

EDITORIAL

A NEW PEER-REVIEWED ACADEMIC JOURNAL FOR PARAMEDICINE

Michael R. Gunderson, EMT-P (Ret.), FAEMS1*; Michael C. Touchstone, BSHS, FACPE2

Author affiliations: 1. Editor-In-Chief, International Journal of Paramedicine; President, Center for Systems Improvement; Chief Strategy Officer and Senior Advisor, Cambridge Consulting Group; Madisonville, TN, USA; 2. Managing Editor, International Journal of Paramedicine; Past President, National EMS Management Association (2015-16); Philadelphia, PA, USA

*Corresponding author: mic.gunderson@internationaljournalofparamedicine.com

Recommended Citation: Gunderson, M., & Touchstone, M. A New Peer-Reviewed Academic Journal for Paramedicine. International Journal of Paramedicine, (Pre-Issue version; 2022, November 17). Retrieved from https://internationaljournalofparamedicine.com/index.php/ijop/article/view/2367

Keywords: editorial, emergency medical services, professionalization

Received: August 15, 2022 Revised: October 28, 2022 Accepted: October 28, 2022 Pre-Issue Release: November 17, 2022 Publication: TBD

Copyright © 2023 by the National EMS Management Association.

Funding support: None declared. *Competing interests*: None declared.

The peer-reviewed academic journal is the quintessential venue where professions build and develop their foundations and push their knowledge forward. The International Journal of *Paramedicine* (IJOP) is a new peer-reviewed journal for the rapidly evolving art and science of paramedicine. Emergency medical services (EMS), particularly those designed using the Anglo-American model (1) were originally conceived to meet the needs of those requesting out-of-hospital emergency care and transportation. Of the many changes experienced by the profession, it has become apparent that service delivery and the needs of the public are far more complex and broader than EMS systems were originally designed to deliver. Traditional EMS, now broadly described as paramedicine (2), has evolved in its conceptualization, delivery, models of governance, scope of practice, and provider needs.(3) Inherent in these growing complexities is a need to think broadly and in new ways about the discipline.

Paramedicine needs a common place to engage in scholarly and professional discourse for knowledge growth, evidence informed decision making, and progress in areas reaching far beyond just clinical research. Developments in paramedicine related regulations, funding, and scope of practice, coupled with the growing pace of research and improvement science in paramedicine, make it critically important to have an appropriate academic venue to share and synthesize evidence, provide insights, advance conceptual arguments, consider the implications of knowledge production, and discuss implementation. *IJOP* aims to meet these needs by addressing a broad range of infrequently covered topics such as public health and epidemiology; social determinants of health; social equity and bias; mental and behavioral health; culture of safety and human factors science; quality improvement; integrated care; healthcare business and finance; leadership and management; and evidence-based practice; as well as other topics of study germane to paramedicine – including clinical care.

To that end, the National EMS Management Association (USA) (NEMSMA) has supported creation of the *IJOP*. NEMSMA is "a professional association of EMS leaders dedicated to the discovery, development, and promotion of excellence in leadership and management in EMS systems, regardless of EMS system model, organizational structure or agency affiliation."(4)

Reaching beyond the United States, a cadre of well over one hundred thirty volunteer paramedicine professionals from across the world have come together to provide structure, governance, strategic direction, peer-review and collaboration to support this vision for a high-quality journal for scholarly and professional discourse.

IJOP is differentiated from other related academic journals in the emergency care domain. It will be placing an emphasis on providing authors (and our readers) with a venue for a wide variety content and submission types. In recognizing the complex nature of paramedicine and the need for innovative approaches to knowledge production, all forms of research methodologies and theoretical frameworks are welcomed. Other forms of scholarly contributions such as performance improvement project reports, performance measure specifications, concept papers, tools and techniques, and detailed benchmarking studies are also encouraged.

We want to create more opportunities for professional dialogue that rigorously examines and challenges our thinking and strengthens the science on which the profession evolves. To accomplish this, we will update the traditional model of 'letters to the editor' to include invited commentary along with curated content taken from social media. This will help us complement the input of academics with that of front line clinicians, supervisors, managers, leaders, and educators as well as the support staff, administrators, medical directors, regulators, politicians, payers, and patients in these conversations.

NEMSMA is a longtime collaborator with National Association of EMS Physicians in support of *Prehospital Emergency Care (PEC)*. In continuation of that relationship, *IJOP* and *PEC* have established a collaborative relationship that will the facilitate the exchange of submissions in collaboration with the authors.

We appreciate the opportunity and support of NEMSMA and PCC leadership as well as all our paramedicine colleagues that have joined us in getting *IJOP* underway. We're all looking forward to the journey ahead.

REFERENCES

1. Gunderson MR. Principles of EMS system design. In: Cone DC, Brice JH, Myers JB, eds. Emergency Medical Services: Clinical Practice and Systems Oversight, Clinical

Aspects of EMS, 3rd ed. John Wiley and Sons, LTD and National Association of EMS Physicians; 2021. doi: <u>https://doi.org/10.1002/9781119756279.ch71</u>

- 2. National EMS Advisory Council (USA). Changing the Nomenclature of Emergency Medical Services is Necessary. National Highway Traffic Safety Administration. Published August 15, 2017. Accessed December 12, 2021. <u>https://www.ems.gov/pdf/</u> <u>nemsac/NEMSAC Final Advisory Changing Nomenclature EMS.pdf</u>
- 3. Makrides T, Ross L, O'Meara P. The structure and characteristics of Anglo-american paramedic systems in developed countries: A scoping review protocol. *Australasian Journal of Paramedicine*. 2020;17(Apr. 2020). doi: <u>https://doi.org/10.33151/ajp.17.787</u>
- 4. National EMS Management Association: About [Internet]. Cited 2022 Aug 10. Available from: <u>https://www.nemsma.org/page/About</u>.