The Fellowship Effect: How Establishment of an FPMRS Fellowship Affected Resident Vaginal Hysterectomy Training

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Objectives: We report on trends in resident-performed vaginal hysterectomies before and after the establishment of a Female Pelvic Medicine and Reconstructive Surgery (FPMRS) fellowship at Vanderbilt University Medical Center. We examined medical records and resident self-reports concerning all hysterectomies performed by the Obstetrics and Gynecology department at our institution between July 1, 2004, and June 30, 2012. The FPMRS fellowship was established in 2008, providing a natural experiment in which to examine potential impact of the fellowship on resident training.

Materials and methods: While the number of residents remained approximately constant during this time period, faculty in the department of OB/GYN and the division of Urogynecology doubled in size. Cases were identified by CPT codes and route of hysterectomy (vaginal, abdominal, or laparoscopic; with or without robotic assistance), resident and fellow involvement, division of attending surgeon (general obstetrics and gynecology generalist, gynecology generalist, gynecology oncology, urogynecology, minimally invasive) were recorded from the electronic medical record. Resident American College of Graduate Medical Education (ACGME) case log data was used to estimate the number of hysterectomies where residents reported themselves as the primary surgeon. These logs are identified with respect to cases, so these data could not be combined with case record data.

Results: During the 8-year period of this study, 3,317 hysterectomies were performed at our institution, 41% (1,371) in the 4 years before and 59% (1,446) in the 4 years after fellowship. Prior to fellowship, 27% (393) were vaginal, 56% (766) were abdominal, and 15% (212) were laparoscopic/robotic. After addition of fellowship, 23% (449) were vaginal, 56% (1,098) were abdominal, and 21% (442) were laparoscopic/robotic. Of the TVHs, there was resident involvement in 98.0% (3,285) of the cases before fellowship and 98.2% (1,081) of the cases after fellowship. From the ACGME case log data, the resident identified himself/herself as the primary surgeon in 388 cases before and 393 cases after fellowship. The higher number of vaginal hysterectomies from ACGME case log data than recorded in medical records suggests some misclassification in either case log or CPT obtained data logs. During this time period, medical records indicate a fellow was involved in 42% (189) of TVHs, with resident involvement in all but 5 of these procedures. Of the vaginal hysterectomies with resident involvement, 58.7% (226) were performed by surgeons in the division of urogynecology before initiation of a fellowship. After the fellowship, 70.7% (312) of vaginal hysterectomies were performed by this group of surgeons.

Conclusion: Nationally, there has been a decline in TVHs, prompting concern regarding resident training. At our institution, the decline in TVHs performed by non-urogynecology faculty was offset by an increase in TVHs by urogynecology. Frequency of resident involvement in TVH cases, either as primary surgeon or team member, remained constant after the addition of the FPMRS fellowship. Thus, prospective residents need not be concerned about a fellowship diminishing their surgical experience.

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Increasing Transparency at National Meetings: An Insight into Current Practices

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Objectives: Documenting author conflict of interest has become a critical aspect of scientific presentations. While the disclosures between physicians and industry have become standardized, there are still gaps in transparency when it relates to promoting one’s institution or agenda at national meetings. The aim of this study is to identify the number of abstracts submitted to the Society of Gynecologic Surgery (SGS) and American Urogynecologic Society (AUGS) annual meetings where the author lists or alludes to the institution or the author’s name within the body of the abstract. The secondary aim is to see if listing the institution or the author’s name in the abstract lead to an increase rate of acceptance to present at the annual meetings.

Materials and methods: All abstracts submitted to SGS from 2010 to 2013 and to AUGS from 2009 to 2012 were reviewed independently by two reviewers to observe if any institution, physician, or research group was specifically mentioned in the body of the abstract. Any discrepancies were evaluated by a third reviewer. Chi-square analysis was used to assess association between institution and meeting. Logistic regression was used to predict institutional reporting with the variables of meeting year, meeting type, and abstract type.

Results: A total of 1,912 abstracts from 10 different meetings were reviewed. Two hundred two abstracts were found to reveal some aspect of identifying information in the body of the abstract with 96% (1,893/202) revealed the name of the institution in the abstract. There was an association between abstract presentation and whether or not an institution was reported. Institute was reported in 9% (32/355) of abstracts accepted for oral presentation, 10% (30/305) in abstracts accepted for oral posters, 12% (121/1002) in abstracts accepted for posters, and 4% (10/250) in rejected abstracts (p = 0.0018). When comparing oral presentations versus all other categories, there is not a statistically significant difference (p = 0.4541) in the acceptance rate. Additionally, listing one’s institution in the abstract became more prevalent over time, with a low of 6% in 2009 and a high of 13% in 2013. For each increase in year, the odds of an institution being reported was 1.19 times greater after controlling for meeting and abstract acceptance type. Whether or not the author was reported was not associated with abstract acceptance type.

Conclusion: Increasing transparency with abstract submission is an often overlooked component of conflict of interest. When reviewing the significance of listing one’s institution in the body of the abstract, abstract acceptance type, meeting, and meeting year are all independently associated with acceptance of the abstract to that meeting. Whether or not the author was reported was not associated with abstract acceptance type. This gives information for the further development of guidelines to abstract submission on a national level.

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