

Academic Pathology: A New Journal

With this opening editorial, the Association of Pathology Chairs (APC) is launching a new journal called *Academic Pathology*. The APC is a nonprofit society that serves as the voice of academic departments of pathology in the United States, Canada, and Puerto Rico. The APC exists to provide leadership and advocacy for the dynamic discipline of pathology and to enable academic departments to meet the demands of their 3 missions—medical education, research, and practice.

The decision to launch a new journal was borne out of the desire to give voice to the innovations in leadership and management of academic departments of pathology (in their entirety, including anatomic pathology, laboratory medicine, experimental pathology, etc). Although the field of medicine has been evolving continuously since its modern origins in the 19th century, the pace of change has accelerated in an extraordinary fashion. The modern structure of academic departments of pathology was established in the mid-20th century, coinciding with the growth of robust extramural funding for basic and clinical research and the convergence of anatomic pathology and laboratory medicine as specialty areas in academic pathology. Although the criteria for success of academic departments of pathology maintain continuity with those of the 20th century, the 21st-century models for health care delivery—and funding—require an almost completely new approach to establishing the sustaining value of academic pathology. In turn, academic departments of pathology have unprecedented opportunity to provide leadership in the transformation of our specialty in the 21st century. We seek these voices of leadership and change.

There is a strong call for leadership development and performance in medicine.¹⁻⁴ To date, the discipline of academic pathology has been underrepresented in this discussion, although the need for such leadership is recognized.⁵⁻⁸ Articles relevant to the performance of the 3 missions of academic pathology are published both in pathology journals (eg, Refs. 9-16) and elsewhere.¹⁷⁻²⁰ Until now, however, a journal has not existed that specifically *solicits* articles addressing the operational and leadership challenges faced by academic departments of pathology. In creating this journal, we seek to cultivate scholarship in this arena and help disseminate innovation and best practices.

This is an open-access journal, and the intended audience for this journal reaches beyond academic pathology. It is precisely the innovative practices developed and assessed in academic departments of pathology that can help improve the performance of pathology and laboratory medicine throughout the industry. Moreover, pathology practice, education, and research have impact on the delivery of health care writ large. Hence, we hope that articles published in this journal will reach a national and international audience both within the field of pathology and beyond. In the latter case, health care providers, educators, researchers, and policy makers alike may benefit from articles published in *Academic Pathology*. We also consider that this journal should both welcome an international authorship and give consideration to articles of value to the worldwide practice of academic pathology.

This journal will publish original articles, reviews, case studies, and commentaries that address the core missions of academic departments of pathology. Contributions should reflect the best practices of pathology as a dynamic 21st-century discipline. All articles will be rigorously peer reviewed for relevance and quality. Priority will be given to articles that address any of the following:

1. methods or infrastructure that advance pathology and clinical laboratory practice quality and improve patient care including clinical informatics, genomic testing and data management, laboratory automation, electronic health record integration, and annotated biorepositories;
2. best practices in cost-effective multidisciplinary and/or interprofessional clinical partnerships that add demonstrated value to patient care;
3. new and effective pedagogical approaches to undergraduate and graduate medical education in pathology including curricula and practice settings designed to enhance resident and fellowship training;
4. evaluative methods for reaching objective teaching goals, such as competencies, milestones, and core entrustable professional activities;
5. models for training and sustaining academic pathologists, including clinician scientists in pathology;



6. methods for enhancing extramural support for basic, translational, and/or clinical outcomes research in pathology;
7. administrative and organizational models that best promote academic pathology's clinical, educational, and research missions;
8. business practices that advance the ability of academic pathology to serve its 3 missions, including access to regional or national markets, effective service to home institutions, and best practices in business and operational performance; and
9. Leadership development in academic pathology, including the leadership role of academic pathology in academic medical centers and health systems.

