A Peer-Reviewed Medical Student Research Journal for Students, by Students

Conventional norms dictate medical students seeking academic publication submit their work to journals in competition with physicians and other advanced career health professionals; most of these journals do not provide reviewer or editorial opportunities for students. Thus, we identified a need for an independent, open-access medical student journal to provide a fair and focused platform for international, multi-institutional student participation in the peer review and editorial process at all levels.

We founded the American Medical Student Research Journal (AMSRJ) as that alternative. In just three months prior to the first call for submissions in November of 2013, the journal’s infrastructure was built with student editor-authored journal policies, workflow procedures, author guidelines, reviewer guidelines, and reviewer education program.

The efforts of our hard-working unit of 14 dedicated student editors witnessed the expansion of the AMSRJ network into a team of well over 100 with the addition of 39 faculty advisors, 76 reviewers and reviewers-in-training, and an International Marketing Committee. We have enjoyed an unexpected volume of medical student submissions—meticulously evaluated in our robust review process—from 26 institutions around the world. This issue features the work of medical students from Cornell University, Duke University, Louisiana State University Health Shreveport and New Orleans, Penn State University, Stanford University, Stellenbosch University (South Africa), University of Birmingham (England), University of California Los Angeles, University of Colorado, Virginia Commonwealth University, West Virginia University, and Yale University.

The AMSRJ inaugural issue begins with a Foreword from Dr. Jeffrey M. Drazen, the Editor-in-Chief of the New England Journal of Medicine. In the spirit of Dr. Drazen’s uplifting call to innovative medical scholarship, our Original Investigations begins with a pilot study of the ribs essential to flail chest segment repair stability by Gettel and Mackay. This is followed by a review by Shah and Rattu assessing reversal agents for anticoagulants with a focus on Andexanet alfa. Lucke-Wold et al. provide a risk factor analysis of ischemic stroke, identifying future potential therapeutic targets and recent changes in best-practice clinical care. Osho presents a systematic review of the effects of surgery on health behavior in the first-degree relatives of surgical patients, highlighting potential opportunities for lifestyle modifications.
Our Brief Reports begin with a case report by Moore and Mehta emphasizing the need for surgical evaluation of parotid masses, and a case by Rafferty et al. depicting an unusual A. haemolyticum-induced Erythema Multiforme-like eruption. Quinton et al. present a report of graduate medical education funding in the context of current healthcare policies. Rosen et al. close this section by appraising the outcomes of a novel community program targeted towards the promotion of institutional diversity consciousness and positive campus-community relations.

The Humanities section begins with this issue’s special themed “Art of Medicine” essays. Wang reflects on art analysis as a learning platform to promote careful observation during patient encounters. Haseltine discusses the utility of the aesthetic experience in recognizing the medical provider’s own potential misperceptions, advocating for the inclusion of dedicated observational training in the medical curriculum. Shakir shares the value of artistic endeavors as both a perspective-expanding medium to rediscover the humanistic aspect of patient care as well as a means to restore balance in the life of the artist. Gibson addresses the capacity of art observation to promote mindful understanding of patients as individuals.

Lee contemplates the therapeutic and restorative potential of music for both patients with debilitating neurologic conditions and the clinicians providing their care. Puchert narrates lessons of humility, respect, and empathy in patient care during a semester spent circumnavigating the globe. Karan draws on experiences researching and serving abroad to establish a moral and medical call to action for students to become aware of and contribute to addressing global health inequalities. Diaz shares insight from a World Health Organization fellowship in Geneva to convey the challenge future clinicians face in ensuring affordable and sustainable care. Kumar concludes this issue with an account of her Kenyan service experience, reflecting on the moral and professional responsibilities of the physician as a protector of patient health and dignity.

This inaugural issue would not be possible without the contributions of many. We would like to thank Dr. John Vanchiere, Chair of the Faculty Advisory Board, for mentoring the editorial staff and providing feedback on an unreasonable number of student reviewer assessments. For their valued contributions to the reviewer and editor education programs, we would like to thank Dr. Tak Yee Aw, Julia Esparza, and Talicia Tarver.

We extend our deepest gratitude to our reviewers, listed on page 2, who have helped ensure the high standard of quality upheld by the American Medical Student Research Journal, and to members of our Faculty Advisory Board, listed on page 3, for their service mentoring future academic physicians and physician-scientists. For their help with the copy/proofing process, we would like to thank Talicia Tarver, Betty Tucker, Donna Compton, and Barbara Reilly; for assistance with the Foreword, we are indebted to Julia Esparza and Pamela Miller.
in potentiating this scholarly endeavor: Shreveport Medical Society Alliance, LSU Health Shreveport Alumni Foundation, LSU Health Shreveport Department of Obstetrics and Gynecology, and LSU Health Shreveport Women’s Club.

And, as our peers in the fourth year class across the nation receive their doctoral degrees this month, we found Dr. Keene’s commencement address (below) over a century ago particularly fitting to begin this first issue. We hope you, too, will answer the call to innovative pursuit and share this knowledge for the public good.

“You must not be content with only acquiring existing knowledge; for what is present knowledge but the accumulated discoveries and inventions of our forbears? If we act only as sluiceways to pass on this fund of knowledge to our successors, we fail of one of our highest duties—to add to existing knowledge by our own researches.

You may not, it is true, be a Jenner, a Pasteur, a Lister or a Koch, for they are volcanic forces in the world of science that create continents or lift up mountain ranges. Yet, when these very giants sat on the hard benches of the medical school as young fellows, what one of their teachers ever dreamed of the great work they were to do? At sixteen Charles Darwin was considered “a very ordinary boy, rather below the common standard in intellect,” and even at twenty-two he seemed destined to be nothing more than “an idle sporting man.” But you can all add something to the sum of knowledge. The joy of the discovery of a new truth, a new means of diagnosis, a better method of operating, a new serum for treatment which may save hundreds and even thousands of human lives sets the nerves—tingling with joy and fills the soul with satisfaction as naught else can do. You can have this joy if you will.”

— WW. Keene, University of Nebraska Medical Commencement 1909

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REFERENCES