with you a previously untold aspect of Journal life: the values and philosophy we used to bring about change. This is not a story of publicly shared metrics, even though we teammates knew we would be held accountable for our actions, and we knew how the accounting would be formulated:

*There is only one proof of ability - results.
Men with ability in action get results.*

Harry F. Banks, Scottish soldier, born 1896⁴

I have always assumed that this quote applies equally to men and women, including those who serve as journal leaders.

Many have remarked that the most far-reaching changes at the *Proceedings* during the period of 1999 to the present reflected a fundamental change in Journal culture. To address this interest, in my final communication as outgoing EIC, I will describe the philosophy behind those cultural changes and many specific actions taken.

The Values and Motivations That Guided Our Mission

Priming the Pump. We sincerely wanted progressive change at the *Proceedings*, but we needed some tangible asset to *prime the pump of success*, and we needed to make sure that this asset was immediately visible to all with whom we interacted. We began by fine-tuning staff and editorial board interactions with authors and readers. Efforts were made to redouble, then redouble again, improvements in communications, response times, and many other factors that demonstrated to those we served, “We respect you, and we honor our relationship with you.”

Restated, we attempted to practice servant leadership, in which our sole *raison d'être* was to serve as a conduit between those authors who contributed manuscripts, the readers who read the articles we published, and eventually the patients served by the new knowledge we disseminated.

Restructuring and Redirecting the Staff. During my tenure as EIC, the in-house staff of the *Proceedings* ranged from 3 to 8 individuals. The larger number coincided with a period during which the Journal was largely self-published: ie, the staff oversaw peer-review logistics, copyediting, layout, and transmission of print-ready articles to the printer. (The publishing company of record during these periods handled circulation, market research, advertising sales, and related matters.) The smaller numbers represent the current era in which the Journal is represented by a full-service publisher, and activities of the local staff members are augmented and complemented by a “virtual office staff” of many more.

One would assume that the larger staff size would provide more opportunity for brainstorming and planning innovations for the Journal's future, but this was not the case. Instead, we discovered, quite by accident, that the larger staff size correlated with a period in which single members or pairs of members of the staff were engaged in highly specialized activities—eg, copyediting, layout—that encouraged, if not demanded, the formation of activity silos within overall staff operations. It was only later—after engaging a full-service medical publisher and outsourcing much of the silo-affiliated activities previously addressed

within the office—that we began to more fully engage the staff (functioning as a unit) in creative and operational planning for the future. This shift in staff functions and philosophy also was tremendously influenced by (1) the introduction of electronic manuscript processing and (2) the continuous feeding of accepted manuscripts to our publisher (who, in turn, handled final article preparation and continuous feeding of content to the electronic version of the Journal).

Yes, this new approach to staff functionality still demanded that every single important duty within the Journal must have a chief advocate; however, with time, the increased transparency of the new approach allowed others to help critique and contribute creativity and labor more broadly to all Journal operations.

Staff members were encouraged, and even expected, to represent the Journal outside the confines of the Journal offices, by serving on task forces and committees, interacting with think tanks of creative people, and attending and presenting at local and national meetings. As such, our staff members developed new, previously untapped, relationships with others—ie, authors, reviewers, editorial board members, and many more—who gained a better appreciation for the Journal's mission and brand than they might have otherwise.

A Welcoming Working Environment. With the support of Mayo Clinic, we collaborated with workplace designers to create a newsroom environment, and the person serving as primary contact to the outside world (serving as a receptionist in addition to other duties) was positioned in the center of the office, in direct line-of-sight of the entrance doorway. Surrounding this open central space were individual offices, such that a quick verbal request to the staff members could get input from all within seconds. Later, we added a library/conference room with the appropriate electronic gadgets needed to facilitate both local and worldwide teleconferencing. Across the interior hallway, we added a studio for taping podcasts and related video communications.

Since completion of the new office design, we have had a steady flow of authors, reviewers, staff members, board members, business consultants, creative consultants, and many more who have been invited into our space to discuss

plans for manuscripts, collections of manuscripts, creative design, budgets, and so much more. Many of these gatherings (including weekly 9 AM Tuesday morning, “no-agenda” creative sessions involving the EIC, staff, some associate editors, and others) are scheduled well in advance, while many other short-notice or impromptu meetings are equally welcomed.

