

COMMENTARY

Thoughts on the First Decade of Hospital Pediatrics

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After more than 10 years editing *Hospital Pediatrics*, I am retiring from the job. I am not usually at a loss for words, but I find myself nearly dumbstruck by this particular event. How can I sum up this experience? What has happened here over the last decade? The phrase “a whole lot” keeps coming to mind, although it falls a little short on word count.

For the younger members of our community, believe it or not, this journal grew out of the American Academy of Pediatrics Section on Hospital Medicine newsletter. Jennifer Daru, former chair of the section who tragically died at a young age, was the driving force behind that newsletter. As it grew, she began to envision the possibility of launching a journal. Today, we may see the idea of pediatric hospital medicine as a specialty in pediatrics as obvious, but 15 years ago, it was anything but. Jennifer believed. And she believed strongly enough that she willed this journal to life by convincing the Academy that hospitalists had a future that would inevitably include an academic journal. I wish she could see us now.

We published one issue that first year. On July 1, 2011, volume 1, issue 1 appeared, and frankly, it took nearly a year to put together that meager tome. Reading it today, I see the names of so many friends and colleagues coaxed into contributing. No one really knew where this project was going, and it was a risk to entrust your academic work to an unproven startup.

The cover of that first issue features a woman with long, dark hair wearing a doctor's coat and facing a fork in the road, which was a reference to the lead article, a pro versus con commentary on whether pediatric hospital medicine should seek subspecialty status. We have since chosen our path on subspecialty status, although not without controversy or continued debate.

In the next few years, the journal, like the field, grew quickly. From a single issue the first year, we went quarterly in 2012 and 2013. Those years are a complete blur for me, but they are punctuated by one of the more deliriously happy experiences of my life. We were PubMed indexed on November 6, 2013. We were a real journal.

I am tempted to compare the experience to childbirth, but you'll judge me for not loving my children enough if I do that, so I will say it felt like crossing the finish line after a marathon. Except, you get to stop running at the marathon finish, and we simply had to start running faster. We published bimonthly in 2014 and went monthly in 2015. As it turns out, indexing was much like giving birth: a brief moment of joy followed by many years of hard work.

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From the beginning, one thing I've been steadfast about is our process of double blinding for peer review. I saw this as a tangible way to promote diversity, equity, and inclusion in what we publish, and I still see it that way. As well as prioritizing racial, ethnic, and gender diversity, we have prioritized a diversity of opinions from within the hospital medicine community and have made a particular effort to shepherd research done by community hospitalists into print. We have never shied away from advocacy issues either, and we continue to promote hospitalist work on gun violence, tobacco, and care for families with limited English proficiency to name just a few. Also, we are particularly proud of the times we have been able to publish the patient and family perspective written in their own words.

The second half of my decade as editor has been characterized by an unparalleled expansion of the field. We published special issues on the care of infants prenatally exposed to opiates and complex care, 2 areas in which hospitalists have developed legitimate claims to expertise. We continue to expand our editorial board to include hospital-based specialties complementary to traditional hospital medicine, including intensive care and newborn medicine. Finally, I have been so pleased to see the blossoming of scholarly quality improvement work coming from

our community. It is an area I am passionate about and one that, it seems, many of you are passionate about as well.

So many people have contributed so much to this journal over the last decade that calling out anyone's specific contribution will leave out others who should be acknowledged. Nevertheless, one of the unsung heroes of our journey has been our managing editor for most of this time, Kate Larson. Because we started small, we did not really have a staff, and Kate basically served in every single role in journal production. She checked in articles, interacted with authors and reviewers, applied to the National Library of Medicine for indexing, did some copy editing, worried about the budget, and strategized about the future. Essentially, Kate was *Hospital Pediatrics* behind the scenes for many years, and she deserves so much thanks and credit.

The job of editor is not a job for everyone. Inherently, you need to be willing to say no. Rejecting people's hard work is never easy or fun, and believe it or not, I sweated every single rejection for the whole 10 years. I used to joke with my sons that it cost me "life points," and I could only do two rejections in one day before I needed to rest. Of course, saying no implies the fact that you also have to say yes. You have to be willing to pick from among the hard work of your peers

and elevate something to the status worthy of attention. You have to have opinions, you have to make choices on the basis of those opinions, and finally, you need to do all of this publicly, where others may disagree or criticize your choices.

As I thought about the characteristics that allowed me to do this job, I often landed on my less palatable personal traits. I never lack for opinions, I am combative, and sometimes, there is no avoiding it, I am just a smidge arrogant. Luckily, none of these traits are actually required to be an editor, nor are they present in the journal's next editor, Dr Patrick Brady, who is simply one of the most gifted editors I have ever had the pleasure to work with. Pat embodies the true spirit of what is required to be an editor, which is simply the desire to make things better and the ability to do so, regardless of the obstacles.

There is a line from Lao-tzu that often recurs in my head and can be used to describe the ideal for an editor. To paraphrase, it goes like this: the best man is like water; water benefits all things and competes with none of them. I have no doubt that I have fallen short of embodying that ideal, but in the end, I am so pleased to be leaving this job in the hands of someone who will undoubtedly come much closer.

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