



A journal grows up

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2007 marks the 20th anniversary of *JAAPA*. Back in 1987, when I arrived at the AAPA to begin work on launching the *Journal* as its first editor, there were fewer than 20 people on the Academy staff. They were housed in a small office in Roslyn, Virginia, and there was no room for another employee in this office, so my office was on another floor, wedged next to a watch-dog newsletter operation. On my first day, my office did not contain so much as a computer or even a file cabinet. PA leaders were committed to creating the Academy's own journal—but as with any endeavor started from scratch, bringing up *JAAPA* in those early years was sometimes as frustrating as parenting a difficult toddler.

I remember feeling overwhelmed, wondering what to do first. I knew I had to find the best advisors, manuscript reviewers, and authors. I had to convince creative, critical thinkers and energetic, experienced clinicians to write and submit high-quality articles. Of course, back then you couldn't just Google people to find out their expertise. Initially, I found great contributors from both the leadership ranks and the grass-roots level; PAs who wrote for their state constituent newsletters or who had lectured on hot primary care topics at conferences. I will always be grateful to those first authors, and I cannot deny that my manuscript solicitation strategies involved some begging back then.

Now *JAAPA* receives manuscripts in a never-ending stream, and we pride ourselves on having a scholarly peer review process for evaluating and improving each submission. By gauging an article's immediate clinical utility and by always considering the continuing education needs of PAs, we have been able to provide the most practical content for an audience who has less and less time to read. We have been nimble in our responsiveness to incorporate principals of evidence-based medicine into articles and to teach widely about appropriate topic selection and appraisal of the literature. We've introduced a department geared toward surgical PAs (The Surgical Patient) and a column to help PAs answer patient ques-

tions generated by often misleading medical coverage by the media (When the Patient Asks).

As the AAPA grows, so must its journal. Twenty years ago, AAPA had 9,381 members (compared with 33,000 today) and there were approximately 15,750 practicing PAs. In 2007, the estimated number of PAs in clinical practice is 63,609 (personal communication from Kevin Kraditor, AAPA director, data services and statistics, December 24, 2006). To highlight the changes that have occurred over the past 20 years, *JAAPA* is compiling a then-and-now timeline of PA facts, medical and surgical advances, and other tidbits of interest. Feel free to send us ideas, and watch for its appearance in the conference issue this coming summer. We will also be inviting PAs who were influential in guiding the *Journal* through its early years to write commentaries during this anniversary year.

**An anniversary is a fitting time
to renew our commitment to
excellence. *JAAPA* is *your* journal;
we value your feedback.**

JAAPA has gone through numerous transitions, changed publishers twice, and been graced by rotating groups of talented PA editorial board members, department editors, and staff. Our current leadership is particularly strong; editor in chief Sarah Zarbock served on *JAAPA*'s very first editorial board, and she has been involved in editing and writing for PA publications ever since. Editor Tanya Gregory has 18 years' experience in medical publishing, and she has spearheaded some of the most significant improvements in the *Journal* in recent times. Our ties to the AAPA have never been so strong, or so fruitful.

With maturity comes increasing responsibility. Exciting challenges lie ahead for the *Journal*, its edito-

The author is the founding editor of *JAAPA*.

rial board, and its staff. *JAAPA*'s 20th anniversary year coincides with a creative redesign, scheduled for the spring, which will enhance the readability of articles and maximize the amount of clinical information published. *JAAPA* was last redesigned in 1996, so we believe this change is long overdue. As part of the planning for the redesign, *JAAPA*'s editorial board and staff have worked on improving the pacing of the publication. During this anniversary year, we have added a Case Report feature, planned a drug information update, and moved departments that have suffered from low readership to the Web site. Providing CME opportunities continues to be a high priority, and CME supplements will continue to accompany regular issues.

As *JAAPA* enters its 20th year of serving the PA profession, I pronounce that the *Journal* has officially grown up. Yet even after the epiphyses have closed, *JAAPA* continues to evolve. One initiative underway is a new department called Research Corner, to debut in April, that will apprise PAs of the research their colleagues are doing; an accompanying Web component will teach the basics of how to interpret published research. We are committed to educating PAs about writing and contributing to the medical literature, and we plan to expand

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our instructional sessions beyond the annual PA conference to include PA programs and state chapter meetings.

An anniversary is a fitting time to renew our commitment to excellence. *JAAPA* is *your* journal; we value your feedback, and we're trying to make it easy for you to reach us. Please take a moment to go to www.jaapa.com and complete our online readership surveys. One longer survey asks broad questions about what PAs want and need to read; and a shorter issue feedback survey will help us track readership of the articles we publish each month. What is of utmost importance, and what we want to always be judged by, is the extent to which *JAAPA* imparts new, clinically useful information to you, the readers. Let us know how we're doing. □