DCAS Course Organising Committee

Co-chair:
Associate Professor Andrew Hill
RACS Section of Academic Surgery
Associate Professor Lillian Kao
Association for Academic Surgery

Course Convener:
Mr Richard Hanney

Committee Members:
Associate Professor Richard Page  Immediate Past Chairperson, RACS Younger Fellows Committee
Mr Jason Chuen  RACS Younger Fellows Committee Representative
Dr Greg O’Grady  Chair, RACS Trainees’ Association
Dr Brenton Systermans  Representing Prevocational Doctors
Mr Andrew Shepherd  Chair, Surgical Interest Network (SurgiN), Australian Medical Students’ Association
Mr Ben Harley  Executive Member, New Zealand Medical Students’ Association (NZMSA)
and Auckland Surgical Interest group
Associate Professor Wendy Babidge  Director, Research, Audit and Academic Surgery Division, RACS
Mr Keith Hayes  Deputy Director, Research, Audit and Academic Surgery Division, RACS

Course Organiser:
Ms Caroline Handley  RACS Conferences & Events Management

This educational activity has been approved in the Royal Australasian College of Surgeons’ CPD Program. Fellows who participate can claim one point per hour (maximum 8 points) in Category 7: Other Professional Development towards 2011 CPD totals.

Final Program

7:00am  CONVENE AND BREAKFAST
Riverbank Foyer, Riverbank Level

7:15am  Welcome and Introduction
Riverbank 1 and Riverbank 2
Ian Civil (RACS President),
John Windsor (Chair, RACS
Section of Academic Surgery)

SESSION 1: STARTING AND PLANNING YOUR RESEARCH CAREER
Riverbank 1 and Riverbank 2
Chair: Scott LeMaire (Houston, USA) and Bruce Barracough (RACS Dean of Education)

7:30am  Why every surgeon can and should be an academic surgeon
Mark Smithers (Brisbane)

7:50am  Where do good ideas and research questions come from in a successful basic science program?
Herbert Chen (Madison, USA)

8:20am  Success in surgical outcomes research
Justin Dimick (Ann Arbor, USA)

8:40am  Designing and running successful Randomised Controlled Trials (Clinical/Translational)
Glyn Jamieson (Adelaide)
Peter Choong (Melbourne)

9:00am  Finding the money for research

9:20am  Panel discussion and questions from the floor

9:30am  MORNING TEA  Riverbank Foyer
### SESSION 2: PREPARING AND PRESENTING YOUR WORK

**Riverbank 1 and Riverbank 2**  
**Chair: Lillian Kao (Houston, USA) and Andrew Hill (Auckland)**

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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>9:50am</td>
<td>Writing a successful abstract</td>
<td>Rowan Parks (Edinburgh, UK)</td>
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<tr>
<td>10:15am</td>
<td>Writing your Paper</td>
<td>Timothy Pawlik (Baltimore, USA)</td>
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<tr>
<td>10:40am</td>
<td>Approach to submitting and revising your manuscript - choosing your journal</td>
<td>Stan Sidhu (Sydney)</td>
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<tr>
<td>11:05am</td>
<td>Delivering an effective research presentation</td>
<td>Scott LeMaire (Houston, USA)</td>
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<tr>
<td>11:30am</td>
<td>Panel discussion and questions from the floor</td>
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**11:50am KEYNOTE SPEAKER:**  
Lessons learnt in my own academic career so far  
Guy Maddern (Adelaide)

**12:20pm LUNCH with the faculty and small discussions groups**  
Foyer F, Plaza Level

### CONCURRENT SESSIONS:

#### SESSION 3: CAREER PATHWAY DEVELOPMENT

**Riverbank 1**  
**Chair: Carmen Solorzano (Nashville, USA) and Benjamin Loveday (Palmerston North)**

<table>
<thead>
<tr>
<th>Time</th>
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<th>Speakers</th>
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<tr>
<td>1:00pm</td>
<td>Building a career pathway: opportunities, obstacles and getting past them</td>
<td>Arthur Richardson (Sydney), Julie Howle (Sydney), Carla Pugh (Chicago, USA) and Carmen Solorzano (Nashville, USA)</td>
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<tr>
<td>1:50pm</td>
<td>How do I get started as an academic surgeon?</td>
<td>Richard Douglas (Auckland)</td>
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<tr>
<td>2:10pm</td>
<td>Why a trainee should consider doing full-time surgical research</td>
<td>Tank Sammour (Whangarei)</td>
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<td>2:30pm</td>
<td>Panel discussion</td>
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### SESSION 4: CHALLENGES TO SUCCESSFUL RESEARCH

**Riverbank 2**  
**Chair: Timothy Pawlik (Baltimore, USA) and Richard Page (Geelong)**

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>1:00pm</td>
<td>Setting up and running an academic program</td>
<td>Herbert Chen (Madison, USA) and Zsolt Balogh (Newcastle)</td>
</tr>
<tr>
<td>1:20pm</td>
<td>Pathways to promotion</td>
<td>John Fletcher (Sydney) and Paul Bannon (Sydney)</td>
</tr>
<tr>
<td>1:40pm</td>
<td>Writing a successful grant application</td>
<td>David Watson (Adelaide)</td>
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<tr>
<td>2:00pm</td>
<td>Analysing your data</td>
<td>Lillian Kao (Houston, USA)</td>
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<td>2:20pm</td>
<td>Panel discussion</td>
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### SESSION 5: WORKSHOPPING CURRENT RESEARCH PROJECTS

