


Upcoming Changes to the Prehospital and Disaster Medicine Journal

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Conflicts of interest: The author (JMF) declares that he is the CEO and founder of STAT59 and an employee at the University of Alberta.

Keywords: article types; instructions for authors; mission statement

Abbreviations:

EMDM: European Master in Disaster Medicine
PDM: *Prehospital and Disaster Medicine*

Received: September 18, 2024

Accepted: September 20, 2024

doi:[10.1017/S1049023X24000608](https://doi.org/10.1017/S1049023X24000608)

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Abstract

In this editorial, upcoming changes to the mission statement, available article types, and instructions for authors are highlighted. These changes are expected to start on January 1, 2025.

Franc JM. Upcoming changes to the Prehospital and Disaster Medicine journal. *Prehosp Disaster Med.* 2024;00(00):1–2.

When I took over as only the fifth Editor-in-Chief of *Prehospital and Disaster Medicine* (PDM) on July 1 of this year (2024), as a true life-long casualty of imposter syndrome, the first question I asked myself was: “am I the right person for the job?”

In my opinion, there is a symbiosis between a journal and its Editor-in-Chief. Editors are drawn to journals that reflect their own core values. Journals are shaped by their editors to reflect these same core values. An editor’s core values are, of course, largely influenced by experience.

While my experience in Disaster Medicine began almost accidentally, innovation is what really attracted me to the field. In 1999, I had recently graduated from my residency training in Emergency Medicine and had started as full-time staff at the University of Alberta Hospital in Canada. Based on my previous experience with software development – and because I was working the night shift on December 31, 1999 — I was asked to chair the Y2K disaster planning committee. Following the Y2K disaster (or lack thereof), I was asked to develop a hospital disaster plan and training program. With some investigation, I found Disaster Medicine to be a field open to innovation: I developed a web-based training program for our staff. I also wrote a surge capacity simulation program for training of Emergency Medicine residents and disaster management administrators. When I later moved on to the role of Medical Director of Emergency/Disaster Management for the province of Alberta, Canada, the surge capacity simulation software was used for training prehospital and hospital-based emergency response staff.

Innovation was exciting, but I was also considering the impact of my work. In 2005, based on my training in sports medicine and experience in disaster planning, I was appointed Medical Director for the 2005 World Masters Games in Edmonton, Canada. The prospect of creating a medical plan for a mass gathering of over 15,000 athletes with extremely limited funding was overwhelming. I found minimal published evidence on how to proceed. Thanks to the unpublished groundwork laid by the team of the previous World Masters Games, and the dedication of our team, we developed a successful community-based model. The model was published in the *Clinical Journal of Sports Medicine* with the hope that the information would be valuable to future teams and generalizable to other mass-gathering events.

Although creating this new model was interesting, I questioned what evidence for best practices in Disaster Medicine existed. I attended the European Master in Disaster Medicine (EMDM) in 2006. My relationship with PDM began in 2007 when I submitted a manuscript about surge capacity simulation based on my EMDM thesis for publication. After looking carefully for the premiere journal publishing evidence-based Disaster Medicine research, I chose PDM. I still recall the satisfaction of having my name printed in the PDM issue, and the sense of pride in seeing my work published among the names of the journal’s editorial board and the other contributors. I also remember the excitement of meeting the journal’s Editor-in-Chief at that time – Marvin Birnbaum – at a research methodology course he taught at the WADEM conference in Amsterdam. As my interest in Disaster Medicine research grew, I joined Sam Stratton (who would go on to become the fourth PDM Editor-in-Chief) in teaching research methodology to students of the EMDM. Inspired by Sam’s excellent statistical knowledge, and my interest in mathematics, I completed my master’s degree in applied statistics at the Rochester Institute of Technology in New York.



With these experiences behind me, I felt I had found my niche in innovative, high-impact, evidence-based research in prehospital and Disaster Medicine. I joined the PDM editorial board as Statistics Section Editor in 2021, as Deputy Editor in 2023, and then as Editor-in-Chief in July 2024. The position as Editor-in-Chief was offered at a perfect time to complement my role as Research Director in the Department of Emergency Medicine at the University of Alberta.

As Editor-in-Chief, I will be working with Managing Editor Ellen Johnson to initiate some changes at PDM. Predominantly, these are designed to give clarity to our readers about what they can expect from the journal, and to provide transparency to authors on navigating the submission process.

Upcoming changes will include:

1. Revision of the journal's mission statement to focus on innovation, impact, and evidence-based medicine.

2. Amendment of the article types to provide additional options for authors. This will include additional options for review articles and for showcasing innovation.
3. Reorganization of the instructions for authors to provide more concrete advice on how to navigate common issues such as ethics approval, P value multiplicity, and reporting of confidence intervals.

Editorials – starting this month and continuing throughout 2024 – will discuss in further detail the upcoming changes so that authors and readers know exactly what to expect for 2025. These changes in mission statement, article types, and instructions for authors will provide additional clarity for readers and authors. Following the lead of PDM's previous editors, the goal is for PDM to maintain its position as the premiere journal for innovative, high-impact, evidence-based research in prehospital and Disaster Medicine.