

“Nobody Does Nothing Better Than a Hospitalist”

Welcome to Volume 4 of *Hospital Pediatrics*. It's nearly impossible not to lead with a cliché. Another year gone in the blink of an eye—but it really does feel like that. In keeping with the outrageous pace of our discipline, the journal goes bimonthly this year. We also get a nifty new cover and, oh by the way, we'll be MEDLINE indexed this year!

But before we anticipate our future, let's take a minute to reflect on 2013. Read even a single issue from last year, and you'll quickly get a picture of the things our community cares about and the questions we need to answer to improve the care of hospitalized children. To the outside observer, some of these questions might not look like much: the cost of an intravenous catheter placement, a few extra doses of antibiotic, or a few extra hours in the hospital due to a contaminant in a blood culture. How can all this really matter? Now, pause for a moment and shift perspectives. Do you think it would matter to you if it were your child getting those extra sticks for an intravenous catheter placement or an unnecessary test, or staying an unnecessary night in the hospital? I think it would, and so what matters to us, who stand at these bedsides every day, is doing research that will lead us to create the hospital we want for our own children. I can't think of anything I'd rather be doing, and I'd like to offer a personal thank you to everyone who contributed to the journal last year, including our volunteer reviewers (whom you will find listed at the end of this commentary).

Speaking of reviewers, if you have served as a reviewer or if you've just perused our submission site, I hope you've noticed that we went to double-blind reviews in 2013. Specifically, our reviewers do not receive any identifying information about an article's authors, just as the authors will never know the names of the reviewers. However, we have also included within the new system an invitation to sign your review, for those of you who are really ready to shake things up.

Another thing you couldn't fail to notice if you decided to review the journal's content in 2013 is that pediatric hospitalists have a sense of humor. Maybe it's a necessity when your daily work involves sick children. Maybe we just refuse to grow up. Medicine is a serious business, and it's a tough time to be a doctor. I think we all feel like small cogs in a big, broken machine some of the time. Some of the time we tackle our problems head on; other times, we come at them sideways with a joke or two.

My favorite bit of hospitalist humor from 2013 was this line: “nobody does nothing better than a hospitalist,” quipped by Dr Ben Bauer during the wildly entertaining Top Ten plenary session at the annual meeting of pediatric hospitalists in New Orleans. This line really has potential as a motto for the discipline. As a group,

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we've taken up the cause of choosing wisely, less is more, therapeutic skepticism, parsimony, safely doing less, and "don't just do something, stand there." Ironically, pediatricians are probably among the least profligate of physicians, working in a field that is far down the list of sources of medical expenditure. However, I'm not sure that diminishes the moral force of the stance. Pediatricians have always been a breed apart. Recall that the American Academy of Pediatrics (AAP) originated with the pediatric section's decision to desert the American Medical Association over its opposition to the Sheppard-Towner Maternity and Infancy Protection Act, which was one of the first federal attempts to improve maternal and child health in the 1920s. I am proud of that heritage myself and proud to belong to a group that has chosen to take up this century's cause of health care reform by embracing judicious use of limited resources.

What to expect this year? Well, a little more than nothing, despite the fact that we are good at that. We've launched a new feature: Journal Club, which offers a short synthesis of high-impact articles as well as articles you may have missed. I love evidence synthesis. Seriously, how can you fail to appreciate having someone else scanning the European literature for you? But the best part of our Journal Club is that we'll be using it to provide a platform for young investigators in the field of hospital pediatrics. Each year, 1 young investigator will have the opportunity to showcase his or her favorite articles by serving as the curator and author of our Journal Club feature, under the wise tutelage of section editor Michael Burke. This year, I'd like to welcome Eric Biondi to the job. I'd also like to point out other opportunities

that exist for young investigators to be published in the journal, specifically our other evidence synthesis format called the Clinical Question Review. This is a hybrid review format specific to our journal that derives from the critically appraised topic format used in teaching evidence-based medicine. Our intent with the Clinical Question Review is to jumpstart investigators on the way to a systematic review and meta-analysis or designing better clinical trials. Furthermore, the format shares the purpose of all evidence synthesis, which is to help busy clinicians keep up with the evidence to improve care in their daily practice.

Also later this year, we introduce readers to Gateway, the AAP Journals and Publications network. Gateway is an intuitive tool that enables readers to easily search, sort, and organize all AAP journals and publications content. With its comprehensive searching capabilities and personalized suggested content, Gateway delivers the relevant information our readers will need based on topics and key words of interest. It is our hope that Gateway will become the 1-stop shop to AAP content.

Our readership is active in social media. To generate conversation about journal articles and topics in pediatric hospital medicine, we are tweeting under the AAP Journals' umbrella (@AAPJournals). We are also active on Facebook (<https://www.facebook.com/HospitalPediatrics>). We use both forums to start conversations about an article published in *Hospital Pediatrics* and identify new trends in pediatric hospital medicine.

Ours is a practical discipline, and improving care, in my opinion, is really the guiding principle for everything we do. So many things compete for our attention

and our energies these days. I hope the time you spend giving your attention to this journal bears fruit. I hope you share with us the belief that the truly important contributions we make to the field of pediatrics are the ones that help us take even a tiny step toward better care for children. Finally, I sincerely hope you take something you read here in our pages and make it your own.

OUR REVIEWERS

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