Pathology is unique in bridging basic science with the practice of clinical medicine, across the totality of the human condition. Realizing our potential through innovation and execution of original ideas creates a potentially vast body of original scholarship. We challenge all leaders and participants in academic pathology to examine and rigorously report opportunities that could enhance our discipline. We invite you to submit such studies to *Academic Pathology* and help build the scholarly evidence base that will ensure the future success of both journal and discipline.

James M. Crawford, MD, PhD
Editor-in-Chief

References

1. Webb AM, Tsipis NE, McClellan TR, et al. A first step toward understanding best practices in leadership training in undergraduate medical education: a systematic review. *Acad Med*. 2014;89:1563-1570.
2. Gabel S. Expanding the scope of leadership training in medicine. *Acad Med*. 2014;89:848-852.
3. Washington AE, Cove MJ, Feinberg DT. Academic health centers and the evolution of the health care system. *JAMA*. 2013;310:1929-1930.
4. Blumenthal D, Compton-Phillips A, Cosgrove DM, et al. Innovation in health care leadership. *N Eng J Med*. 2014; 371(18):e26. doi:10.1056/NEJMp1410041.
5. Hemmer PR, Karon BS, Hernandez JS, et al. Leadership and management training for residents and fellows: a curriculum for future medical directors. *Arch Pathol Lab Med*. 2007;131:610-614.
6. Sussman I, Prystowsky MB. Pathology service line: a model for accountable care organizations at an academic medical center. *Hum Pathol*. 2012;43:629-631.
7. Weiss RL. Teaching laboratory management. *Am J Clin Pathol*. 2012;137:676-677.
8. Weiss RL, Hassell LA, Parks ER. Progress toward improved leadership and management training in pathology. *Arch Pathol Lab Med*. 2014;138:492-497.
9. Branda JA, Dighe AS, Dzik W, et al. The practice of clinical pathology: a quantitative description of laboratory director activities at a large academic medical center. *Am J Clin Pathol*. 2014; 142:144-149.
10. Ho J, Ahlers SM, Stratman C, et al. Can digital pathology result in cost savings? A financial projection for digital pathology implementation at a large integrated health care organization. *J Pathol Inform*. 2014;5:33. doi:10.4103/2153-3539.139714.
11. Louis DN, Gerber GK, Baron JM, et al. Computational pathology: an emerging definition. *Arch Pathol Lab Med*. 2014;138: 1133-1138.
12. Naritoku WY, Alexander CB, Bennett BD, et al. The pathology milestones and the next accreditation system. *Arch Pathol Lab Med*. 2014;138:307-315.
13. Naritoku WY, Vasovic L, Steinberg JJ, et al. Anatomic and clinical pathology boot camps: filling pathology-specific gaps in undergraduate medical education. *Arch Pathol Lab Med*. 2014; 138:316-321.
14. Price CP, St John A. Innovation in healthcare. The challenge for laboratory medicine. *Clin Chim Acta*. 2014;427:71-78.
15. Quinn AM, Klepeis VE, Mandelker DL, et al. The ongoing evolution of the core curriculum of a clinical fellowship in pathology informatics. *J Pathol Inform*. 2014;5:22. doi:10.4103/2153-3539. 13717.
16. Sadofsky M, Knollmann-Ritschel B, Conran RM, Prystowsky MB. National standards in pathology education: developing competencies for integrated medical school curricula. *Arch Pathol Lab Med*. 2014;138:328-332.
17. Crawford JM, Bry L, Pfeifer J, et al. The business of genomic testing: a survey of early adopters [published online July 10, 2014.]. *Genet Med*. 2014. doi:10.1038/gim.2014.50.
18. Klein RD. Intellectual property and regulation of molecular pathology tests. *Cancer J*. 2014;20:85-90.
19. Pfeifer JD. Clinical next generation sequencing in cancer. *Cancer Genet*. 2013;206:409-412.
20. Ross JS. Ensuring correct interpretation of diagnostic test results. *JAMA Intern Med*. 2014;174(6):993. doi:10.1001/jamainternmed. 2014.165