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Southwestern Surgical Congress Jack A. Barney award competition presenters – Where are they now?

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ABSTRACT

Background: Resident research presentations at surgical conferences may encourage future research

Methods: 2010–2016 SWSC annual meeting programs were reviewed for presenters eligible for the lack Barney award. Award recipients from 1987 to 2016 were included.

Results: There were 100 unique presenters eligible for the Jack Barney award, and 28 unique award recipients. Thirty-six (82%) presenters currently practice in a community setting, 5 (11%) at a university hospital, 2 (5%) internationally, and 1 (2%) in a military hospital. Scholarly articles were published by 41% of presenters. Sixteen of the 28 recipients (57%) practice in community hospitals, and 9 (32%) practice in university settings; 3 are still in training. Twenty recipients (71%) published after residency. Thirty percent and 25% of presenters and recipients are SWSC members, respectively.

Conclusions: Peer-reviewed publications were frequent among eligible presenters and award recipients. Encouraging presenters to become SWSC members provides an opportunity for improved retention.

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1. Introduction

Participation in scholarly activity is required for faculty and residents by the Accreditation Council for Graduate Medical Education (ACGME).1 Resident research presentations at regional, national, and international surgical conferences offer a unique opportunity and may encourage presenters to pursue future research endeavors after graduation. The Southwestern Surgical Congress (SWSC) was founded in 1948. The Jack A. Barney award was instituted in 1987 at the SWSC to recognize the top-ranked resident paper. The primary objective of this study was to describe the current practice location and environment, as well as subsequent scholarly activity of those residents eligible for the Jack A. Barney award as well as recipients of the award. A secondary objective was to evaluate the current SWSC membership status among both eligible presenters and award recipients.

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3. Results

2. Methods

There were 109 presentations from 100 unique presenters eligible for the Jack Barney award from 2010 to 2016, and 28 unique recipients of the award (2 presenters won twice) from 1987 to 2016. Three winning presentations were basic science papers. Among the eligible presenters, 95% were residents, 4% fellows, and 1% medical

The programs from the 2010–2016 SWSC annual meetings were

reviewed for all presenters eligible for the Jack Barney award. In

addition, all recipients of the Jack Barney award from 1987 to 2016

were included. A literature search for all publications authored by

eligible presenters and recipients was completed. Any publication

based on data from the award eligible presentation was excluded

from this analysis in order to focus on scholarly activity after the

award-eligible presentation. Fellowship, practice location and type

were reviewed, and categorized based on a search of the program

or practice website and corresponding location. University prac-

tices and programs were those affiliated with a medical school.

Active SWSC membership was determined by those listed as of

October 2016. Descriptive statistics were applied.

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students. There were 9 presenters who had more than one eligible presentation at separate annual meetings. Award eligible presenters represented 27 of the 68 ACGME accredited general surgery residencies located in SWSC member states the U.S.

3.1. Award eligible presenters (n = 100)

Of the 100 unique presenters eligible for the award, 44 (44%) were female. Seventy-five percent were from university residency programs (Fig. 1). The residencies represented by the presenters covered a wide geographic area (Table 1), and the majority (89%) of presenters were from residencies located in SWSC member states. Forty-four presenters have completed their surgical training; of whom, 28 (64%) completed fellowships, with the majority being critical care fellowships (Table 1). Thirty-six (82%) presenters currently practice in a community/private practice setting (Fig. 2). Overall, subsequent scholarly articles were published in the peerreviewed literature by 41% of presenters. Of those who completed subsequent publications after their SWSC presentation, 30 (73%) were from university residency programs, 9 (22%) from independent programs, and 2 (5%) were from military residencies. Overall. 25 are in practice in community hospitals/private practice (64%), university settings (24%), international locations (8%), and military hospitals (1%).

3.2. Award recipients (n = 28)

Among the 28 unique Barney award recipients, 11 (39%) were female. Twenty-four (86%) and 4 (14%) represented university and independent residency programs, respectively (Fig. 1). Three recipients are still in training. Currently, 16 (57%) practice in community/private practice (Fig. 2) and 19 (76%) practice in SWSC member states. Twenty recipients completed fellowships, and 20 (80%) published after residency. Of those who published postresidency, 17 (85%) were from university and 3 (15%) were from independent residency programs; 8 (40%) and 12 (60%) currently practice in university and community settings, respectively.

3.3. SWSC membership

Overall, 13 of the 44 (30%) eligible presenters are current SWSC members, and 7 of 28 (25%) award recipients are current SWSC members. The 2010–2016 annual meeting programs also included

Table 1Geographic location of residency and type of fellowship completed by the unique award-eligible presenters.

Variable	N (%)
U.S. Geographic location of residency represented	100
West (CA, AZ, UT, CO)	44 (44)
South (TX, OK, AR, LA, GA, SC, NC, KY)	28 (28)
Midwest (ND, MN, WI, NE, KS, OH)	23 (23)
Northeast (PA, NY)	4 (4)
Pacific (HI)	1(1)
Fellowship type	28 (64)
Critical care	8 (29)
Minimally invasive surgery	5 (18)
Colorectal	4 (14)
Surgical oncology	3 (11)
Plastic/reconstructive surgery	2 (7)
Pediatric surgery	1 (4)
Cardiothoracic	1 (4)
Endocrine	1 (4)
Hepatobiliary	1 (4)
Transplant	1 (4)
Imaging	1 (4)

data for 275 poster presenters, 318 quick-shot presenters, and 110 podium presenters who were not included in the award-eligible presenter or award recipient groups. Of those, 14%, 18%, and 22% of poster, quick-shot, and podium presenters were active SWSC members in 2016, respectively.

4. Discussion

The Southwestern Surgical Congress is an organization that promotes the advancement of general surgery by representing the interests of academic, community and rural surgeons, surgical residents, and medical students through education, advocacy, research, and innovation. The goal of the SWSC is to promote excellence in patient care and professional development.² Currently, there are 270 ACGME accredited general surgery residencies in the U.S., of those, 68 are located in SWSC member states. Forty-seven of those 68 programs are university-based, 17 are independent programs, and 4 are military programs.

The origins of the Southwestern Surgical Congress can be traced to its sister society — the Southeastern Surgical Congress. Key leaders from the Southeastern Surgical Congress met at their 20th meeting in April, 1948 and felt that surgeons living in the

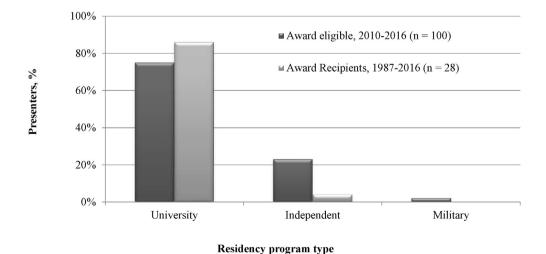


Fig. 1. Residency program type for unique award-eligible presenters and award recipients.

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