

Field Reports: Can They Add to the Prehospital and Disaster Knowledge Base?

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When first published more than three decades ago, an original intent of *Prehospital and Disaster Medicine* was to report on conference proceedings and provide a forum for field reports that described and analyzed experiences relative to medicine and health issues associated with prehospital care and disaster response. As the field of prehospital and disaster medicine evolved, there has been an emphasis on supporting and expanding a valid scientific literature base using standard research methods. A scientifically sound literature base is essential for recognition and credibility of any field of health and medicine.

Over the past decades, large strides have been made in developing a Prehospital Medicine and Disaster Health literature base. Prehospital and disaster-based manuscripts are published commonly now in leading general medical and public health journals; whereas, not long ago, manuscripts in the field were rejected automatically by most academic journals. During the development of a recognized Prehospital Medicine and Disaster Health literature, observational field reports were published less in scientific journals as they were considered too subjective and not scientifically rigorous.

But, it may have been a mistake for editorial boards (this editor included) to disregard and discourage field reports, particularly with respect to Prehospital Medicine and Disaster Health. The prehospital and disaster discipline is unique when compared to classical health and medical disciplines. While prehospital and disaster events are predictable, they occur in environments and circumstances that allow for little control of most factors that would be considered essential study variables in classical scientific studies.

Unbiased (objective) field reports that are well focused observations with objective analysis are a method to advance prehospital and disaster science and operations. Field reports combine theory and practice in written description and analysis. They allow an author to convey observations and analyze those observations relative to direct experience and existing knowledge and understanding. Admittedly, field observations are susceptible to subjective interpretation, but an author of a field report can apply critical analysis to their observations and seek supporting material to develop an objective evaluation of an event or issue. Most important, a concise and objectively analyzed field report can convey to others the challenges and successes observed during a deployment, providing observations that can either support or question current accepted theory and practice. From a scientific point, field studies can generate study questions and hypotheses for future formal studies. Finally, separate field studies can be combined to support a specific theory or recommended action relative to Prehospital Medicine and Disaster Health, much the

same way that triangulation is used to support themes and observations identified in formal qualitative research. This combining of field observation reports to advance theory and disaster health practice has been proven effective by the long standing Swedish Kamedo Report program.¹

Considering the above discussion, *Prehospital and Disaster Medicine* will begin a trial to encourage and publish field reports that describe and analyze observations that occur during deployments and responses. In this issue of the Journal, an example field report by Michael Noone has been published in the Special Reports section.

There is no universally accepted format for submission of field reports to academic journals, but the following format is preferred for submission of field reports to *Prehospital and Disaster Medicine*:

1. Title
2. Specific event identifiers, including:
 - a. Event type (example: tropical storm, bombing, train crash, mass-gathering event);
 - b. Event onset date;
 - c. Location of event (geographic area from which report is being made);
 - d. Geographic coordinates in latitude, longitude, elevation;
 - e. Dates (or times) of observations reported; and
 - f. Response type (example: medical relief, humanitarian, public health surveillance).
3. Abstract, limited to approximately 100 words (for indexing with literature search databases).
4. Introduction; summary of event with specific data available, such as population density; detailed event description; and general damage that occurred. Include description of author response responsibilities and mission objectives.
5. Source(s) for information and data used for the report.
6. Observations
7. Analysis of Observations with any recommendations.
8. Reference citations (if any used in analysis of observations).

The main text of a field report submitted to *Prehospital and Disaster Medicine* should be no more than 1,500 words in length. Supporting maps, graphs, and tables are encouraged.

It is hoped that by encouraging publication of field reports in *Prehospital and Disaster Medicine* that there will be an ability for authors to analyze and provide direct observations of prehospital and disaster events. It is expected that in future publications of the Journal, objectively analyzed field observations that are published will add depth to the knowledge base and advance research and interest in Prehospital Medicine and Disaster Health.

Reference

1. Kamedo-Reports. Socialstyrelsen Web site. [http:// www.socialstyrelsen.se/kamedo](http://www.socialstyrelsen.se/kamedo). Accessed August 21, 2015.

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