With this issue, I officially assume the role of Editor-in-Chief of the Journal of Hospital Medicine. I am honored and humbled to serve as the third editor for this journal and thankful to my predecessors, Drs. Mark V. Williams and Andrew D. Auerbach, for establishing it as the premier forum for publication of research in hospital medicine.

The journal has always taken a broad view of its mission. Our focus on improving value and quality of healthcare for children and adults will continue. We are also well-positioned to expand our scope and publish the highest quality research and commentary on the evolving healthcare system, including adoption of new technology, population health management, and regionalization in healthcare, and our role within it. There is also increasing recognition that these trends have implications for patient experience and outcomes, healthcare professional well-being, and the learning environment. We welcome qualitative and quantitative research that provides insight into understanding and addressing these new challenges. We also seek your Perspectives in Hospital Medicine to highlight innovations or controversies in healthcare delivery or policy.

The journal landscape has evolved. We consume medical information in many different formats with a rapidly diminishing reliance on paper and ink. Rather than perusing a journal at the end of a busy workday, we now capitalize on small increments of time in between meetings or other activities. The journal has taken a leading role in engaging readers through social media (@J Hosp Medicine) with Twitter-based features such as journal clubs (@JHJMChat) to discuss recently published research as well as visual abstracts to efficiently share scientific advances. We will extend these efforts to include “tweetorials,” video abstracts, and a redesigned web presence, allowing us to transcend the constraints of traditional written articles. Our goals are to increase the visibility of authors and accessibility of their research, allow readers to engage with the journal in formats that best meet their needs, and enhance knowledge retention and knowledge translation to improve healthcare systems and patient outcomes.

The Journal of Hospital Medicine also strives to remain relevant to clinical practice through columns that seek to improve diagnostic reasoning (Clinical Care Conundrums), value and innovation in healthcare (Choosing Wisely: Things We Do For No Reason, Choosing Wisely: Next Steps in Improving Healthcare Value), and, through our long-form reviews, core medical knowledge. While in-depth reviews provide an important synthesis of a topic, our work environment and schedules are not always conducive to reading in this manner; busy clinicians may benefit from focused updates. We will introduce new shorter format reviews addressing clinical content, including practice guidelines, and research methodology.

Finally, we are invested in developing a leadership pipeline for academic medicine. Our Editorial Fellowship will provide educational experiences, professional development, and academic and networking opportunities for a cadre of young physicians. A new column will highlight leadership and professional development lessons from renowned leaders from a broad range of disciplines. We also value diversity and inclusion. Disparities in academic medical leadership, though well-recognized, persist. For example, women now comprise more than half of all incoming medical students and 41% of faculty, yet only 24% of full professors, 18% of department chairs, and 17% of deans. This journal will play an important role in creating a diverse pipeline of academic leaders. We will lead by example and, in the coming year, develop approaches to create equity in all facets of journal leadership and authorship.

I am grateful to Dr. Auerbach for his visionary stewardship of the journal. As I take the helm, the journal will continue to evolve with the changing landscape of healthcare. I am fortunate to work with an exceptionally talented team, and I look forward to serving the journal and the field together to accomplish these goals.

Disclosures: The author has no financial conflicts of interest to disclose.

References

© 2019 Society of Hospital Medicine DOI 10.12788/jhm.3143