

The Spring Meetings: Back to the Future

J Clin Invest. 1994;93(2):457-458. <https://doi.org/10.1172/JCI116990>.

Editorial

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The Clinical Research Meeting ("Spring Meeting") is organized each year by the American Federation for Clinical Research, the American Society for Clinical Investigation, and the Association of American Physicians. Together these societies comprise the largest group of physicians involved in basic and clinical investigation in the United States. During the past several years considerable concern has been voiced over the continued vitality of these meetings. For the officers of these societies, the level of concern is at once both alarming and reassuring; alarming because the decline in attendance and abstract submission over the past 8 years has engendered considerable angst about the survival of the meeting, and reassuring because the degree of concern itself attests to an underlying feeling that this meeting is important to academic medical research. This concern has culminated this year in a dramatic revision of the meeting format.

What is the purpose of this meeting? Historically, the meeting has served a variety of functions. For the beginning investigator it has offered an opportunity to establish an identity within his/her field. In addition to scientific fora presenting state-of-the-art research, the meeting provided social interaction that established valuable contacts for the burgeoning academician. For the established mid-career investigator the meeting offered the opportunity for acknowledgement of national prominence. The honor of a plenary presentation before one's peers has long been a goal of many accomplished investigators. For the more senior investigator the meeting offered cherished social interactions, exposure to up-and-coming researchers who might be recruited to academic positions, and participation in a time-honored tradition that fostered the revitalization of academic medicine. Central to all of this was peer interaction.

Many factors have been cited as contributing to the decline in popularity of the Clinical Research Meeting. None is more crucial than the evolving perception of what constitutes one's peer group. Over the past decade the emergence of subspecialties has lessened the cohesiveness of academic medical departments. The growing gulf between those physicians engaged in basic research and those engaged primarily in clinical or educational pursuits has further disrupted the traditional bonds within departments. Even the subspecialties themselves have become fragmented. At their now enormous annual meetings, a majority of presentations are of limited interest to any given attendee. Indeed, highly specialized workshops have evolved at these meetings to counter the growing heterogeneity of the work presented.

At a time when both financial and scientific changes have exacerbated the fragmentation of medicine, it is clear that the public and federal government have become increasingly intolerant of the super-specialization of medicine. For academic medical departments, the approaching challenge will be to reaffirm the importance of highly sophisticated scientific investigation in a setting of renewed emphasis on delivery of primary

care across a broad range of medical disciplines. The Clinical Research Meeting provides an optimal forum for such a reintegration since it is unique in presenting state-of-the-art research that cuts across all areas of medicine. Indeed, the current explosion in biomedical research runs counter to the trend of increasing subspecialization. First, the most exciting new frontiers of research do not respect traditional subspecialty designations. Second, the most innovative research increasingly depends on cross-fertilization among fields. Breakthroughs often can be made only by those who are familiar with multiple fields. Indeed, one sees frequent examples in which discoveries in one field have a direct impact on another field. Thus, the scientific revolution is driving an intellectual reunification of medical research.

To create a meeting that is responsive to these changes, we have completely and dramatically reorganized the Clinical Research Meeting, starting with the one to be held this spring, April 29 to May 2, 1994, in Baltimore (see announcement in this issue). Except for somewhat abbreviated plenary sessions, all other sessions will be completely new. To provide a single forum for the most exciting new developments in all of medical research, we have planned 2-hour "Year-in-Medicine" sessions each morning. The four or five most exciting breakthroughs in each subspecialty will be presented with input from the relevant societies. At least one of the presentations in each session will focus on clinical advances. These will not be overview talks, but rather will feature speakers invited because experts in their subspecialties view their work as among the most seminal that year.

Because important themes in research do not always correspond to traditional subspecialties, we have also planned 12 theme symposia, on topics that will vary from year to year, each given by outstanding speakers in their area. These minisymposia with state-of-the-art talks will allow one to learn in one place the key advances in areas that affect all of medicine, such as stem cells in cell therapy, the cell cycle in medicine, DNA instability in human disease, manipulating the immune system, and novel drug design, to name a few. These sessions also acknowledge the need to fully integrate nonphysician scientists interested in clinical research into the meeting.

Another major change is in the way submitted abstracts will be presented. One important function of these meetings over the years has been to provide a forum for young investigators to present their work and receive feedback from experts in their field. To improve this aspect of the meeting we have converted to a format in which all abstracts will be presented in poster discussion workshops. To ensure that the posters fulfill the desired goal, we have invited well-known experts in each field to make "professor's rounds" on the posters, and then to chair a discussion workshop immediately following the viewing of the posters. While presenters may have the opportunity to summarize their conclusions, the details will be provided by the poster, so that the majority of the workshop time will be devoted to discussion. These sessions should increase the interaction of active investigators with scientific and academic leaders. We have been fortunate to obtain a truly stellar cast of chairpersons and speakers for 1994 to inaugurate this new format (see announcement in this issue).

The overall structure of the meeting has also changed so that, with the exception of poster discussions, no more than four competing sessions will take place at any one time. With these changes we are confident that 1994 will signal a new age for the Clinical Research Meeting as the primary vehicle for presentation of the most exciting new developments in biomedical research and for cross-fertilization of ideas among disciplines.

For the Clinical Research Meeting to succeed in these goals, it must fulfill its unique niche in academic medicine as the forum that brings together subspecialties, clinical and basic research, and science and policy. Rather than compete with the subspecialty societies, we recognize the need to work with these societies and draw them into this annual event. Towards this end we must rely on the vision and commitment of department chairs, division chiefs, and individual investigators. The concern over the health of the Clinical Research Meeting reflects a tacit acknowledgement that it is important for investigators in academic medicine to interact as a group. Apart from any societal or governmental pressures there is a need for all who practice and teach in an academic setting to remain familiar

with current thought in medical research. Our ability to pass the torch to a new generation of investigators and to imbue them with the excitement of clinical research will be defined by how effectively we transmit the optimal view of research, teaching, and patient care in an academic setting. The Clinical Research Meeting provides a crucial foundation for academic medicine and reminds us that in the final analysis, there is much that binds us together.

Acknowledgments

We are indebted to Dr. Richard Klausner and other members of the Tri-Societies Council for their helpful suggestions in the preparation of this manuscript.

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