Throughout, we desire to make our workspace a welcoming environment where creative people can gather to share ideas, critique each other, and enhance the quality of the product the Journal produces.

The Editorial Board. For most of its life, *Mayo Clinic Proceedings* had functioned as a multi-specialty journal. During the mid-1990s—and through mutual agreement of the editorial board and publisher—the Journal was redirected toward a general/internal medicine theme; however, the transition was not yet complete by January 1999.⁵ In order to recruit and retain an editorial board that was optimally supportive of this redirected mission, we introduced needs-assessment methodologies that began by envisioning the future of the Journal. We then worked backward to fill the editorial board with members who could best make that future possible.

We also added an appropriate mission statement and vision statement to codify our goals and aspirations. The mission statement would read: “*To promote the best interests of patients by advancing the knowledge and professionalism of the physician community.*” The vision statement (intended to be used internally to focus the energies and values of our team members) is: “*Mayo Clinic Proceedings will be the most influential journal in clinical medicine, with editorial content respected for its integrity and its relevance to progressive healthcare.*”

Individual editorial board members were chosen to help manage peer review and manuscript recruitment in a given area of operations and to embrace and promote the values within the mission and vision statements. Many board members had considerable expertise in more than one area and, as such, could serve the board in diverse ways. We wanted to recruit board members who were stellar in their individual accomplishments and were recognized for their creativity,

energy, collegiality, and ability to work well in teams. In my 18 years as EIC, we never appointed a member to the editorial board solely on the basis of his or her name recognition. Instead, board members were valued to the extent that they contributed to the well-being of the Journal.

We quickly learned that the happiest board members were those who were most engaged in journal activities. As such, we tried to assign a challenging but fair amount of responsibilities to those who wished to engage, and we asked them to contribute predominantly in those domains in which they had the greatest expertise. As workloads increased, or journal growth areas became more diverse, we added additional board members to address the workloads.

Of note, we never demanded or contracted with members regarding submission of their own manuscripts, simply because the best board-member candidates often had areas of research that were not ideally suited to the needs of our readers. Such board members had many other ways they could contribute to the Journal, however.

Board member terms were nominally 3 years, but almost no one served for exactly 3 years, and members were informed of this likelihood at the time of their recruitment. The greatest contributors often lasted much longer, but some had abbreviated terms. I had initially envisioned that we would lose many board members well before their 3-year anniversary, and I informed the board accordingly. My reasoning was that in order to get the best board members and compete against others who were desirous of their contributions, it would be important to “discover” the great talents only “moments” before the rest of the world was fully aware of their promise. As such, we fully expected that—as a result of their own professional momentum, added opportunities provided by the *Proceedings*, or the visibility of *Proceedings* board membership—many of our appointees would be pulled away from us because of other professional opportunities. Indeed, over the many years, we lost many board members to impressive leadership, investigational, and other activities. On their departures, we always tried to instill in them our pride in their advancement and a sense that they remained,

in our hearts if not literally, members of the *Proceedings* leadership family.

As we focused the Journal on a general/internal medicine mission, there was vigorous discussion at the level of the editorial board as to whether it was wiser to teach superspecialist board members to think like generalists or generalist board members to think like superspecialists. We chose the former but were forever mindful that this approach did not give us permission to focus on a narrow audience (at the expense of our general medical audience). When publishing articles such as those included in our Primer on Medical Genomics,⁶ we made sure that each manuscript had both superspecialist and generalist reviewers to ensure that the manuscripts' content was both technically correct and approachable for a broad audience.

Board Meetings. With time, board meetings were held every other month, 6 times per year, typically including an annual meeting in which all board members gathered in Rochester, Minnesota, for Friday and Saturday sessions. The other 5 meetings involved meetings of local board members in Rochester, with nonlocal members participating through teleconferencing. During off months, the board's executive committee would meet 6 times per year, with executive committee membership consisting of the EIC, associate editors, staff, business manager, and consultants.

In each of the 12 meetings, the agenda was divided among 3 areas of discussion: (1) reports on actions taken, or progress made, since the last meeting, (2) new Journal initiatives, and (3) novel ideas for growth. The goal was broad input from multiple attendees, as well as the hearing of petitions from outside individuals or groups. The spirited discussions contributed to the sense of teamwork and helped reinforce a common standard for peer review adjudications.

