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OK, this is not a COVID editorial. My 4.5 hours of daily screen time imply the world is a jacked-up crucible of sorrows, but it's Canada Day as I write this, rumours of the last lilacs and the first hydrangea tint the warm breeze on my porch, and masked Canadians are caring for and rooting for one another as we cautiously nose into summer (how casually we've come to use end-times phrases like "reopening society" and "universal masking"! The 2019 version of me would be reeling at the thought). A renewed light on our demographic divisions is a hopeful harbinger of equity. I'm going to keep all this front of mind, but riff on a few other things in my first editorial as Editor-in-Chief of *CUAJ*.

When I was considering this piece, I surprised myself that the publication of quality science and respect for conventional bibliometrics did not surface quickly in my consideration or "vision" of the journal. My venerable predecessors, Drs. Klotz and Siemens, have clearly cemented these as attributes; Canadian urological research is best-in-class, and *CUAJ* is the home of high-relevance, high-quality work from Canada and around the world. Our open-access model without publication fees makes us an obvious choice. Clinical, patient-related, and policy science has an accessible home here. The ace editorial team will endeavour to keep this so, and I'm bullish on our future output. Nor have I despaired the operational aspects, as the Managing Editor, Adriana Modica, has engineered an efficient funnel and expert process for managing the logistics of the publication. Instead, I've been thinking more along the margins, where I think there is a lot of opportunity.

I see the journal as a record of life in Canadian urology. It is a publication of the Canadian Urological Association (obviously), which is in service of the entire membership. The journal is a vehicle for publication and reporting of research, of course, but the consumers of this information are the entirety of the urological community. A broad repertoire of publication types improves applicability and usefulness, and opportunity for contribution from all corners of the membership and beyond is key to our broad relevance. Stay tuned for some new themes, human interest, and practical pieces.

I'll bury my confession here: I have never liked reading journal articles. Perhaps social media has addled my attention span, but 3000 words in the passive voice, a thicket of statistical nomenclature, and omnibus discussions mirroring omnibus introductions leave me wanting for clear, focused, and navigable papers, only as long as needed, to tee up new knowledge. I think we can foster clarity in scientific communication through author resources, managing expectations, and editorial attention. Good science deserves an audience, and the audience deserves facile knowledge translation.

Finally for now, *CUAJ* is truly a platform in addition to a journal. Papers are accessible online and in print as always, but social media is the access point for an increasing proportion of readers; you will see us there interacting and guiding readers to useful content and facilitating discussion and real-time review during the monthly accredited #cuajc online journal club. The notoriously elusive Section 3 CME credits will continue to link our best published research with your learning needs and goals. There is a huge amount of creative capital in the Editorial Board, our authors, and the CUA membership at large. We might even have some fun in this space.

This month's journal is ripe with essential reading on BPH trends, persistent opioid use in young stone patients, prostate biopsy prophylaxis, and others, but I'll draw attention to two important and novel papers here. Dr. Hird and colleagues provide a call to awareness and action regarding practice phenotype, barriers, and satisfaction among Canadian women in urology.¹ This is a true deep dive into our historically

under-represented colleagues' unique circumstances. In a paradigm-questioning look at an acute care urology practice, Kirubarajan and colleagues document wins for patients and practitioners with the development of a rapid access clinic and reserved OR space for emergency presentations.² Battling inertia in our modes of practice is by definition challenging, but these lenses in to novel care strategies are important to mull over.

Enjoy this issue and have a great remainder to your summer!

References

1. Hird, AE, St-Laurent M-P, Nadeau G et al. Exploring the patterns of practice and satisfaction among female urologists in Canada. *Can Urol Assoc J* 2020;14:245-51. <http://dx.doi.org/10.5489/cuaj.6184>
2. Kirubarajan A, Buckley R, Khan S et al. Implementing and evaluating the efficacy of an acute care urology model of care in a large community hospital. *Can Urol Assoc J* 2020;14:259-64. <http://dx.doi.org/10.5489/cuaj.6371>

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