

EDITORIAL

A Look at Archives of Academic Emergency Medicine Journal in 2023

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In the 11th year of Archives of Academic Emergency Medicine (AAEM)'s activity in 2023, the journal has published 70 articles, all of which are indexed by SCOPUS, Web of Science, PubMed, and some other databases. The articles have been authored by more than two hundred researchers from various countries, including but not limited to the United States, Canada, UK, Mexico, Brazil, Spain, China, Denmark, Australia, Malaysia, Russia, Hong Kong, Türkiye, Thailand, Saudi Arabia, Egypt, Syria, India, Cyprus, Brunei, Somalia, Jordan, and Iran. We would like to thank all of the authors who trusted us with their valuable works and provided us with the articles published throughout 2023.

The aim of this editorial, like previous years (1, 2), is to review and evaluate various aspects of our work in the previous year and provide a report of the performance of the journal over the past year and familiarizing readers and potential authors with the aims and preferences of the journal's editorial office. In 2023, AAEM received an impact factor for the first time as a journal indexed in the Emerging Source Citation Index (ESCI). The journal ranked 5th in the field of Emergency Medicine from the viewpoint of Web of Science with an impact factor of 5.4 (3), and maintained its place as a Q1 journal in SCImago Journal Rank (SJR), which is based on the SCOPUS database, with its score increasing from 0.651 in 2021 to 0.745 in 2022 (announced in 2023) (4). AAEM's Citescore also increased from 6.0 in 2022 to 8.5 in 2023 (based on the December update) (5). The figures show some of AAEM journal's metrics based on the SCImago journal ranking reports in 2022.

In 2023, the journal had an acceptance rate of 16%, with an average of 5 days to first decision and an average of 90 days to acceptance.

Meanwhile, 82% of the submitted manuscripts were desk rejected, and 2% were declined after undergoing peer review. We hereby acknowledge the contribution of the 200 reviewers from various countries participating in the peer review process of the submitted articles, without whom ensuring the

quality of published articles would not be possible.

Among the 70 published papers, 37 (52.85%) were original articles, 22 (31.42%) were review articles, the vast majority of which were systematic reviews and meta-analyses, and 3 (4.28%) were categorized as case reports. There were also 4 (5.71%) letters to the editor, 2 (2.85%) editorials, and 2 (2.85%) photo quizzes. Among the original articles, there were 3 cohort studies (6-8) and 6 clinical trials (9-14).

The topic of prediction of outcomes was a popular area with 12 articles (7 original articles and 5 systematic reviews and meta-analyses), either comparing clinical decision rules to find the superior one for the purpose in mind (15-18), evaluating the performance of a scoring system or a biomarker for a particular aim (6, 19-23), or developing a new model with a particular goal (24, 25). Moreover, one study developed a new model for screening acute ischemic stroke cases in need of imaging (26), one identified risk factors of need for intensive care unit admission among COVID-19 patients (27), and one studied factors affecting survival of trauma patients (28). Studies helping physicians predict future events may assist emergency physicians in better decision-making in such a stressful environment, can prepare the healthcare staff for future events, and could also lead to better equipment allocation in treatment centers, resulting in better quality of care. Furthermore, finding new ways to facilitate decision-making and providing care, and also decrease the burden on physicians and other healthcare providers is also a matter of interest, which leads us to another interesting topic this year, the use of technology, including artificial intelligence, for improving quality of care; with 2 letters and 1 review (29-31).

2 of the original studies were performed on nationwide data and one was performed on multinational data (22, 28, 32). Conclusions reached in studies with large sample sizes are more reliable and can more easily be generalized. Also, among the case reports, one had analyzed 12 cases of esophageal foreign body missed diagnosis to find reasons for missed diagnoses, drawing attention to important precautions that should be taken in order to not miss an esophageal foreign body (33).

COVID-19, the lessons learned from it, and its long-term consequences, as well as the effect of its vaccines were still the subject of 8 of the published articles, including 1 letter, 2 reviews, and 5 original articles (10, 27, 34-39).

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Our aim is to disseminate useful research and findings to aid healthcare providers in their practice, which can consequently improve public health throughout the world. Every year we do our best to keep improving and publish quality articles from all over the world, and we welcome anyone who wants to join us and help us achieve this goal.