**Meeting Room 11, Level One**  
**Chair: Justin Dimick (Ann Arbor, USA) and Andrew Hill (Auckland)**

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<tr>
<td>1:00pm</td>
<td>Study design workshop - attendees to bring current research and study challenges for discussion</td>
<td>John Windsor (Auckland), Rowan Parks (Edinburgh, UK), Jonathan Serpell (Melbourne), Guy Maddern (Adelaide), Marc Gladman (Sydney) and Scott LeMaire (Houston, USA)</td>
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### SESSION 6: UNDERTAKING RESEARCH IN THE DEVELOPING WORLD AND IN RURAL AND REMOTE LOCATIONS

**Riverbank 3**  
**Chair: Fiemu Nwariaku (Dallas, USA) and Susan Neuhaus (Adelaide)**

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>1:00pm</td>
<td>Surgical Research in the developing world</td>
<td>Glenn Guest (Geelong)</td>
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<tr>
<td>1:20pm</td>
<td>Surgical research in rural Australasia</td>
<td>John Graham (Lismore) and Frank Miller (Wangaratta)</td>
</tr>
<tr>
<td>1:40pm</td>
<td>Developing academic surgeons in the developing world</td>
<td>Fiemu Nwariaku (Dallas, USA)</td>
</tr>
<tr>
<td>1:50pm</td>
<td>How do I pick up where I left off? - returning to surgical academia</td>
<td>Matthew Oliver (Bendigo)</td>
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<tr>
<td>2:10pm</td>
<td>Panel Discussion</td>
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### SESSION 7: HISTORY, BALANCE AND THE FUTURE

**Riverbank 1 and Riverbank 2**  
**Chair: Carla Pugh (Chicago, USA) and Richard Hanney (Sydney)**

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<tr>
<th>Time</th>
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<th>Speaker</th>
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<tr>
<td>3:00pm</td>
<td>Development of Academic Surgery in Australia and New Zealand - a historical perspective</td>
<td>John Harris (Sydney)</td>
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<tr>
<td>3:20pm</td>
<td>How do you fit it in: work-life balance?</td>
<td>Andrew Hill (Auckland)</td>
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<tr>
<td>3:35pm</td>
<td>Questions from the floor to all faculty</td>
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<tr>
<td>3:45pm</td>
<td>The future of academic surgery</td>
<td>John Windsor (Auckland)</td>
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**Intention to Photograph**  
Please be advised that photographs may be taken at the Course and reproduced.
Association for Academic Surgery and International Speakers

**Herbert Chen, MD FACS**  
University of Wisconsin, Madison, USA  
Dr. Herbert Chen is Vice Chair of the Department of Surgery, Professor of Surgery and Biomedical Engineering, Chief of Endocrine Surgery and Leader of the Endocrine-Neuroendocrine Cancer Disease Group at the Carbone Cancer Centre. Dr Chen directs six NIH grants and is an Associate or Section Editor for Annals of Surgical Oncology, The Oncologist, and Journal of Surgical Research, and serves on several editorial boards including Annals of Surgery and the World Journal of Surgery; he is the past President of Association for Academic Surgery. In 2007, he was the ANZ Chapter of the American College of Surgeons’ Travelling Fellow to the ASC and a past James IV Travelling Fellow representing the USA.

**Justin Dimick, MD MPH**  
Dr. Dimick is a general surgeon and health services researcher at the University of Michigan. His clinical practice focuses on minimally invasive surgery, including benign and neoplastic disease of the foregut, hernias and abdominal wall reconstruction, and procedures for morbid obesity.  
Dr. Dimick has an active research program in surgical outcomes research supported by grants from the Agency for Healthcare Research and Quality (AHRQ) and National Institutes of Health (NIH). His research aims to develop better measures of hospital quality and evaluate the effectiveness at different strategies for improving surgical care. He has more than 100 peer reviewed publications, including papers in The New England Journal of Medicine, Journal of the American Medical Association, Health Affairs, and Health Services Research.  
Dr. Dimick is a consultant to the American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP). He also serves as the Chair of the Outcomes Research Committee for the Association of Academic Surgeons (AAS), on the Executive Committee of the Surgical Outcomes Club (SOC), and the Editorial Board of Archives of Surgery.

**Scott LeMaire, MD**  
Scott A. LeMaire, M.D. is a Professor of Surgery and of Molecular Physiology and Biophysics, the Director of Research in the Division of Cardiothoracic Surgery, Michael E. DeBakey Department of Surgery at Baylor College of Medicine, and an attending physician on the Cardiovascular Surgery Service of the Texas Heart Institute at St. Luke’s Episcopal Hospital in Houston, Texas. Dr. LeMaire graduated from Northwestern University Medical School in 1992 and completed residency training in cardiothoracic surgery at Baylor College of Medicine in 1999. His primary clinical interest focuses on the management of patients with thoracic aortic disease, with a particular emphasis on treatment of aortic dissection and thoracoabdominal aortic aneurysms. His corresponding research program focuses on organ protection during aortic surgery, genetic aspects of thoracic aortic disease, and molecular mechanisms of aortic degeneration. He has received funding from the National Institutes of Health and the Thoracic Surgery Foundation for Research and Education for his research studying the pathobiology of thoracic aortic aneurysms and aortic dissection. Dr. LeMaire is currently serving as president of the Association for Academic Surgery. He has been married for 18 years and has two children.

**Fiemu Nwariaku, MD FACS**  
Dr Nwariaku is Associate Professor and Vice-Chair for Research and the holder of the Malcolm O. Perry Professorship in Surgery. He has interests in endocrine and minimally invasive surgery and maintains a NIH-funded laboratory studying endothelial signalling during inflammation and angiogenesis. His clinical interests are in thyroid cancer, hormonally active adrenal tumours and primary hyperparathyroidism. He has a significant interest in global health and surgical disparities, in particular. Dr. Nwariaku served as President, Association for Academic Surgery and he chairs the Issues committee. Dr. Nwariaku serves on the editorial board of the Journal of Surgical Research and the Journal of Thyroid Research and is a reviewer for several other journals including the American Journal of Surgery. Dr Nwariaku was the 2008 American College of Surgeons Travelling Fellow to the ANZ Chapter of the American College.

