

Scholarly Activity

Mark K. Wallack, MD, Linda Reilly, MD, Thomas Whalen, MD, Paul Columbani, MD, Mark Malangoni, MD, Patrick O'Leary, MD, Charles Van Way, MD, and Peggy Simpson, EdD

INTRODUCTION

Residency review committees (RRC) have been somewhat disappointed when reviewing the program information form (PIF) regarding scholarly activity. In the past, these reviews were somewhat inconsistent and the structure for the review of Scholarly Activity did not allow the program director, the site visitor, or the RRC reviewer to completely understand how a program creates an environment of scholarly activities.

As a result, at the Winter Retreat for the RRC in Surgery, held in Carlsbad, California in February 2008, the issue of how both the site visitor and the reviewer evaluate scholarly activity in the 250 ACGME-accredited surgical programs in the US was discussed. Several members of the RRC have revised the PIF in an effort to allow future RRC members to better evaluate scholarly activity for both faculty and residents in the surgical residency training programs.

The program requirements related to scholarly activity are as follows:

1. The faculty at an integrated site must demonstrate a commitment to scholarly pursuits (program requirement I.B.3.a.2).
2. The program director must participate in scholarly activity in at least 1 of the areas of scholarly activity delineated in Section II.B.5 of this document (program requirement II.A.3.e).
3. Faculty should encourage and support residents in scholarly activities (program requirement II.B.5.c).
4. The faculty must collectively document active involvement in scholarly activity (program requirement II.B.5.d).
5. The faculty must establish and maintain an environment of inquiry and scholarship with an active research component (program requirement II.B.5).
6. The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences (program requirement II.B.5.a).
7. Some members of the faculty should also demonstrate scholarship by 1 or more of the following:
 - a. peer-reviewed funding;
 - b. publication of original research or review articles in peer-reviewed journals, or chapters in textbooks;
 - c. publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or,

- d. participation in national committees or educational organizations (program requirements II.B.5.b.1–4).
8. Faculty should encourage and support residents in scholarly activities (program requirement II.B.5.c).
9. While not all members of the faculty can be investigators, clinical and/or basic science research must be:
 - a. ongoing in the residency program;
 - b. based at the institution where residents spend most of their clinical time; and,
 - c. performed by faculty with frequent, direct, resident involvement (program requirements II.B.5.e.1–4).
10. The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care (program requirement IV.B.1).
11. Residents should participate in scholarly activity (program requirement IV.B.2).
12. The participation of residents in clinical and/or laboratory research is encouraged (program requirement IV.B.2.a).
13. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities (program requirement IV.B.3).
14. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities (program requirement V.B.2).

EXPECTATIONS OF THE PROGRAM DIRECTOR FOR THE SITE VISIT AND IN THE PROGRAM INFORMATION FORM FOR THE RRC

As a result, the site visitor will be supplied with the following expectations of the program director at the site visit and in the PIF for the RRC.

Only the key faculty that are involved in training surgical residents should be included and must document the names, specialty, primary site, category (primary, integrated, nonintegrated) and the contribution to resident education. For example, Whalen T, pediatric surgery, Lehigh Valley Medical Center, primary.

TABLE 1. Physician Faculty Roster*

Name (Position)	Degree	Based Primarily at Site No.	Specialty/ Field	Board Certification (Y/N)†	Most Recent Certification Date	Years as Faculty in Specialty	Key Contribution to Resident Education
Chair							
PD							
Faculty Member							

ABMS, ; CAQ, ; N, no; PD, Program Director; PIF, program information form; Y, yes.

*Found in the common PIF on webADS.

†Certification for the primary specialty refers to initial ABMS board certification. Secondary certification includes a second ABMS Board or CAQ.

TABLE 2. Current Professional and Academic Appointments (Include Starting Date)*

Name:	
Principal Institution:	
Secondary Certification Includes a Second ABMS Board or CAQ.	
Date of Appointment	Position

ABMS, ; CAQ, ; PIF, program information form.

*Found in the common PIF on webADS.

Key faculty must

The key faculty *must* regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; publish original research in peer-reviewed journals, or chapters in textbooks in conjunction with 1 or more surgery residents; publish and/or present case reports or clinical series at local, regional, or national meetings; and act as primary source to encourage and support resident scholarly activities.

Key faculty should

Key faculty *should* participate in national committees with 1 or more surgery residents, and participate with residents in skill laboratories and/or simulation sessions.

Key faculty summary

In summary, key faculty should contribute substantially to resident education, and create a scholarly environment for residents. Key faculty must include the program director and the department chair; there is no maximum number of key faculty per program. The minimum number is the number of approved chief resident categorical positions + 1, and in general, faculty should not be included who are located at nonintegrated institutions that provide only a focused clinical experience of limited duration. If such a faculty member is considered a key faculty member, that inclusion must be specifically justified.

TABLES 3. Professional Education* — Found in the Common PIF on webADS

Undergraduate Medical Education (Including Dates and Degrees)

Dates of Attendance	Institution	Degree
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(Insert additional rows as needed.)

Tables 1 through 7 are included to show the instruments used in the PIF by the RRC to evaluate the level of resident and faculty scholarly activity.

PHYSICIAN FACULTY ROSTER

To clarify the physician faculty roster at the site visit, it is important for Table 1 to be filled out by the program director, and it should include only the members of the teaching staff that generally create a scholarly activity for residency training in that Program. Moreover, the Chair of Surgery and the Program Director must be included in the list.

Once this list is complete, Tables 2 through 7 must be completed for each faculty member mentioned in the roster.

