

# TABLE OF CONTENTS

Annals of Emergency Medicine

Volume 74, NO. 6 : December 2019

## 11A GLOBAL RESEARCH HIGHLIGHTS

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### DIVERSITY

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- FREE**  **731 State of the Journal: Women First Authors, Peer Reviewers, and Editorial Board Members at Annals of Emergency Medicine** (Special Contribution)  
*AH Kaji, WJ Meurer, T Napper, LE Nigrovic, WR Mower, DL Schriger, RJ Cooper, for the Annals of Emergency Medicine Diversity Task Force*
- We report on the state of *Annals of Emergency Medicine* with respect to the gender distribution among the editorial board and peer reviewer pool, and first authors who are women, overall and by article type. We examined editorial board gender composition as a measure of current gender diversity, and the reviewer pool as a measure of potential future gender diversity, because future editorial board members are commonly selected from the reviewers. Last, we examined the gender of first authors of invited articles in contrast to the gender of first authors of unsolicited articles to determine whether there is bias in the commissioning process.
- FREE** **736 Gender Bias and Peer Review: Annals Seeks Greater Diversity** (Editorial)  
*M Callahan*
-  **742 Diversity in Emergency Medicine: Are We Supporting a Career Interest in Emergency Medicine for Everyone?** (Original Research)  
*J Burkhardt, S DesJardins, L Gruppen*
- What question this study addressed:* What factors decrease the likelihood that medical undergraduate women and minority students known to be underrepresented in medicine will seek residency training in emergency medicine? *What this study adds to our knowledge:* The authors combined and analyzed data from multiple national registries on 17,067 medical school graduates. Lower interest in emergency medicine was independently correlated with sex and ethnic and racial profile. Age, level of indebtedness, plans to practice in an underserved area, and advice from mentors were also predictors.
-  **751 Strategies to Enhance Diversity in Emergency Medicine: Finding Actionable Solutions** (Editorial)  
*CH Braddock III*

**SRS** designates Systematic Review Snapshot articles.

**FREE** designates free full-text access for nonsubscribers at [www.annemergmed.com](http://www.annemergmed.com).

**CME** designates that Continuing Medical Education exam for this article is available at <http://www.acep.org/ACEPeCME/>.

 indicates a podcast is available at [www.annemergmed.com](http://www.annemergmed.com).

**JC** designates that *Annals of Emergency Medicine* Journal Club questions and answers are available.

 designates content is only available at [www.annemergmed.com](http://www.annemergmed.com).

 indicates related video files are available at [www.annemergmed.com](http://www.annemergmed.com).



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🔗 **753 What Emergency Medicine Rewards: Is There Implicit Gender Bias in National Awards?**

(Original Research)

SM Krzyzaniak, M Gottlieb, M Parsons, N Rocca, TM Chan

*What question this study addressed:* This study compared the proportion of women who received an award from 5 national emergency medicine organizations in the United States and Canada between 2014 and 2018. *What this study adds to our knowledge:* Overall, the proportion of women who received an award (28%) was similar to that of women in emergency medicine. Women received more early- (42%) than late-career awards (10%).

CARDIOLOGY

🔗 **759 Stroke Prophylaxis for Atrial Fibrillation? To Prescribe or Not to Prescribe—A Qualitative Study on the Decisionmaking Process of Emergency Department Providers** (Original Research)

B Kea, T Alligood, C Robinson, J Livingston, BC Sun

*What question this study addressed:* What are the decisionmaking factors that influence emergency physicians' oral anticoagulation prescribing? *What this study adds to our knowledge:* This qualitative study explored the opinions of 18 practicing emergency physicians in regard to their rationale for prescribing or not prescribing oral anticoagulation, their use of guidelines, and their recommendations for improved prescribing. The physicians identified concerns about lack of follow-up care, belief that the prescription would not be continued, lack of insurance, and high bleeding risk. Current guidelines were considered to be of limited value.

