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# The Birth of the Western Journal of Emergency Medicine: *WestJEM*

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Welcome to the first issue of the *Western Journal of Emergency Medicine*, or *WestJEM*.

This issue is the culmination of an ambitious plan to expand the scope, size, frequency and quality of the former *California Journal of Emergency Medicine* (*CalJEM*). *CalJEM* started publishing in 2000 as a joint venture of the University of California Departments/Divisions of Emergency Medicine (principally the Davis and Irvine campuses) and the California Chapter of the American Academy of Emergency Medicine (Cal-AAEM). The Cal-AAEM vision of sponsorship was, and remains to offer a quality academic product as a member benefit.

When Dr. Robert Rodriguez decided to step down after five years as Editor-in-Chief of *CalJEM*, the Cal-AAEM Board of Directors enlisted my service as editor. Principally at the urging of Cal-AAEM President, Dr. Steven Gabaeff, an academic taskforce of leaders from emergency medicine (EM) residency programs in the Western United States was organized to promote and participate in the journal. Assessing the state of the journal, it became clear that *CalJEM* could be significantly expanded to accommodate the exponential growth of EM. As such, we explored the necessary steps to achieve indexing in the National Library of Medicine's Medline and PubMed database. Such indexing provides the most expansive access to published biomedical information in the world.

We set out to chart an aggressive course to make the journal worthy of PubMed consideration, a tall order. I was heartened to read that the *Canadian Journal of Emergency Medicine* became indexed in PubMed in November, 2006. Credit goes to Dr. Grant Innes and his editorial staff for seeing the journal from its formative stages through seven years as editor.<sup>1</sup>

To expand the scope of *CalJEM*, we felt that we needed a name change along with a renewed focus, editorial board, format, size and distribution. We chose *WestJEM* to maintain the California roots of the journal, with 14 EM training programs,

while taking advantage of the Academic Task Force participation from 10 other Western training programs. Furthermore, we felt that the name would speak to academic EM programs from the Western Hemisphere, and to those in the Eastern Hemisphere who wanted to publish to a Western audience. Given the international growth of research in the specialty, particularly in Asia, we felt this name served several purposes. We will see if this works.

Regarding governance of the journal, the sponsorship remains equally with CAL/AAEM and the Department of Emergency Medicine at the University of California, Irvine. The journal is not owned by a multinational publishing company, as are the other four American EM journals. Hence it is "open access" and therefore free on line. With *WestJEM*, you will never be teased by an interesting abstract, only to find that the publisher requires you to pay for the full text of the paper.

**The mission of *WestJEM*:** Emphasize the practical over theoretical, focusing on the roles of technology and public health in efficient and optimal emergency care. We strive to be a journal for practicing emergency physicians, with a 21st century focus on technology, practice efficiency and the growing role of the specialty in promoting public health. Drawing on our independent roots, the **Vision of *WestJEM*** is to be the premier open-access journal for emergency medicine in the Western Hemisphere. With *WestJEM*, the on-line version will always be free.

One might ask, do we need a new journal? The answer in my mind is emphatically, "Yes!" A few comparisons are in order.

There are approximately 25-30,000 emergency physicians in the USA with four mainstream EM journals indexed in the PubMed database. By contrast, with approximately the same number of U.S. specialists, the number of indexed journals in cardiology (23), ophthalmology (20), pathology (18), radiology (11) and orthopedics (10) far exceeds that of EM.<sup>2</sup>

Next recognize that the last general EM journal in the U.S.

began publishing in 1994 (*Academic Emergency Medicine*) and that was the first new one in 11 years. In 1994 there were 103 ACGME-accredited EM residency programs in the U.S., while today there are 139 allopathic<sup>3</sup> and 32 osteopathic EM residencies,<sup>4</sup> greater than a 50% increase. In 1994 there were but 42 full academic departments in the nation's 124 medical schools. Today there are 72, a 58% increase.<sup>5</sup>