Declarations

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Conflict of interest

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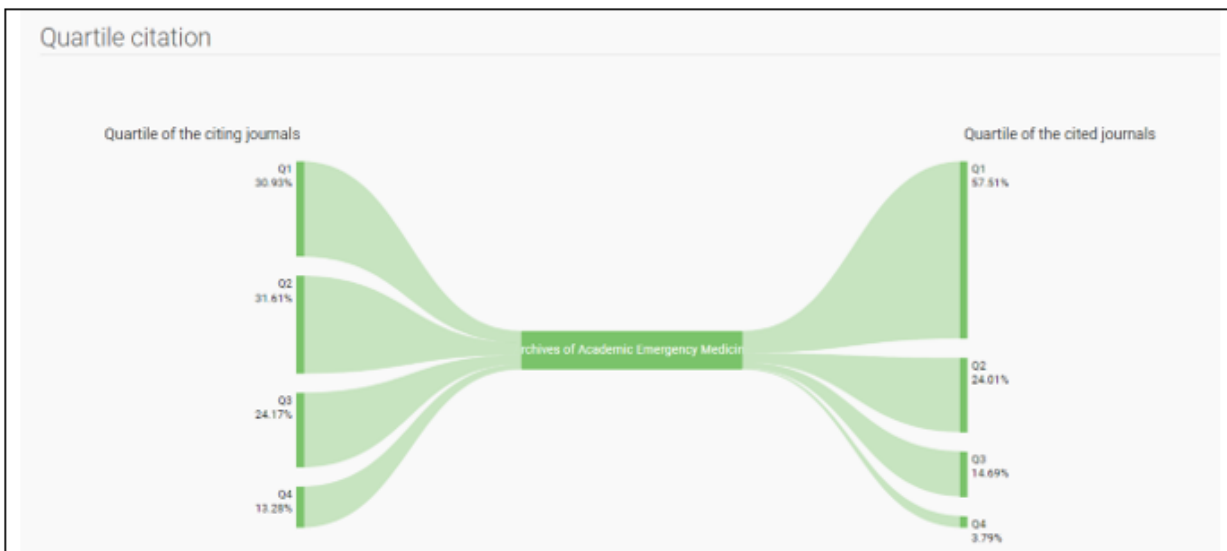
Authors' contribution

MY analyzed the published papers and wrote the first draft of the paper. SSD extracted the information and statistics and critically revised the manuscript. Both have read approved the final version of the paper to be published.

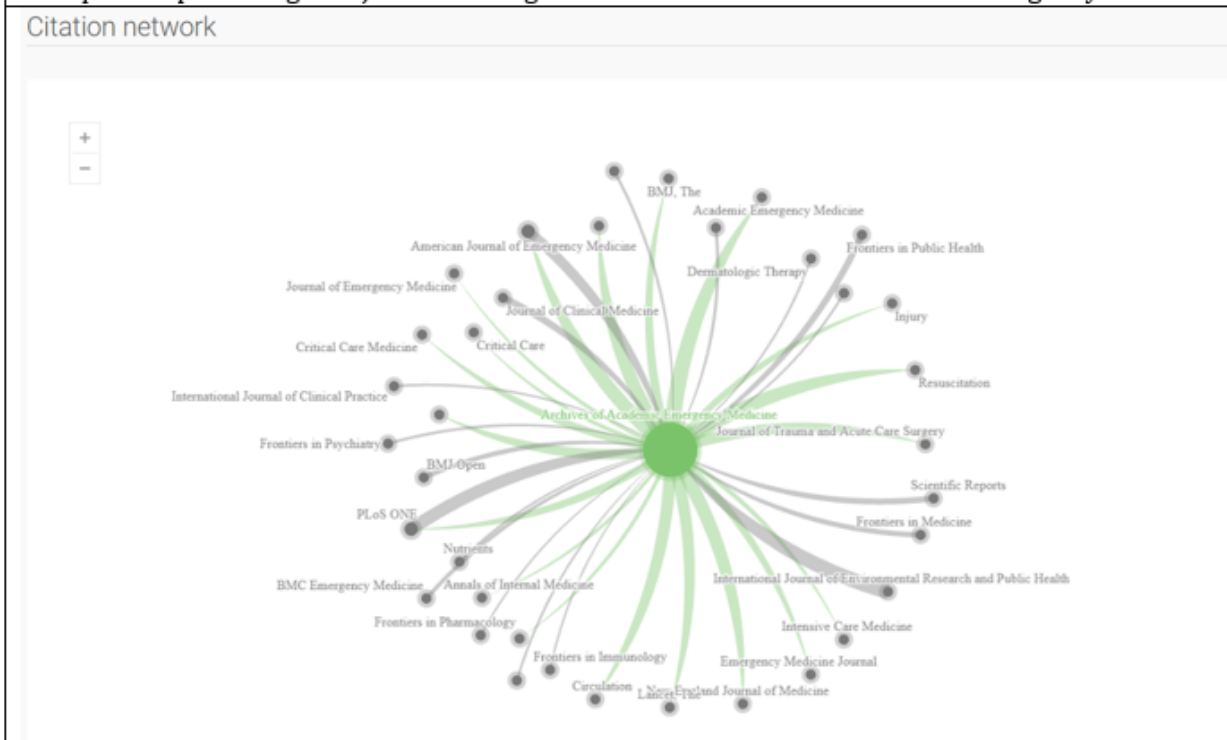
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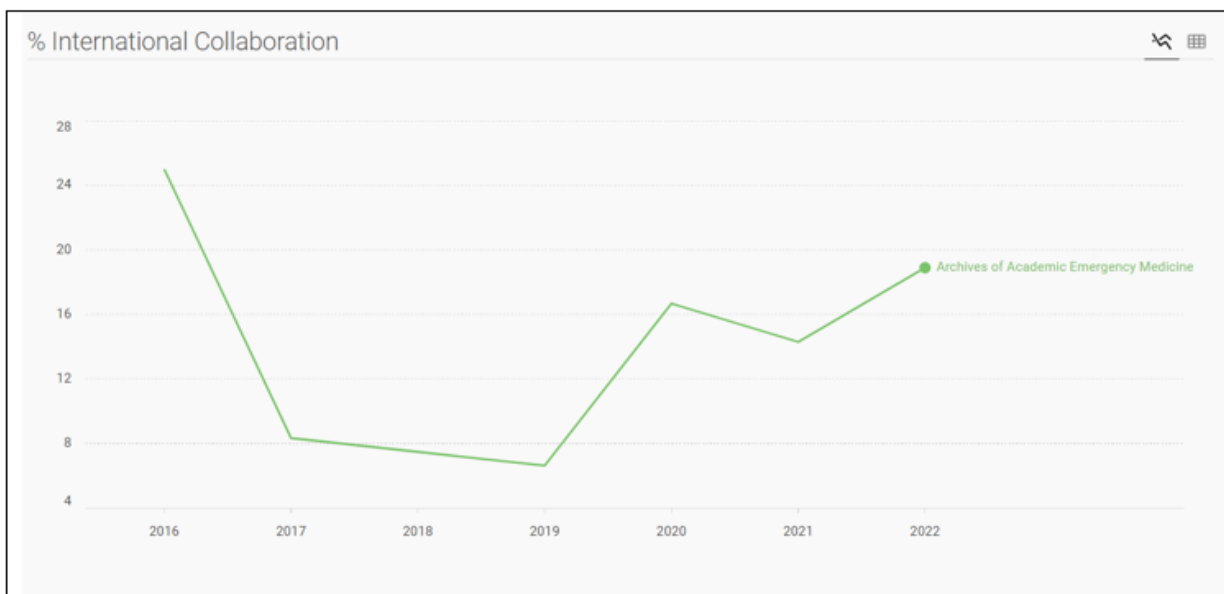


