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Pathways to Publication in Pediatric Hospital Medicine Educational Research

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Pathways to Publication in Pediatric Hospital Medicine Educational Research

Submitting/Presenting Author (must be a trainee): Joy Solano, MD

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Resident/Psychology Intern (\leq 1 month of dedicated research time)

Resident/Ph.D/post graduate ($>$ 1 month of dedicated research time)

Fellow

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IRB Number: STUDY00000574

Describe role of Submitting/Presenting Trainee in this project (limit 150 words):

I, Joy Solano, led this research project in collaboration with the Pediatric Hospital Medicine Educational Research Group. With help from mentors, I obtained and organized all data required to initiate the study, participated in the publication and impact factor search process, followed up with co-authors on their data collection, repeatedly met with our statistician to discuss analysis and results and conceptualized and drafted the abstract below. I provided study updates regularly at educational research group meetings and am currently leading the drafting of the manuscript.

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Background: Despite an increasing emphasis on scholarship within medical education, educators have met barriers to disseminating their work. Professional conferences serve as venues for early dissemination; prior studies have assessed the relationship between conference presentation format and subsequent publication in Pediatric Hospital Medicine (PHM). However, pathways for PHM educational research abstracts specifically are not well described.

Objectives/Goal: To describe the publication rate of educational research abstracts submitted to the annual PHM conference over a 4-year period and determine if presentation format is associated with subsequent journal publication, time to publication or publishing journal impact factor.

Methods/Design: We performed a retrospective cohort study of PHM abstract submission data from 2014-2017. Abstracts were classified as oral presentation, poster presentation or rejected. Submitting author and abstract title were searched in Google Scholar, PubMed and MedEdPORTAL for evidence of publication, and we recorded the proportion of all abstracts published by June 2019 (month search conducted). The association between presentation format and publication was assessed via logistic regression. Publishing journal impact factor and median time to publication

were compared across presentation formats using Kruskal-Wallis and Kaplan-Meier survival analysis, respectively.

Results: Of 173 educational research abstracts submitted, 13.9% were accepted for oral presentation, 67.1% were accepted for poster presentations, and 19.1% were rejected; 32.4% of submissions were published (Table). Oral presentations had five-fold greater odds of publication than rejected abstracts (Table, $p=0.003$); there was no difference between poster presentations and rejected abstracts ($p=0.328$). Median time to publication was 13.3 months (interquartile range [4.5, 21]) with no difference between presentation formats (Table, $p=0.491$). However, the cumulative number of publications at each month was significantly higher for oral abstracts (Figure, $p=0.005$). The median journal impact factors for published oral and poster presentations were 2.7 and 2 times higher, respectively, than the median impact factor of published rejected abstracts (Table, $p=0.002$).

Conclusions: Peer review for the PHM conference may provide early indication of educational research publication success as evidenced by higher odds of publication for oral presentations and higher publishing journal impact factors of oral and poster presentations compared with rejected abstracts.

Table: Odds of publication, median time to publication and impact factor vs. presentation format.

Presentation Type	Total N (%)	Published N (%)	Odds of Publication OR* [95% CI]	p	Months to Publication [IQR]	p	Impact Factor Median [IQR]	p
Oral	24 (13.9)	14 (58.3)	5.2 [1.6, 16.7]	0.003	15.0 [4.0, 18.0]	0.491	2.7 [2.3, 4.8]	0.002
Poster	116 (67.1)	35 (30.2)	1.6 [0.6, 4.0]	0.328	11.0 [1.0, 22.0]	-	2.1 [1.0, 2.7]	-
Rejected	33 (19.1)	7 (21.2)	Reference	-	18.0 [14.0, 23.0]	-	1.0 [1.0, 1.0]	-
Total	173	56 (32.4)	-	-	13.3 [4.5, 21]	-	2.2 [1.0, 2.7]	-

*OR: Odds ratio. CI: confidence interval. IQR: Interquartile range.

Figure: Kaplan-Meier survival curves for each presentation format.