The research and scholarly work from these departments and training programs has increased proportionally. As evidence, the specialty's federal grant acquisition has grown from no listing on the NIH departmental ranking in 2002 (indicating less than 10 programs obtaining any funding) to a high of 19 programs with \$8.2 million in funding in 2004, then a dip to 13 programs with \$5.2 million in 2005, the last year data is available. Funded research generates a need for additional publication outlets.<sup>6,7</sup>

Consider that the proportion of SAEM national meeting abstracts accepted in 2007 was 46% (545/1172 submitted).<sup>8</sup> Couple that with the report that only 38% of 2,054 abstracts accepted to the meeting in 1997-2001 were ultimately published as full papers by fall 2003.<sup>9</sup> If 54% of research projects are rejected from our most influential national research meeting, and 62% of those accepted are never published as papers, then likely less than 20% of all research projects submitted to the meeting ultimately are published in manuscript form. While one could argue that the projects rejected from the research meeting or as full manuscripts did not pass rigorous peer review and are therefore not worth publishing, it appears that there is a clear imbalance between scholarly work and its wide dissemination in print.

Recently, academic leaders in EM have grappled with the place of EM research in the national fabric of research funding.<sup>10</sup> This group highlighted the synergy between the recent Institute of Medicine (IOM) reports describing the tenuous state of emergency care in the U.S.,<sup>11, 12, 13</sup> and the NIH roadmap for research funding.<sup>14, 15, 16</sup> The roadmap emphasizes, among other things, tightening the relationship between basic science and clinical research through the awarding of Clinical Translational Science Awards to research centers. The NIH has identified two barriers that inhibit the application of promising basic science approaches to treatment of disease, dubbed T1 and T2. T1 is the application of bench research results to clinical trials, for example, using a new drug or therapy in Phase I, II and III human studies, while T2 is the widespread dissemination of a proven treatment to the population. *WestJEM* will provide an additional outlet for emergency physicians doing "bench to bedside" translational research. In addition, EM research is ideally suited to bridge the T2 barrier, as we care for more than 115 million patients per year in America's emergency departments (EDs), with every race, creed, color and age represented. There is no better crucible to disseminate

bedside to population health than the ED. Hence, *WestJEM's* focus on the role of public health is particularly suited to recent research evolution.

Recent published papers in the four American EM journals appear to focus on a narrow group of topics which does not span the breadth of EM practice or training. In the past three years, 474 papers, or 10 per issue, shared but 27 keyword topics in these journals. The topics are indeed important to our practice, led by acute myocardial infarction and chest pain with 117 papers, ranging down to HIV/testing and sexually transmitted diseases with seven total papers. Contrast this with the list of 878 clinical entities contained in the Model of Clinical Practice of Emergency Medicine<sup>17</sup> and it is evident that there is a significant gap between practice and (at least published) research. While it may be the nature of clinical research to limit what we study to common entities, nevertheless, an additional journal may expand the breadth of topics open to investigation and description.

*WestJEM* will be available on-line through the University of California's, California Digital Library eScholarship website. The eScholarship Repository is a free, open-access infrastructure that offers UC departments, centers, and research units direct control over the creation and dissemination of the full range of their scholarship, including pre-publication materials, journals and peer-reviewed series, post-prints, and seminar papers. These materials are freely available to the public online at <http://www.cdlib.org/programs/escholarship.html>.

*WestJEM* issues will be catalogued, maintained in perpetuity and accessible via common search engines like Google Scholar. Hence, even prior to indexing in PubMed, publication in *WestJEM* will have wide and, more importantly, free distribution.

If you have read this far, then you are truly a supporter of innovative scholarly publications. I encourage you to read, comment, critique, argue, and submit your work to this new and exciting scholarly venture.

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I would like to acknowledge the dedication of Dr. Robert Derlet, founding editor of CalJEM, Dr. Antoine Kazzi, driving force and Managing Editor of the Journal from its inception until 2005, Dr. Robert Rodriguez, outgoing Editor-in-Chief, and Dr. Steve Gabaeff, whose collective vision started and promoted the journal to a level poised to take its place among the important and mainstream EM journals.

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