

ANESTHESIOLOGY 2023: Ch-ch-ch-changes

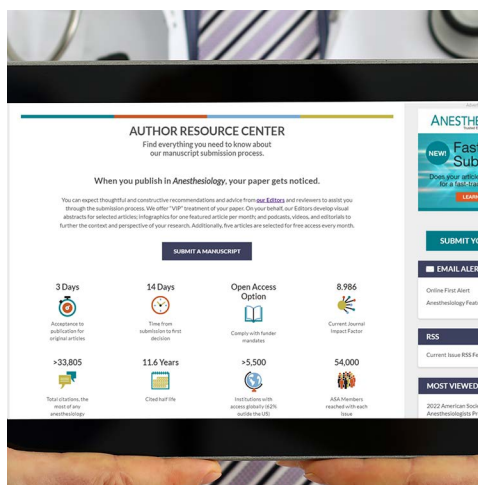
Evan D. Kharasch, M.D., Ph.D.

“Ch-ch-ch-ch-changes.”—David Bowie, Hunky Dory (1971)

On behalf of the editorial board, journal staff, and publisher, and as we mark the beginning of a new calendar year, I am pleased to recount the very substantial accomplishments of ANESTHESIOLOGY over the past year and to look ahead. Our vision and objective is to be the trusted and authoritative source for quality science and credible information in perioperative, critical care, and pain medicine. We place our product, watchword, and aspiration on the cover of every issue: *Trusted evidence – discovery to practice*. We continuously strive to increase the richness and reach of journal content and provide superior and valued service to our readers and contributors.

New Initiatives

The year 2022 saw numerous new Journal initiatives pertaining to manuscript submission and article publication that should be of interest to both authors and readers. The first major change is the speed of publication. We refer to it as “publishing at the speed of science.” Authors and readers value the immediacy of information, and we have responded to that need. Over the past few years, we have accelerated our timelines both for peer review and for publication. Most recently our benchmark time from manuscript acceptance to article publication online and indexing in PubMed was a rapid 26 days. This year, we took a giant leap forward, perhaps akin to Chuck Yeager breaking the sound barrier. ANESTHESIOLOGY now publishes Original Investigations online and informs PubMed of such only 3 days after final acceptance and editorial processing. What appears first in this accelerated “warp-speed” process is the accepted article typescript, which is then replaced with the



“Numerous improvements have been made [to ANESTHESIOLOGY], to aid and enhance the author and reader experience.”

new ANESTHESIOLOGY Fast-Track submission program is for manuscripts that report important clinical findings in perioperative, critical care, and pain medicine with relevant implications for patient care that underwent external peer review by a high-impact general medical journal but were not accepted for publication due to priority. Authors can submit to ANESTHESIOLOGY the reviews of that manuscript, along with an accordingly revised manuscript. We will evaluate that submission package, with the goal of providing an Editor’s decision in 7 days. Our goal is to improve our service to authors and readers, by smoothing the submission and evaluation process, easing author workloads, and ideally bringing earlier access to trusted evidence that can inform and change clinical practice and research.

The third major change is a new type of original investigation article, a Research Letter. While the conventional full manuscript continues to be the *sine qua non* of ANESTHESIOLOGY research publication, changing research styles and the effect of the COVID-19 pandemic exposed the reality that important results and conclusions can be generated in smaller quanta. We established the Research

corrected article proof pdf and then again with the final paginated article pdf, when the article appears in the printed Journal issue. This advance will bring earlier access to trusted evidence that can inform and change clinical practice and research.

The second major change is a new Fast-Track process for manuscript submission. The number of clinical investigations in perioperative, critical care, and pain medicine being published in high-impact general medical journals has increased substantially in the past few years, and this is a most welcome accomplishment. However, these journals have a very limited capacity, and the most common destination for those manuscripts not accepted due to priority is specialty journals. The

Image: Adobe Stock/G. McDonald.