**Lillian Kao, MD MS**  
Associate Professor Lillian Kao, MD, MS is an associate professor of surgery and critical care at the University of Texas Health Science Center at Houston. She has a Masters Degree in Clinical Research and is on the faculty of the UT-Houston Center for Evidence-Based Medicine and Clinical Research. She co-directs the Clinical Trials course and is faculty for several other courses. She has received two career development awards (NIH K23 and Robert Wood Johnson Physician Faculty Scholars Award). Her research interests are surgical infections, quality improvement, patient safety, and advanced research methodologies.
Rowan Parks, MD FRCS
Professor Rowan Parks qualified in Medicine from Queens University Belfast in 1989, undertook his postgraduate surgical training in Northern Ireland, being awarded an MD for his research on “Gut barrier function in obstructive jaundice”. He then undertook a clinical fellowship in HPB surgery & transplantation at the Royal Infirmary of Edinburgh and was appointed Senior Lecturer in Surgery at the University of Edinburgh in 1999, promoted to Reader in 2006 and became Professor of Surgical Sciences in 2010.

Professor Parks’ research interests are on clinical aspects of hepatobiliary and pancreatic disease, obstructive jaundice, gut barrier function and liver cell biology. He lectures extensively on these and related subjects and has published over 120 papers and written / edited three textbooks. He has been awarded a number of prizes, honours and prestigious travelling fellowships for his research. These include the Moynihan medal, Purce lecture and medal, Millin lecture and medal (RCSI), Sir Robert Shields lecture and medal (RCSED), Moynihan Travelling Fellowship and James IV Travelling Fellowship.

Professor Parks has a significant interest in undergraduate and postgraduate medical education and training. He is currently chairman of the University Fitness to Practice Committee. He is also an Associate Postgraduate Dean, Chairman of the Scottish Surgical Specialty Training Board, council member of the Association of Surgeons of GB&I and council member of the Royal College of Surgeons of Edinburgh.

Timothy Pawlik, MD MPH
Timothy M. Pawlik received his undergraduate degree from Georgetown University and his medical degree from Tufts University School of Medicine. He completed his surgical training at the University of Michigan Hospital and spent two years at the Massachusetts General Hospital as a surgical oncology research fellow. Dr. Pawlik went on for advanced training in surgical oncology at The University of Texas M. D. Anderson Cancer Center in Houston. Dr. Pawlik also completed a fellowship in medical ethics at the Harvard School of Public Health as well as a Masters in Theology from Harvard Divinity School in Boston.

Dr. Pawlik’s main clinical interests include alimentary tract surgery, with a special interest in hepatic and pancreaticobiliary diseases. Dr. Pawlik has published over 125 peer-reviewed articles and 15 book chapters. He is a frequent national and international lecturer on management of hepatobiliary malignancies. Dr. Pawlik has served on the American Society of Clinical Oncology (ASCO) and American College of Surgeons Oncology Group (ACOSOG) Ethics committees, ACOSOG By-Laws committee, Association of Academic Surgery executive council, as well as on the Scientific Program Committee for ASCO. Dr. Pawlik has also served on the Society of Surgical Oncology Scientific Program Committee, as well as was recently elected Councilor-at-Large.

Dr. Pawlik is currently Associate Professor of Surgery and Oncology, the Hepatobiliary Surgery Program Director, and Director of the Johns Hopkins Medicine Liver Tumor Center. Dr. Pawlik is a Fellow of the American College of Surgeons.

Carla Pugh, MD PhD FACS
Dr Carla Pugh is currently Associate Professor of Surgery and Director of the Center for Advanced Surgical Education at Northwestern University. Dr Pugh obtained her undergraduate degree at U.C. Berkeley in Neurobiology and her medical degree at Howard University School of Medicine. Upon completion of her surgical training at Howard University Hospital, she went to Stanford University and obtained a PhD in Education. Her research interests are in the use of simulation technology for medical and surgical education.

Dr. Pugh holds a method patent on the use of sensor and data acquisition technology to measure and characterize the sense of touch. Currently, over one hundred medical and nursing schools are using one of her sensor-enabled training tools for their students and trainees. The use of simulation technology to assess and quantitatively define hands-on clinical skills is one of her major research areas. In addition to a recent NIH R-01 (to validate a sensorized device for high stakes clinical skills assessments), her work has received numerous awards from various medical and engineering organizations. Dr Pugh is also the developer of several decision-based simulators that are currently being used to assess intra-operative judgment.

Carmen Solorzano, MD FACS
Carmen C. Solorzano, MD, FACS, is Associate Professor of Surgery at the Vanderbilt University School of Medicine, Nashville, TN, USA. She is a graduate of the University of Florida General Surgery program and completed a Surgical Oncology fellowship at the University of Texas MD Anderson Cancer Center, Houston, TX. Dr. Solorzano is currently Director of Endocrine Surgery at Vanderbilt University Medical Center. She is actively involved in teaching endocrine/surgical oncology to medical students, residents and fellows. Her clinical research interests include, the use of PTH hormone monitoring in parathyroid disease, the use of surgeon-performed ultrasound for thyroid/parathyroid disease, the surgical management of recurrent/persistent thyroid cancer, and the treatment of neuroendocrine tumors. She has been an active member of the Society of Surgical Oncology (training and disparities
Developing a Career in Academic Surgery

committee), American Association of Endocrine Surgeons (program committee), and the Association for Academic Surgery (education, leadership committee and currently councilor). She is honored to be this year’s recipient of the 4th annual AAS and Younger Fellows Committee of the Royal Australasian College of Surgeons-2011 Leadership Exchange and International Visiting Professorship Award.

