Academic "bookending": A planning method to improve scholarly productivity among urologic learners

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ABSTRACT

Introduction: Research among urologic learners is often a requirement of training. The exact methods to optimize research productivity remain unknown. Dedicated research days can act as a forum to present research regionally and manuscript prizes may encourage subsequent publication. The purpose of this study is to examine the impact of academic "bookending" with a dedicated research day at the beginning and manuscript prize at the end of the academic year.

Methods: Data on learner presentations were collected from September 2005 to June 2024. Duplicate presentations and non-original research were excluded. Abstract acceptance was determined by reviewing abstracts from major national and international urologic meetings. Publication status was determined by author, institution, and keyword searches using PubMed and Scopus from 2005−2025. Binary logistic regression was used to examine factors associated with publication.

KEY MESSAGES

- Scholarly activity is expected in modern urologic training, yet programs vary widely in how research is supported, structured, and incentivized.
- Academic "bookending" is an early-year trainee research day paired with an end-of-year manuscript prize.
- Implementation of "bookending" more than doubled peer-reviewed publications among learners and increased abstract presentations.
- This increase was independent topic and senior author.
- Academic "bookending" of the academic year appears to enhance productivity among urologic learners.

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Results: A total of 327 unique research presentations were identified. Overall abstract presentations at national/international meetings was 70.6% (231/327), which increased significantly after institution of academic "bookending" (57.1% vs. 75.3%, p=0.002). The overall manuscript publication rate was 40.7% (133), which increased after "bookending" (20.2% vs. 47.7%, p<0.001). On univariable logistic regression, the likelihood of publication was also associated with topic (p<0.001) and senior author (p<0.001). On multivariable binary logistic regression, initiation of "bookending" was independently associated with publication (odds ratio 3.69, 95% confidence interval 1.49−9.12, p=0.005), while senior author (p=0.96) and topic (p=0.60) were not.
Conclusions: "Bookending" of the academic year with a dedicated research day and manuscript competition is associated with increased academic productivity among learners independent of author or topic, and may be a simple yet effective means to optimize learner academic productivity.

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INTRODUCTION

Scholarly activity is an integral component of residency training and is increasingly emphasized as a core element of competency-based medical education.[1,2] Engagement in research during training has been associated with improved critical appraisal skills, examination success, training satisfaction, deeper understanding of evidence-based medicine, and greater likelihood of pursuing an academic career.[3-7] Consequently, accreditation bodies and training programs across specialties mandate or at least encourage resident participation in research activity.[1,2] However, despite these expectations, uncertainty and substantial variability exists in how programs structure, support, and evaluate research productivity among trainees. In response, a wide range of interventions have been proposed to promote engagement, provide peer feedback, and incentivize manuscript completion.[8-22] These include dedicated research rotations, formal research curricula, mentorship committees, scholarly competitions, and dedicated research symposia.[23-26]

Systematic reviews and meta-analyses suggest that such initiatives can be associated with increased publication rates, although the effectiveness of individual components remains heterogeneous and context dependent.[23-26] Dedicated research time has been among the most frequently studied interventions.[8-14,23-26] Surgical and medical subspecialties including general surgery, orthopedics, ophthalmology, pediatrics, and internal medicine have reported improvements in scholarly output following implementation of protected research rotations or structured research programs.[8,9,13,14,23-26] While these approaches can be effective, they often require considerable curricular restructuring, additional funding, or time away from clinical training, which may limit feasibility and scalability across all training environments. In contrast,

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comparatively little attention has been given to low-cost, program-level organizational strategies that emphasize accountability, structure, and academic culture without requiring dedicated research blocks. In particular, data are lacking within urology training programs, where research expectations vary widely and formalized research time is not universally available.

To address this gap, we evaluated the impact of an academic "bookending" strategy defined as a dedicated urologic research day at the beginning of the academic year coupled with a manuscript prize at the end. We hypothesize that implementation of academic year "bookending" would be associated with higher success in national or international abstract presentation and peer-reviewed manuscript publication among urologic learners, independent of research domain or senior authorship.

