BACKGROUND

• Undergraduate medical education has successfully utilized distinction tracks to enrich the core curriculum and promote individualized pursuits. Scholarly tracks developed in non-surgical residencies such as family medicine or emergency medicine have proven effective in increasing both research productivity and resident preference to pursue a career in academic medicine. However, these have never been described in the literature in a general surgery residency.

• The objective of this study was to identify use of any type of scholarly tracks within US general surgery residency programs, describe the implementation of scholarly tracks in a surgical residency, and to assess the impact of scholarly tracks on residency scholarly productivity.

MATERIALS & METHODS

• Publicly available information on program websites, as well as Fellowship and Residency Electronic Interactive Database (FREIDA) listings were reviewed for all United States-based accredited general surgery residency programs.

• In 2018, three distinction tracks were created within the home general surgery residency program. This distinction track system is a longitudinal collaborative model that involves all categorical and preliminary general surgery residents from intern year through chief year.

• Residents assort into one of the following tracks: Education, Quality Improvement, or Research Distinction.

• Resident research productivity was assessed for each academic year spanning the years of the track’s establishment.

RESULTS

• Of the 269 programs reviewed,  
  o Six programs described a research track as an option or mandate during dedicated laboratory years.
  o None of the programs described their track as longitudinal or inherently collaborative between residents.

• Two years prior to establishing the Distinction Tracks, the average publication rate was 28.5 per year, from an average of 13.5 residents, with 46% of publications being from the top two published residents.

• After establishing the Research Distinction Track, the average publication rate was 33 per year, from an average of 15 residents, with 25.5% of publications being from the top two published residents.

• While the number of home institution resident-authored publications did not change significantly over time, the attainment of publication has changed from a few highly published residents to wider distribution of publications  
  o 54% total publications by top two most-published residents in 2016-2017 to 19% in 2019-2020.

• Additionally, the more recent resident-authored publications showed increased variety in study type compared to those published prior to distinction track development  
  o 26 publications divided into 3 distinct categories in 2016-2017 compared to 41 publications spanning 8 distinct categories in 2019-2020.

DISCUSSION

• For general surgery residency programs, establishing scholarly distinction tracks is an underutilized and effective mechanism for widening resident involvement in research with broader distribution of publication.

• Further research is needed to determine the impact of distinction tracks on other types of scholarly work, such as academic presentations, reviewing scholarly work or developing test questions, as our team could not reliably or systematically assess these trends.

REFERENCES