Relationship With Authors. We tried our best to develop relationships with authors based on trust and open communications. This effort involved multiple forms of communication—through editorials, face-to-face conversations, phone calls, e-mail messages, presentations to groups, and other means—to

inform authors of Journal rules and standards and the fact that all authors (regardless of their beliefs, geography, or institutional affiliation) are treated according to a common standard. These methods provided considerable utility over the 18 years, during which manuscript submissions—once originating primarily from authors affiliated with Mayo Clinic in Rochester—expanded to involve authors from more than 60 nations.⁵

One challenge we faced when implementing this aforementioned approach was that the acceptance of individual manuscripts at the *Proceedings* became progressively more competitive and selective. As such, we challenged authors to progressively increase the quality of their submissions if they desired to be published in our Journal. Many accepted this challenge, to the betterment of their contributions. Perhaps no groups had more impressive success over the years than academic general internal medicine physicians and researchers in education and professionalism. In these instances, it was possible to see meaningful year-to-year improvements in the quality of their scholarship, and their manuscript acceptance rates actually increased as the requirements of the Journal became more demanding. The Journal and its readers were the ultimate beneficiaries.

Yes, we had occasional experiences involving errors in published articles, as well as author misconduct during peer review, and we added discreet mechanisms by which any of these irregularities could be identified and addressed. Errors in Journal content were corrected promptly and without emotion. Fortunately, whether as a result of diligence or luck, we did not have a single article that needed retraction during these 18 years.

Changing the Economy of Manuscript Submission and Acceptance. The transition of *Mayo Clinic Proceedings'* focus to general medicine had implications for the Journal's relationship to Mayo Clinic authors. In aggregate, Mayo Clinic authors from Rochester, Jacksonville, Florida, and Phoenix, Arizona, represent the world's third largest contributor to the indexed biomedical literature (written communication, Dr Joseph G. Murphy, Director of the Mayo Clinic Section of Scientific Publications, April 5,



FIGURE. Dr William L. Lanier (center) had several visits to the Centers for Disease Control and Prevention (CDC) world headquarters in Atlanta, Georgia, to consult on publication issues and lecture to the CDC staff, students, and trainees on biomedical publishing, publication ethics, mentorship, and related topics. Here he is seen touring the CDC facilities with his host, Dr Christine G. Casey (left), currently editor of *Morbidity and Mortality Weekly Report* Serials, and his wife, Mary Duckworth Lanier (right).

2017), and they have always been—and continue to be—the largest source of articles published in the *Proceedings*. However, the migration of the *Proceedings* in a general-medicine direction dictated that many Mayo Clinic-affiliated manuscripts that were once well targeted to publication in the *Proceedings* would be less competitive under the new Journal focus. The change also meant that Mayo Clinic authors whose publication themes were now consonant with the new interests of the *Proceedings* would become increasingly competitive at the Journal. The latter included subspecialist and superspecialist authors whose manuscript themes and writing style were targeted to a diverse readership.

With the long-term goal of serving an increasingly global audience and a desire to sample from advances in medicine globally, we introduced an open-market economy whereby manuscripts were recruited from throughout the United States and around the world, and manuscript acceptance was based primarily on priority.⁵ Restated, those manuscripts that most closely helped the Journal

achieve its stated mission were given priority for publication, regardless of authors' geography or institutional affiliation.

To augment the supply of articles that came from spontaneous submission by authors, the Journal also reorganized and operationalized its manuscript recruitment efforts. Specifically, we introduced a *recruitment grid* whereby review articles representing the interests and needs of our readership would be recruited on a rotating cycle (eg, every 3-5 years). In addition, we daily sampled the world's scientific and nonscientific media to identify novel and relevant topics in clinical practice, research, humanities, and other areas that might be of interest to our readers.

These collective approaches, and the continuous stream of high-quality manuscripts they accumulated for subsequent peer-review evaluation, allowed us to have far greater issue-to-issue consistency in the quality and novelty of information we passed along to readers.

