What is the editorial focus of *Academic Medicine*?

*Academic Medicine* has five key focus areas:

1. Education and training issues
2. Health and science policy
3. Organizational administration, management, and values
4. Research practice
5. Clinical practice in academic settings

Submissions may describe a practical approach to dealing with the issue addressed, add to readers’ understanding of that issue, or both. Priority will be given to works that are likely to advance thinking and/or practice. For more information, please visit our Editorial Focus Areas tutorial: http://journals.lww.com/academicmedicine/Documents/Editorial_Focus_Areas_Sept2011.pdf.

What kinds of papers does *Academic Medicine* publish?

Articles, Perspectives, Commentaries, Point–Counterpoints

1. **General scholarly articles**
   - The article covers topics of broad concern to academic medicine; for example, examinations of policies affecting the academic medicine community as a whole; descriptions of institutional mergers or starting new schools, analyses of current educational, political, financial, or social trends affecting or likely to affect academic medicine; and descriptions of innovations with systemic implications for medical education, training, and research.
   - The article describes topics directly and practically relevant to medical school education, residency training, graduate medical education, or continuing medical education. Such topics include descriptions of innovative programs, medical informatics, information and medical technologies, the history of medical education and training, humanities in medical education, administration or funding innovations, etc.
   - The article combines elements of research and description, where the research is not sufficiently robust or central enough to the article’s message to constitute a full-fledged research report.

2. **Perspectives (formerly called Viewpoints)** describe a considered view about one or more issues in academic medicine, propose and support a new hypothesis, or theorize the implications of as-yet unimplemented programs or innovations. Perspectives must be scholarly and arguments must be well-supported, but these articles can function as opinion pieces. They generally have few tables and figures, if any.

3. **Commentaries** are solicited opinion essays that comment on or set the context for an article or articles that have been accepted for publication. They can also be stand-alone essays framed as calls to action on major challenges. Commentaries have few references and rely heavily on the author’s perspective and experience to support the argument. They should be less than 2,000 words and generally have few tables and figures, if any.
4. **Point-Counterpoints** are page-long, invited articles (750 words). Like commentaries, they may respond to an accepted article, or may explore two or more sides of an issue. They generally have few tables and figures, if any.

**Research Reports**
Research reports are reports of original research on any aspect of academic medicine. The following are general research parameters:

- The study addresses a serious challenge facing the academic medicine community.
- The study critically reviews the scholarly literature. While a systematic or chronological review may be considered, priority will be given to critical reviews that help advance our understanding of a specific topic or problem. Comprehensive parameters are defined and followed for searching the literature, and findings are interpreted and put into context.

**Innovation Reports**
Innovation Reports introduce a new, preliminary approach to a challenge facing the wider academic medicine community. The goal of an Innovation Report is to highlight first steps toward a larger-scale solution to such a challenge, whether through an innovative pilot or early-stage initiative at a single institution or preliminary research that defines the challenge and/or lays the groundwork for larger-scale approaches to the stated problem. Innovation Reports have a strict limit of 2,000 words, may have no more than five references, and are limited to three total tables, figures, charts, lists, or appendices.

**Special Features**

**Cover Art** These original works of art should be inspired by, but not necessarily representative of, a health care experience from any perspective—caregiver, student, or patient (for example, learning how to be a physician or scientist, caring for patients, exploring research questions, making a new discovery, being a research participant, teaching, or being cared for in a teaching hospital). The journal welcomes photography, sculpture, painting, textile work, and other visual media.

**Last Page (LP)** This monthly feature is designed to make *Academic Medicine* content more accessible to more people by promoting a general understanding of important issues that affect medical schools and teaching hospitals. LPs tell a story, visually and succinctly, through images, data, or other graphics of phenomena, controversies, policies, groups, services, or trends in medical education or the medical community at large. LPs may have as many images or statistics as can fit well on one portrait-oriented page. Submissions do not require an abstract. LP contributors may work individually or with collaborators. Not all of the information needs to be new, but it must be combined and presented in a unique way so as to provide new insights to journal readers. (Additional guidelines for information already under copyright can be found in the copyright and permission section of the Complete Instructions for Authors). All aspects of an LP submission – information, data, images, graphics, and other materials – must be submitted electronically and in an editable format. Photos and graphics must be of print quality.
Letters to the Editor

Letters can be responses to articles in the journal, replies to other letters, or about issues of importance in academic medicine. They must not duplicate other material that has been published or submitted for publication. Letters will be published at the discretion of the editor and are subject to abridgement and editing for style and content. Letters should be tightly focused and are no longer than 400 words (including references). They have no tables or figures and no more than three authors. Submissions do not require an abstract. The cover letter that accompanies submissions must include the full citation of the article or letter being commented upon.