RACS Invited Speakers and Program Contributors

Zsolt Balogh MD, PhD, FRACS(Ortho), FAOrthA, FACS
Professor Balogh is a clinical academic trauma surgeon. He is the Director of Trauma at John Hunter Hospital and Chair of Traumatology at the University of Newcastle.

After his training, fellowship and early consultant years in academic trauma centres of Europe, USA and Australia he initiated the academic trauma program at the University of Newcastle and John Hunter Hospital in 2005.

The program involves all levels of researchers from medical students to high achieving internationally renowned researchers with extensive national and international scientific network in both laboratory and clinical research.

The trauma research centre’s major assets are mentoring junior researchers and currently 5 PhD candidates.

The centre’s current research output is 10+ peer-reviewed journal articles per annum on the fields of injury epidemiology, shock resuscitation, postinjury multiple organ failure, polytrauma management and major orthopaedic trauma.

Paul Bannon, MBBS, FRACS, PhD
Professor Paul Bannon is the Chairman of the Baird Institute for Applied Heart and Lung Surgical Research, a not-for-profit medical research institute established in 2001, to improve the outcomes and better the lives of those undergoing heart and lung surgery. This appointment complements a 13 year career as a Cardiothoracic Surgeon at Royal Prince Alfred Hospital, Sydney and more than 20 years as a surgical scientist.

He is currently a member of the Medicare Benefits Schedule Quality Framework Committee for the NSW Department of Health. He has held various positions in the Royal Australasian College of Surgeons, including member of the Board of Cardiothoracic Surgery, Supervisor of Surgical Training and Chairman of the Education and Scientific Committee and Member of the Advisory Committee to the Academy of Surgical Educators.

Professor Bannon’s teaching responsibilities are currently to all years of the Graduate Medical Program at Sydney Medical School, University of Sydney. He supervises local and international Doctorate, Masters and Honours students as well as international elective students.

He is a member of two editorial boards and has published widely in books, journals and conference proceedings on cardiothoracic surgery, basic science and evidence based medicine. Professor Bannon has a particular passion for translational research in the areas of congenital aortic and mitral valve disease, biomaterials and biocompatibility, limitation of blood product usage in cardiac surgery, the inflammatory response to bypass and the development of academic surgical careers.

Bruce Barraclough, AO MB BS FRACS DDU FACS FAICD
Bruce Barraclough is Dean of Education, Royal Australasian College of Surgeons, and Board Chair, Australian E-Health Research Centre. He is a Board Member of Cabrini Health, Victoria. He serves on working parties for WHO Patient Safety and is Past President of the International Society for Quality in Health Care. He was Board Chair, NSW Clinical Excellence Commission 2005 – 2010, Associate Dean (Clinical Strategy) of the University of Western Sydney Medical School 2006 - 2010, Professor / Director of Cancer Services, Northern Sydney Health and the University of Sydney (2000- 2005), Chair of the Australian Council for Safety & Quality in Health Care (2000 – 2005) and President of the Royal Australasian College of Surgeons (1998 – 2001).

Peter Choong, FRACS
Individual Track Record and Achievements

Current position: Professor of Surgery University of Melbourne St. Vincent’s Hospital, Director of Orthopaedics St. Vincent’s Hospital, Chair Bone and Soft Tissue Sarcoma unit Peter MacCallum Cancer Centre.

Committees: Chair Board of Orthopaedics, RACS, Director Education and Training, Chair UoM Academic Centre St. Vincent’s Hospital, Assistant Dean Faculty Medicine Dentistry Health Science UoM, Board International Society of Limb Salvage Surgery, Board Asia-Pacific musculoskeletal tumour society, Past member Board Rotary Club Melbourne, Past Scientific Secretary AOA, Past Ministerial appointee to Victorian Quality Council and Victorian Surgical Committee
Richard Douglas, MD, FRACS, FRACP, MRCP
Otolaryngologist, Auckland and North Shore Hospitals, Auckland, New Zealand
Senior Lecturer in Surgery, The University of Auckland

Richard is a rhinologist with particular interest in endoscopic sinus and skull base surgery. He trained and practised as a clinical immunologist and allergist before undertaking training in ORL. His research interests include the role of nasal microflora in the pathogenesis of chronic rhinosinusitis and clinical outcomes after sinus surgery.

John Fletcher, FRACS
Professor John Fletcher is Chairman of the Division of Surgery at Westmead Hospital and Associate Dean of Surgical Sciences at the University of Sydney. He is Director of Vascular Surgery, Sydney West Area Health Service, Director of the Westmead Vascular Biology Research Centre and the Westmead Vascular Laboratory.

Professor Fletcher’s clinical interests are the endovascular management of aortic aneurysm, the non-invasive investigation of vascular disease, and the prevention and treatment of venous thromboembolism. His research interests are the cellular mechanisms in atherosclerotic plaque formation, inhibition of intimal hyperplasia following vascular interventions, and prevention of prosthetic vascular graft infection.

Marc Gladman
Marc Gladman is Professor of Surgery and holds the Chair of Surgery at the School of Medicine, University of Western Sydney where he is charged with the task of founding an Academic Surgical Unit in the new School of Medicine.

