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CMAJ: What's in it for you

“CMAJ? Never read it. There's not much in it for me.” (Comment by an ophthalmologist in a recent readership survey.)

We know from readership surveys that the average physician reader of CMAJ spends 27.9 minutes with each issue. These same surveys inform us that most CMAJ readers receive at least one other medical journal, usually targeted at their own specialty. (Not to mention the increasingly numerous “throwaways” — easy to read and well illustrated, but often not peer reviewed and usually financed entirely by pharmaceutical companies.) And, while print publications compete for the attention of busy clinicians, the context of scientific reading and writing has changed.

Researchers are no longer confined to the material limits of the printed page in publishing their results. Increasingly, electronic-only publication is becoming the vehicle of choice for the rapid dissemination of new information. For example, BioMed Central publishes over 30 electronic-only journals that are now indexed in MEDLINE and available in PubMed Central (www.biomedcentral.com). Barriers to readers are also being diminished as peer-reviewed journals sign on to PubMed Central (www.pubmedcentral.nih.gov).¹ In this brave new world the role of medical journal editors has shifted a little. The emphasis is less on publishing as much research as resources will allow, and more on raising the bar with regard to the quality and relevance of the research that is captured in print.

There seems to be an inverse relationship between the volume and the applicability of information available to physicians. Clinicians need answers to questions in every patient encounter, but locating the specific information that “must be out there” becomes more challenging all the time.² Systematic and narrative reviews of published orig-

inal research are valuable because they thoughtfully and methodically compile this research, making it accessible to practitioners. Over the next year CMAJ readers will see a number of such reviews on recent advances in particular fields ranging from Graves' disease to antiphospholipid syndromes and congestive heart failure.

Applicability and relevance are also the touchstones of a new section launched in this issue: Practice. Comprised of short articles of interest to clinicians, Practice promises to be both informative and entertaining. Some well-established columns of CMAJ will move to this section, including Public Health and Clinical Update (now renamed “In the Literature”). A peer-reviewed, case-based feature, At the Bedside, will begin in the next issue with the first in a series on nephrology. A new Health and Drug Alerts page will help keep physicians abreast of new information on adverse drug reactions. With contributions from our readers, Clinical Vistas will offer fresh views on practice through the technically assisted clinical eye.³ Later this year we will introduce, in parallel to articles in Practice, online study groups that fulfill formal aspects of continuing accreditation. Practice is led by our Editorial Fellow, Eric Wooltorton. He welcomes your ideas and contributions (eric.wooltorton@cma.ca).

And so we go on. We think we're moving in the right direction. As one reader's spouse recently told us, “Your magazine must be getting better; my husband has stopped using it to compost the garden.” — CMAJ

References

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