Accepted for publication November 1, 2022.

Evan D. Kharasch, M.D., Ph.D.: Department of Anesthesiology, Duke University School of Medicine, Durham, North Carolina.

Copyright © 2022, the American Society of Anesthesiologists. All Rights Reserved. Anesthesiology 2023; 138:1–3. DOI: 10.1097/ALN.0000000000004430

Letter as an additional type of manuscript that can be submitted for publication. Research Letters are short, focused reports of high-quality research. They can also be described as a “nugget” of Trusted Evidence, but not enough for a traditional full manuscript. Research Letters undergo full peer review and are indexed in PubMed.

The fourth major change is our radically redesigned, enhanced, and expanded Author Resource Center (<https://pubs.asahq.org/anesthesiology/pages/authors>). Our goal is to help authors prepare high-quality manuscripts and to provide them with resources, information, and tips for doing so. The Instructions to Authors has been expanded, particularly in the areas of data reporting and statistics, and with improved layout and functionality. In the “Secrets of Successful Manuscript Preparation,” Editors present an information framework on how to write and prepare a manuscript. They also provide a series of videos entitled “Advice for Authors.” In a section called “Socializing Science,” we provide tips on how authors can effectively promote their articles once they have been published. There is also a section on open science and open access, as well as publication policies and current critical topics in scholarly publishing.

Numerous other improvements have also been made to aid and enhance the author and reader experience: authors can use their ORCID IDs to speed the manuscript submission process; supplemental material for articles is easier for readers to access both from the website and from the article pdf; and Journal Continuing Medical Education is easier to access, *via* a QR code on the article pdf and online, new icons, and a new landing page at the American Society of Anesthesiologists (ASA) education platform. We encourage readers to explore all these new offerings.

Richness and Reach

The ASA has numerous publications products and channels in its portfolio, but *ANESTHESIOLOGY* is the official and the only peer-reviewed and indexed scholarly journal. *ANESTHESIOLOGY* is predominantly a clinical journal. Of the original scientific investigations published, about two thirds are clinical science and one third are basic science, and about two thirds are in perioperative medicine and one third are in critical care and pain medicine. In addition, we publish focused reviews on clinical topics and comprehensive reviews on a range of topics, many of which are clinical. We also publish clinical practice parameters from the ASA.

Richness and reach are two objectives that have been *ANESTHESIOLOGY* imperatives during my term as Editor-in-Chief. Richness encompasses the quality, depth, and information value of journal content. Reach refers to the countries, populations, and individuals who view and consume journal content, and its accessibility and comprehensibility. We strive for excellence and continuous improvement on both objectives. We measure our progress and seek input from our contributors and readers.

Data sources inform us that *ANESTHESIOLOGY* is publishing quality and respected content, providing Trusted Evidence. There is growing readership, use, engagement, richness, reach, impact, and influence. The Journal is providing exceptional value to anesthesiology and to the ASA. In 2021, *ANESTHESIOLOGY* content was mentioned in 816 news stories from 30 countries, and Journal content was included in 133 policy documents in 9 countries. There were more than 4.6 million user visits and more than 6 million page views in 2021. User sessions and page views increased 11% from 2020 to 2021. Users spending at least 3 min on our website, an industry metric, increased 10% from 2020 to 2021. *ANESTHESIOLOGY* content is consumed not only by the anesthesia community, based on citations in anesthesia journals, but also in journals of neurosciences, critical care, general internal medicine, surgery, neurology, pharmacology, pulmonary medicine, and cardiovascular medicine. Online usage has grown. Average monthly users increased 12% from 2020 to 2021 and 28% since 2018. Our podcast program continues to grow in content and listeners. The Editor-in-Chief monthly podcast is translated into Chinese, French, Japanese, Korean, Portuguese, and Spanish to maximize reach, and we continuously seek new language opportunities. There was a 31% increase in listenership from 2020 to 2021. Multimedia value in general has grown, with a 15% increase in video views and a 4% increase in impressions. Social media engagement has blossomed under new leadership. Instagram content was expanded, and followers (33%), reach (246%), and engagements (302%) on Facebook, Twitter, and Instagram substantially increased.

