

Maintaining Tradition While Fostering Change: *Pediatrics* in 2015

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With each new year, one cannot help but reflect on the need to maintain tradition, yet also celebrate change—and when it comes to our journal *Pediatrics*, that is certainly the case. For the past 7 years (since we have been at the helm of the journal), we have published a commentary in which we share thoughts from our editorial board and managing editorial staff, and we are once again continuing that tradition. Each commentary we have written has introduced changes to our journal inspired by our readers' input with the goal of making the journal even more responsive to its mission to publish high-quality studies and evidence-based policies that will change how we practice to improve the care we provide to children and families.

Over the past year, most readers have told us that, although they skim the print table of contents, they more often read articles online. The increased use of the Internet to access our journal for articles and other features has led us to plan for and implement changes in how content is provided.

The first step in these changes is to make the articles more readable whether in print, online, or the mobile version. Thus, beginning with this issue, the journal debuts a new interior design. The clean, open design of each article allows you to locate the title and abstract at a glance. We think the additional minor design and font changes make the journal easier to read, and we welcome your feedback.

Our second change is to further use social media to help readers better understand the variety of content in

each issue. Rather than just have a few blogs per month from our editor-in-chief, we have begun almost daily blogging by multiple members of our editorial board on our Web site (<http://pediatrics.aappublications.org>) to highlight new, early released articles. It is hard to believe that 1 year ago, we had 13 000 “likes” on Facebook (<facebook.com/aappeds>), and now 1 year later, we are close to 70 000 fans on Facebook and more than 9 million users make over 22 million online page views to our journal. Another 2 million users access the journal through smart phones and tablets. In addition, the journal is also active on Twitter. This upcoming year we will be hosting Twitter chats (with editor-in-chief Lewis First [[@lewis_first](#)] and from AAP Journals [[@AAPJournals](#)]) and exploring the use of new social media channels beyond Facebook and Twitter.

With so many newer pediatricians and trainees using social media, the journal needs to be even more responsive to their needs without losing the loyalty of more senior readers. Therefore, beginning with this issue, we introduce 2 new features that will occur 3 to 4 times a year. The first is a feature column from the American Academy of Pediatrics Section on Medical Students, Residents and Fellowship Trainees highlighting important issues to those getting started in our field and whose opinions are valuable to our entire readership, regardless of years of experience.

The second new feature is entitled “Diagnostic Dilemmas and Clinical Reasoning.” This feature will offer the reader a chance to work through

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a clinical situation by soliciting input from a variety of experts as the case evolves and also allowing readers the opportunity to try to solve the case before those being asked for their input do so. Working through the cases we publish will allow the reader to practice clinical decision-making skills and further his or her knowledge and differential diagnosis skills on perhaps an uncommon presentation of a common illness or a common presentation of an uncommon illness.

The addition of articles focused on a younger generation of pediatricians and the increased usage of social media to educate not just health care professionals but the public requires new expertise on our editorial board. We therefore plan to expand our board to include a position for an individual either in training or less than 5 years out of residency or fellowship training and a position for an individual with expertise in social media to help us engage more readers into seeing how relevant our journal is to their needs, whether they are clinicians in primary or subspecialty

care fields. Watch for the call for openings on our board in the next few months, and if you know of younger pediatricians with an interest in editorial work or social media expertise, send them our way.

In addition to increasing readership, we also have had an increase in the number of manuscripts submitted. Last year, we received more than 4000 manuscripts. Unfortunately, we cannot publish as many studies as we might like given the need to limit the number of articles in each issue. Beginning this year, authors of rejected articles pertinent to the field of inpatient pediatrics have the option of revising their studies and having them reconsidered by our sister publication, *Hospital Pediatrics*. Details on how to have your manuscript transferred are available when you submit your manuscript to us (<http://mc.manuscriptcentral.com/pediatrics>).

Our recent reader survey indicated a strong desire to have access to research articles when and where our journal users choose. We realize that readers for print, web, and mobile are

different and need to be engaged on multiple publishing platforms. Although both print and electronic versions of *Pediatrics* continue to serve our audience, the connection between the 2 can be strengthened through interactivity; quick, easy-to-read summaries of articles; more visuals; audio; and social media engagement. This interactivity raises a critical question about the future of the print version, which we plan to study in 2015.

Despite the changes in look, new features, new editorial board positions, closer linkage to *Hospital Pediatrics*, and the increased utilization of social media to build an engaged online community, 2 things remain constant year after year: the support and feedback from our readers to help us shape the journal in ways that make it as relevant as possible to their clinical, research, and educational needs and the journal's mission to provide valid and reliable information that will lead to better health outcomes for the children we serve. Here's to change and tradition as we enter 2015!

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