Dedicated to academic surgery and science, he completed a PhD in London and then moved to integrated academic training, a novel concept in postgraduate education that delivers simultaneous clinical and academic education. His research interests are aimed at understanding the molecular, electrophysiological and neuropathophysiological basis of gastrointestinal conditions using integrated basic science and clinical methodologies. His interests in surgical education focus on (i) the rigorous assessment of competency-based models to allow design of “evidence-based” education programs to train tomorrow’s surgeons using modern technologies and (ii) the inclusion of academic training modules within clinical programmes to enhance professional development and facilitate career progression of the future generation of academic surgeons.
John Graham, FRACS

Associate Professor John Graham FRACS, is a Vascular Surgeon in Lismore, NSW, the major medical centre for the far north coast of NSW, where he commenced a dedicated Vascular Surgery practice in 1992. Prior to that he was a Vascular and Transplant Surgeon at the Royal North Shore Hospital, Sydney, where he was also director of Surgical Trauma. His interests are with rural surgery and he represented rural surgeons on the Council of the Royal Australasian College of Surgeons from 2000 to 2007 and continues as Chair of the College Ethics Committee. He is also Chair of the Rural Specialist Group of the Rural Doctors Association of Australia. John has had an ongoing interest in trauma and was involved in establishing the Early Management of Severe Trauma programme in Australia and New Zealand. He has been involved in developing the EMST Course in Papua New Guinea and more recently Fiji. He heads the Lismore Trauma Committee.

Andrew Hill, FRACS

Associate Professor Hill is a general surgeon with a colorectal subspecialty interest. His research interests are clinical and translational research in general surgery including improving perioperative care of the surgical patient and undergraduate medical education. He is the Head of the Auckland Enhanced Recovery after Surgery (AERAS) research group. The principal aim of the research group is to enhance recovery after major colonic surgery. The group has established a successful ERAS program and has demonstrated safety of the program, improved outcomes for patients and cost effectiveness. The ERAS program provides a stable perioperative care environment enabling the use of clinical trials to investigate novel modalities to improve patient outcome. Associate Professor Hill’s other interest is undergraduate medical education. In particular he is interested in how the learning environment can be improved for medical students and the role of Junior Doctors in undergraduate medical education.

Glenn Guest, FRACS

Glenn Guest is a general/colorectal surgeon at Geelong Hospital and Senior Lecturer in the department of surgery at Deakin University. He has been involved with East Timor surgery for almost 10 years and is currently director of the RACS East Timor Surgery program. He makes regular visits to Indonesia, the Pacific Islands and Papua New Guinea. He has been involved in research activities and the teaching of a research development course to the M.Med students in PNG.

John Harris AM, MS, FRACS, FACS, FRCS, DDU(Vasc)

Professor John Harris is a graduate of the University of Sydney and was appointed foundation Professor of Vascular Surgery, Royal Prince Alfred Hospital, University of Sydney in 1998. He is Chairman, Division of Surgery at Royal Prince Alfred Hospital. He was the Jobst Fellow in Vascular Surgery at Northwestern University, Chicago, USA and is a past President of the Australian and New Zealand Society for Vascular Surgery and on the Editorial Board of the ANZ Journal of Surgery. He has served the Royal Australasian College of Surgeons as Councilor representing Vascular Surgery and as Senior Examiner in Vascular Surgery.

He is a Distinguished Fellow of the Society for Vascular Surgery in North America and an Honorary Member, Society for Vascular Surgery for Great Britain and Ireland. He was made a member of the Order of Australia in 2007.

Julie Howle, FRACS

Dr Julie Howle is a surgical oncologist based at Westmead Hospital in Sydney and is a clinical lecturer at Sydney University. Since graduating with a MBBS (Hons I) from the University of Sydney in 1998, she has worked in many hospitals in the Sydney metropolitan area and rural NSW. In 2006 she obtained her FRACS in General Surgery and spent the subsequent 2 years in Sydney as the Fellow in the Head and Neck/Surgical Oncology Unit at Westmead hospital and Senior Registrar/Fellow in Breast and Surgical Oncology at Prince of Wales Hospital. She has worked as a consultant surgeon at Westmead Hospital since 2008 and completed a Master of Surgery degree during her first 2 years as a consultant. She is affiliated with the Melanoma Institute of Australia and her research interests include Merkel cell carcinoma, advanced non-melanoma skin cancer, melanoma and soft tissue tumours.

Glyn Jamieson MS, FRCS, FRACS

Discipline of Surgery, University of Adelaide, Australia

Professor Jamieson graduated from the University of Adelaide Medical School and obtained his Australasian Fellowship in the College of Surgeons in 1971. He then undertook further surgical training in the United Kingdom and the United States of America before returning to Adelaide as Senior Lecturer in the Department of Surgery in 1975. He was appointed to the Dorothy Mortlock Chair in Surgery at the University of Adelaide in 1982, a position he has held to the present.
His clinical and research interests are concentrated in the area of upper gastrointestinal surgery, with specific interests in upper gastrointestinal motility and surgery of the oesophagus.

His other interests include: music, wine and old English glass (collects the glass to drink the wine while listening to the music). He has a small farm, on which he developed a vineyard, and has undertaken a degree in winemaking.

Benjamin Loveday

Benjamin Loveday is a trainee in General Surgery, based in New Zealand. He recently submitted his PhD under the supervision of Professor John Windsor. Benjamin sees academic surgery as an integral part of a career in surgery. He is married with two young children.

Guy Maddern, FRACS

Professor Guy Maddern is the RP Jeppson Professor of Surgery at the University of Adelaide and Director of Surgery at The Queen Elizabeth Hospital. He is Surgical Director of the Australian Safety and Efficacy Register of New Interventional Procedures – Surgical (ASERNIP-S). His clinical interests include the physiological impact of laparoscopic surgery, and more recently the development of techniques to manage metastatic hepatic disease. He has over 300 publications in scientific journals and has contributed to over a dozen surgical publications. Professor Maddern is also Director of the Basil Hetzel Institute at The Queen Elizabeth Hospital charged with the responsibility of defining the future direction and development of research within The Queen Elizabeth Hospital campus. He has received in excess of $29,000,000 in research funding and his current research focus brings together the development, assessment and introduction of surgical techniques, processes and technologies into clinical practice.