Constantly Updating Our Methods of Communications. It has become a truism at the *Proceedings* that every single day is viewed as an opportunity to change and improve our methodologies for processing information and communicating with authors and readers. This was the philosophy behind ongoing improvements in our electronic processing of manuscripts, social media platforms, website, and print journal. The philosophy also was influential in our decision to create a new journal, *Mayo Clinic Proceedings: Innovations, Quality & Outcomes* (MCP:IQO).⁷

We recognized that the world in which we live and work is constantly changing and the expectations of those we serve are constantly evolving, and we wanted to meet those expectations. Thus, members of our team expect daily or weekly conversations, informal gatherings, or formal meetings to meet these goals.

Citizenship. We never knowingly passed up an opportunity to share with others what we members of the editorial board and staff had learned in our *working laboratory*. Sharing varied in form, from the coaching of a single person to be more competitive when applying to become an EIC of another journal; to small classes on writing, editing, and interacting with journals; to lectures to large—and

sometimes immense—audiences on contemporary challenges in journal publishing and publication ethics. These efforts were accomplished locally, nationally, and internationally in an effort to improve the quality of journal operations worldwide and advance the *Proceedings* brand (Figure).

Closing: The Story Ends Where It Begins

In the beginning of this communication, I spoke of promises and aspirations made throughout my tenure as EIC and a sense of obligation to fulfill those promises. Let me close my story by sharing with you some of those earliest promises. Some of the most important promises I made vis-à-vis my time as EIC were made when interviewing in the fall of 1998 with a selection committee that would eventually choose me to lead the *Proceedings*.

I closed my interview with the selection committee by telling them this: “I am going to share with you words that have never been spoken on the Mayo Clinic campus before: ‘If you select me as editor-in-chief of *Mayo Clinic Proceedings*, I will assume the role during the most productive, influential years of my professional life, and I will make this the No. 1 priority in my professional life, for as long as I hold the position.’” It is difficult to recreate my thought processes, but it is amusing that I was 43 years old at the time, had been on the Mayo Clinic staff for slightly more than 14 years, and understood that any EIC appointment would be for 5 years. I often wonder (when attempting to reproduce that 1998 mind-set) how I would react to knowing that by the time I ended my employment with the *Proceedings*, I would be 62 years old and would have spent more than half of my professional life as the Journal’s editor. Certainly I could never have envisioned that I would love the work for so very long. Perhaps my comments, which many might have perceived as hubris at the time, should, in hindsight, be considered insufficiently optimistic.

I told the selection committee that my long-term goal for the *Proceedings* was “that it will someday be impossible to think of the world’s elite general medical journals and not include *Mayo Clinic Proceedings* on that list.” It is difficult to know how far along this arc the Journal has advanced during these 18 years, but it is possible to conclude—based on data within my editorial on the 90th anniversary of

*Mayo Clinic Proceedings*³—that the progress has been considerable.

Finally, when asked what metric I would use to best define Journal progress, I told the selection committee this: “I desire that, at the end of my term as editor-in-chief, candidates far more impressive and influential than I will compete to be my replacement, perceiving that becoming the leader of the *Proceedings* will be the greatest professional opportunity of their lifetime.” When it was time to pick my replacement, the 2016 iteration of the selection committee was as professional and discreet in its activities as the committee that selected me. As such, I only know bits and pieces of the selection process story, and they were told to me largely by the applicants. By piecing together the facts, I will forever have joy and comfort in knowing that the candidates who applied to be my replacement were indeed “far more impressive and influential” than I am, and certainly more than I was during the fall of 1998. I am so very thankful that they allowed themselves to be vetted by the selection committee (and they engaged in the type self-reflection that goes hand-in-hand with the process), not only to fulfill my dreams but also in an attempt to help the Journal achieve new heights. And I am fully convinced, through his own admission, that my successor considers his selection as the new EIC to be the greatest professional opportunity of his lifetime (oral communication, Dr Karl A. Nath, incoming EIC of *Mayo Clinic Proceedings*, April 14, 2017).

I have until this point intentionally not mentioned the names of specific individuals, in some measure because the list of individuals who have meaningfully contributed to the ongoing success of the Journal is immense. However, I would like to comment on those who currently contribute so much, and so selflessly, to contemporary Journal operations. By extension, readers can infer that there was a generation of contributors before many of these individuals who contributed in their own unique ways.

