

Why short papers matter in emergency and critical care medicine

Xiaoyu Dai^{a,b} , Ran Shi^{a,b}, Yao Sun^{c,*} 

In emergency and critical care medicine, time is always limited. Every decision, every study, and every report carries weight.^[1] Yet, many valuable observations remain unpublished because they seem “too small” for a full-length article. We believe that no meaningful data should be left behind simply because of format.

Notably, world-leading academic journals such as *Science*, *Nature*, and *PNAS* have a relatively long history of publishing short papers, including Editorials, Opinions, News pieces, and Letters. For recent issues of these 3 leading journals, specific statistics further reflect their emphasis on short papers: nearly half of all published articles in *Science* are short papers, accounting for about 30% of the total pages; more than 50% of articles in *Nature* are short papers, making up approximately 25% of the total pages; although *PNAS* has a much lower proportion of short papers, its column design related to short papers is particularly interesting.^[2]

At the journal *Emergency and Critical Care Medicine (ECCM)*, we see short papers as a vital way to communicate urgent ideas. A brief but well-structured report can share a practical innovation, an early clinical signal, or a case learned at the bedside. Such reports may not tell a full story, but they often open the next one.

Why short papers matter

Short papers have shaped medicine more than we often realize. Some of the most influential developments in emergency and critical care began as short communications. A brief review on cricoid pressure in the *Emergency Medicine Journal* changed airway management worldwide.^[3] A small randomized trial in *JAMA* on vitamin C, corticosteroids, and thiamine for septic shock shaped how clinicians

approach sepsis care.^[4] An introduction of the Emergency Department Safety Checklist, reported in a concise consensus article, led to real improvements in patient safety and workflow efficiency.^[5] Equally important are studies whose findings may not be positive. Reports that fail to confirm expected benefits or reveal practical limitations hold immense value. One study on heart rate variability as a predictor of coronavirus disease 2019 outcomes did not find a strong association, yet it redirected attention to better prognostic markers.^[6] These examples show that influence does not depend on length. What matters are timing, clarity, and purpose.

ECCM's review philosophy

A strong short paper should be concise, accurate, and easy to translate into practice. To help valuable work reach readers efficiently, *ECCM* has established a fast-track review process for short papers. The process is designed for focus, not haste. Reviewers concentrate on the elements that matter most: timeliness, clinical relevance, methodological soundness, and clarity of presentation. Each submission receives a scientific rigor evaluation by experts who combine research experience with frontline clinical knowledge.

Before introducing the types of short papers that *ECCM* accepts, it is worth emphasizing what we expect from authors. Clear visual presentation strengthens communication. Well-designed figures or concise tables can turn data into understanding. Authors are encouraged to include visual elements that summarize findings or illustrate workflow. When additional details are important for reproducibility, supporting information can be provided as supplementary material. Such additions enhance transparency without reducing the immediacy of the main text. To accommodate the diversity of work in our field, *ECCM* offers several short-format options (Table 1).

Writing short, thinking deep

Short papers are more than a convenient format, they represent a mindset. In *ECCM*, we encourage authors to think of short papers not as fragments but as catalysts. Each brief contribution adds to the collective knowledge that shapes daily care. By sharing small discoveries quickly and clearly, we bring science closer to the bedside and to the moment of decision. Thus, we invite researchers, clinicians, and teams to use this format to share what you observe and improve what you practice. We believe that a brief but thoughtful contribution can resonate widely when shared at the right time. Furthermore, we will always update the types of published articles, keeping pace with trends in emergency and critical care medicine.

Conflict of interest statement

The authors declare no conflict of interest.

XD and RS contributed equally to this article.

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

^aDepartment of Emergency Medicine, Qilu Hospital of Shandong University, Jinan, Shandong, China, ^bShandong Provincial Clinical Research Center for Emergency and Critical Care Medicine, Institute of Emergency and Critical Care Medicine of Shandong University, Chest Pain Center, Qilu Hospital of Shandong University, Jinan, Shandong, China, ^cShandong University Scientific Journals Press, Jinan, Shandong, China.

* Corresponding author. Address: 27 Shanda Nanlu, Jinan 250100, Shandong, China. E-mail address: sun-yao@sdu.edu.cn (Y. Sun).

Copyright © 2025 The Author(s). Published by Wolters Kluwer Health, Inc.

