



Inauguration of the *Journal of Emergency and Critical Care Medicine*

Emergency and critical care medicine are specialties facing life-threatening emergencies such as stroke, acute myocardial infarction, and severe trauma. The management of these critical illnesses requires rapid responses and accurate triage. However, most practices in emergency room and intensive care unit (ICU) lack high-level evidence. As a result, most of the practices thought to be true in the present may be proven to be wrong decades later. This is due to evolving concepts and evidences generated by researches from bench to bedside. The transition from A-B-C (Airway, Breathing, Compressions) of cardiopulmonary resuscitation to C-A-B (Compressions, Airway, Breathing) reflects the fact the clinical practices in emergency medicine is ever changing with accumulating evidence (1). Another example is the guideline of resuscitation for severe sepsis and septic shock. The use of early goal directed therapy (EGDT) is no longer highlighted due to that several large randomized controlled trials (RCT) have failed to identify beneficial effects of EGDT (2-4). Because sepsis is a syndrome with heterogeneous causes, its clinical definition is ever changing (5). The recent Sepsis-3.0 defined sepsis as organ dysfunctions caused by infection, and quick sepsis-related organ failure assessment (qSOFA) was proposed as a tool to quickly identify sepsis patients (6,7). Without enormous research efforts, these progresses cannot be made happen. Journals can serve as important platform for the communication of recent advances in medical researches. With this regard, we launch the *Journal of Emergency and Critical Care Medicine (JECCM)*, which is an open access journal publishing articles focusing on the area of emergency and critical care medicine. The journal covers both basic and clinical researches. *JECCM* aims to improve the care of patients with emergency and critical illness by acquiring, discussing, distributing, and promoting evidence-based information relevant to emergency physicians and intensivists. The journal publishes original articles, reviews, editorials, comments, study protocols and data descriptor.

Besides all above-mentioned article types, we plan to include a column under the name “data descriptor”. By convention the methods used to collect data and the structures of dataset are simple, because these datasets were collected by hand in the form of prospective or retrospective designs. With the advances in information technology and electronic healthcare records, datasets with large number of variables and complex structures are widely available for investigators. As a result, the description of dataset requires more spaces that cannot be accommodated in the traditional article types. To make this end meet, we launch such a column for data description, aiming to provide a platform for the sharing and reuse of scientific data. This is also in line with the open data campaign that have been proposed by several major publishers (8). Authors of the column can deposit their dataset supporting a scientific publication in a publically available website. The description of the dataset can be published in the *JECCM*, which serves as a complementary material for their original scientific publications. The data description may include the methods used to collect the data and technical analyses supporting the quality of the measurements. We hope this column will help others to reuse data for hypotheses testing, external validation of prediction model, and individual patient data (IPD) meta-analysis.

In order to bring research evidence to clinical practice, the *JECCM* will launch a column called “evidence-based clinical problem solving” (9). This column will provide a platform for exchanging experience of the management of critically ill patients. The article will begin with a clinical vignette that can be encountered in daily practices, followed by thorough systematic review of relevant literatures. The risks and benefits of a certain intervention will be discussed. Finally, the area of uncertainty will be listed and discussed. We hope this column can help clinicians and researchers get unbiased evidence from literature and make the most benefits for their patients.

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