programs, and their success underscores the value of committed and sustained faculty involvement. For residents on the clinical train, this factor is even more important and emphasizes the need for heightened efforts to meet the Accreditation Council for Graduate Medical Education core standards.

See Article page 739.

Commentary: Time and effort...resources and support: Increasing academic productivity during cardiothoracic surgery residency

Neel R. Sodha, MD

In this issue of the *Journal*, Coyan and colleagues¹ present the results of implementing a new protocol to augment academic productivity in their cardiothoracic surgical residency program.¹ The authors report in mid-2017 that academic productivity for cardiothoracic surgery residents increasingly became a programmatic priority. As a result, the division of cardiac surgery at their institution implemented a new comprehensive research protocol. The results of this change are impressive. With the added emphasis on academic productivity and the institution of their new protocol, the group reports a 5- to 6-fold increase in publications over 2 years. Five key components of the program are described: dedicated pairing of residents with a select group of academically productive faculty, regular research meetings, centralized data storage and analysis with a core team of biostatisticians within the department, peer-

References

1. Accreditation Council for Graduate Medical Education. Thoracic surgery. Available at: <https://www.acgme.org/Specialties/Overview/pfcid/25>. Accessed October 18, 2020.
2. Coyan GN, Sultan I, Seese LM, Chu D, Schuchert MJ, Kinnunen A, et al. Implementation of a protocol to increase the academic productivity of cardiothoracic surgery resident physicians. *J Thorac Cardiovasc Surg*. 2022;163:739-45.

Neel R. Sodha, MD

CENTRAL MESSAGE

Increasing resident academic productivity requires programmatic emphasis and allocation of time and support services.

reviewed project analysis, and continual feedback with a project management system.

The real value of this contribution is within the details provided on how they went about creating this model, with the hopes of providing a reproducible framework for others with a similar goal. Specifically, among a large group of cardiac surgical faculty, only 4 with a strong publication history served as primary resident mentors. In addition to regular meetings, the department was able to provide robust support with a dedicated team of biostatisticians and data managers for cardiac surgery. Finally, their project management system ensured timelines and goals were met.

Although the results are impressive, it is important to note the following. The most significant increases in productivity occurred for residents in the I-6 program. The majority (70%) of this group elected for dedicated research time during training. This group demonstrated an approximately 6-fold increase in publications, whereas the traditional track residents demonstrated a more modest increase of approximately 1 publication, which did not

From the Division of Cardiothoracic Surgery, Alpert Medical School, Brown University, Providence, RI.

Disclosures: The author reported no conflicts of interest.

The *Journal* policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

Received for publication Oct 22, 2020; revisions received Oct 22, 2020; accepted for publication Oct 23, 2020; available ahead of print Oct 28, 2020.

Address for reprints: Neel R. Sodha, MD, Division of Cardiothoracic Surgery, Alpert Medical School, Brown University, 2 Dudley St, MOC Suite 360, Providence, RI 02905 (E-mail: nsodha@lifespan.org).

J Thorac Cardiovasc Surg 2022;163:747-8

0022-5223/\$36.00

Copyright © 2020 by The American Association for Thoracic Surgery

<https://doi.org/10.1016/j.jtcvs.2020.10.084>

reach statistical significance. This finding highlights the importance of providing dedicated time for academic pursuits. Also of interest, although the protocol outlined focused specifically on cardiac surgery, the authors provide data on thoracic focused publications as well and report an approximately 4-fold increase in this group of articles. The reason for this increase is unknown, but may be reflective of the overall focus within the department of cardiothoracic surgery to boost resident productivity. As the authors reference, other groups have reported that simply having quarterly research meetings results in increased resident academic productivity.²

Taken as a whole, the authors have provided a nice model that has worked at their institution. Their model requires

significant resources to provide a dedicated group of biostatisticians and data managers, as well as faculty commitment from those with extensive experience with clinical and outcomes research. This may be difficult to reproduce at other programs with fewer resources, but it is good to know that even just acknowledging and prioritizing academics may result in increased productivity.

References

1. Cohan GN, Sultan I, Seese LM, Chu D, Schuchert MJ, Kinnunen A, et al. Implementation of a protocol to increase the academic productivity of cardiothoracic surgery resident physicians. *J Thorac Cardiovasc Surg.* 2022;163:739-45.
2. Holoyda K, Donato D, Veith J, Simpson A, Moores N, Agarwal J. A dedicated quarterly research meeting increases resident research productivity. *J Surg Res.* 2019;241:103-6.