The current staff of *Mayo Clinic Proceedings* consists of managing editor Terry Jopke, editorial processing specialist Kimberly D. Sankey, and editorial assistant Margaret R. (Peg) Wentz. They function seamlessly as a team and provide the first wave of Journal contact with

authors, peer reviewers, and many others. Collectively, they daily infuse an aura of collegiality and optimism into all Journal operations. The associate editors are, alphabetically, Drs Thomas J. Beckman, Lori A. Erickson, Thomas C. Gerber, Carl J. (Chip) Lavie, S. Vincent Rajkumar, and Ayalew Tefferi. Each is assigned specific portions of Journal operations to oversee and lead. Collectively, they form the backbone of the Journal's executive committee. They supply the insights and ethical standards to help fuel the Journal's conscience and the energy to propel us forward. There would be no contemporary *Mayo Clinic Proceedings*, as we know and love it, without their daily input. Business manager Debbie Eagle serves as our liaison to Mayo Clinic and the publisher. She provides the guidance one would seek in a wise sibling, publicly helping Journal leadership to work more effectively with others and privately counseling us on methods by which we can improve. Bruce A. F. Polsky was retained in 2010 as a part-time consultant to help the Journal locate a new publisher, and he has continued with the team to help us better manage publishing operations and set (and monitor) long-term Journal planning. His long-term value to the *Proceedings* came as a surprise and has proved indispensable. Pamela Poppalardo, our publisher, has worked tirelessly to understand the mission and culture of the *Proceedings* and its sponsor, Mayo Clinic, and use that knowledge to help us better become the Journal that we want to be. The ever-expanding international footprint of Journal operations is just one example of her stewardship and that of her colleagues at Elsevier. When the diverse contributions of these individuals are viewed in aggregate, it is impossible to honor or compensate them sufficiently for their professional and personal input. This team has truly functioned as a family, working together to optimally address the Journal's mission and future.

I also want to acknowledge incoming EIC Dr Karl Nath, an impressively accomplished physician, scientist, and scholar and a person who has great integrity and communication skills. It is already amply clear that—consistent with my aforementioned statement to the search committee that selected me—he is “far more impressive” than

I was when I assumed the editorship of the Journal. Further, it is already abundantly clear that he possesses a vision, energy, and strategy for improving the Journal that will build on any progress the Journal has experienced during the past 18 years and take the Journal to new heights once unimaginable. And thankfully, the editorial board members, staff, and many others have expressed ongoing excitement about the progress of the Journal and enthusiasm in supporting Dr Nath (as they have so graciously supported me) to help his visions and aspirations become a reality.

And most importantly, I would like to thank my family for their unrelenting support during my tenure as EIC. Notable among them are my beloved wife, best friend, and wisest counselor, Mary Duckworth Lanier; my daughter, E. Brooke Lanier; and my son, Dr W. Hudson Lanier. Without them, this mission would not have been possible and certainly not as meaningful. Their statements of encouragement and coaching were preferred fuels during this fantastic journey. And, offering much-appreciated “counseling assists” were my mother, Dr Nancy J. Lanier, and my sister, Melodie Lanier Mobley, who had sufficient knowledge to keep me humble but practiced sufficient discretion to allow me to explore and grow.

In closing, I would like to reiterate my appreciation to so many who have made my journey with *Mayo Clinic Proceedings* a life-changing experience. I will dearly miss the support, encouragement, critiques, and, yes, friendship that they shared with me daily. I believe that as a team, we have metaphorically taken the Journal's quality and scope of mission through adolescence, but like all adolescences, there were periods in which growth and grace were not always tightly coupled. However, as a result of the transition, the Journal is now positioned to enter a new, exciting phase of adulthood growth—a phase in which the opportunities and potential know no bounds. I look forward to the opportunity to observe this ongoing growth and the stewardship provided by the new EIC, the staff, the editorial board, and others. It is my sincere hope and desire that the future accomplishments of the Journal will become so important and influential that the

accomplishments of these past 18 years will become but a distant memory...although a pleasant distant memory.

Thank you for the opportunity to participate in this wonderful adventure, and Godspeed to *Mayo Clinic Proceedings* and its stewards.

William L. Lanier, MD
Emeritus Editor-in-Chief

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