

Introduction: Academic Nephrology 2008

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It is a truism that academic medicine has changed markedly over the last two decades. Academic institutions and their hospitals have become similar to large corporations operating increasingly on business principles. These changes and new accountabilities demanded by institutions of faculty, particularly clinicians, have created some new challenges and tensions for the academically inclined nephrologist. Clearly the decline in the physician-scientist over the past two decades is well chronicled. This change is worrisome because truly astounding advances in biomedical research have made the physician-scientist even more critical for translation of the research advances to the bedside for the benefit of patients. Probably an even more endangered group of academic-physicians are the clinician-educators who function in academic environments, where resources are often thin and the demands of teaching, documentation, and the necessity for scholarship create challenges that are not relevant in the nonacademic practice of nephrology. As academic departments become more business-like and accountability for time becomes stricter, the clinician faculty member who is so vital to the training of the next generation of nephrologists and for supporting the research environment becomes even more threatened.

The series of articles in this issue's Moving Points address most of these challenges and concerns from the perspective of faculty members at different stages of their careers. Drs. Guay-Woodford and Chapman write from the perspective of young to middle career faculty, while Drs. Golper and Feldman consider the established academician (1,2). Dr. Watnick writes a virtual primer for the behavior of young beginning faculty members and fellows (3). Dr. Tannen provides the perspective

of an underused resource in academic life these days, namely the senior faculty member who is nearing or has past retirement age (4). Mr. Ibrahim, the new executive director of the American Society of Nephrology, provides his unique perspectives from the vantage point of the academic medical establishment (5).

As a famous Chairman of a Department of Medicine once stated in a conversation with faculty about their careers and futures, "Don't trust the university too much, it will not love you back." In this era of academic institutions functioning as businesses, this advice is sound. If we are to have a dynamic physician academic workforce to train the next generation of nephrologists and to translate cutting edge research to the bedside we need to think about these issues and try to provide the mentoring, job security, and comfort levels in these trying times. It is hoped that these articles will provide food-for-thought.

References

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