EDITORIAL

JHM's New CME Feature—Helping Hospitalists Stay Afloat

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"To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all."

-Sir William Osler

For a typical hospitalist in the 21st century, going to sea is not a concern. Getting lost at sea, or worse yet, drowning, loom larger as threats to today's hospitals-based providers. To help our readers navigate the rapidly changing waters that are today's hospitals, the Journal is launching a new feature. Starting with this issue of the Journal of Hospital Medicine, we are pleased to provide CME credits pertaining to articles published in the Journal at no additional cost to the reader. As the newly appointed CME Editor, I will be charged with identifying an article to be published in upcoming issues of the Journal that is likely to impact the practice of the majority of our readership. Based on the article, a series of multiple-choice questions will be developed and readers interested in pursuing CME credit will be directed to an on-line site to complete the questions and receive immediate CME credit along with the answers to the questions.

For our first article, CME questions have been developed for the well-done review by Abu Jawdeh and colleagues, "Evidence-based approach for prevention of radiocontrast-induced nephropathy," a topic encountered by hospitalists daily. While clinical topics will likely comprise the majority of selected topics, CME activity in the Journal will reflect the diverse roles filled by hospitalists as champions of quality improvement, patient safety, care transitions, teaching, research, and team leadership.

What may seem straightforward at first glance is actually a more complicated process behind the scenes. The Editorial Office and the production team at Wiley have worked hard to make the CME process as seamless as possible for our readers. User-friendly features include: direct linking between the on-line Journal and the Journal's web-based CME activity; on-line tracking of individual CME credits and certificates; answers to CME questions, along with explanations, available immediately upon submitting your responses; and performance measurement related to the program. In the future, we hope to take advantage of technology to enhance the CME process to reach our diverse readership. We hope you enjoy this new feature of the Journal, and please give us your feedback on it.

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