METHODS

We performed a retrospective cohort study from July 2005 to June 2024 evaluating scholarly productivity before and after implementation of an academic year "bookending" strategy within a single academic urology training program. The intervention consisted of a structured urologic research day held at the beginning of the academic year (September/October) and a competitive manuscript prize awarded at the end of the same academic year (June). Starting in 2011, at the start of the academic year, a urological research day encouraged trainees to present proposed, ongoing, or completed scholarly projects to faculty, peers, and collaborators from the university at large. The date of the research day aligned with abstract deadlines for most urological meetings. Prior to this, learner research was presented later in the academic year at a regional meeting. At the conclusion of the academic year, a manuscript prize was awarded through a competitive process recognizing completed scholarly work, with emphasis on peer-reviewed publication quality rather than study topic or trainee seniority. The competition utilized an existing resident research fund as a manuscript prize. No dedicated research rotation, protected time, or additional funding was introduced concurrently with this initiative. However, performing and presenting research was an expectation of the residency training program over the study period. Residents and fellows were required to complete a scholarly project by the end of training and maintain an ongoing research project to present at research day. The manuscript prizes winner(s) were presented at a departmental awards ceremony with an associated cash prize. By "bookending" the academic year with structured opportunities for presentation and incentivized publication, this model aimed to foster accountability, engagement, and momentum toward manuscript completion.

Scholarly output among trainees exposed to the "bookending" initiative (2011-2024) were compared with those from preceding academic years prior to implementation (2005-2010). All urology trainees including students, residents, and fellows participating in scholarly activity under the auspices of the division/department of urology during the study period were eligible for inclusion. Duplicate presentations and non-original research were excluded. The study outcomes were submission and acceptance of abstracts to national or international scientific meetings and publication of peer-reviewed manuscripts. This study was deemed exempt as a

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quality improvement and educational program evaluation study involving publicly available data, no patient-level data and no individual identifiers.

Abstract acceptance and manuscript publication was determined through departmental records, conference abstract logs, and indexed peer-reviewed publications in both PubMed and Scopus. Data collected included project topic, presentation status, publication status, unique trainee involvement. Abstract publications were defined as an abstract presented at a major national or international urologic meeting in including the American Urological Association (AUA) Annual Meeting, EAU (European Association of Urology) Congress, Canadian Urological Association (CUA) Annual meeting, SIU Congress (Société Internationale d'Urologie), WCET (World Congress of Endourology and Uro-Technology), ICS (International Continence Society) annual meeting, Society of Urologic Oncology (SUO) annual Meeting, International Continence Society (ICS), ASCO GU Symposium (Genitourinary Cancers), and World Transplant Congress (WTC). Peer-reviewed publications were determined using a combination of title, subject, authors, and institution to search both PubMed and Scopus. A minimum of two years since presentation were permitted to ensure an appropriate timeframe for publication.

Descriptive statistics were used to summarize trainee participation and scholarly output across academic years. Outcomes before and after implementation of the academic year "bookending" strategy were compared using Chi-square analysis. Binary logistic regression was used to examine factors associated with publication. Statistical significance was defined using a two-sided alpha of 0.05.

RESULTS

Study cohort and scholarly output

A total of 327 unique scholarly presentations were identified during the study period spanning July 2005 – June 2024. These projects involved 124 unique learners and 29 senior authors. The most common scholarly domains were oncology (27.8%), reconstructive/trauma (23.9%), and endourology (15.3%), followed by pediatrics, education, and basic science (Table 1). Overall, 70.6% (231/327) of projects resulted in abstract presentation at a major national or international meeting, and 40.7% (133/327) progressed to peer-reviewed manuscript publication (Table 1).

