Readership versus distribution

For the *BCMJ*, the distinction between readership and distribution is more than a matter of semantics—it's a reflection of our success in engaging the medical community of British Columbia.

This publication is somewhat unique in the realm of medical journalism in that every member of Doctors of BC, across every discipline, receives a copy of the journal unless they opt out. A total of 16 669 subscribers received the July/August 2024 issue, an impressive number given that the College of Physicians and Surgeons of BC listed 15 288 active registrants in its most recent annual report.[1] This means that the *BCMJ* is also reaching medical students, retired physicians, libraries, paid subscribers, and physicians living outside the province.

While distribution numbers might provide an initial gauge of reach, it is the depth of readership and the conversations fostered that truly determine the impact of the content we disseminate. "Impressions" is a term typically used to describe the number of times online content is displayed, and it can far exceed the number of subscribers, because one person may see a single piece of content multiples times. For the *BCMJ*, I like to imagine medical impressions as the number of times our readers recall some information from a *BCMJ* article when talking with a colleague or treating a patient. In this way, I give our authors credit for inspiring, changing, challenging, and informing the practice of medicine, with many thousands of "med-pressions" per month.

Counting the number of copies—whether digital or print—distributed across the province is only a superficial measure of the *BCMJ*'s reach. As we all know from mass emails, high distribution does not necessarily equate to effective communication. Even if our pages are distributed from Fort Nelson to Invermere to Ucluelet, without an active readership, the valuable information we publish would remain inert.

Readership encompasses the act of engaging with our content—reading, reflecting, and responding. In our field, where rapidly changing science directly impacts patient care, engaging with our colleagues around the province is critical. Physicians who actively consume and apply new information can shape a living body of knowledge that advances the entire field.

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Over the past year, we have seen an increasing number of submissions, with a notable spike in Letters to the Editor. We are always excited to hear from so many of you from around British Columbia, so keep those letters coming! An engaged readership creates a dynamic feedback loop, where the journal not only informs its readers but is also informed by them.

Our mission is to share knowledge while building connections among BC physicians. To do that, we need to continue to publish content that resonates with the practical realities of health care here. Authors of quality assurance studies, local trials, or reviews of regional practices have an unprecedented opportunity to share your knowledge by publishing your work in the *BCMJ*, where your friends and colleagues will read it!

The *BCMJ* is the only provincial medical journal in Canada. It belongs to all of us—the doctors of BC—and we all have a role to play in ensuring it remains a relevant and valuable resource. The *BCMJ*'s vision is to be an independent and inclusive forum to communicate ideas and inspire excellence in health care. We look forward to reading your submissions! ■

—Caitlin Dunne, MD, FRCSC

Reference

1. College of Physicians and Surgeons of British Columbia. Annual report 2023/24. Accessed 19 August 2024. www.cpsbc.ca/files/pdf/2023-24-Annual-Report.pdf.

I wonder which committee thought that one up

Our hospital's physician wellness committee is constantly looking for ways to promote and improve the wellness of our physician group. One of our recent projects was to resurrect the tradition of recognizing physicians for their contributions to health care in our community and their lengths of service (a good number of our physicians have given 30 to 37 years; I've been there for 31).

Many years ago, our hospital used to honor hospital staff (including nurses and physicians) for their length of service. Somehow, over the years, the practice continued for all hospital staff except physicians.

Our project culminated in an awards dinner—a big thank you to our colleagues who organized this—which was open to all physicians associated with the hospital and their partners, and it promised to be a fun evening. In a previous editorial, I referenced the practice of gratitude as a way to avoid burnout.[1] This was an opportunity for us to experience the gratitude bestowed upon us by others. Unfortunately, as is often the case, the turnout of physicians was lower than expected, but the people who usually attend hospital functions were there.

The OGs who were present had a fun time reminiscing about days gone by. We recalled a time when we could admit patients directly from our clinics, without having to send them to the emergency department. Those were the days when our hospital had beds and staff available.

All the reminiscing got me thinking back to my medical school days when we used equipment that is now relegated to the history books. Auscultating the fetal heart was done with a Pinard horn **[Figure 1]**, which worked like an ear trumpet to amplify the sound of the fetal heartbeat. We checked hemoglobin at the bedside with a hemoglobinometer **[Figure 2]**. We had to takes erythrocyte sedimentation rates and cell counts manually. In those days, the latest drug to treat stomach ulcers was cimetidine, and it was so expensive that only the top consultants could order it.

But I digress. The awards dinner was supported by the medical staff association and the Fraser Health Authority, which provided plaques and lapel pins for physicians being recognized. Physicians were called up in ascending order of their years of service, in 5-year blocks. When the presenter got to those who had served the hospital for 25 years, she included all who had served our community for 25 years *and beyond*. Apparently they made plaques recognizing up to 25 years of service and pins recognizing up to 20 years of service. How difficult could it have been to do it more precisely?

I am still struggling to understand this, considering a good number of our physicians have given substantially more years of service. Perhaps it was because the health authority was formed in 2001, or perhaps they've lost track of how many years each of us has served. All they had to do was ask. Instead, it felt as if they were saying "Thank you, Dr Chapman, for 25 years of service. Your additional 6 years of service don't really matter." I wonder which committee thought that one up. ■

—David B. Chapman, MBChB

Reference

1. Chapman DB. Grateful. BCMJ 2024;66:37.

FIGURE 1. Pinard horn.
Source: This image is made available under the Creative Commons CC BY-SA 3.0 Deed licence, via Wikimedia Commons. https://en.wikipedia.org/wiki/Pinard_horn#/media/File:Pinardhorn.jpg.

FIGURE 2. American Optical Company hemoglobinometer.
Source: This image is made available under the Creative Commons CC0 1.0 Universal Deed public domain dedication, via Wikimedia Commons. https://commons.wikimedia.org/wiki/File:American_Optical_Company_hemoglobinometer.jpg.