Frank Miller, FRACS

Associate Professor Miller is a general surgeon based in Wangaratta in Victoria’s north-east. He enjoys teaching and holds an academic position with the Rural Health School of the University of Melbourne. While having an interest in trauma and military surgery, his main research focus pertains to the challenges involved in providing surgical care to the developing world.

Susan Neuhaus, CSC, FRACS

Susan completed a PhD in laparoscopic tumour surgery in 2000 and the FRACS in 2002. She was awarded the Lumley Exchange Scholarship and undertook a Fellowship in Surgical Oncology Royal at the Royal Marsden Hospital in 2004.

As a Clinical Associate Professor of Surgery, Susan works in private and public as with a special interest in melanoma and sarcoma. She chairs the Surgical Oncology Group of the Clinical Oncological Society of Australia (COSA), is a Director of the Australasian Sarcoma Study Group (ASSG) and the Cancer Council South Australia, a member of the Australian Melanoma Trials Group (ANZTMG) and appointed to the Court of Examiners in General Surgery. She has published extensively, served as a reviewer and editor and written multiple book chapters, journal articles and a book ‘Radiology in Surgical Practice’.

Susan has completed an Army career spanning over 20 years. During this time she served in Cambodia, Bougainville and most recently in Afghanistan. Her military service was recognised with the Conspicuous Service Cross in the 2009 Queen’s Birthday Honours’ List. Susan remains actively involved in Veterans health issues and has published extensively on strategic defence health issues. Susan is married with two beautiful daughters aged 8 and 5 years.

Matthew Oliver MBChB (Birmingham), FRCSEd, FRACS

Matt Oliver studied medicine at the University of Rhodesia and qualified with a Birmingham degree in 1974. He worked as a government Medical Officer in Rhodesia for two years and then specialised in surgery in Rhodesia and UK obtaining the Edinburgh fellowship in 1982.

He then worked in Bulawayo, Zimbabwe as a general surgeon with an interest in paediatric and neonatal surgery for 20 years before coming to Australia in 2002. He works as general surgeon in Bendigo where he is supervisor of surgical training, teaches EMST and CCRISP courses as well as teaching medical students.
Richard Page BMedSci MB, BS FRACS, FAOrthA

Associate Professor Page is Orthopaedic Spokesperson for Barwon Health and Head of Orthopaedics and Musculoskeletal Medicine at Deakin University, a member of the Academic Advisory Board for the School of Medicine and is Senior Clinical Tutor in Orthopaedics for The University of Melbourne. He is also Director of the Barwon Orthopaedic Research Unit and Fellowship Programme at Geelong Hospital, Victoria, Australia.

He is a Member of the Specialist Reserve of the Royal Australian Navy, with numerous overseas and operational deployments.

He holds research grants in trauma and upper limb research, and has given invited lectures in China, Hong Kong and the USA and UK. He has described new pathologies and their arthroscopic management in the shoulder, as well as new techniques for treatment. Research interests include outcomes of shoulder conditions and shoulder arthroplasty, as well as biomaterials assessment and epidemiology. He is a reviewer for the Journal of Shoulder and Elbow Surgery and the International Journal of Shoulder Surgery.

He is immediate past Chair of the Younger Fellows Committee of the Royal Australasian College of Surgeons, and is an active executive member of the Shoulder and Elbow Society of Australia, The Australian Hand Surgery Society, and The Australian Orthopaedic Association, and sits on the National Joint Replacement Registry Committee, coordinating the Upper Limb Arthroplasty section.

He was awarded a Zimmer Overseas Traveling Fellowship in 2000, the H J Windsor Prize in Orthopaedic Research by the Royal College of Surgeons of England in 2001 and was the European Traveling Fellow of The Shoulder and Elbow Surgery in 2011. His thesis centred on the peritoneal response to injury, and the implications for laparoscopic insufflation. During his tenure as a research fellow, he wrote/co-wrote and has since published over 40 peer reviewed publications on this and other related topics.

Jonathan Serpell, FRACS

Jonathan Serpell is Professor and Director of General Surgery at The Alfred Hospital and Monash University as well as Head of the Breast, Endocrine and General Surgery Unit at The Alfred Hospital. He is also the Head of the Breast, Endocrine Surgery and Surgical Oncology Unit at Frankston Hospital. His major research interest is in Endocrine Surgery and he obtained his Doctorate in Medicine on Soft Tissue Sarcomas. Professor Serpell is currently Chairman of the Endocrine Section of the Royal Australasian College of Surgeons and Senior Examiner of the Specialty Court of Examiners in General Surgery (2nd Part Examinations) at the College. He is President of the Australian Endocrine Surgeons and Speciality Editor for Endocrine Surgery with the ANZ Journal of Surgery. He established The Monash University Endocrine Surgery Unit in 2007.

Stan Sidhu, FRACS

Stan Sidhu is Associate Professor in the University of Sydney Endocrine Surgical Unit, Royal North Shore Hospital. He is responsible for training local and overseas Endocrine Surgeons in Fellowship positions based at Hornsby and Royal North Shore Hospitals.

He serves as the Public Officer of Australian Endocrine Surgeons, and the Secretary of the Section of Endocrine Surgeons in Australia. In addition he has extensive research interest into clinical outcomes in endocrine surgery and translational and basic science research projects to understand the pathophysiology of endocrine cancers and to determine ways in which targeted therapies can be developed to treat these cancers. In conjunction with his Clinical Fellows, he conducts a number of clinical
outcome studies to determine better ways to treat thyroid cancer, parathyroid disease and adrenal disease. Within the Cancer Genetics Department, Kolling Institute of Medical Research, he leads a team of postdoctoral and doctoral students who investigate the molecular mechanisms involved in cancer of the adrenal gland, phaeochromocytoma and thyroid cancer.

