

## Scholarship in residency: Why should we care?

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Cite as: *Can Urol Assoc J* 2013;7(5-6):e448-9. <http://dx.doi.org/10.5489/cuaj.1375>  
Published online June 12, 2013.

Any discussion about research in residency needs to start with the acknowledgment that most of our residents do not become researchers. Yet, scholarship has become an integral component of residency training. The ability to pose a research question, apply appropriate methods, and disseminate the findings are now requirements of training in most specialties, including urology.<sup>1</sup> Given this discrepancy, how can we make a research experience meaningful to those not destined for an academic career? We need to articulate learning objectives that are relevant to all trainees.

The most salient objective of a research rotation is to give all trainees a “taste of research,” in the hopes of attracting future academics. Resident-led projects help trainees see what a research career might be like and allow them to showcase their abilities. Since academic institutions need to nurture future faculty, having residents work with existing researchers also provides rich opportunities for mentorship. This is the most emphasized goal of promoting scholarship in residency.

At least two additional benefits justify promoting scholarly work during residency. First, research promotes in-depth knowledge of a content area, since asking a good research question requires identifying the boundaries of our current understanding. Second is the ability to adequately interpret the medical literature. There is no better way to understand the pitfalls and biases of research methods than by performing analyses of your own data. In this way, research prepares residents to critically appraise new research findings, a key competency for all practitioners in this era of rapid knowledge production.

Achieving these objectives requires that residents be supported in their research endeavours. How are Canadian

urology programs doing in this regard? In this issue of *CUAJ*, Andrews and colleagues report on a survey of urology residents from across Canada regarding their scholarly activity.<sup>2</sup> The 42 respondents reported significant involvement in research: 83% were involved in research and two-thirds had at least one article published or under review. Strikingly, their results also reveal a lack of support for resident research activity by their programs. Only a quarter of respondents reported a structured research curriculum, and less than half had access to a dedicated research rotation (38%) or any protected research time (43%). This lack of structure raises concerns that the 110 non-responders to the survey may be much less involved in scholarly activities.

Training programs need to carefully consider these results, and revisit the need for explicit research curricula. This will help meet specialty training requirements in the CanMEDS scholar role, and also contribute to academic endeavours in urology divisions across the country. A first step might be to engage practitioners that already participate in research, reaching out to the 30% of members of the Canadian Urological Association that publish in the peer reviewed literature.<sup>3</sup>

Andrews and colleagues also examined predictors of scholarly achievement.<sup>2</sup> Consistent with previous research they found that publications prior to residency were not correlated with scholarly performance during residency.<sup>4</sup> Indeed, only duration of training correlated with output, likely indicating time to project completion as the authors comment. These findings further support the importance of developing research skills during residency, an approach that will be more fruitful than simply selecting trainees based on prior research output, as currently favoured by many programs.<sup>5</sup>

Improving the experiences of residents doing research is important. As our capacity to produce and share knowledge expands, scholarship will increasingly become a key competency for all doctors. By adequately supporting our trainees in their research endeavours, we will further enhance the quality and quantity of their academic contributions. This will be good for residents, for faculty and, ultimately, for the health of their patients.

Competing interests: None declared.

## References

1. Objectives of Training in Urology. The Royal College of Physicians and Surgeons of Canada; 2009. [http://rcpsc.medical.org/residency/certification/objectives/urology\\_e.pdf](http://rcpsc.medical.org/residency/certification/objectives/urology_e.pdf). Accessed June 3, 2013.
2. Andrews JM, Abdoell M, Norman RW. Canadian Urology Resident Scholarly Performance. *Can Urol Assoc J* 2013;7(5-6):e402-6. <http://dx.doi.org/10.5489/cuaj.1348>
3. Gotto GT, Afshar K, Eftekhari A, et al. Peer-reviewed publications by CUA members: then and now. *Can Urol Assoc J* 2010;4:385-90.
4. Cavalcanti RB, Detsky AS. Publishing history does not correlate with clinical performance among internal medicine residents. *Med Educ* 2010;44:468-74. <http://dx.doi.org/10.1111/j.1365-2923.2009.03605.x>
5. O'Sullivan PS. Academic doctors: select but prepare. *Med Educ* 2010;44:438-9. <http://dx.doi.org/10.1111/j.1365-2923.2010.03667.x>

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