This is an open access article distributed under the Creative Commons Attribution License 4.0 (CCBY), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Emergency and Critical Care Medicine (2025) 5:4

Received: 11 October 2025; Accepted: 20 October 2025

Published online: 12 November 2025

<http://dx.doi.org/10.1097/EC9.000000000000165>

Table 1
Definition of Short Paper Types for ECCM

Article Types	Definition	Typical Length	Examples
Editorial	Editorials are invited articles to explain the importance of specific articles or to provide opinions on general concepts in practice, research, or policy.	800–1500 words	Xing ^[7]
Comment	Short, focused, opinion articles on any subject within the scope of the journal. These articles are usually related to contemporary issues, such as recent research findings, and are often written by opinion leaders.	500–2000 words	
Perspective/Viewpoint	Perspective/Viewpoint may address virtually any important topic in medicine, public health, research, discovery, prevention, ethics, health policy, or health law and generally are not linked to a specific article. Viewpoints should be well focused, scholarly, and clearly presented but should not include the findings of new research or data that have not been previously published.	≤1500 words	Goniewicz and Barten ^[8]
Communication	These manuscripts describe an important issue in clinical medicine, public health, health policy, or medical research in a scholarly, thorough, well-referenced, systematic, and evidence-based manner or original studies or evaluations or unique, first-time reports of clinical case series.	≤1500 words	Cioffi et al. ^[9]
Case Letter	Case Letters are brief communications focusing on a single or a series of patient cases that deliver a powerful and immediate clinical lesson. It highlights novelty in presentation, diagnosis, or therapy. All case letters should indicate that informed consent to publish the information has been granted from the patients or their guardians.	≤1500 words	Mbanjumucyo and Cattermole ^[10]
Methodology	Articles presenting a new experimental method, test, or procedure. The method described may be new or may offer a better version of an existing method.	≤1500 words	
Image	Classic images displaying medical conditions that capture the sense of visual discovery and variety that physicians experience in clinical practice. To be considered for publication, images must be high resolution and high in quality.	≤500 words	Pothiwala et al. ^[11]
Letter to the Editor	These can take 3 forms: a substantial reanalysis of a previously published article, a substantial response to such a reanalysis from the authors of the original publication, or an article that may not cover “standard research” but that may be relevant to readers.	≤1500 words	Huang et al. ^[12]

Author contributions

Sun Y conceived the study, provided critical guidance, and reviewed the final manuscript. Dai X conducted the literature review and wrote the original draft. Shi R performed critical revision of the article. All authors have reviewed and approved the final version of the manuscript.

Funding

None.

Ethical approval of studies and informed consent

Not applicable.

Acknowledgments

None.

References

- [1] Pervez T, Malik M, Zeeshan M. Emergency medicine—the critical first 15 minutes and the mastery of versatility: a narrative review. *Insights J Health Rehabil.* 2025;3(2):523–529. doi:10.71000/8pf94a46
- [2] Miao Y, Zhang Y. 140 k vs 40 k! Does this journal need short papers? *Bio Design Manufact.* 2022;5(2):430–432. doi:10.1007/s42242-022-00185-4
- [3] Butler J, Sen A. Towards evidence-based emergency medicine: best BETs from the Manchester Royal Infirmary. BET 1: cricoid pressure in emergency rapid sequence induction. *Emerg Med J.* 2013;30(2):163–165. doi:10.1136/emered-2012-202190.2
- [4] Moskowitz A, Huang DT, Hou PC, et al. Effect of ascorbic acid, corticosteroids, and thiamine on organ injury in septic shock: the acts randomized clinical trial. *JAMA.* 2020;324(7):642–650. doi:10.1001/jama.2020.11946
- [5] Rovati L, Privitera D, Finch AS, et al. Development of an emergency department safety checklist through a global consensus process. *Intern Emerg Med.* 2025;20(4):1203–1213. doi:10.1007/s11739-024-03760-y
- [6] Mol MBA, Strous MTA, van Osch FHM, et al. Heart-rate-variability (HRV), predicts outcomes in COVID-19. *PLoS One.* 2021;16(10):e0258841. doi:10.1371/journal.pone.0258841
- [7] Xing J. Venoarterial extracorporeal membrane oxygenation in acute myocardial infarction. *Emerg Crit Care Med.* 2024;4(1):1–3. doi:10.1097/ec9.0000000000000076
- [8] Goniewicz K, Barten DG. Advancing emergency preparedness in a postpandemic world: global collaboration and innovative approaches for hospitals. *Emerg Crit Care Med.* 2024;4(3):103–104. doi:10.1097/ec9.0000000000000099
- [9] Cioffi SPB, Cimbanassi S, Sammartano F, Chiara O. Trauma systems in Italy: the Lombardy experience. *Emerg Crit Care Med.* 2024;4(4):183–186. doi:10.1097/ec9.0000000000000094
- [10] Mbanjumucyo G, Cattermole GN. Brain abscess diagnosis with transcranial ultrasound: a case report. *Emerg Crit Care Med.* 2025;5(3):161–163. doi:10.1097/ec9.0000000000000142
- [11] Pothiwala S. Occult diaphragmatic injury in penetrating trauma: a diagnostic challenge. *Emerg Crit Care Med.* 2023;3(1):41–42. doi:10.1097/ec9.0000000000000071
- [12] Huang S, Peng Y, Zhang X, Yao Y, Feng C. Early sodium bicarbonate therapy for critically ill patients with septic shock and acute moderate metabolic acidosis. *Emerg Crit Care Med.* 2024;4(3):101–102. doi:10.1097/ec9.0000000000000077

How to cite this article: Dai X, Shi R, Sun Y. Why short papers matter in emergency and critical care medicine. *Emerg Crit Care Med.* 2025;5(4):210–211. doi: 10.1097/EC9.000000000000165