

Expertise, Diversity, and Perspective: Introducing the *JGME* Editorial Board

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Editor's Note: The ACGME News and Views section of JGME includes data reports, updates, and perspectives from the ACGME and its review committees. The decision to publish the article is made by the ACGME.

Fifteen months after the September 2009 publication of the inaugural issue of the *Journal of Graduate Medical Education (JGME)*, we have occasion to look back proudly on our achievements. They include the publication of 6 issues of the *Journal* and the fact that editorial direction of the *Journal* has fully moved to an independent, academically based editor-in-chief and an enthusiastic and capable editorial board, whose members are clinical and education experts with depth, breadth, and diversity.

The *JGME* editorial board represents a range of disciplines, including the specialties of anesthesiology, emergency medicine, family medicine, internal medicine, obstetrics-gynecology, pediatrics, preventive medicine, psychiatry, and surgery, and the fields of assessment and research in education. The 10 physician members represent institutions that include university systems and safety net hospitals, and the 2 PhDs represent a breadth of assessment, teaching, and educational research. Two members hail from Canada and will contribute knowledge of the innovation in medical education that occurs in our neighbor to the north.

Along with editorial experience, Gail Sullivan, the editor-in-chief, brings a background in experiential learning and development of educational materials. Tina Foster contributes expertise in patient safety, the competencies, and portfolios and experience as the director of an innovative preventive medicine residency. John Gazewood brings an interest in primary care and rural health and an understanding of bedside precepting. Debra Klamen supplies experience in the interface of undergraduate and graduate medical education and know-how in assessment and patient safety. For many, Kenneth Ludmerer does not require an introduction. He brings to the table knowledge accumulated during a career devoted to exploring and explaining the history of medicine and medical education

and the authorship of several important books on the subject.

To this rich mix, Monica Lypson adds understanding of teaching, learning, and assessment and education in cultural competence. Teodor Grantcharov contributes expertise in the use of simulation and virtual reality and surgical education in several nations, and David Murray brings extensive knowledge of simulation and interdisciplinary team communication and decision making. Larry Opas and Lisa Bellini supply an understanding of education administration and oversight and a deep understanding of the need for institutional infrastructure to support resident education. Susan Promes understands curricula and syllabi and education in emergency medicine. Joan Sargeant brings expertise in multisource feedback, reflective learning, and interdisciplinary collaboration, and Deborah Simpson understands faculty development, assessment of the competencies, and development of online educational materials and modules. All members of the editorial board have demonstrated leadership abilities in academic medicine in many ways, including serving as program directors and designated institutional officials; have conducted or guided research in medical education; and have served as editors, writers, and thought leaders on topics important to physicians' professional development.

The *Journal's* readership is broad. It includes sophisticated faculty and program and institutional leaders well acquainted with teaching concepts and research methods in medical education. It also encompasses new program directors and individuals just starting a career in graduate medical education, looking for foundational information, innovative approaches, and guidance on becoming better teachers and researchers. *JGME* readership may someday include a sizable international audience. Early forays into focus groups and analysis of the needs and interests of our readers suggest that a worthy goal may be to provide something for every reader—practical articles, high-quality original research, primers on how to accomplish the tasks vital to graduate medical education or cutting-edge educational research, reviews, editorials, and commentaries.

Once submissions in these categories are received, editorial quality requires ongoing effort, dedication, and integrity. Accepting manuscripts is a happy task; rejection may be less easy but is instrumental to maintaining and enhancing quality. As the *Journal* becomes better known and continues to increase in depth and quality, the number of submissions—and articles rejected—will increase. The

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JGME editorial board is capable and well positioned to make these occasionally difficult choices.

On the occasion of the editorial board fully assuming responsibility for the *Journal*, my profound thanks go out to a sizable group that includes our reviewers and the *Journal* staff. Both groups have worked diligently to ensure the quality of our publication. A thank you also is due to the authors who submitted to the *Journal* and who have met our editorial decisions with understanding, and whose responses to requests for revisions have shown genuine interest in making each manuscript the best it can be. A final, special thank you is due to the guest editors for our early issues, whose insight and input allowed us to publish several high-quality issues in the absence of an editor-in-chief and editorial board.

I know that in the coming years, the *JGME* editorial board will make significant contributions to steadily enhance and enrich the scope and contents of the *Journal*, to contribute to the publication meeting its mission of meaningfully contributing to the knowledge about graduate medical education and its environment, and to inform and engage the graduate medical education community. An important role played by the members of the editorial board is that of ambassador for the *Journal*. As you see them in various venues across the nation and, potentially, the globe, I hope you will seek them out and share your views and needs, discuss your thoughts for articles, and share your plans for submissions. My closing thought is one of deep gratitude to the graduate medical education community for its contribution, which has allowed the *Journal* to come so far this quickly.