

# Guidelines for Program Directors

## Scholarly Activity

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Each resident will be expected to do a scholarly project of their choice annually in one of the following four areas. Before the resident begins the project the program director must approve the resident's project. These four areas are only general guidelines to allow for creativity. Examples are listed in each area. Residents will be expected to attend sessions for review and evaluation of their projects with their program directors which should include a discussion of study design techniques and analysis. It is recommended that reviews be done on at least a quarterly basis. It is imperative that written documentation of all aspects of the resident's scholarly projects be maintained in the resident files. Program directors need to be kept informed of the status of the resident's projects in order for a narrative description and evaluation of the scholarly activity to be included in the Program Director's Annual Resident Evaluation Report for Surgery.

#### **1. Clinical Research**

Examples include, but are not limited to, an original scientific paper, poster session at the ACA, literature review, case study or a new surgical procedure report

##### *Scientific Research Paper*

The length of the paper should be at least 1500 words, double-spaced, paginated with references required for all material derived from the work of others. It should be in proper format. An original scientific paper can be done over several years or throughout the entire residency as long as goals are met annually and the paper is completed before resident completes the training. (See current guidelines.) All other papers can only be submitted to fulfill the requirement for one year.

##### *Poster Sessions*

Poster Sessions are an in-depth exchange of information on a one-to-one basis, providing a medium for unusual or multiple clinical case presentations prepared with photographs, laboratory and/or radiological information. Documentation of this activity requires a photograph of the poster session and written statement that the poster was exhibited at the ACA by the resident who prepared the poster. A resident's folder for this activity should also include a written description of at least 250 words of the objective, methods, and summary of outcomes of the clinical case presented.

#### **2. Community-Based Effort**

##### *Quality Improvement Programs*

This may come in the form of a community-based quality improvement program. Residents may select a specific health improvement or disease prevention issue or need within a community. The resident must identify a population of interest within a community, summarize the problem and the population, review the current literature, perform a needs assessment, and design, implement, and evaluate an intervention to address the issue or need.

### ***Community Education***

An example of Community Education would be, but not be limited to, a well-planned lecture to a locally recognized community group or a presentation at a national level (e.g. ACA).

### ***Community Service***

An example of Community Service might be, but not be limited to, implementing a program and subsequently delivering medical care to an under-served or impoverished area or population. Medical mission trips would fall into this category.

Written documentation of the resident's community based efforts will be available and kept in the resident's file.

## **3. Medical Education Quality Initiative**

Improvements in medical education have led to more effective training processes and programs for medical students, interns and residents. Residents who wish to pursue medical education research projects must identify a process or program need, review the current literature, perform a needs assessment, and design, implement, and evaluate the proposed improvement project. An example of a Medical Education Quality Initiative would include, but not be limited to, preparing three lectures to be given in three different mediums to the house staff. Subsequently evaluating the resident's effectiveness as a lecturer and testing the knowledge retained by the attendees.

## **4. Practice Improvement Outcome**

Practice Improvement Outcomes may include, but not be limited to, designing and completing a project for presentation at surgical grand rounds focusing on the root-cause analysis of a systems error occurring in the management of the patient.

Another example might be for the resident to review a published clinical practice guideline using an evidence-based approach and audit office charts to compare treatment, screening or diagnostic testing of patients with the recommendations of the guideline.

### **Documentation**

The program director and resident are required to submit description of the resident's scholarly activity. The resident's narrative must be at least 250 words and include the following:

1. Title and type of activity (i.e. paper, poster presentation, community-based effort, medical quality initiative or practice improvement outcome)
2. Purpose
3. Methods
4. Results
5. Conclusion
6. Resident's Role

The resident may use the on-line form, Resident's Evaluation of the Program Director, to submit the narrative. The Program Director's narrative of the scholarly activity must

include a description and evaluation of the scholarly activity. The program director may use the Program Director's Annual Resident Evaluation Report for Surgery to submit this requirement. Resident Annual Reports which do not include a narrative from the resident and program director are incomplete and will not be reviewed by the RESC. Hence, will delay approval the resident's training year.

The program is responsible for maintaining the scholarly activity documentation (i.e. scientific research paper, poster presentation, etc.). The scholarly activity documentation is to be filed and subject to review by site visitors during their review of a program for continuing approval.