Academic "bookending" impact on abstract presentation and manuscript publication

Implementation of the academic year "bookending" strategy was associated with a significant increase in abstract presentation at major meetings. Prior to bookending, 57.1% (48/84) of projects were presented at national or international conferences, compared with 75.3% (183/243) following implementation (p=0.002) (Table 2). The overall manuscript publication rate increased significantly after introduction of academic bookending. Pre-bookending, 20.2% (17/84) of projects resulted in peer-reviewed publication, compared with 47.7% (116/243) in the post-bookending period (p<0.001) (Table 2). Figure 1 (line chart) depicts the abstract presentation

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success at major urology conferences and manuscript publication success from 2005-2023. On linear regression, both abstract presentation success at major meetings (R^2=0.43, F=12.7; p=0.002) and manuscript publication success (R^2=0.44, F=13.4; p=0.002) increased over time with an increase after implantation of academic bookending in 2012.

Factors associated with manuscript publication

On univariable logistic regression analysis (Table 3), academic bookending was strongly associated with manuscript publication (Odds Ratio 3.60, 95%C.I. 2.00–6.49; p<0.001). Publication likelihood also varied significantly by scholarly domain (p<0.001) and by senior author (p<0.001). On multivariable binary logistic regression, academic bookending remained independently associated with manuscript publication (OR 3.69, 95% CI 1.49–9.12; p=0.005). After adjustment, neither scholarly domain (p=0.60) nor senior author (p=0.96) remained independently associated with publication.

Publications

Published manuscripts appeared across a broad range of peer-reviewed journals. The most common outlets were the Canadian Urological Association Journal (CUAJ) (25.6%), Urology (21.8%), and the Journal of Urology (17.3%). Publications also appeared in general medical and scientific journals, including JAMA, Nature Communications, and Cell (Table 4).

DISCUSSION

Scholarly activity is a core expectation of contemporary urologic training and is increasingly emphasized within competency-based medical education frameworks.[1,2] Learner involvement in research has been associated with improved training satisfaction, examination success, critical appraisal skills, greater familiarity with evidence-based practice, and increased likelihood of pursuing an academic career.[3-7] At the programmatic level, resident scholarly productivity serves as a marker of academic culture and mentorship capacity, while also contributing to the specialty's collective scientific output. Despite these recognized benefits, substantial heterogeneity exists in research engagement and productivity across urology training programs, reflecting differences in institutional resources, mentorship structures, and curricular priorities.[23-26] While studies have determined that trainees have a positive attitude towards research, there are often barriers preventing them from academic productivity.[27] These barriers include limited protected time, inconsistent mentorship, lack of formalized research infrastructure, and competing clinical demands.[27,28]

Both the Accreditation Council for Graduate Medical Education and other equivalent accrediting bodies mandate resident participation in scholarly activity but provide limited guidance regarding optimal implementation strategies.[1] As a result, programs have adopted diverse approaches, ranging from formal research rotations, bundled curricula, mentorship committees, research symposia and scholarly competitions.[8-26] However, many of these interventions require significant restructuring of clinical schedules or dedicated funding, which

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may limit feasibility and scalability.[23-26] Consequently, there remains a need to identify pragmatic, low-cost strategies that enhance resident research productivity while preserving clinical training integrity without forcing additional responsibilities that could lead to burnout among trainees.[29] This present study, to the best of our knowledge is the first to address this gap by evaluating an organizational strategy termed academic "bookending" designed to reinforce accountability, structure, and academic culture across the training year.

