

Rural Emergency Medicine and the American College of Emergency Physicians: The Time is Ripe for Enhancing Two-Way Communication

I have been an advocate of Evidence Based Medicine (EBM) my entire academic career. However, following the 2007 Society for Academic Emergency Medicine (SAEM) Consensus Conference on “Knowledge Translation”, I faced the harsh reality that disseminating best practice principles to the large number of emergency physicians is quite a challenge. I did not even comprehend the depths of the challenge in those early years. After reading an *Emergency Medicine News* essay about the obstacles facing rural emergency providers around 2010, I wrote a letter of response to inform these hardy professionals working far from the ivory tower settings of academia that entities like Best Evidence in Emergency Medicine (BEEM) and the SAEM EBM Interest Group stood ready to assist. My initial idea was that BEEM could provide a rural-relevance filter for the over 3000 biomedical publications appearing on PUBMED every day before assisting with critical appraisals and focused dissemination.

Dr. Tripp Wingate contacted me shortly after my letter was published and introduced me to the American College of Emergency Physician’s Rural Medicine Section of which I had previously been unaware. Tripp envisioned a “Textbook of Rural Emergency Medicine” authored by rural providers, for rural providers. Eventually, Tripp and I connected with Dr. Dane Chapman and the current members of the *Journal of Rural Emergency Medicine* (JREM) Editorial Board. Dane conducted a survey of the Rural Section membership in the Fall of 2013 and the members clearly supported the concept of *JREM* and eventually a textbook. Dr. Darrell Carter envisioned a wide-ranging curriculum for rural physicians, physician extenders, and nurses. Darrell’s curricula included the CALS course, rural-specific offerings at ACEP Scientific Assembly and ACEP satellite courses, as well as the journal and textbook. Dr. Ken Milne, a rural Canadian emergency physician who practices in a four-bed emergency department (ED) supported the new world of social media as a mechanism to disseminate new information quickly and cheaply to rural emergency providers worldwide, including students and residents.

Readers probably wonder why emergency medicine needs yet another journal since currently at least 20 pre-hospital, ED, resuscitation, and acute care peer-reviewed journals already exist. In addition, at least 14 English peer-reviewed journals

already exist (Table) with direct or peripheral relevance to rural medicine. I would encourage you to dig deeper though. None of the existing emergency medicine journals has a series devoted to the rural provider. Nor do any of the rural journals focus a section on emergency medicine. The absence of a rural voice on the editorial boards is reflected in the number of manuscripts published in these journals over the last 30 years. Our initial PUBMED search in October 2013 for manuscripts with the term “rural” in the title identified less than two manuscripts per year since 1966, including 76 in *Annals of Emergency Medicine*, 30 in *Journal of Emergency Medicine*, 49 in *Academic Emergency Medicine*, and 19 in the *Canadian Journal of Emergency Medicine*. In addition, the focus of these published articles is on education and workforce issues rather than on the unique challenges and solutions to bedside rural emergency care. Furthermore, the editorial boards of most

emergency medicine journals are populated by academic professors who either do not practice clinical medicine or work in tertiary care health care systems far removed from the small rural ED hundreds of miles from specialty care. While it is quite likely that prominent EM journals did not publish significant numbers of rural manuscripts because few were submitted, it is also very possible that rural ED providers hesitate to submit their hard work and novel ideas to editorial boards consisting of representatives who do not practice in isolated, sometimes austere rural settings. *JREM* strives to overcome the obstacles of underrepresentation.

Existing Rural Journals in 2014

- The Canadian Journal of Rural Medicine
- The Journal of Rural Health
- Rural and Remote Health
- Australian Journal of Rural Health
- Journal of Neurosciences in Rural Practice
- Tropical Medicine & International Health
- Telemedicine and e-Health
- Journal of Health Care for the Poor and Underserved
- Journal of Telemedicine and Telecare
- Royal Society of Tropical Medicine and Hygiene
- Healthcare in Low-resource Settings
- Online Journal of Rural Nursing and Health Care
- Journal of Rural Medicine
- Journal of Rural and Tropical Public Health
- Journal of Rural Community Psychology (Online)

This inaugural issue of *JREM* contains multiple items of interest to rural providers, educators, and policy-makers. The *JREM* Editorial Board believes that our mission aligns with the ACEP Strategic Plan in multiple ways. First, provides a previously non-existent delivery model to support effective emergency care in the rural environment. Second, *JREM* supports a forum for rural providers to self-address the workforce issues that challenge high-quality emergency care in these settings, as discussed by Macht et al. and Mitchell et al in this issue. *JREM* also provides a print, online, and social media forum for robust educational products that did not exist with current journals. Third, *JREM* and the ACEP Rural Section provide an opportunity for ACEP to increase membership by identifying eligible non-members in non-urban settings to provide them with a resource they can use in their daily practice. Therefore, with the support of *JREM*, ACEP will attain their Strategic Plan objectives in rural settings, but the success of *JREM* depends upon ACEP's support.

The *JREM* Editorial Board hopes that our vision and scope align with our intended audience. We appreciate the direct support of EMCare in paying the publication costs of our first issue. We also thank our advertisers for their support, including ACEP and EM Abstracts. We owe Dane Chapman and his support team, as well as the University of Missouri, for their initial sweat equity and financial support in launching the journal website (). We also offer our thanks to Lisa Hayes and Washington University in St. Louis for providing the infrastructure to produce this first issue. We thank the ACEP Board of Directors and the Annals of Emergency Medicine Editorial Board for their expert guidance and critical analysis as *JREM* was born. Finally, we thank the members of the ACEP Rural Section and every rural physician, physician extender, nurse, social worker, case manager, hospital administrator, and patient without whom none of this would be relevant or conceivable. We intend for *JREM* to provide a voice for your ideas, obstacles, inspirations, and vision for decades to come.

Christopher R. Carpenter, MD, MSc
Interim Editor-in-Chief

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