

# The world is getting smaller...

Timothy C Fabian

References to a shrinking world are often used in a pejorative fashion. Merging cultures and homogenization can certainly result in a boring world. Individuality in terms of art, language, cuisine, and customs makes life interesting and fun. However, fitting the world into a more blended format for scientific communication provides tremendous opportunities for healthcare advancement for the human race. Until recently, medical advances have been stored, to a large degree, in silos according to country and continent. The internet has revolutionized communication and provides a tool for widespread dissemination of previously stockpiled knowledge. International connections are now open through billions of devices to advance healthcare research.

I am extremely pleased to write this inaugural editorial for our new journal, *Trauma Surgery and Acute Care Open* (*TSACO*). As the parent, the American Association for the Surgery of Trauma (AAST) recently elected to launch an open access (OA) journal and I feel blessed to serve as midwife in the delivery of this youngster. *TSACO* joins its older sibling, the *Journal of Trauma and Acute Care Surgery* (*JTACS*), as the preeminent research publications for AAST.

*TSACO* will provide an important channel for international collaboration in the research and communication for improvements in care for the injured and acutely ill surgical patients throughout the world. 'The world is getting smaller—in a good way'.

## THE MISSION OF *TSACO*

The journal intends to attract high-quality research and educational content in all areas related to trauma and acute care surgery in order to

improve worldwide healthcare. *TSACO* will publish in the same areas as *JTACS* and also include global trauma and acute care surgery, trauma system development, public health, prevention and epidemiology of injury, ethical and socioeconomic issues, and disaster management. There will also be definite interest in the fields of neurosurgery and orthopedic surgery. Manuscript types include original research, reviews, consensus statements/guidelines, brief reports, and current opinions. Additional educational products such as interesting cases that pose the question of 'what would you do?', podcasts, videos, and webinars.

## ASSURANCE OF HIGH-QUALITY CONTENT AND GLOBAL DISSEMINATION

The AAST is dedicated to making *TSACO* one of the top surgical journals in the world. There is no appetite for *TSACO* to be an 'electronic throwaway'. The AAST vision is for *TSACO* to become the most successful OA surgical journal in terms of reach and prestige. The backbone for quality assurance will be a rigorous peer-review process. As *TSACO* meets publishing milestones, we will apply for indexing so that content is discoverable and citable immediately on publication.

The AAST sees two major advantages in an OA publication and these are related to access to research and time to publication. OA publications have a far wider range than traditional print publications. They are available to everyone in the world who has internet access. This results in a far-reaching influence and dissemination of research. It also provides the not so obvious advantage for a tremendous breadth of 'peer review', and that will only advance our scientific perspectives. Time from submission to publication is substantially faster with OA publications due to a continuous publication model—papers publish online as soon as they are FINAL.



## THE EDITORIAL BOARD AND PEER-REVIEW PROCESS

The Board is composed of three groups: Associate Editors, Editorial Advisors, and an Editorial Reviewer Board (ERB). We have been fortunate to recruit a group of six international experts with extensive editorial experience. They will handle the peer-review process with our ERB. There are 19 Editorial Advisors who will advise on all aspects related to content and editorial policy. The ERB is composed of members who are respected for their ongoing contributions to the field, and who will provide a wide array of expertise for the research we are committed to publishing.

The AAST has *BMJ* as our publisher. *BMJ* has a rich and distinguished history since its establishment in 1840 and is a pioneer in OA publishing. We look forward to the successful launch with our publishing partner and expect that *TSACO* will provide important international leadership in advancing care of injured and critically ill surgical patients.

**Competing interests** None declared.

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