Evidence surrounding interventions to improve urologic learner productivity

Across graduate medical education, multiple systematic reviews have demonstrated that structured programmatic interventions are associated with increased scholarly output, particularly manuscript publications. Laupland et al. identified programmatic factors such as protected time, mentorship quality, and organized research curricula as the most consistent determinants of trainee publication success, while mandatory requirements alone were not reliably effective.[26] Similarly, Zimmerman et al. reported that leadership-driven interventions, including appointment of a research director and formalized curricula, distinguished the highest-performing programs in terms of publication output.[25] Meta-analytic data further support the impact of structured initiatives on publication rates. Wood et al. demonstrated that implementation of a scholarly activity initiative was associated with a 2.6-fold increase in publication rates compared with pre-intervention periods, despite substantial heterogeneity in intervention design.[24] Importantly, these reviews emphasize that no single intervention is universally dominant. Rather, the presence of an intentional scholarly culture appears central to success.[24] Within surgical specialties, including orthopedics and urology-adjacent fields, dedicated research rotations have been shown to increase publication volume, even in resource-limited or community-based programs.[8,10-14] Multifaceted programs in internal medicine have similarly demonstrated improvements in resident presentations and publications when expectations, mentorship access, and local research forums are clearly defined.[12] However, these approaches often require protected research blocks or sustained faculty effort, which may not be feasible for all training environments. Against this backdrop, our current study demonstrates that academic "bookending" anchoring the academic year with an early learner research day and a year-end manuscript prize is associated with significant improvements in both abstract acceptance and manuscript publication among urologic learners. Following implementation, abstract presentation rates at major meetings increased from 57.1% to 75.3%, while manuscript publication more than doubled (20.2% to 47.7%). On multivariable analysis, "bookending" remained independently associated with publication, with nearly a four-fold increase in odds, while topic domain and senior author were no longer significant predictors. These findings suggest that the observed effect is not merely reflective of favorable case mix or mentor-specific productivity, but rather a program-level influence on scholarly completion.

Advantages and disadvantages of academic "bookending"

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Academic "bookending" offers several advantages that align with existing evidence on determinants of resident research productivity. First, by establishing an early-year research day, the intervention promotes timely project conceptualization, peer feedback, and mentor engagement factors consistently associated with successful project completion.[8,10-14] The end-of-year manuscript prize introduces a tangible incentive and deadline, reinforcing accountability and prioritization of manuscript submission amid competing clinical demands.[21,22] Unlike protected research rotations, "bookending" does not require removal from clinical duties, additional funding, or extensive curricular redesign. Instead, it leverages existing departmental structures to cultivate a longitudinal scholarly trajectory across the academic year. This approach aligns with findings from systematic reviews indicating that incentives and organized scholarly environments are associated with increased productivity, whereas mandatory requirements alone are insufficient.[10-14,19,21,22-26] Moreover, the independence of the "bookending" effect from topic and senior author suggests that it may mitigate disparities in mentorship access and project type, thereby broadening participation and impact across learners. From an educational perspective, the structure imposed by "bookending" mirrors principles of adult learning theory, emphasizing goal setting, formative feedback, and recognition of achievement.

Despite its advantages, academic "bookending" is not without potential limitations. Learners with limited prior research experience or access to engaged mentors may still struggle to translate early presentations into completed manuscripts, even within a structured framework. Additionally, the effectiveness of manuscript prizes as motivators may vary across individuals and institutional cultures. There is also the possibility that increased pressure to publish could shift emphasis toward shorter-term, lower-impact projects, although this was not directly observed in the present study. Future enhancements could include pairing "bookending" with targeted mentor matching, structured writing workshops, or centralized statistical and editorial support, interventions shown to complement scholarly initiatives in prior studies.[12,25] Prospective, multi-institutional studies comparing "bookending" alone versus other bundled interventions would help clarify its relative contribution and generalizability. Qualitative assessment of learner and faculty perceptions could further elucidate mechanisms underlying its effectiveness and identify opportunities for refinement. It is unknown if the implementation of academic "bookending" had any negative impacts, particularly outside of the research domain. The implementation of a research day earlier in the academic year, although strongly encouraged but not mandatory, likely facilitates early feedback, mentorship alignment, and feasibility refinement. The manuscript prize implemented at the end of the year is a fully voluntary process. Therefore, this should not be adding any new stressors in the overall workload of residents throughout the year. But the timing of the adjustment may not be ideal for some trainees depending on other personal or professional duties at that time.