PUBLICATIONS

When listing publications, please provide a list that is included in the previous documentation of publications and presentations within the 3 years. Divide into the following subcategories of publication and/or presentation.

- A.** Peer-reviewed publications (ie, journal articles).
- B.** Other publications (ie, book chapters, non peer-reviewed articles, editorials, etc).
- C.** National/regional presentations.

When listing publications, do not include manuscripts that are in preparation or have been submitted but not yet accepted. Articles that have been accepted but not yet published should be listed as In Press and should include the name of the journal. It is not necessary to enclose a copy of the letter of acceptance with

TABLES 4. Professional Education* — Found in the Common PIF on webADS
Postgraduate Medical Education (Including Dates of Internships, Residencies, Fellowships, etc)

Dates of Training	Institution	Position
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(Insert additional rows as needed.)

TABLES 5. Professional Education* — Found in the Common PIF on webADS
Board Certification

Board	Date of Certification	Date of Recertification
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(Insert additional rows as needed.)

TABLE 6A-H. Educational Activities and Recognition*
Teaching Activity in Local Conferences in Program for Most Recent Year. Supporting Documentation Should be Available at the Time of the Site Visit

Grand Rounds

Who Is in Charge of the Conference?

Ratio of Lectures by Staff/Residents:

Faculty/Resident Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)	Site No.
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Basic Science

Who Is in Charge of the Conference?

Ratio of Lectures by Staff/Residents:

Faculty/Resident Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)	Site No.
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Morbidity and Mortality Conferences

Who Is in Charge of the Conference?

Ratio of Lectures by Staff/Residents:

Is there a weekly M and M conference at the sponsoring institution and at each integrated site? () YES () NO

Faculty/Resident Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)	Site No.
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Journal Club

Who Is in Charge of the Conference?

Ratio of Lectures by Staff/Residents:

Faculty/Resident Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)	Site No.
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Skills Laboratory Sessions

Who Is in Charge of the Conference?

Ratio of Lectures by Staff/Residents:

Faculty/Resident Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)	Site No.
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ACLS/ATLS (If Applicable)

Who Is in Charge of the Conference?

Ratio of Lectures by Staff/Residents:

Faculty/Resident Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)	Site No.
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Mock Orals (If Applicable)

Who Is in Charge of the Conference?

Ratio of Lectures by Staff/Residents:

Faculty/Resident Name	Title of Presentation	Frequency	Sessions Presented (Y/N)	Sessions Directed (Y/N)	Site No.
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ACLS, ; ATLS, ; N, no; No., number; PIF, program information form; Y, yes.

*Found in the specialty PIF (Word document).

the application but this letter should be available for inspection by the site visitor.

REQUIRED FACULTY SCHOLARLY ACTIVITIES

The site visitor and surgery RRC reviewer will require that the minimum faculty scholarly activity requirements are met when reviewing the program: in total, the key faculty must demonstrate scholarly activity in all areas on the revised documentation of scholarly activity form; individually, each key faculty member must participate in 1 of the scholarly activities per year; and both the program director and the chair *must* demonstrate leadership in establishing the scholarly environment by participating in at least 3 of the listed scholarly activities per year.

This list of residency scholarly activity can include and is not limited to: publications, abstracts and presentations; teaching awards; major lecture presentations (grand rounds, basic science, and local symposia); moderating major teaching conferences (morbidity and mortality, journal club); formal technical training and assessment skills laboratory (Advanced Trauma Life Support, Advanced Cardiac Life Support, Advanced Burn Life Support, laparoscopic training, mock oral examinations, and Objective Structured Assessment of Technical Skill/Objective Structured Clinical Examination); and research preceptorships (basic science, clinical, education).

RESIDENT SCHOLARLY ACTIVITY

It is also important that the surgery program include resident scholarly activity. Therefore, the following must be included:

TABLE 7A,B. Creative Activities*

a) Basic Science Research

Faculty Name	Project Name	Funded	Not Funded
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b) Educational Research (Includes Development of Teaching Materials)

Faculty Name	Project Name	Funded	Not Funded
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PIF, program information form.

*Found in the specialty PIF (Word document).

TABLE 8. Resident Scholarly Activity*

Type	Citation/Listing
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PIF, program information form.

*Found in the specialty PIF (Word document).

each program must define the structure that provides residents with exposure to scholarly activity; it is expected that residents will be routinely presenting at case conferences, journal club, and morbidity and mortality conferences. The activities on the following list have been identified as a higher level of scholarly activity, and at a minimum each categorical surgery resident in the program must participate in at least 1 of the following scholarly/educational activities per year.

- Abstract series and/or publications
- Presentations:
 - National
 - Regional
 - Local
- Grand rounds
- Basic science
- Multidisciplinary institutional educational conferences
- Dedicated research experience (protected time)
- Teaching awards
- Teaching skills laboratory sessions
- Formal medical student teaching (ie, anatomy courses, scientific and/or clinical lectures)
- Local, regional, or national presentations

All of these data should be entered in the PIF (Table 8) by indicating the resident's name in bold and defining either the abstract, article, presentation, the award and the teaching that resident has performed. For example, **Fondran JC**, Porter JA, Slezak, FA. Inflammatory polyps: a cause of late bleeding in staple hemorrhoidectomy. *Dis Colon Rectum* 2006;49:1910-1913.

SUMMARY

The RRCs expect that programs and program directors create a *scholarly environment* such that the residents, faculty, Program Director, and Chair participate in faculty scholarly activity of:

- 1. Discovery.** Evidence of scholarly activity includes peer-reviewed funding and publications of original research.
- 2. Dissemination.** Peer reviewed articles and/or chapters.
- 3. Application.** Case reports, editorials, or clinical series.