Journal of Osteopathic Medicine: a refreshed and refocused publication for our profession

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As you read this issue of the Journal – likely from your desktop, tablet, or even your smartphone, as this is the first digital-only issue of the newly-renamed Journal of Osteopathic Medicine – you might find yourself taking stock, as I am, of a year that has transformed all of our lives. Significant numbers of our fellow health care providers have experienced unprecedented stress during the events of the current pandemic. The American Osteopathic Association’s (AOA) 2019–2021 Annual Report1 showed that more than 95% of our colleagues in private practice have experienced a revenue decrease during COVID-19, and 40% of those affected were in primary care specialties. Those figures are sobering. For those of us – myself included – practicing in a hospital setting, the dramatic increase in the number of patients has been equally sobering, as has the need to collect new data and devise new approaches to patient treatment while maintaining our tried-and-true focus on whole-patient health. In this Editorial, I’d like to speak directly to you about the function of not just a journal, but our Journal, during this time of significant transition.

As we well know, science has always been paramount in treating our patients;2 the COVID-19 pandemic threw that fact into stark relief. A crucial mission of the Journal has always been to document both current practices and scientific advances in osteopathic medicine, pushing our knowledge base, evidentiary support, and delivery of patient care ever forward. In a detailed Editorial from 20083 appropriately called “Saying What You Mean and Meaning What You Say,” in which he described how our scope and mission had been honed over time, Dr Felix Rogers described the function of the Journal as “advanc[ing] medicine through the timely publication of peer-reviewed osteopathic medical research.” The first part of that mission addresses function – ultimately, helping to improve patient care through research that then feeds the cycle of practice change. The latter part of Dr Rogers’ statement addresses structure – how well and how quickly we can deliver that research to your desks.

Improvements to both structure and function are at the heart of the recent changes to the Journal because they are crucial to the osteopathic profession. First, we’ve changed the name from Journal of the American Osteopathic Association (JAOA) to Journal of Osteopathic Medicine (JOM). This change was not undertaken lightly. We deeply appreciate the long and storied history of the JAOA, which is among the oldest continuously-published academic medical journals in the United States. Our goal in updating your Journal’s name to JOM was not to distance ourselves from that past. Instead, just as our profession has evolved over time – everything from our medical education curricula, to our postgraduate training options, to our tools for patient care, to the breadth of medical specialties in which DOs practice – our Journal should evolve to reflect the full and complete scope of how we practice. After all, as shown in the 2019 Osteopathic Medical Profession (OMP) report from the AOA, “The profession has grown 63% in the past decade and nearly 300% over the past 3 decades.”4 Further, we comprise approximately 11% of the American physician population – no small number. You might have seen the tagline “We publish the way you practice” used in recent marketing materials. That isn’t just an aphorism; the JOM already does, and will continue to, publish research in every area where DOs can be found to practice. Our new name was chosen to simply reflect that our research is representative of the whole of modern osteopathic medical practice.

To support JOM’s commitment to full representation, we have also stratified our Editorial Board into domain areas:5 Behavioral Health, Cardiopulmonary Medicine, Medical Education, Musculoskeletal Medicine and Pain,
Neuromusculoskeletal Medicine/Osteopathic Manipulative Treatment (OMT), Obstetrics and Gynecology, Pediatrics, and Primary Care and Public Health. Each domain area is overseen by a Section Editor esteemed in his or her field, who was specifically selected for expertise that could assure more meaningful, more accurate peer review of articles submitted in that topic area. This commitment to broad representation and focused evaluation was espoused by my predecessor, Editor-in-Chief Emeritus Dr Robert Orenstein, who in a 2014 Editorial stated, “The best editors have a broad swath of medical knowledge, understand how research is conducted and disseminated, know the research community, and are connected to our growing profession nationally and internationally.” I am grateful for the service of and proud to be working alongside our newly-recruited Editors in the 8 new domain areas to deepen our authors’ experiences of expert peer review.

This representation of the full spectrum of osteopathic medical practice also extends into what we publish in the pages of *JOM*. Each issue is now stratified into the same domain areas used for peer review. We strive to publish at least one article in each topic area in every issue, so that if you are a DO practicing in Behavioral Health, you’ll find research relevant to your practice – and likewise for your colleagues in Pediatrics. Of course, we naturally and appropriately receive more articles for peer review in some sections. However, my personal goal over the next few years is to more closely align the articles appearing in *JOM* with the realities of osteopathic medical practice in the United States. Data in the AOA’s 2019 OMP report showed that 56.5% of us are practicing in primary care specialties, while 43.5% of us treat patients in a non-primary specialty. I would like that to be reflected in the research we publish, because our mission and scope – providing evidence that enhances and advances your practice – doesn’t just apply to certain specialty areas. *JOM* is for all of us. Of course, the more high-quality research we get from you, the more we can ensure something for everyone in each issue.

