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## Editorial

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### In Search Of Jedi: Revision of Journal Distribution Policies

The Acute Care Foundation and the *Tampa Bay EMS Journal* were created to help catalyze a trend towards the academic sophistication of EMS, particularly in the prehospital sector. The founders took their best estimates of how these efforts should initially be organized and promoted to meet these academic goals.

The *Journal* has been very successful. It is being very well received by the medical directors, administrators, and educators in the prehospital community. Among field personnel, there has been a predicted reception. The *Journal*, in contrast to other prehospital EMS publications, is not attempting to appeal to the broadest possible field audience in the fiftieth percentile. They already have several trade publications, which are serving an excellent purpose. These publications are slowly increasing the quality of their content with better manuscripts and more critical perspectives on the industry. The target audience for the *Journal* are those in the ninetieth percentile. We want to provide a professional organization to catalyze original EMS research, and a forum in which the prehospital and in-hospital communities can explore and debate their common issues in acute care medicine. Hence, the people in the field we have gotten the strongest response from are the very dedicated and motivated, who are always looking for those all too rare pathways for professional growth. Unfortunately, these extremely talented individuals are usually left latent by the agencies, unchallenged in their substations. However, they are the future leadership of our industry. They will become the educators, administrators and innovators.

Our editorial board, membership and our advertisers know that the magazine is being read by the decision makers, present and future. We were told us ahead of time, but we had to test for it, that substation distribution would not be a practical mechanism to reach that latent audience. The experience gained from the first few issues allow us to refine our distribution policies to reach a greater share of the current and future vanguard. The following policies will commence with the April-June, 1988 issue.

Pass along circulation and participation from the critical care community has been extremely limited. We will focus standard distribution in our primary encatchment area in the Tampa Bay area to the nurse managers of the CCU and SICU areas. In the emergency department, we will expand our distribution to include the medical director, nurse managers and all emergency department physicians. Our staff faces a substantial task in defining this audience for our distribution list. We will attempt to do so through the ED physician groups and nurse managers. Elsewhere in the hospital, we will distribute copies to the education department, medical library and the director of marketing/public relations.

The prehospital distribution will also be expanded. In our primary distribution area, we will distribute to all EMS medical directors, educators, administrators, supervisors and advisory council members. On a statewide secondary distribution, we will distribute to the medical director, training officer and administrator for all ALS providers.

The latent talent in the substation will present a challenge. How do we know who is in that ninetieth percentile or aspires to be? You know who they are. They are the people you work with who you would want to care for your family in an emergency. They go to seminars. They have instructor credentials. They are the ones you learn the most from when you work with them. If the shoe fits, we want to send you the *Journal*. We want your help in building the academic programs of the Foundation and in the process, establish your own experience, credentials, and reputation to facilitate your professional growth and self-actualization. Let us know who else fits the profile or has potential to. This type of direct and personal networking is essential for us to reach our intended audience in the substations and among the staffs of the emergency departments and critical care units.

There is a subscription form in this issue of the *Journal* that I would appreciate you taking the time to fill out and send to us if you would like to continue to receive this publication. Also, tell us who else we should send it to. Your feedback would be appreciated. What can we do to better serve your educational and academic needs? If you appreciate what we have done and would like to help us continue to do so, please show it by purchasing a subscription. Should you want to participate in the Foundation, with the *Journal*, the television network, seminars and symposia, post-graduate education programs on either activities, join the Foundation. Membership includes a subscription. You may remain skeptical. We are willing to speculate on you and anybody who you refer to us. We will include you on our distribution list for the next issue, without charge. In return, seriously consider your career potentials and the opportunities you have available for professional growth. Look at what you have for post-graduate level education materials, original prehospital research and high quality symposia. You can then decide if we deserve your support and participation with a subscription or a membership in the Foundation. We are an investment in your EMS community. Your participation will help insure a healthy dividend.

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Editor