**772 Use of Tandem Perimortem Cesarean Section and Open-Chest Cardiac Massage in the Resuscitation of Peripartum Cardiomyopathy Cardiac Arrest** (Case Report)

AJ Adan, A Nafday, AB Beyer, MJ Odom, NR Theyyanni, KR Ward

🔗 **775 How Effective Are Epinephrine and Vasopressin for Improving Survival Among Patients in Cardiac Arrest?** (Systematic Review Snapshot)

M Gottlieb, VP Jani, YA Purim-Shem-Tov

ECG OF THE MONTH

**777 Woman With Sharp Chest Discomfort**

JJ Mayfield, N Goldschlager

**782 Anterior ST-Elevation in a Patient With Chest Pain and Fever**

M Sharon, B Wilson, B End, C Kraft, J Minardi

AIRWAY

🔗 **786 Procedural Experience With Intubation: Results From a National Emergency Medicine Group** (Original Research)

JN Carlson, M Zocchi, K Marsh, C McCoy, JM Pines, A Christensen, R Kornas, A Venkat

*What question this study addressed:* How often do emergency physicians perform intubation? *What this study adds to our knowledge:* In this series of 53,904 intubations performed by 2,108 emergency physicians in a national practice group, practitioners performed a median of 10 intubations per year (interquartile range 5 to 17). One fourth of emergency physicians performed 4 or fewer intubations per year.

🔗 **795 Intubation by Emergency Physicians: How Often Is Enough?** (Editorial)

BT Kerrey, H Wang

## EMERGENCY MEDICAL SERVICES

---

-  **797 The Association of the Average Epinephrine Dosing Interval and Survival With Favorable Neurologic Status at Hospital Discharge in Out-of-Hospital Cardiac Arrest** (Original Research)  
*B Grunau, T Kawano, FX Scheuermeyer, I Drennan, CB Fordyce, S van Diepen, J Reynolds, S Lin, J Christenson*

*What question this study addressed:* Are shorter epinephrine dosing intervals associated with improved out-of-hospital cardiac arrest outcomes? *What this study adds to our knowledge:* In this analysis of 15,909 out-of-hospital cardiac arrests from the Resuscitation Outcomes Consortium, compared with longer intervals (3 to 4 minutes, 4 to 5 minutes, and  $\geq 5$  minutes), shorter epinephrine dosing intervals ( $< 3$  minutes) were associated with better survival with favorable neurologic status.

-  **807 Epinephrine in Out-of-Hospital Cardiac Arrest: What Is the Role of the Timing Interval?**  
 (Editorial)  
*NM Mohr, B Faine*

-   **809 Bayesian Analysis of the Pragmatic Airway Resuscitation Trial** (Original Research)  
*HE Wang, A Humbert, G Nichol, JN Carlson, MR Daya, RP Radecki, M Hansen, CW Callaway, C Pedroza*

*What question this study addressed:* Does a Bayesian reanalysis corroborate the Pragmatic Airway Resuscitation Trial's frequentist findings? *What this study adds to our knowledge:* In this randomized controlled trial of 3,004 subjects with cardiac arrest, the Bayesian analyses confirmed laryngeal tube superiority for 72-hour survival, survival to hospital discharge, and survival with good neurologic function.

## IMAGES IN EMERGENCY MEDICINE

---

- 740 Man With Pain in Left Eye**  
*J Chow, E Garcia, D Replinger*

- 741 Young Boy With Headache**  
*S Kambala, HD Tran, S Yusuf*

- 818 Male With Anterior Left Knee Pain**  
*SB Dubbs, AC Richardson, KM Blosser, SZ Tewelde*

-   **e113 Female With Leg Pain**  
*J Klein, S Sodhi, A Cheng, JS Rempell*

-   **e115 A Woman With Leg Pain**  
*T Nakornchai, A Monsomboon, O Ruangsomboon, J Chantanakomes*

-  **e117 Man With Unilateral Painless Vision Loss**  
*W Reinhart McMillan, W Eilbert*