Study limitations

Several limitations merit consideration. This study reflects the experience of a single academic urology program, which may limit generalizability to programs with different resources, sizes, or

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academic cultures. The retrospective design introduces potential confounding by temporal trends in academic productivity. Learner attitudes towards research may have changed over the study period.[17] Additionally, the research interests and associated productivity of faculty (senior authors) may have evolved over time with a resultant increase in learner productivity independent of the change in the academic calendar. However, the magnitude of effect and persistence of "bookending" as an independent predictor on multivariable analysis may potentially mitigate this concern. Furthermore, with increasing accessibility of online data and publication resources and opportunities, it is hard to say to what extent these external factors contribute to research productivity. As matching into residency positions become more competitive, it is also possible that more trainees are entering residency with prior research exposure and therefore are better able to transition those skills into successful presentations and publications throughout residency.[30] Additionally, publication status was determined through database searches and may have underestimated manuscripts published outside indexed journals or beyond the follow-up window. While publication is an objective and meaningful outcome, it does not capture other important dimensions of scholarly development, such as skill acquisition or long-term academic engagement.

CONCLUSIONS

"Bookending" of the academic year with a dedicated research day and manuscript competition is associated with increased academic productivity among learners as evidenced by higher rates of national/international presentations and manuscript publication in urologic journals. This increase occurs independently of author or topic and may be a simple yet effective means to optimize learner academic productivity.

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FIGURES AND TABLES

Figure 1. Line chart demonstrating abstract presentation success at major urology conferences and manuscript publication success from 2005 to 2023. The vertical dashed line indicates the year that academic bookending was implemented (2012).

