



# A renewed mission and a new look

These changes affirm our original commitment to continuing education.

**T**his issue of the *Cleveland Clinic Journal of Medicine* introduces three notable changes: an updated statement of purpose, a new graphic design, and an increase in the number of issues (from 6 per year to 10). The changes in design and publication frequency are more conspicuous, yet only complement less visible, but more important, changes indicated by the new motto on the cover: "Dedicated to Lifelong Learning."

We believe there is an important role for a journal emanating from an academic medical center.<sup>1</sup> For us, that role is no longer to publish a research journal, but rather a clinical journal that brings practical perspective to scientific advances, within a changing health care environment.

## ■ EVOLUTION OF THE CLEVELAND CLINIC JOURNAL OF MEDICINE'S MISSION

Since its earliest years, the Cleveland Clinic has published a medical journal in furtherance of the founders' three principal goals: ...better care of the sick, investigation of their problems, and further education of those who serve.<sup>2,3</sup> How the *Journal* has advanced those goals has changed along with the practice of medicine.

### Early role as a research journal

The *Cleveland Clinic Quarterly*, the present journal's predecessor, published mostly original studies, including a number of landmark studies.<sup>2</sup> When the *Quarterly* began publishing in the early 1930s, there were relatively

few medical research journals that provided an opportunity for physicians to share scientific expertise gained at the Clinic with other physicians. As new specialties and subspecialties came into being in the ensuing decades, new journals were created to serve their respective fields, diminishing the need for additional general interest research journals.<sup>4</sup>

### The shift to continuing medical education

As research contributes to the knowledge base, well-informed clinicians apply the new knowledge to patient care. To continue to provide optimal patient care, practitioners must engage in lifelong learning. Accordingly, in 1987, the *Journal* increased its frequency of publication from quarterly to bimonthly and began providing more articles on clinical issues. We added departments based on accredited Cleveland Clinic CME programs presented by visiting professors and Clinic staff; these include Medical Grand Rounds, Internal Medicine Board Review, and Category I CME Credit.

This year, we promised to direct our efforts even more toward providing timely, practical, authoritative, short – in a word, *useful* – articles.<sup>1</sup> These latest changes sharpen the focus of our education mission.

## ■ REASONS FOR CHANGE

### More functional format

We looked for ways to make each issue easier to read. Our goal was to develop functional devices – not gimmicks – to help readers

instantly identify the parts of an article, quickly determine the parts of most compelling interest, and read with understanding and enjoyment.

We work hard to fill every page, every issue with information our editors and reviewers deem accurate, relevant, and instructive. We concede, though, that not every word on every page is of equal interest to all readers at all times. We aimed for a format that would help readers quickly spot what they want to scrutinize, skim, skip, or save.

A functional journal format may or may not be visually appealing, but it must be readable, standardized, uncomplicated and must have no unnecessary parts. We had to relinquish the highly functional format of the research report because it applies only to papers that consist of an introduction, methods, results, and discussion. We needed to develop a new way to effectively orient readers of an educational journal, and we wanted to add visual appeal.

**Highlighting of important points.** The text citations of tables and figures are in boldface type for easy reference. First-level headings are marked by a solid square and secondary headings are boldface. For some articles, we add third-level headings to further clarify the structure.

**Color.** More color is evident throughout the *Journal* to aid comprehension and serve as a locator device to help the reader find specific parts of an article. Use of color for graphs and medical illustrations usually speeds comprehension.

**Brief summaries.** Concise key points occupy prominent quick-find positions in the outside column. Each article is introduced with a streamlined abstract.

**Improved paper stock.** The *Journal* will be printed on heavier, whiter paper, rendering text easier to read and improving image reproduction.

**Informative features.** The new format employs several features seldom seen in medical journals, but nonetheless useful as orientation devices. In some instances, the section heading includes a brief phrase that elucidates its intent. For example, the section Medical Grand Rounds is defined as "Take-home points from clinical lectures." We also

added a brief summary of each author's major activities to provide a fuller context, as many authors are eminent researchers and educators, as well as clinicians.

### Increased frequency will increase relevance

With more issues, turnaround time between issues will be shorter, enabling faster publication of information of special significance to readers. For example, some issues will include a section titled Interpreting Key Trials, developed especially to provide expert commentary on clinical implications of new findings.

### ■ THE FUNDAMENTALS REMAIN

Some things will not change, of course. *Index Medicus* will continue to list the articles that appear in the *Journal*, for later retrievability. We will continue the peer-review process, assuring that the *Journal* will publish only high-quality manuscripts. Each issue of the *Journal* will offer 2 hours of Category I CME credit. Other popular departments, such as Internal Medicine Board Review, and the series Cancer Diagnosis and Management, will continue to appear regularly.

We are excited about the *Journal's* robust new look. We hope you agree, and we welcome your comments.



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### ■ REFERENCES

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2. Taylor JS. The *Cleveland Clinic Quarterly*: the first fifty years. *Cleve Clin Q* 1982;49:149-158.
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