Authors whose published articles are the subject of a Letter to the Editor will have the opportunity to respond to that letter, in the same issue in which the letter is printed.

Medicine and the Arts (MATA)
The journal's longest-running feature, this column runs on two facing pages; the left-hand page features an excerpt from literature, a poem, a photograph, etc. Literature excerpts generally run no more than 700 words and may include a very brief introduction as needed. On the right-hand page is a commentary of about 900 words that explores the relevance of the artwork to the teaching and/or practice of medicine. Since submissions cannot be fully accepted for publication until Academic Medicine acquires permission to reprint literary excerpts or artworks, authors should include all relevant information about the piece they are explicating (publisher, museum, dates, etc.) to enable staff editors to find and contact the copyright holder.

Teaching and Learning Moments (TLM)
This feature is published on a regular but space-available basis. Pieces vary in style and subject, but most are first-person, informal narratives written from the perspective of an instructor, student, or patient. Typically, the author relates an experience or idea that provides a lesson applicable to the art or science of teaching, learning, or practicing medicine.

Is my username and password for full text articles on academicmedicine.org the same as the one I use for Editorial Manager?
No, it is not. Editorial Manager is a separate system and requires a different user name and password.

I am having trouble figuring out Editorial Manager, who should I contact?
Please either call our offices at 202-828-0590 or email us at academicmedicine@aamc.org.

I filled out my manuscript submission form, but I am having trouble uploading my manuscript. Should I mail it?
Please do not mail your manuscript to us. Rather than mailing it, please either call our offices at 202-828-0590 or email us at academicmedicine@aamc.org and a member of the editorial staff will assist you.

Should my manuscript be double-spaced?
Yes, we request that all manuscripts be double-spaced, including references. Tables and figures do not have to be double-spaced.

Can I submit articles that conflict with AAMC policies?
We welcome articles on all topics and from all points of view. While the journal is the official journal of the AAMC, it is editorially independent of the AAMC.
What is the journal's policy on studies involving human participants?

*Academic Medicine*’s policy regarding the treatment of human participants follows those of the International Committee of Medical Journal Editors (ICMJE) (http://www.icmje.org). For more information, please see the Editorial Policy, Publication Ethics, and Complete Instructions for Authors and the February 2009 editorial, which discusses the issue and describes the journal’s policy.

Does the journal consider submissions from international authors?

We welcome submissions from all parts of the world. In general, however, the subject must in some way be relevant or generalizable to U.S. medical education. If you are uncertain about whether or not your paper is appropriate for *Academic Medicine*, please contact the editorial offices at (academicmedicine@aamc.org).

Why did the journal discontinue the masking of research manuscripts?

Editors of scholarly journals have long debated the value of masking manuscripts. In Chapter 1 of the “Review Criteria for Research Manuscripts” (published in the September 2001 issue of *Academic Medicine*), Shea et al. note the following: “Conclusions from studies on the topic [of masked review] are mixed…a growing body of research seems to give little evidence that masking the author’s identity affects the publication decision. Still, it is a process that continues to be studied, if for no other reason than that authors consider it more fair to themselves. Currently, most journals do not blind the reviewers to the authors’ identities.” (p.912) Further, (1) while there may be occasions where the author’s name or institution may influence a reviewer in an unfair way, this identifying information can also help reviewers to fairly evaluate a paper’s merits, and (2) we strongly urge reviewers to be aware of possible bias and to return a manuscript to us if they feel unable to give it a fair read. For these and other reasons, editor-in-chief Dr. David Sklar and the journal staff feel comfortable with a single-blind system.

What is the average time from submission to decision?

Our goal is 90 days. Those manuscripts that are not sent out for external review receive decisions more quickly—usually around 30 days; those that are sent out for review take longer.

How does your review system work?