## CHANGE OF SHIFT

---

- 819 Promised Nothing**  
*AE Nevel*

# TABLE OF CONTENTS

## CORRESPONDENCE

---

**820 Improving Patient Selection for Pediatric Computed Tomographic Head Imaging**

*WR Mower/FE Babl, J Cheek, K Dalziel, S Bressan, SR Dalziel, on behalf of the Paediatric Research in Emergency Departments International Collaborative (PREDICT)*

**823 Transesophageal Echocardiography Use During Cardiopulmonary Resuscitation**

*J Shiber, E Fontane, M Newberry*

**823 What We Consider Emergency Medicine Research and Promoting Success of Aspiring Researchers of New Areas**

*DA Talan/WC Coates, LM Yarris, SO Clarke, DP Runde, E Fowlkes, J Kurth, J Jordan*

**827 BOOK AND MEDIA REVIEW**

---

## READER SERVICES

---

**13A Information for Readers**

**15A Calendar for Continuing Education**

**26A Classified Advertising Rates & Data**

**27A Classified Advertising**

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<http://www.annemergmed.com/content/instauth>

### **The Peer Review Process at *Annals of Emergency Medicine***

Most readers highly value the fact that articles in a journal like ours have undergone formal peer review. Many readers also have a relatively simple understanding of that term as describing a single well-defined process of review by expert reviewers, but it is a lot more complicated and nuanced than that. We therefore provide a very brief summary of our procedures to provide appropriate levels of review for most (but not entirely all) the journal content.

Although we try to be a model among journals for the rigor of our peer review process, like most of them (including the most prestigious) this does not mean that all content is peer reviewed in the same way. All original content (particularly research content) in the journal is peer reviewed by one of the many experts on our editorial board, but additional peer review of every submission by members of our reviewer panel is not always necessary or appropriate. Many submissions are not appropriate for the journal for one fairly obvious reason or another (eg, target audience), so like most other journals we reject many manuscripts after review by an editor. For those which are not obviously inappropriate, however, we receive far more submissions than we can publish, so our further process seeks to identify the best of the best.

The vast majority of scientific content that we publish is critically reviewed first by members of our editorial board with specific expertise, and then gets additional scrutiny from our expert reviewers. Our most stringent level of review is reserved for original research, which will form the basis of the scientific record in the future. These submissions are reviewed by at least two of our expert reviewers who are blinded to the identity of the authors. Quite a few papers are reviewed more than once, and sometimes in particularly complex cases 5 or 6 reviewers and editors may be involved, including deputy editors. During this process there is much consultation and discussion between editors, reviewers, and authors and recommendations are made to the authors. Sometimes that discussion exceeds the length of the original paper itself, and it certainly is a laborious and time-consuming process. Editors and reviewers must disclose potential conflicts of interest which are managed as per a rigorous policy (<http://www.annemergmed.com/content/policies-coi>). Virtually no original research is accepted with no revisions whatsoever, and our authors strongly agree that in general the process improves the quality of the final manuscript. Once it has been discussed, revised, and received the final stamp of approval from the supervising editor (whose name is always published with the manuscript for transparency), all original science content in the journal undergoes a final review by the editor in chief before acceptance.

None of this means the final article is irrefutable truth; such a thing does not exist in science where our state of knowledge is (we hope) constantly evolving and no study should be judged in isolation. But it does mean that we've asked all the appropriate questions we could think of, made suggestions, and required revisions to make the paper as complete and transparent to replication as possible.

This process for original research is the most rigorous and is probably what most readers think of as "formal peer review," but the journal contains much other content of a factual and scientific nature which does not lend itself to this approach. For example, we have a number of regular journal features (like News & Perspective, CDC Update, NHTSA Notes, etc) that are updates written by selected topic experts on a routine basis. These are also reviewed by an editor but not sent out for additional review. A very few items, such as ACEP Clinical Policies, are published verbatim from the experts that develop them and are not revised (for obvious reasons); this fact is published along with each.

There are always some exceptions to the above processes as we develop new types of content or relatively unique contributions occur. We try to describe the particular variants of peer review that were used for each of these, or if there was none, that is made clear as well. Our goal is to provide as much oversight as is needed and logistically practical, and to enable readers to determine what that level of oversight was as conveniently as possible.