



Western Surgical Association 2020 Annual Meeting

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4:00pm – 6:15pm Pacific Time
– Virtual Meeting --

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Q 2. CAREER ADVANCEMENT FOR SURGEON-EDUCATORS: FINDINGS FROM A MODIFIED DELPHI PROCESS

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Background: The American Surgical Association Blue Ribbon Panel report, more than 15 years old, addressed surgical education but did not inform career advancement as a surgical educator. Pathways to promotion on educator tracks can be variable between institutions. The goal of this study is to provide expert consensus definition of an academic surgical educator, with focus on criteria for promotion.

Methods: Following IRB approval and with permission from organizational leadership, members of the Society for University Surgeons and Society of Surgical Chairs were invited to electronically submit academic promotion criteria for a surgical educator. Proposed criteria were reviewed, categorized, and edited for clarity and quality. These criteria were then used in two additional rounds of a modified Delphi process using a five-point Likert-scale to generate prioritized academic promotion criteria. Data are reported as mean + standard deviation.

Results: The Round 1 query resulted in 80 criteria for Associate Professor (AP) and 82 criteria for Professor (P) from 89 respondents. These submitted criteria were combined as appropriate and reviewed for clarity, resulting in 52 criteria for both AP and P; these criteria were categorized into ten domains of activity. In subsequent rounds, 51 invitations were issued to individuals who volunteered contact information at the conclusion of Round 1 for participation in subsequent rounds; 30 (Round 2, 28 AP/ 28 P criteria) and 25 (Round 3, 9 AP/ 12 P criteria) responses were received. Within the initial round of responses, scholarship (11 AP/ 10 P), administration (10 AP/ 12 P), and research (6 AP/ 7P) were the most frequently encountered domains of activity for promotion. In Round 2, the most highly ranked activity domains for promotion of surgeon educators were scholarship (6 AP/ 8 P), administration (6 AP/ 6 P), research (4 AP), and mentorship (4 P). In the final round of ranking, teaching (3) and scholarship (3) were the most highly rated domains for promotion to Associate Professor and administration (4), teaching (2), and scholarship (2) were the most highly rated activity domains for promotion to Professor. The top three activities described for promotion to Associate Professor were active participation in conferences/ departmental educational activities for medical students and residents (3.92 + 0.28); educational portfolio demonstrating commitment to activities as an educator (3.79 + 0.41); and clinical teaching excellence at their home institution (3.75 + 0.43). The three activities most highly scored items for promotion to Professor were mentorship of junior surgical educators (4.83 + 0.37); active participation in conferences/ departmental educational activities for medical students and residents (4.75 + 0.43); and a record of teaching excellence at the medical student and resident levels (4.74 + 0.61). The mean number of peer-reviewed education publications deemed acceptable for academic promotion was 15 for Associate Professor and 31 for Professor.

Conclusion: These findings indicate that teaching, scholarship, and administration are the activity domains most relevant for promotion in surgical education. Identification of categories and criteria may meaningfully inform best practices promotion and career development processes for surgeons on an educator academic pathway.