In the Clinic

If you are like many practicing physicians, you probably have a stack of unread journals accumulating dust somewhere in your home or office. You have not tossed them in the recycle bin yet because you remain optimistic that someday you will have a few free minutes to look through them. You also have this nagging sense that there probably is something buried in the stack that you should know. As editors, we would like to believe that our readers rush to read every issue of Annals of Internal Medicine from cover to cover. As clinicians, we know that the realities of practice and life make that unlikely. We also know that, when practicing physicians do get to their journals, they too often find the content irrelevant or, at best, tangential to their daily work of caring for patients. In this issue of Annals, we launch a new section, “In the Clinic,” to better connect Annals to clinical practice.

Funded solely by the American College of Physicians, “In the Clinic” will appear monthly and will focus on a single, common clinical condition relevant to internal medicine practice. Type 2 diabetes is the inaugural topic of the new section, which you will find on the red-edged pages that follow the journal’s usual content. Future topics will cover such issues as preventive care, symptoms, acute conditions, and chronic illness.

The foundation for “In the Clinic” is the evidence-based content of PIER (Physicians’ Information and Education Resource). PIER (http://pier.acponline.org) is a compendium of evidence-based clinical guidance presented in a unique telegraphic format designed for rapid access to clinical information at the point of care. Features include a flow-diagram approach to undifferentiated clinical problems, a quality measurement tool, extensive links to other material useful to practice, and a comprehensive drug resource. PIER draws on all available evidence but rates its guidance and cited literature by evidence level. The content is rigorously peer-reviewed and continually updated.

In developing “In the Clinic,” we also draw on other ACP resources, such as MKSAP (Medical Knowledge Self-Assessment Program), as well as outside resources, including practice guidelines and accepted quality-of-care measures. “In the Clinic” purposefully and concisely covers very broad topics and emphasizes knowledge that can readily be integrated into practice. Readers who desire greater detail can find it in the source materials and evidence links in PIER.

In addition to addressing diagnosis and management, “In the Clinic” will cover practice improvement and incorporate tools to help physicians to better care for patients with common yet demanding clinical conditions. We think that advice about practice improvement will become increasingly critical to American physicians when improving the quality of care gains momentum. Annals subscribers can obtain 1.5 category 1 continuing medical education (CME) credits by completing the questions on the final page of each issue of “In the Clinic.” The editors have drawn the questions primarily from MKSAP and have retained the detailed explanations that characterize MKSAP as the preferred self-assessment program for internists.

Although nearly all other material in Annals is unsolicited and prepared by independent authors, the editors of “In the Clinic” will carefully plan, closely direct, and faithfully participate in writing the section to ensure that it aligns with the evidence-based material from which it is derived. “In the Clinic” is not the usual traditional fare for a high-impact scientific medical journal. The lifeblood of Annals has been (and will continue to be) rigorous original research, scholarly reviews, authoritative practice guidelines, and insightful commentary. However, our readers have been sending clear signals that traditional content may not be doing enough to help them keep up-to-date with the core knowledge necessary to take good care of their patients.

Thus, we venture to add this new material to our trusted traditional mix. We are optimistic. Generalists who evaluated a prototype of “In the Clinic” believed that the section promises to be an effective mechanism for refreshing their knowledge in core clinical topics. Subspecialist physicians found it a painless way to get updates on clinical conditions outside their area of expertise.

This section is a value-added feature for those individuals who have their own subscription to Annals. All print copies of Annals will include the new section, but only physicians with their own Annals subscription will have free access to the electronic version (www.annals.org/intheclinic), including links to related PIER modules, references, clinical tools, and the complete CME quiz. We encourage readers who are unfamiliar with PIER to explore this unique clinical information resource, which outranked a dozen other point-of-care evidence-based medicine tools in a recent study performed by the Medical Library Association (Personal communication).

Please turn to the red-edged pages and take a look; then tell us what you think.

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