

Realigning the JAOA: We Are Listening and Changing

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Throughout the past decade, we have been listening to the thoughtful observations, suggestions, and concerns of osteopathic researchers. Some of what we heard was disturbing: We were told that the *JAOA* takes too long to publish manuscripts, that our manuscript tracking system is antiquated, that our 110-year-old journal is not sufficiently tied into new technological alternatives for delivering content, and that *THE JOURNAL* is not prestigious enough to attract the best research in the profession.

In 2010, Karen J. Nichols, DO, president of the American Osteopathic Association (AOA), established a task force to assess the *JAOA* and to outline a strategic plan for addressing these and other concerns of our profession's researchers, clinicians, and students. Under the leadership of AOA Trustee Carol L. Monson, DO, MSCMH, the *JAOA* Realignment Task Force crafted numerous recommendations and strategies designed to secure the *JAOA*'s position as the profession's leading peer-reviewed journal and to make it more competitive with allopathic medical journals.

Early Payoffs

In response to the task force's first recommendation, the *JAOA* officially adopted and realigned itself to highlight the tenets of osteopathic medicine approved by the AOA House of Delegates. Application of several other recommendations are already under way. Most notably, the average time from submission to publication has shrunk to 6 months, matching the time to publication of many of our competitors in allopathic medicine. By the end of this spring, we expect to have a new online manuscript tracking system and RSS feeds in place. Over the past several years, we've introduced several new sections: "The Somatic Connection" in 2006,¹ "Evidence-Based Clinical Reviews" in 2010,² and "Clinical Images" in 2011.³ This summer, we will launch a humanities section, "In Your Words." Although we posted our first supplementary video in 2009,⁴ we've had few additional online-only components since then; therefore, we plan to expand the number of video and audio recordings to supplement our written content.

At the same time, we are taking our message on the road. During the 2011 Osteopathic Medical Conference and Exposition, we reached out to research directors of osteopathic medical colleges and osteopathic postdoctoral training institutions, as well as to members of the American Association of Colleges of Osteopathic Medicine's Educational Council on Osteopathic Principles. Between the 4 of us, we have visited 8 osteopathic medical colleges; a dozen more such trips are planned for the rest of 2012. In addition, we met with educators from at least 15 osteopathic medical colleges at the leadership conference on osteopathic medical education that the AOA and the American Association

of Colleges of Osteopathic Medicine (AACOM) held in January 2012.

During our talks with researchers, administrators, and other educators, we learn how they are expanding the evidence base for our tenets on their campuses and what the *JAOA* needs to do to attract submissions from them. In addition, we stress that the *JAOA* is interested in much more than research related to osteopathic manipulative medicine. We want to attract all scholarly works that explore in some way osteopathic principles and practice (OPP). Even research at the cellular level can be relevant when researchers connect their findings to OPP. In the process, we hope that we are garnering researchers' interest to conduct more research that builds the evidence base for osteopathic medicine.

Throughout these travels, we have also been listening. Researchers have asked us to obtain an impact factor, to let their colleagues know that the *JAOA* accepts studies with negative results so researchers can build off each other's work, and to tout the fact that the *JAOA* does not impose fees for submitting or publishing articles. Faculty members have asked us to make *JAOA*-branded PowerPoint slides of tables, figures, and other graphics available on the *JAOA*'s Web site as teaching aids. Basic scientists recommend that we spread the word that the *JAOA* is interested in derivative articles that explain the osteopathic significance of articles that our scientists publish in the leading journals in their respective fields. We are working as quickly as we can to act on every solid recommendation we receive.

Ultimate Goal

Although we have executed a number of the recommendations and strategies of

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the *JAOA* Realignment Task Force, we still have a long way to go.

As noted in the editor in chief's report to the AOA Board of Trustees at their March 2012 midyear meeting: "Before this initiative is over, we need to obtain an impact factor. ... We need to launch new sections in the *JAOA*. ... We need to better educate our DO and PhD editors, our peer reviewers and even our authors. ... We need to restructure the *JAOA*'s Editorial Advisory Board and its Editorial Board. ... And we need to find better ways for the *JAOA* to reach out to and be relevant to osteopathic specialists."⁵

But the ultimate goal of this realignment initiative is not only to make the *JAOA* a shining jewel among the world's peer-reviewed medical journals; it is also

for the *JAOA* to jump-start a more robust culture of research in the osteopathic medical profession. Without a stronger evidence base, osteopathic medicine will not be able to satisfy the federal government, private third-party payers, patients, or even our students as to the value of our tenets and practices. If we cannot do that, then osteopathic medicine is unlikely to survive as a distinct profession.

The *JAOA* itself cannot save the profession. But it can be a catalyst to those who can.

References

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