For academic medical journals in the modern era, providing you with what you need and want to read isn’t just about what we publish; it’s also about how we publish. The 2019 OMP report also showed that 66% of actively practicing DOs are under age 45, and while we wouldn’t automatically assume that an entire age or generation of our colleagues preferred to read in a certain way, the importance of a digital presence for the *Journal* was reinforced in 2019. At that time, the AOA asked members to “opt in” for continued print publication, effectively changing the default delivery method for *JAOA* to online access. Fewer than 4% of our fellow AOA members chose to continue receiving a paper copy of the *Journal*, demonstrating a clear and understandable preference for digital publication. This was perhaps not surprising, as Dr Orenstein had previously established objectives for adding meaningful multimedia elements, including technique demonstration videos, to the *JAOA* after he introduced its first website in 2015.7 Again, I am proud to further expand these efforts with *JOM*. For the first time in its history, your *Journal* is being produced in partnership with a major publishing house, De Gruyter, and all content will be published with an open access license, meaning that it will be openly and freely available to the entire public. (As a side note, many open access journals assess Article Processing Charges, or APC, to authors in lieu of a reader subscription fee. *JOM* will currently remain free to both authors and readers.) We believe this change reflects better stewardship of AOA membership dollars, but even more importantly, we believe it supports the mission of the AOA at large, to promote and protect the osteopathic medical profession.10,11 By making the very best of our academic research available to a wider audience, we believe *JOM* will help to increase public understanding about what DOs do. For authors, this means your research will be more widely read and widely cited, thereby lifting all boats in the rising tide of evidence-based osteopathic medical research.

Although I outlined our domain areas in this Editorial before, I’d like to briefly address the role of Medical Education in our pages, since research by and about medical students is part of that rising tide. While there can occasionally seem to be a philosophical gap between research about medical education and research that directly relates to clinical practice, we believe that research documenting the outcomes of education being undertaken by our medical student colleagues ultimately does relate to clinical practice because, in its best iteration, it can help us identify what’s working and what isn’t as we teach clinical skills and osteopathic tenets to future DOs – and now, in selected graduate medical education (GME) tracks, to their allopathic counterparts.12 In a 2019 Editorial, Dr Mindy George-Weinstein put it succinctly: “Methods of pedagogy are constantly evolving, and each innovation must be accompanied by measurements of its effectiveness.” We publish Medical Education content because many of our readers are engaged in it as Program Directors and Deans at colleges of osteopathic medicine, because osteopathic medical students are the future of our profession and the quality of their education is therefore of concern to us all, and because, as Dr Diana Speelman stated, “Research experience prepares students to think critically, hone analytical skills, and develop lifelong, self-directed, and problem-based learning skills. These skills prepare students not only to provide the best patient care, but also to assume leadership roles in future systems of health care...
that will integrate osteopathic principles.” Simply put, JOM supports that development.

In the immediate future, my goal is to attract research from DO authors who might have submitted their research elsewhere in recent years – particularly those who are publishing in journals with a singular focus on the subspecialty area in which the authors practice. JOM is broad in scope, yes; in a streamlined world of medical practice and single GME, authors might think specialty matters more than osteopathic or allopathic background when they’re choosing a journal for submission. However, I would argue that authors and readers alike can benefit from reading about the latest research being conducted by our colleagues, even if it doesn’t focus solely on either the specific practice area of a given reader or on OMT. Knowing what others are doing can inspire a clinical question for your own minds or give us an idea about the right method for an investigation we’re planning. Seeing innovations and understanding outcomes measures can help us identify best practices in patient care. And ultimately, we owe it to one another as osteopathic colleagues to discuss – albeit in written form at JOM – the best of what we’re doing in our own pages.

With that said, we’ve made some additional important changes to our processes to ensure that publishing in JOM is the most positive and fruitful experience for authors. By streamlining our content and focusing on rigorous academic research, we hope to publish benchmark material that will be more widely cited and support what we hope will ultimately be a successful application for an Impact Factor in the near future. We realize how important this distinction is to authors – to both attracting them and retaining them – and it is equally important to us. In the meantime, we also feel strongly that more “qualitative” measures of publishing experience can be attractive to authors. Our current average time from submission to first decision is fewer than 30 days. Our current average time from acceptance to Online First publication is fewer than 4 months. Both measures represent dramatic improvements from the past and address concerns that we have received from previous authors. We are committed to reinvigorating JOM as a home for your work: if it’s done by a DO, we believe it should be in JOM.

No matter your approach to your work, your specialty, or your preferred method of digesting the latest information, we want osteopathic physicians to find something in the pages of the newly-rechristened Journal of Osteopathic Medicine – and to contribute to it. I appreciate the honor of acting as steward for your Journal and carrying it forward into an ever-better reflection of our collective commitment to meaningful, comprehensive, evidence-based, whole-patient care. In closing, I harken back again to the words of my esteemed predecessor Dr. Orenstein, who said in 2015 about the improvements he made during his tenure as Editor-in-Chief: “Change is never easy, but it is crucial to ensuring that one stays relevant.” I am confident that the important changes introduced with this issue will be of great benefit to us all as they improve our profession’s official journal of record.

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References