This past year, we surveyed a broad community of authors publishing across the spectrum of anesthesiology journals to seek opinions and feedback. The three most highly valued attributes of any journal according to these authors was overall reputation, prestige, impact, and influence on the field; the quality and scientific rigor of content; and the quality of peer review. The values of *ANESTHESIOLOGY* align exactly with those of these authors. Authors surveyed specifically about the *ANESTHESIOLOGY* manuscript submission and review process rated most highly the number of reviewers, the professionalism of the overall process, the helpfulness of reviews in understanding an Editor's decision and in article revisions and improvement, the helpfulness of the publication staff, and the usefulness of the Instructions to Authors. We are proud of this author satisfaction. *ANESTHESIOLOGY* was the top-rated journal by this broad author community.

A Look Ahead

These are tumultuous times in anesthesiology, medicine, and scholarly scientific publishing writ large. The devastation, disruption, and cacophony of the COVID-19 pandemic are muted but not vanquished. Now, we hear of a potential “triple-demic” threat of rising flu, COVID-19, and

respiratory syncytial virus, and we are buffeted by ongoing personnel shortages throughout our healthcare institutions and resulting pressures on the time and energies available for scholarly activity.

In addition, in August 2022, out of the blue, came a policy document from a little-known but powerful U.S. government agency, the White House Office of Science and Technology Policy, which will broadly and momentously affect research and scholarly publication—albeit in ways yet to be known.¹ The new policy aims to “ensure free, immediate, and equitable access to [U.S.] federally funded research.” It is to “ensure that all peer-reviewed scholarly publications authored by individuals or institutions resulting from federally funded research must be made freely available and publicly accessible in agency-designated repositories without any embargo or delay after publication.” In addition, “data underlying these peer-reviewed publications resulting from federally funded research should be made freely available and publicly accessible by default at the time of publication.” After policy issuance, it is next up to the individual government agencies to determine plans for their compliance and implementation. Those agencies that fund more than \$100 million in research (which includes all the major research funding agencies) must complete and publish full plans for implementing the policy by December 31, 2024, with an effective date no later than 1 yr after plan publication (December 31, 2025).

ANESTHESIOLOGY, together with our publisher partner Wolters Kluwer, will be avidly watching the rollout of individual agency announcements and planning accordingly and strategically. There are many possible avenues for implementation. One potential avenue is for journals to publish qualifying articles by Open Access (a business model in which authors pay to publish through Article Processing Charges rather than readers pay to read, such as

through individual or institutional journal subscriptions). It is important to understand that free access, as called for in the White House policy, is not the same as and does not stipulate Open Access. Changes to publication and business models will occur. At present, we do not yet know how.

One aspect of the new U.S. policy is public access to research results and furtherance of the broader movement known as “open science” (of which Open Access is one aspect). ANESTHESIOLOGY already embraces many aspects of open science, including Open Access, transparent and accessible reporting, broader research dissemination, and minimizing or removing embargoes on article access. We will continue to further the aims of open science.

There will be change. Regardless, we will as always go where the science takes us.

Competing Interests

Dr. Kharasch is Editor-in-Chief of ANESTHESIOLOGY.

Correspondence

Address correspondence to Dr. Kharasch: evan.kharasch@duke.edu

Reference

1. Nelson A, Executive Office of the President, Office of Science and Technology Policy: Memorandum for the Heads of Executive Departments and Agencies; Ensuring Free, Immediate, and Equitable Access to Federally Funded Research. August 25, 2022. Available at: <https://www.whitehouse.gov/wp-content/uploads/2022/08/08-2022-OSTP-Public-Access-Memo.pdf>. Accessed October 31, 2022.