Our review process has two basic stages. At the first level of review, we consider the importance of the topic; the originality, soundness, and applicability of the approach/idea; and the overall quality of the paper in relation to other recent submissions and publications. Manuscripts that do not meet these basic criteria are rejected without review. Those that are not rejected at this stage go to Step Two, which consists of seeking outside reviewers’ comments.

What are the primary reasons a manuscript would be rejected after the first level of review?

In the first, internal review, the editor-in-chief and associate editors consider the following questions: (1) Is the topic addressed by the article important and of interest to faculty and administrators of medical institutions? (2) Have we recently published a number of articles on this same topic? If so, does this manuscript add something new? (3) Is the paper written clearly? Is it logically consistent? (4) For research papers, is the study size adequate? Is the research design appropriate? Are the results appropriately interpreted?
Given the considerable competition for space, the bar, for better or worse, is set fairly high, and about 60% of all submissions are rejected at this first stage. The majority are rejected because their topics are not appropriate for the journal’s readership.

What is the acceptance rate?
We are able to accept only about 15% or less of the manuscripts submitted to us.

How many manuscripts are submitted to the journal each year?
We receive approximately 2,200 manuscripts each year.

What proportion of articles are solicited?
Very few articles are solicited; those that are, are primarily commentaries designed to provide a balanced viewpoint or to provide context for a particularly important or controversial topic. In the case of theme issues, the guest editor will typically solicit all manuscripts, which are accepted only after careful external and internal review. The editor-in-chief may also solicit articles for theme issues, although usually a portion of theme manuscripts are unsolicited.

How many reviewers are assigned to each manuscript?
We typically assign two reviewers per manuscript. We will, however, make decisions based on a single review if we are unable to secure a second reviewer, and if the first review is substantive. In cases where we receive conflicting reviews, we may send a manuscript to a third reviewer.

How do you select reviewers for a manuscript?
First, we avoid potential conflicts of interest by eliminating reviewers from the author’s institution and so on. Then we select reviewers who have stated expertise in the topic of the manuscript and whose academic or administrative title seems a good “fit” for the manuscript (e.g., a clerkship director for a manuscript on clerkships).

What questions are reviewers asked?
For all manuscripts, reviewers are asked to rate the importance of the manuscript to the readers of Academic Medicine and to recommend acceptance, rejection, or revision. For research manuscripts, we also ask reviewers to give detailed comments on the research design and interpretation of results, as well as any other comments they feel will be helpful to the author or the editor. For articles, reviewers are asked to provide detailed comments about the contribution the manuscript makes to the body of knowledge on the topic it addresses and how the manuscript’s primary message might be strengthened. For more information about our review process, please visit our For Reviewers page: http://journals.lww.com/academicmedicine/Pages/ForReviewers.aspx.

What happens once reviews are returned?
One of the journal’s staff or senior editors reviews the manuscript and the reviewers’ comments; assesses the quality of the reviews and reads the manuscript in light of the reviewers’ comments; he or she then makes a recommendation for the editor-in-chief. He in turn reviews all of these documents and makes a final decision on the manuscript.

What should I do if I can’t meet a deadline for revising a manuscript?
Provided the delay is not unreasonable, this shouldn’t be a problem. Just e-mail the editorial offices at (academicmedicine@aamc.org) and let us know when you think you will be able to send the revised manuscript. We will make a note in your file.
What is the journal’s impact factor?
In 2018, the journal’s impact factor was 5.083.

What is the average time between accepting a paper and publishing it?
Currently, the average time from acceptance to publication is 240 days.

Where can I find your complete Instructions for Authors?
On our Web site, under the “For Authors” tab. Please choose the “Complete Instructions for Authors” link on the right sidebar, in the “Links for Authors” section. The Instructions for Authors and other useful resources for authors interested in submitting to the journal are located there.

Where can I find out who is on the editorial staff and on the editorial board?
The names of our editorial staff and editorial board are listed on our website. Select the “Journal Masthead” link from the “Journal Info” tab.

I didn’t find the answer to my question in these FAQs—what should I do?
Please contact the editorial offices at (academicmedicine@aamc.org) or 202-828-0590. One of the journal staff would be happy to answer your question. Also, we update the FAQs regularly and are very interested in knowing what we’re missing!