The quartile percentages of journals citing and cited in Archives of Academic Emergency Medicine.

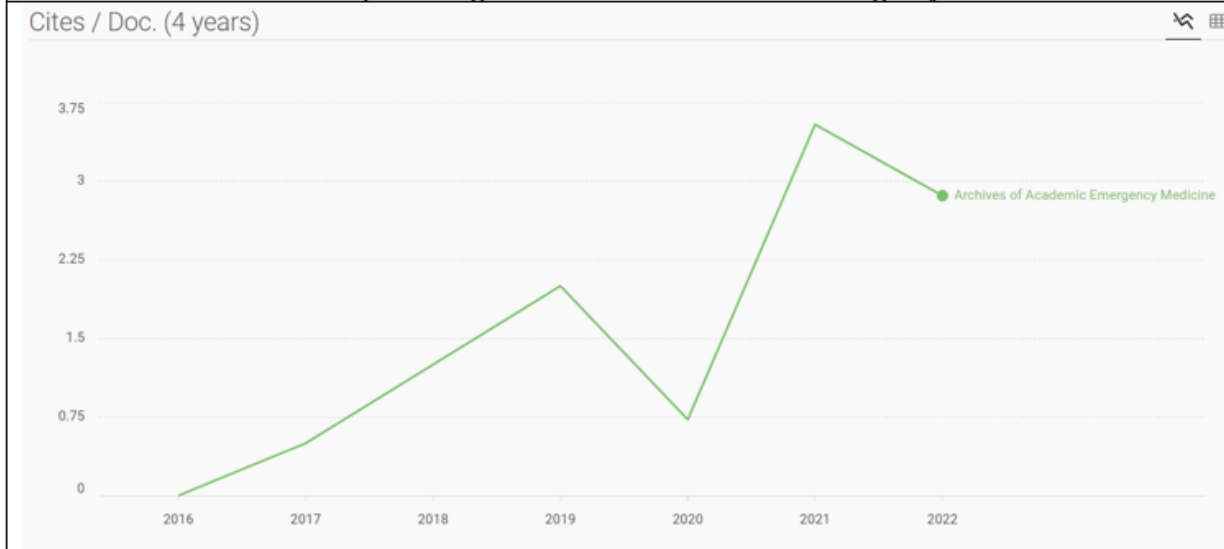


The citation network of Archives of Academic Emergency Medicine.

