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# PEC Innovation

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## Volume 1: Editorial - PEC Innovation



It is with great pleasure that we finalize this first volume of *PEC Innovation*. *PEC Innovation* was initiated in July 2021 as an open-access sibling journal to *Patient Education & Counseling*. *PEC Innovation* focuses on work that is particularly novel or that provides new insights into health care communication, education, and promotion.

Over this past 18 months, the journal has exceeded expectations with approximately 200 submissions. We have established a geographically and methodologically diverse and committed editorial board and launched two special issues on innovative topics: *Communication in Genomic and Precision Medicine* and *Improving the Delivery of Care using Digital Technologies*. Many of you have participated in the peer-review process through submitting your own manuscripts and providing reviews of other scholars' work. We are pleased that *PEC Innovation* is having global reach, with papers published from authors from at least 18 countries in this first volume.

The central focus of *PEC Innovation* is the question: *What is innovation?* The editorial board recognizes that there are many answers to this question. In the journal's author guidelines, we ask that authors specify in the manuscript's Discussion section what is innovative about their research. This subsection on Innovation is a major difference between *PEC Innovation* and *Patient Education & Counseling*. We note that "innovation may use either specific or general framing. Specific framing for innovation may be related to novel conceptual or theoretical approaches to research, new instruments, methods, or interventions. General framing for innovation may focus on how the research or its implications are related to novelty, such as the application of methods that have been used in one field that are now being applied to a new area, the implementation of methods in a new cultural setting, or translation of measures into new languages, among other more general features of innovation."

In this volume, we have seen authors answer the call for innovation in a variety of ways. Some studies have reported on pilot tests of innovative interventions to address important problems in healthcare communication, including improving conversations about treatment cost [1], improving recruitment to cancer clinical trials [2], and improving clinical communication through peer-based coaching [3]. Other studies report on pilot interventions addressing important healthcare problems outside of the clinical environment including conversations about family building when inherited cancer risk is present [4] and health education for older adults in an apartment community [5]. Many studies published in this first volume report on qualitative data that investigate an understanding of a healthcare problem in a new way or that provide applied findings, such as how to talk to lung cancer patients in non-stigmatizing ways [6]. Other studies report on the validation of measures, descriptions of novel methods, and systematic reviews that provide novel conclusions based on the synthesis of literature.

This is by no means an exhaustive list, but meant to provide some examples of how innovation presents in this first volume. In the coming years, we look to expand this description to include new ways of conceiving of and operationalizing *innovation*.

Looking forward to Volume 2, we will continue to do our best to find qualified reviewers for submissions to allow authors to have a fair and timely review process. As this is a common interest for *PEC Innovation* and the authors, we also think reviewing should be a common responsibility. We strongly encourage you to accept invitations to review as often as possible, or to suggest other qualified candidates when you are unable to commit yourself. We will also have calls for two new special issues. We hope to continue to have your partnership.

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