He is currently a NSW Cancer Institute Research Fellow leading a national adrenal cancer consortium to find better ways to treat this difficult disease. In the last decade he has presented a number of local and international clinical and scientific meetings and is currently the author of over 100 publications in peer reviewed journals and book chapters.

Mark Smithers MBBS (Qld), FRACS, FRCS (Eng)
Associate Professor, University of Queensland.
Director, Upper Gastro-intestinal and Soft Tissue Unit, Princess Alexandra Hospital, Brisbane.
Chairman, Queensland Melanoma Project.
Executive, Section of Academic Surgery, RACS.
Member, Scientific Advisory Committee of the Australasian Gastro-Intestinal Trials Group.
President, Australia and New Zealand Gastric and Oesophageal Surgeons Association.
Clinical interests: malignant and benign conditions of the oesophago-gastric region; management of patients with sarcoma and malignant melanoma.
Clinical research programmes into outcomes from treatment for oesophageal cancer, gastric cancer, GIST and melanoma. Investigator on grants assessing the epidemiology and management of oesophageal cancer (NIH, USA and NH&MRC) and aspects of the management of melanoma (NH&MRC, Cancer Council of Queensland). Also institutional principle investigator on industry lead phase I, II and III studies of patients with advanced stages of melanoma.

David Watson, FRACS
Professor David Watson is Head of the Flinders University Department of Surgery. He has clinical and research interests in the area of benign and malignant oesophageal disease, including gastro-oesophageal reflux and oesophageal adenocarcinoma. Professor Watson has published more than 200 refereed research papers. He is a Senior Editor of the ANZ Journal of Surgery, and a member of the Editorial Boards of several Journals, including the Journal of Gastrointestinal Surgery, the British Journal of Surgery and World Journal of Surgery. He is a past President of the Australian and New Zealand Gastric and Oesophageal Surgery Association.

John Windsor, FRACS
John Windsor holds a personal chair and is Head of the Department of Surgery at the University of Auckland. He founded the Pancreas Research Group 1992, Surgical Skills Centre 1993, HPB/UGI Unit 1994, Surgical Research Network 2007. Special clinical interests include the management of acute and chronic pancreatitis, pancreatic cancer, GORD and gastro-oesophageal malignancy. His current research includes the role of toxic mesenteric lymph in the promotion of multiple organ failure, the adaption of cyclic voltammetry to the measurement of global oxidative stress, the investigation of specific mitochondrial therapies to restore cellular bioenergetics, and the mapping and modulation of gastric electrical activity. He is medical director of SIMTICS Ltd that has developed the ‘Integrated Cognitive Simulator’ for procedural and surgical skills training. Awarded the Tertiary Teaching Excellence Award (Innovation) from the University of Auckland. Currently on the Board of the Academy Surgical Educators, Chairman of the Section of Academic Surgery and Secretary General of International HPB Association.
Developing a Career in Academic Surgery

Abstracts

Setting up and running an academic program
Zsolt J Balogh
University of Newcastle, John Hunter Hospital, Newcastle, NSW, Australia

The aim of this presentation is to discuss the specific challenges and rewards of setting up a new research program. A research program for clinically active surgeons is unique and rare in Australasia and its significance is poorly understood.

This presentation attempts to provide a step by step guide for setting up a centre from the idea through the early phases of productivity and expansion, in an environment where the particular area of research has not been addressed before.

Guidance will be provided about the strategic identification of initial research projects, how to secure staff, funding and recognition for your developing program.

Building your academic program
Herbert Chen, MD, FACS

In this short presentation, I will summarize items that one can pursue when building an academic program in surgery. The topics covered include:

- Things that you can do while in residency/and/or fellowship training
- Establishing expertise locally in your field
- Building a clinical database
- Creating a website
- Updating your CV
- Keeping communications open.

Where do good ideas and research questions come from in a successful basic science program?
Herbert Chen, MD, FACS

Surgeons are in a unique position to run basic science labs because they:

- Recognize the clinical problems
- Act quickly, get things done as opposed to think too long
- Are problem solvers
- Are hard workers
- Realize the importance of following protocols and attention to detail
- Have made numerous contributions to medicine and science

Selecting an Area of Research and Asking Good Questions

- Follow your heart (gut), not the money
- Good questions are not always new questions
- Overlap with your clinical practice
- Involve your friends

Starting Your Research Program

- Protect your time
- Find a great mentor
- Obtain start-up funds
- Location, Location, Location
- Write a lot of grants
- Develop a peer network

Finding money for research
Peter F.M. Choong, MBBS, MD, FRACS, FAOrthA

Department of Surgery, University of Melbourne
St. Vincent’s Hospital

Department of Orthopaedics, St. Vincent’s hospital
Melbourne

Money for research is expended for personnel, consumables and trials, equipment and physical infrastructure. Funding money for research requires an understanding of the playing field, recognizing who the funders are, leveraging off craft group strengths and needs, establishing clarity over the reason for sourcing funds and making the case.

Funding for research is highly competitive. The success of surgeon-led research in gaining competitive funding in Australia has not been high primarily because of limitations in track record of scientific achievement. The factors underlying this include lack of opportunity, competition with clinical priorities, poor research training, lack of dedicated surgeon scientist programmes, and limited institutional and university support.

Research funding sources include governmental, semi-governmental, non-governmental and community focused groups. Aligning research interests with priorities of the funder is an important step. Surgical research is principally translational and provides many advantages for seeking funds. Tapping into specific attributes of surgical specialties may afford strategic advantage in gaining funds.

