What Is Academic Medicine?

In my first editorial,1 I began outlining my plans for this journal. In this editorial, I would like to elaborate on those plans. Of course, any agenda for a journal named Academic Medicine must be built on the answer to the question, What is academic medicine?

One obvious answer is that academic medicine encompasses the traditional tripartite mission of educating the next generation of physicians and biomedical scientists, discovering causes of and cures for disease, and advancing knowledge of patient care while caring for patients. That notion, however, has been extended by the International Working Party to Promote and Revitalise Academic Medicine by highlighting the interrelationships among teaching, research, and service: “We strongly feel that it is the ‘added value’ or the synergy that should exist between these three roles—when they are brought effectively together—that defines academic medicine.”2 This definition suggests that it is insufficient to define academic medicine by simply referring to the three primary activities performed by academic medical faculty—in other words, that the whole of academic medicine is greater than the sum of its parts.

In her commentary on planning in academic medicine for the Group on Institutional Planning of the Association of American Medical Colleges, Ann Schwind defines academic medicine in terms of the places where its missions are carried out: “Academic medicine refers to the array of organizations which contribute to the education of physicians and biomedical scientists, and which contribute new knowledge through their research programs. Patient care is a third element of mission for many of these organizations.”3

The Milbank Memorial Fund’s report on the future of academic medicine offers a definition of academic medicine as a general and collective ability to achieve: “Academic medicine’ might be defined as the capacity of the system for health and health care to think, study, research, discover, evaluate, innovate, teach, learn, and improve.”4 The report also notes that, although there are national differences, medical schools and teaching hospitals are central to realizing this capacity in all countries.

All of these attempts to define academic medicine tend toward a common central theme: that academic medicine is the discovery and development of basic principles, effective policies, and best practices that advance research and education in the health sciences, ultimately to improve the health and well-being of individuals and populations. This central theme is of key importance to this journal, which aims to pursue the mandate that its name implies: to publish original articles and research reports, critical reviews, perspectives, and commentaries that address topics across the full spectrum of broad-based concerns in academic medicine. The journal has, for many decades, published important papers on education and training issues, and since 1989, has published articles and theme collections that address key topics in health policy, research practice, clinical practice, and institution-level issues at medical schools and teaching hospitals.

The journal will continue to publish in those areas and will also seek to publish articles about science policy relevant to academic health centers, the future of established and emerging academic disciplines, key figures in academic medicine, and the history of academic medicine (especially articles that give a historical context that helps us understand current problems). Of course, in presenting these and other topics, the journal will continue to give priority to original works that identify important problems, pose penetrating questions, challenge assumptions, perform cogent analyses, and offer viable solutions. In addition, to advance discussion of current controversies, the journal will publish commentaries, point-counterpoint pieces, and letters to the editor.

Furthermore, to enrich and diversify the journal’s content, and to enhance our readers’ experience in new ways, the journal also will begin to publish original artwork by students and residents, faculty and staff, and patients and others at medical schools and teaching hospitals. The artwork will usually reflect experience with learning how to be a physician or scientist, caring for patients, exploring research questions, teaching, being sick in a teaching hospital, or some other aspect of the “academic medicine experience.” All forms of art will be considered for publication, and a selected piece will be featured each month on the journal’s cover, beginning sometime later this year. Each submission will be reviewed based on the degree to which it deepens our understanding of the received experience in academic medicine. Full details will be announced next month.

I am certain that the content of Academic Medicine will continue to evolve over time in anticipation of and in response to changes in medical schools and teaching hospitals. It is in this spirit that I invite you to continue to communicate your ideas and feedback about the direction of the journal via (editor@aamc.org) and by contributing “grand challenges” via the Editor’s Notepad at (http://www.aamc.org/academicmedicine). If, as the Milbank Report suggests, academic medicine can be defined as our collective capacity to achieve, then our very best thinking about what we want to achieve, and how to go about doing so, should be represented on the pages of a journal named Academic Medicine.

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References
2 International Working Party to Promote and Revitalise Academic Medicine. JCRM (the
