

The Academic Surgical Collaborative: A three-year review of a trainee research collaborative

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ABSTRACT

Introduction: The Academic Surgical Collaborative (ASC) is a trainee research collaborative (TRC) formed in the UK in October 2014. Three years on, the achievements are presented along with advice for emerging and established TRCs. **Methods:** A retrospective review of internal, member-maintained ASC records was conducted. Membership numbers, PubMed indexed publications, presentations and prizes awarded were all calculated over time. Google Scholar was used to calculate citations per ASC publication. An online survey was distributed to members to ascertain member satisfaction.

Results: With 62 active members (predominantly medical students) the ASC has published 33 PubMed indexed papers over three years, with a mean of 21 citations per paper (SD 89, range 0–491). 54 presentations have been delivered and eight prizes have been awarded for ASC research projects. 60% of ASC members believe the ASC delivers research that improves patient care. Key learning points for the ASC have been the use of a set of resources distributed to new members, the value of regular meetings, close mentoring throughout research projects to develop the skills of junior researchers, encouragement for junior members to present at conferences, and an ongoing focus on research conduct and improving evidence based medicine.

Conclusions: The ASC has fulfilled many of its goals set out at its inception. The ASCs subsequent aims are to enhance existing research training for junior members, advances in the field of core outcome development and also multi-collaborative research.

1. Introduction

The Academic Surgical Collaborative (ASC) is a trainee research collaborative (TRC), that was formed in the UK in October 2014. Its predecessor was an informal trainee research group led by one of us (RAA) since 2010. The ASC's formation was driven by the desire of trainees to be educated in research methodology. Its focus has since

been on investigating and improving research methodologies, research conduct and reporting compliance within surgical research, using meta-research, small teams with high individual autonomy, and the delivery of prompt research outcomes [1]. The following paper highlights the progress of the ASC three years on; it describes the achievements of the collaborative to date in relation to its original objectives [1], and its future aims and goals. Other such progress reports from other TRCs

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¹ <https://www.surgicalcollaborative.com/>.

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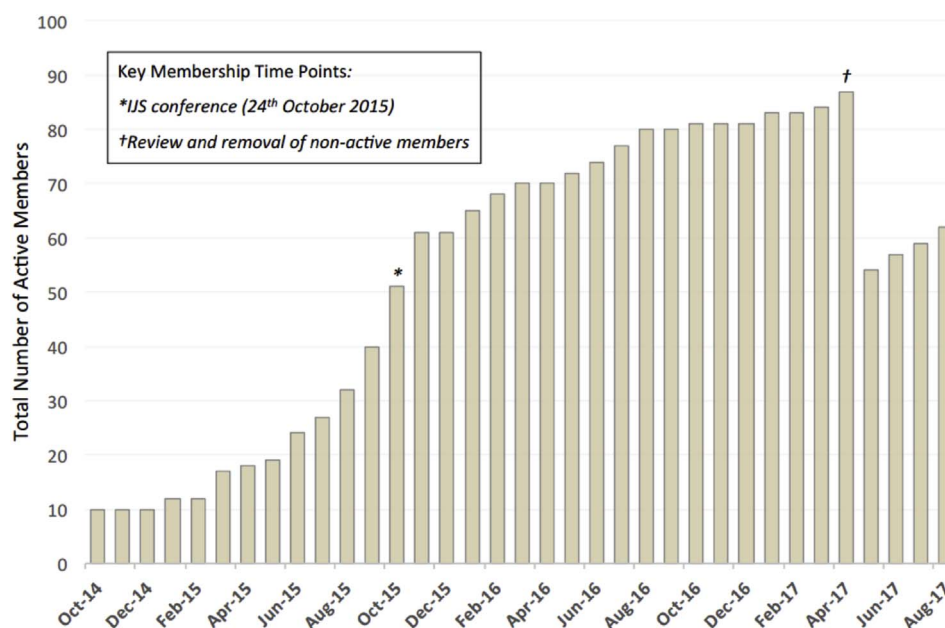


Fig. 1. Academic Surgical Collaborative membership numbers over time.

have not yet been presented in the literature, and what has been learnt by the ASC to date may inform other establishing and established research collaboratives.

After registering with the National Research Collaborative at the ASC's inception, the ASC became one of 48 registered collaboratives in the UK, 31 of which are surgically themed [2].

The ASC has grown exponentially, having achieved 33 publications (see Appendix 1), 56 national presentations and 8 National Prizes (as of September 2017). Medical students have remained at the forefront of the collaborative and comprise 58% of its 62 members.

2. Members and recruitment

The ASC is open to all trainees. A “trainee” in this context is any allied healthcare student in a training programme (i.e. university degree or academic programme) or employee in a healthcare provider post. The ASC would consider working with collaborators from other allied disciplines in the future. ASC membership numbers over time are shown in Fig. 1. In June 2015, a dedicated Membership Officer role was established to manage recruitment. An application for membership takes place via the ASC website [3]. Potential members are asked to provide a CV and when approved, are issued with an induction pack. As well as describing the logistics of how the collaborative functions and signposting volunteers toward relevant projects, links are provided to relevant educational resources [1,4,5].

Providing a brief overview of the collaborative with links for members to acquire more information on the areas they find appealing has been valuable. Signposting members to appropriate project leads allows further questions to be more relevant, giving new members a more informed start with the collaborative. This approach of inducting new members has proved simple and efficient and the ASC would recommend this structure to other TRCs.

Learning point: Issuing an educational resource pack both educates and engages new members early in the process of joining a collaborative. A brief introductory presentation so that new members can contact appropriate project leads for work they found interesting is considered a helpful feature.

mouth, networking at conferences, the original editorial published in June 2015 [1], an active Twitter account, and an affiliated conference [6] (see Fig. 1).

In May 2017, member numbers peaked, however it was felt that some had stopped contributing to the collaborative. An unresponsive group of members can create an impression of inactivity, with poor responses to collaborative communications, and perceived disengagement. Therefore, members were asked to “opt-in” to remain involved. This resulted in a fall in membership numbers from 87 to 53 members who had all actively stated they wished to remain part of the group (see Fig. 1). New member intake has driven change and improvement throughout the evolution of the ASC.

Learning point: Over time, some collaborative members had become progressively less active. A request for members to proactively chose to remain involved, updated the membership to only those still interested in participating in the ASC's work.

As of September 2017, of 62 members, 36 were medical students (58%) (30 in their clinical years of university), 11 were Foundation Doctors (18%), 4 junior trainees (6%), 4 Specialist Registrars (6%), 6 Clinical Research Fellows (10%) and an Associate Professor (2%). The ASC membership are largely UK based but the ASC has attracted active co-authors from abroad including Italy and Australia.

The areas of interest of members were predominantly in the surgical specialties, with Plastic Surgery (23, 41%), Trauma and Orthopaedics (14, 25%) and General Surgery (14, 25%) registering most frequently as a main interest for members (see Fig. 2).

The ASC conducted an online audit of its members on the 4th of May 2016 against recommendations from the UK National Research Collaborative (NRC) conference on points TRCs should aim to achieve [7]. Twenty members responded. 75% of members joined the ASC for opportunities to publish, 70% joined for research conduct training, 30% for managerial experience and 5% for networking purposes. Over 60% believed the ASC delivered research that improved patient care and provided them with the opportunities to participate in research projects, whilst 55% felt they were able to network with clinicians at different levels of training. However, only 20% of respondents felt completely confident of leading their own project. 30% felt that there was a

Promoting the collaborative to new members has been via word of

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