

Pulmonary and critical care medicine: Inviting multidisciplinary collaboration

Lee M Akst*

Department of Otolaryngology-Head and Neck Surgery, Johns Hopkins Department of Otolaryngology, Baltimore, Maryland, USA

Editorial

I am pleased to write this editorial accompanying the inaugural issue of Pulmonary and Critical Care Medicine. This peer-reviewed, international, fully open access journal welcomes articles on all aspects of respiratory medicine, with the goal of publishing peer-reviewed material pertinent to all aspects of respiratory medicine. Pulmonary and Critical Care Medicine welcomes submissions that span the range of basic and clinical science related to the field, including research into patient care, prognosis, and novel therapeutic strategies. Additionally, research concerning epidemiology, immunology and cell biology, physiology, role of allergens and pollutants as they effect respiratory disease, and impact of these diseases on quality-of-life are all invited.

This journal will also welcome submissions with both adult as well as pediatric focus. Categories of submissions include original research, review papers, mini reviews, clinical studies, editorials, expert opinion and perspective papers, commentaries, and book reviews. For further details on the submission process, please visit the "Instructions for Authors" page at <http://www.oatext.com/GuidelinesforAuthors.php>. You may e-mail submissions directly to submissions@oatext.com or to editor.pccm@oatext.com.

From a personal perspective, I am excited to be on the editorial board of Pulmonary and Critical Care Medicine, and as an Otolaryngologist with particular interest in laryngology and airway disease, I encourage participation in submission, peer review, and other journal activities across a range of the many specialties that interact with patients with respiratory disease. The scenarios that involve aspects of respiratory medicine and which cross boundaries between specialty disciplines is numerous. Clinically, I find that I collaborate on patient care frequently with colleagues from pulmonary medicine, critical care medicine, interventional pulmonology, anesthesiology, sleep medicine, allergy and immunology, internal medicine, pediatrics, general surgery, thoracic surgery, respiratory care, speech language pathology, and emergency medicine. In my own practice, areas of intersection with other specialists involve patients with issues related to intubation, intubation injury, and approach to the difficult airway; tracheotomy

and percutaneous tracheotomy; sleep medicine and sleep surgery; evaluation of dyspnea as related to paradoxical vocal fold motion and laryngotracheal stenosis, as these are very frequently misdiagnosed first as asthma; and chronic cough. Though other examples are too numerous to mention, the constant common denominator is a focus on management of an airway/respiratory concern. Each of these opportunities for clinical collaboration is also an opportunity from each subspecialty to learn from another, and I sincerely hope that Pulmonary and Critical Care Medicine provides a venue in which many different specialties may come together to teach and learn about all aspects of respiratory medicine.

Speaking more broadly, the Editorial Board of Pulmonary and Critical Care Medicine will strive to ensure that the journal upholds the highest of standards and stands out among online open access journals. We hope to be indexed by Thomson Reuters and achieve an impact factor within short time as possible. PCCM's mission is to publish articles that contribute to the art and science of biomedicine and which have a positive impact on health. As such, we will publish articles with scientific credibility and rigour, and coherence and clarity in the writing. PCCM will operate according to the highest standards of authorship, peer review, editing and publishing. We aim for timely review of submitted works, and aim for rapid online publication of accepted articles. PCCM realizes that maximum dissemination of accepted articles is necessary for greatest impact, and our focus on an Open Access platform will ensure that the widest possible audience has the ability to view published works. Articles are published by Pulmonary and Critical Care Medicine under the terms of the Creative Commons Attribution License and copyright is retained by the author(s). Further information about the journal, including discussion of submission and open access processes, can be found online at <http://oatext.com/Pulmonary-and-Critical-Care-Medicine-PCCM.php>.

We hope that you will find Pulmonary and Critical Care Medicine to be a worthwhile avenue to which you can submit your research, and a valuable journal you can use to find information and generate academic debate. We look forward to growing this journal with your help and participation.

Copyright: ©2016 Akst LM. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Correspondence to: Lee M Akst, MD, Department of Otolaryngology-Head and Neck Surgery, Johns Hopkins Department of Otolaryngology, Baltimore, Maryland, USA, **E-mail:** lakst1@jhmi.edu

Received: April 08, 2016; **Accepted:** April 13, 2016; **Published:** April 15, 2016