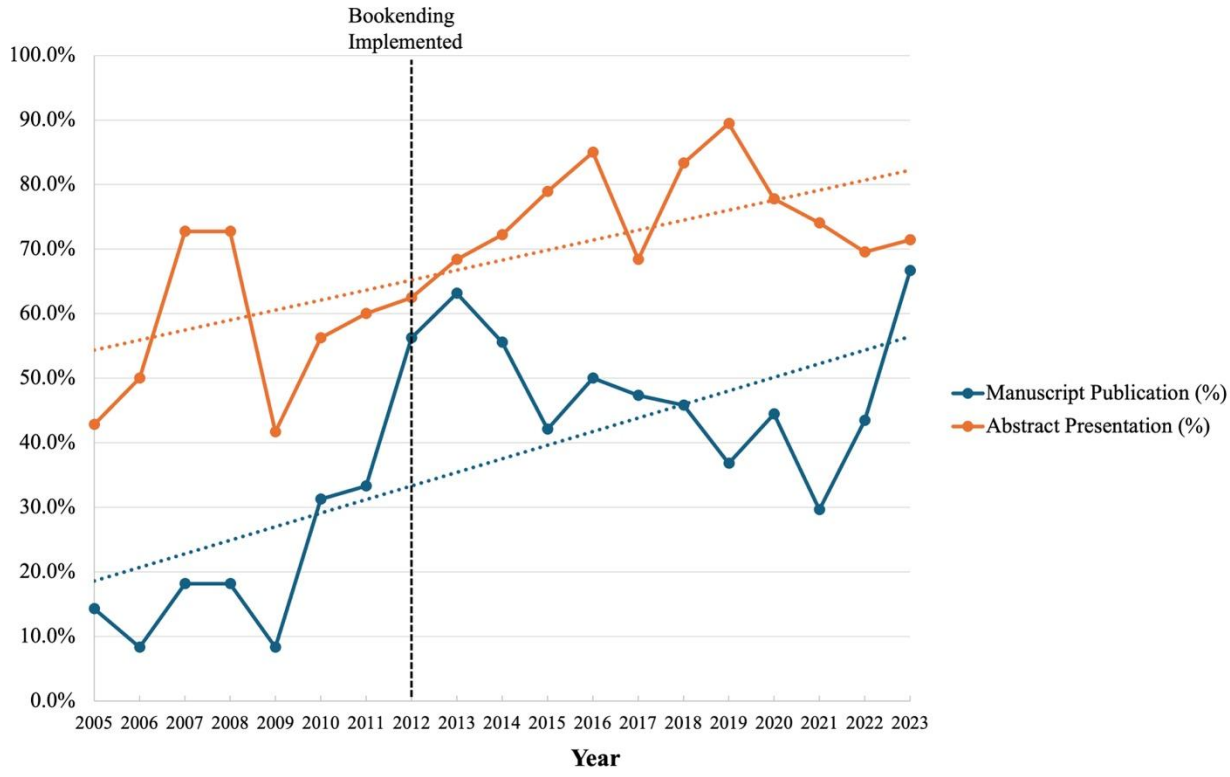


Table 1. Presentation details, including overall abstract acceptance and manuscript publication rates	
Variable	**% (N)**
Number of unique presentations	327
Presentation domain	
Oncology	27.8% (91)

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Reconstruction/trauma	23.9% (78)
Endourology	15.3% (50)
Pediatric	8.9% (29)
Education	7.0% (23)
Basic science	6.4% (21)
General	3.7% (12)
Transplant	3.7% (12)
Functional	1.8% (6)
Andrology	1.5% (5)
Senior authors	29
Learners	124
Abstract presentation at major conference	70.6% (231)
Manuscript publication	40.7% (133)

Table 2. Abstract presentation and publication rates pre- and post- academic bookending

Variable	**Pre-bookending**	**Post-bookending**	**p**
Abstract presentations at major conference	57.1% (48/84)	75.3% (183/243)	0.002
Manuscript publications	20.2% (17/84)	47.7% (183/243)	<0.001

Table 3. Univariable and multivariable binary logistic regression analysis of variables associated with manuscript publication

	Univariable		**Multivariable**	
Variable	**Odds ratio (95% CI)**	**p**	**Odds ratio (95% CI)**	**p**
Bookending	3.60 (2.00−6.49)	<0.001	3.69 (1.49−9.12)	0.005

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Domain		<0.001		0.60
Oncology	Reference		Reference	
Reconstructive	9.30 (4.61−18.80)		0.70 (0.06−8.58)	
Endourology	0.38 (0.14−1.01)		0.13 (0.02−0.99)	
Transplant	0.25 (0.03−2.07)		0.25 (0.01−6.84)	
Andrology	0.99 (0.99−1.00)		0.99 (0.99−1.01)	
Pediatric	1.47 (0.60−3.60)		0.06 (0.01−2.52)	
Education	3.63 (1.41−9.36)		0.43 (0.05−3.99)	
Basic science	5.58 (2.01−15.49)		0.99 (0.99−1.01)	
Functional	0.56 (0.06−5.02)		0.57 (0.08−5.02)	
General	1.40 (0.39−5.06)		1.13 (0.15−8.59)	
Senior author		<0.001		0.96

Table 4. Publications listed by journal

Journal	**% (n)**
Canadian Urological Association Journal	25.6% (43)
Urology	21.8% (29)
Journal of Urology	17.3% (23)
World Journal of Urology	5.3% (7)
Journal of Endourology	2.3% (3)
Canadian Journal of Urology	1.5% (2)
Journal of Wound, Ostomy, and Continence Nursing	1.5% (2)
JAMA Oncology	1.5% (2)
Journal of Pediatric and Child Health	1.5% (2)
Advances in Urology	0.8% (1)

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BJUI	0.8% (1)
Cancer	0.8% (1)
Cell	0.8% (1)
European Journal of Nuclear Medicine & Molecular Imaging	0.8% (1)
EMBO Molecular Medicine	0.8% (1)
European Urology	0.8% (1)
European Urology Open Science	0.8% (1)
In Vitro Cellular & Developmental Biology - Animal	0.8% (1)
International Journal of Trauma	0.8% (1)
Journal of Molecular Medicine	0.8% (1)
Journal of Pediatric Urology	0.8% (1)
JAMA	0.8% (1)
Nature Communications	0.8% (1)
Neurourol and Urodynamics	0.8% (1)
Oncogene	0.8% (1)
Shock	0.8% (1)
Sleep	0.8% (1)
Urologic Oncology: Seminars and Original Investigations	0.8% (1)
Urology Practice	0.8% (1)

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