Chapter 1
Introduction: Inside What?

The definition of academic medicine varies. Broadly speaking, academic medicine encompasses the institutions that share to varying degrees the tripart mission of research, teaching, and clinical care. There is an underlying assumption of synergy among these three missions. Of them, I put research first, for reasons that will become clear as you read the book. Others put education first. For example, Kanter, editor of the journal *Academic Medicine*, wrote that the traditional tripartite mission consisted "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" [1]. The British tend to emphasize the role of clinicians. For example, Royal College of Physicians of London stated that "Academic medicine is the work undertaken by clinicians with responsibilities to both their University and their NHS Hospital Trust. They usually combine service delivery with research, teaching and/or administration" ([2], p. 205).[1] However, research is key. "Academic medicine involves active research in order to drive forward the study and practice of medicine and the conveying of current best practice through teaching, writing and presenting" [3]. Similarly, Kanter wrote: "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" ([4], p. 205).

Research has been a defining characteristic of the three institutions with which I am most familiar: Columbia College of Physicians and Surgeons where I went to medical school, University of California, San Diego where I was an intern and resident, University of California, San Francisco where I was an endocrinology fellow

[1] The National Health System (NHS) Hospital Trust an NHS organizational unit that provides secondary health services within the English National Health Service. The organizational framework of the NHS has changed several times in the past two decades.

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and now Case Western Reserve University (CWRU) School of Medicine where I have been a faculty member for 40 years. Each of these institutions prides itself on its research. The following is drawn from a 2019 'Position and Candidate Specification—Dean, School of Medicine and Senior Vice President for Medical Affairs,' at CWRU.

> Case Western Reserve University (CWRU) is an independent research university located in Cleveland's University Circle, a square-mile urban district full of cultural, medical and educational institutions, as well as thriving dining, retail and residential options. CWRU holds membership in the Association of American Universities (AAU), is fully accredited by the Higher Learning Commission and by several nationally recognized professional accrediting associations and is ranked 42nd among national research universities by US News and World Report and 39th in the Wall Street Journal/Times Higher Education College Rankings. Nationally, CWRU is ranked 17th among private institutions of higher education in federal research expenditures, and 39th overall. Additionally, a recent Brookings Institution report ranked CWRU 13th in the country for effectiveness in translating research breakthroughs into commercial success…
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> 2018 marked the 175th anniversary of the Case Western Reserve University School of Medicine. Since 1843, the school has been at the forefront of medical education and dedicated to enhancing human health, and it has been a leader and innovator in healthcare education and biomedical research. The School's mission is threefold: providing excellence in medical education through its unique curriculum, advancing discoveries from its laboratories to patients, and improving the health of its community.
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> The School of Medicine is one of the top-25 medical schools in the country and both the #1 medical school and largest biomedical research institution in Ohio. It consistently ranks in the top tier of medical schools for NIH research funding, with a very strong record of successful funding from the NIH, as well as from foundations, industry, the state of Ohio, the Centers for Disease Control, and the Department of Defense. Federal and nonfederal research support totaled $324 million in FY2018, with more than $276 million in NIH funding [4].

It is quite true that how one deals with the various issues I describe in this book will be contingent upon institutional specifics, CWRU is similar to other research-intensive universities and its medical school(s) contribute to that research intensity.[2] My experience as a faculty member, though been limited to one institution, will still be relevant to many other institutions within the world of American academic medicine. CWRU is typical in many ways. It is not at the very top of the heap (as

[2]The Carnegie Foundation developed a classification of universities. The category Doctoral Universities includes institutions that awarded at least 20 research/scholarship doctoral degrees during the update year and also institutions with below 20 research/scholarship doctoral degrees that awarded at least 30 professional practice doctoral degrees in at least 2 programs. The first two categories include only institutions that awarded at least 20 research/scholarship doctoral degrees and had at least $5 million in total research expenditures (as reported through the National Science Foundation (NSF) Higher Education Research & Development Survey (HERD)). There are R1: Doctoral Universities with Very high research activity; R2: Doctoral Universities with High research activity; and others—D/PU: Doctoral/Professional Universities. Of the 431 doctoral universities, 131 were R1 and 135 were R2. http://carnegieclassifications.iu.edu/downloads/CCIHE2018-FactsFigures.pdf. Accessed 12/11/19.

measured by research dollars), nor is it close to the bottom. Lessons learned here are likely to apply more generally; the personalities may differ, but the same fundamentals apply.

There are several features which are common to research intensive medical schools and some that vary widely among institutions, e.g., the nature of the relationship between the medical school and the hospital(s). How some of these similarities and differences play out will be discussed in subsequent chapters. Nevertheless, some general rules for an academic career can be inferred. It is true that general rules go only so far, but they are a place to start when thinking about addressing specific challenges.

References

1. Kanter SL. What is academic medicine? Acad Med. 2008;83(3):205–6.
2. Royal College of Physicians of London. Clinical academic medicine: the way forward. A report of the forum on academic medicine. Salisbury: Sarum ColourView Group; 2004.
3. Mid-Career Entry to Academic Medicine – BMA. https://www.google.com/search?client=firefox-b-d&q=https%3A%2F%2Fwww.bma.org.uk%E2%80%BA+media+%E2%80%BA+files+%E2%80%BA+pdfs+%E2%80%BA+committees+%E2%80%BA+masc.
4. Furman MI, Sugerman KS, Yeatman SL. Position and candidate specification, Dean, School of Medicine and Senior Vice President for Medical Affairs. www.spencerstuart.com.