Reflections of the Editor-in-Chief

Along with our entire team, I have learned a great deal in the 2 years since I was tapped to be Editor-in-Chief of *Circulation*. Now, looking back, I have reflected on the insights we’ve gleaned during this early journey.

The scope of cardiovascular disease is now more global than ever. Whereas in previous years, communicable diseases were the major killer in low- and middle-income nations, they have largely been replaced by heart disease, vascular disease, and stroke. The prevalence of cardiovascular disease is growing rapidly in Asia and beyond, as lifestyles have evolved to include high-calorie consumption and diminished physical activity.

Meanwhile, in the West, the scope of cardiovascular disease is also evolving, with a shift from atherothrombotic manifestations toward disease triggered by metabolic stress. In fact, in many ways, the face of cardiovascular disease in developed countries is increasingly shaped by heart failure, whereas in the developing world the immediately lethal manifestations of myocardial infarction and stroke continue to rise. Heart disease is emerging with 2 faces in different parts of the globe.

To address the global manifestations of cardiovascular disease, we have implemented a distributed leadership model for the journal, where editorial decisions emerge from 14 countries and 9 time zones positioned around the world. This strategy has allowed us to identify and harness the redoubtable strengths of a global team of editors, each with particular expertise within the vast realm of cardiovascular science and medicine, and each with a special focus on the part of the world in which he or she resides. We have *Circulation* boots on the ground around the world, shining a bright light on the best science emerging globally.

At the same time, we have taken strides to optimize service to our 4 major stakeholder groups: authors, readers who are investigators, readers who are practitioners, and reviewers. Our Associate Editors are functioning as editors, rendering decisions informed by external reviews. We have implemented an aggressive policy of Rejection Without Review to accelerate the processing timeline for authors, as well as to ensure that we reach out to reviewers with only our best content. We have strived to minimize the barriers that separate authors and editors, moving beyond obtuse boilerplate language in our interactions with authors.

A journal such as *Circulation* is a vessel for the dissemination of knowledge, now delivered across multiple platforms. We estimate that only ≈10% of our readers actually touch a print copy of the journal. A medical journal is no longer a magazine but rather a multichannel collection of strategies of information distribution: websites, social media, listservs, electronic tables of content, podcasts, and print journal. This shift has caused us to rethink the role of a journal in which only a small fraction of our stakeholders actually interface with the print edition. Further, we have had to rethink the concept of a journal issue in a world where many people sample our content in an as-needed, ad hoc fashion. In today’s world, our website (http://circ.ahajournals.org/) and...
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podcast (http://circ.ahajournals.org/content/podcasts) are especially vital to our overall strategy.

In terms of our team's handling and evaluation of research manuscripts, I have been impressed and delighted by the numerous instances in which our junior colleagues have stepped up to provide truly outstanding, thoughtful, and wise evaluation of the reported science. It is especially gratifying to direct these rising stars toward these tasks and then step back and watch them perform at impressively high levels.

My reflections would be incomplete if I did not mention that everyone on our team has learned a fair amount about human nature. Reactions to our editorial decisions span an impressive spectrum: some have been thoughtful and grateful, some amusing, and some pretty darn emotional. I, along with members of our team, have been thanked many times, and at the same time, I've been challenged to issue a personal apology for the comments of an external reviewer. I've been called a mass murderer for failing to appreciate the importance of work that we declined to publish.

The most gratifying part of my role as Editor-in-Chief has been the privilege of working with a truly spectacular team of leaders: Senior Editors, Associate Editors, Content Editors, and a capable and dedicated Editorial Board. Initially, and for many months, my figurative editorial hand was held by a world-class team of American Heart Association professional staff who committed considerable time, experience, and skill, coupled with unending patience. We all — I, most of all — owe these professionals a sincere debt of gratitude.

I also thank our reviewers, who devote time, energy, and effort behind the scenes to make our content as good as it can be. I thank our authors, who entrust us with their best work. Finally, we serve our readers first and foremost; their trust and loyalty is at the heart of our mission. We will continue to learn, experiment, and innovate, and I invite feedback from all regarding our efforts.

It has been said that a good leader identifies good people and then gets out of their way; this has long been my personal goal in leadership, and I continue to be amazed and immensely gratified by the energy, dedication, and devotion to making a difference that our Circulation team manifests daily. It is a privilege and honor to work with this global team of leaders, and I foresee great things continuing to emerge from their efforts. In so doing, I envision a bright future as the energies of a collection of prodigious talent is focused on bringing forth the best cardiovascular science. With respect to Circulation, this is my most cherished reflection.

DISCLOSURES
None.

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FOOTNOTES
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