

A NEW JOURNAL FOR CHALLENGES, TRENDS AND TRANSFORMATIONS IN ACADEMIC MEDICINE TODAY

Miro Jakovljević & Ljerka Ostojić

School of Medicine, University of Mostar, 88000 Mostar, Bosnia and Herzegovina

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The Medical faculty in Mostar has been in existence since 1997. Establishing and developing a new school of medicine is a long, laborious and expensive process. The tripartite mission of medical school education, health care, and research, represents the three basic pillars of academic medicine. According to the Royal College of Physicians „academic medicine is the discovery and development of basic principles, effective policies, and best practices that advance research and education in the medical disciplines, ultimately to improve the health and well-being of individuals and populations“. Academic medicine might be also defined as „the capacity of the system of health and health care to think, study, research, discover, evaluate, innovate, teach, learn, and improve“ (Awasthi et al. 2005). The main roles of academic medicine include: 1. rational and creative application of scientific achievements into medical practice; 2. provision of the highest level of education and research, and improvement of health on a global level; 3. educational and ethical guard of medical research; 4. promotion of scientific and systematic thinking and information processing strategies in medicine as an art and practice of the learning organisation; 5. fighting for global health despite all political and economic problems.

Crisis and academic medicine in a changing world

It is a universally agreed upon notion that academic medicine is in a crisis all over the world. Schools of medicine are being criticized for not being able to respond to the challenges and problems of the modern world. According the ICRAM group, drivers of change in academic medicine are: 1. new science and technology, particularly genetics and information technology; 2. the rise of sophisticated consumers; 3. the feminization of medicine related to the increasing number or females in a traditionally male-dominated profession"; 4. globalization; 5. emergent diseases; 6. the increasing gap between the rich and the poor; 7. physical distance becoming a matter of less consequence; 8. the demand of more from health care by 'big hungry buyers'; 9. the spread of the Internet and digitalization; 10. managerialism; 11. increasing anxiety about security; 12. the

widening gap between what can be done and what can be afforded in health care; 13. the lack of agreement on where 'health' begins and ends; 14. the aging of society; 15. the increasing accountability of all institutions; 16. the loss of respect for experts; 17. the rise of self-care; 18. the rise of ethical issues (Awasthi et al. 2005).

Academic medicine is heterogenous and evolves differently in different societies as a function of local issues, resources and cultures. The successful management of an academic medical enterprise is more challenging than it has ever been, requiring an increasingly wide range of skills to balance persistence-of-diversity problems. Integrative and complementary medicine strives to exact the practice of *phronesis*, an Aristotelian term for practical wisdom (see Radden & Sadler 2010) and to professionalism as a virtue, promising to 1. close the gap between evidence-based medicine, value-based medicine, and narrative-based medicine with regards to effective care and valid clinical trials; 2. improve the course of medical diseases with earlier diagnostic and preventative measures; 3. improve the monitoring of vulnerability, resilience and psychological growth factors in patients (see Costa e Silva 2012, Jakovljevic et al. 2012b). A new journal, Medicina Academica Mostariensia, has been established in order to address ever rising challenges in academic medicine. Each student of medicine and all MDS should be familiar with the „Physician charter“ of professionalism (see Spandorfer et al. 2010).

Professionalism and academic medicine: two important liaisons

The question of the identity and future of the medical profession is strongly associated with professionalism - the ways in which we define and practice fundamental principles, professional responsibility, and competencies in medicine. The application of scientific knowledge to understanding and curing disease is a corner stone of modern medicine, but medicine is much more than simply a science about disease - it represents a set of values, behaviors and relationships, a communication art, and the practice of a learning organization involving many different skills („ars medica“). In other words, medical professionalism

lies at the heart of good clinical practice. This is why helping students understand components of medical professionalism and strive to achieve a high level of professionalism is of great importance. Medical education should be student-centered, problem- or task-based, integrated, interdisciplinary, interprofessional, community-based and elective-driven, with core and student-selected components (Young & Wilkinson 2005). Medical education programs should prepare graduates to be responsive to both the needs of the health system in which they will function and the needs of patients they will treat. The practice of medicine today is becoming more specialized which poses a great challenge to undergraduate medical education. The concepts of personalized and individualized medicine should revolutionize our health care system and promote better medicine for all. Medical training should sufficiently prepare students for new professional responsibilities, personalized and individualized medicine, and comorbidities treatment.

We hope that the papers „Professionalism in Contemporary Medicine: An Important Academic Issue“, „Comorbidity of Mental and Physical Disorders: A Main Challenge to Medicine in the 21st Century“, and „Comorbidity in Contemporary Medicine: Challenges and Opportunities for Bringing Separated Branches of Medicine Closer to Each Other “ will be a helpful educational resource and bridge gaps between academic and clinical medicine.

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Correspondence:

Prof. dr. Miro Jakovljević, MD, PhD
School of Medicine, University of Mostar
88000 Mostar, Bosnia and Herzegovina
E-mail: predstojnik_psi@kbc-zagreb.hr