Figure 1: Archives of Academic Emergency Medicine journal's metrics based on the SCImago journal ranking reports in 2022.



International collaboration percentage of Archives of Academic Emergency Medicine.



The 4-year ratio of number of citations to published papers in Archives of Academic Emergency Medicine.

Figure 1: Archives of Academic Emergency Medicine journal's metrics based on the SCImago journal ranking reports in 2022. (continue)

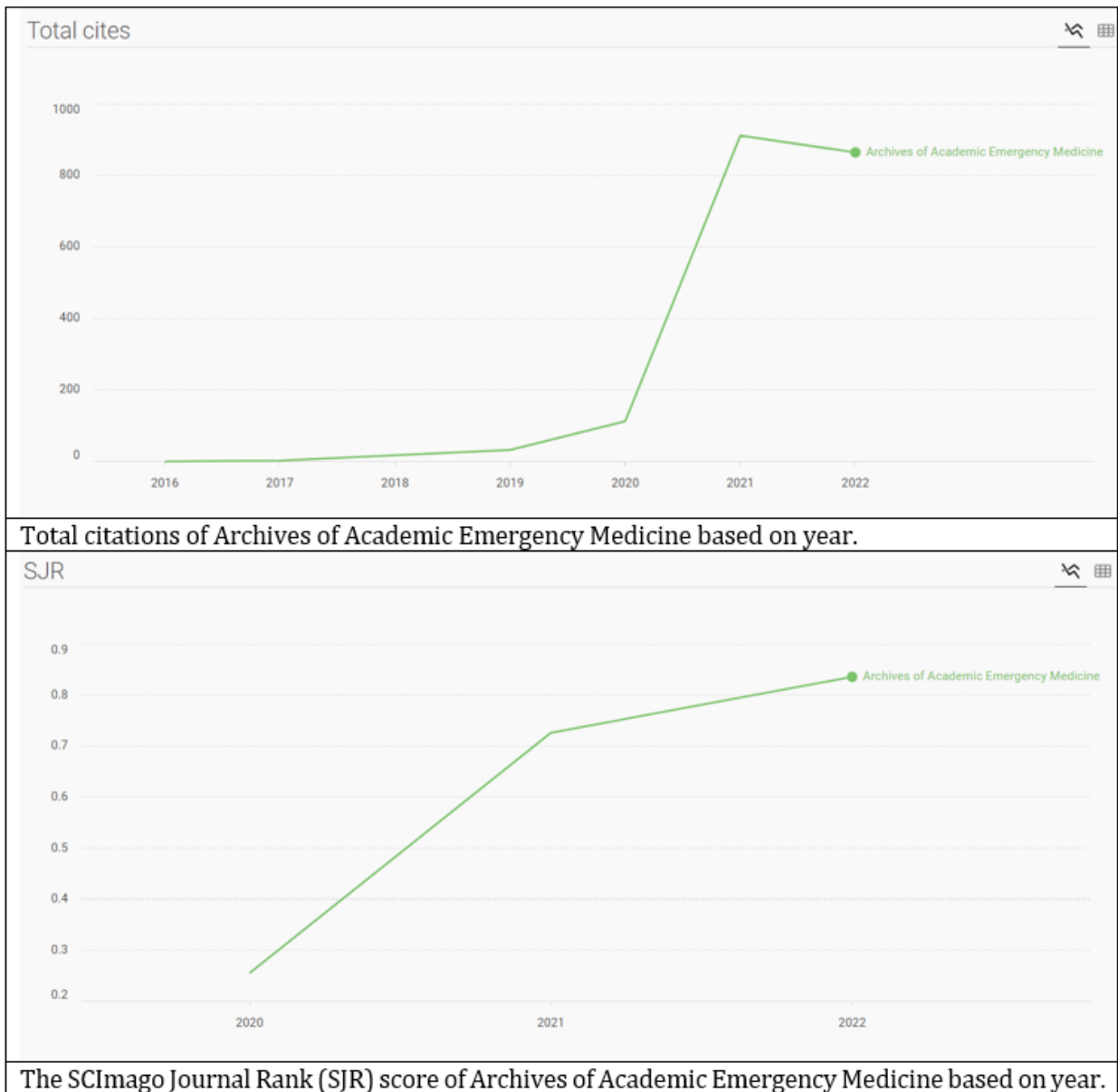


Figure 1: Archives of Academic Emergency Medicine journal's metrics based on the SCImago journal ranking reports in 2022. (continue)