Targeting the funding source requires clarity over the purpose for funding, and matching the application with the applicant. Making the case for funding is similar despite the variation in funding sources. A simple, focused approach which helps the funder understand the need, the knowledge gap and the solution is the beginning of the ask. Why the funder should support the application requires an ability to project the significance of the research outcomes and wider applicability. Feasibility is matching the abilities of the team, the environment and the needs of the project.

Success in surgical outcomes research
Justin B. Dimick, MD, MPH

Center for Healthcare Outcomes & Policy
University of Michigan Medical Center

A growing number of academic surgeons pursue outcomes research. When performed at the highest level, outcomes research can improve surgical practice or inform policy. However, achieving this level of influence is difficult. Success in outcomes research depends on three key elements: passion for your field of investigation, a strong mentor, and sufficient protected time. Passion is important in any field of scientific endeavor, as it motivates life-long learning and fuels creative thought. In outcomes research, one must learn the necessary skills and techniques (e.g., epidemiology, biostatistics, health policy) through course work, a two-year fellowship, or a master’s degree. It is also important to understand the broader policy context of your work by staying abreast of developments in health care policy. A top notch mentor is absolutely essential. While a more senior surgeon is ideal, these are hard to find, and it may be necessary to find a mentor from another field, such as internal medicine. Mentors provide crucial
How do I get started as an academic surgeon?

Richard Douglas
Department of Surgery, The University of Auckland, New Zealand

I will present some of my thoughts on academic motivation, training, funding and working environments that I hope may be of interest to those embarking on a career in academic surgery.

Surgical research in the developing world

Guest GD, Watters DA.
Department of Surgery, Deakin University and Barwon Health

Background: Within the Pacific there are two principal Medical Schools responsible for postgraduate medical education. These are the University of Papua New Guinea and the Fiji School of Medicine. Postgraduate education in surgery commenced in 1975 in UPNG and 1997 at FSM. Both Medical Schools confer an MMed degree after 4 years, with one component of the degree being a research thesis submitted in the fourth year. The senior surgeons responsible for surgical training have had little formal research training and there are no nationals who hold the equivalent of an MD, MS or PhD. Those who hold academic positions within the Universities are stretched by heavy teaching and clinical load and limited infrastructural support. Timor Leste is currently sending selected specialist trainees to either UPNG or FSM.

UPNG research training: The research component of the MMed thesis provides an opportunity for research training. Formerly, this was achieved by an expatriate Professor of Surgery being resident in Port Moresby for many years from 1989-2006, and through their direct supervision, this even enabled a number of peer reviewed papers to be published in addition to the MMed thesis. Since 2007, there has been no research-trained, expatriate academic, and thus the local department has found supervision of the MMed thesis challenging. Recognising these challenges one or both of the two authors have run an annual surgical research workshop in Papua New Guinea, with the aim of covering the basics of research and helping trainees individually to select an achievable and worthwhile project. Follow-up visits providing academic support have ensured progress is maintained. The value of this approach was recently showcased by the high standard of surgical presentations made at the PNG Annual Medical Symposium in Wewak (2010).

FSM research training: In Fiji, the MMed theses are largely supervised by the local FSM surgeons with methodological and statistical support from other academics school. A small contribution can be made to the composition of the MMed research thesis by the external examiner who previews and later marks the MMed thesis in year 4. In 2010, it was decided to review the thesis plans for 2011 in a formal meeting after the November 2010 exam. This enables research to be guided, with extra support available through the year should the candidates request it.

The future: National academics need to develop their research credentials and capability. This is a critical issue for PNG, the Pacific and, in the future, Timor Leste. It will involve opportunities for research and the acquisition of higher degrees. The sustainability of postgraduate training and the education of future surgical leaders depends on it.

How do you fit it in: work-life balance

Andrew Hill
Head of the South Auckland Clinical School
University of Auckland, Middlemore Hospital, Auckland, New Zealand

Burnout is an increasing problem amongst medical practitioners and surgeons in particular. With increasing demands on time and increasing expectations by the multiple players in the life of the clinical academic it imperative that work-life balance is considered.

In this presentation the pressures of the clinical academic life will be discussed and there a set of basic principles for achieving work-life balance will be outlined. The principles will include: Looking after the little things, Delegation, The enemy of the good, The secret of Contentment, What’s your heart telling you and the Story of the Jar.

Designing and running successful Randomized Control Trials

Glyn G. Jamieson, Dorothy Mortlock Professor of Surgery, University of Adelaide

Randomized Controlled Trials developed in medicine over the last fifty years as part of the movement to base our practices on objective evidence. Probably the most important aspect of such trials is having a question to which we genuinely would like to know the answer, since ethically we must have near equipoise before conducting a trial. And furthermore, the question should be one where the answer will (at least potentially) either lead to a change in clinical practice, or prevent a change in clinical practice.

So, armed with a question, it is important to seek professional help in the design of a trial. Such help will need to know things such as the magnitude of the outcome difference which we think we might show and the certainty which we will require to judge the outcome. This inevitably raises the question of the number of patients needed, which then also raises the feasibility of any study in an allotted time span.

Ethical approval is a sine qua non of any Randomised Control Trial, and indeed, writing an ethics application is also very useful as it forces us to organise our thoughts on the topic at hand.

To conduct any Randomised Control Trial today needs one thing in abundance, and one thing as almost an essential requirement. The first is unbridled enthusiasm on the part of the Chief Investigator in the trial and the
Developing a Career in Academic Surgery

second is money. Any such trial requires data acquisition and entry, and a Data Manager is almost essential, as it is usually extremely difficult for a Chief Investigator to both organise and run a trial as well as be the Data Manager. Having said that, it is often difficult to get money until we have initiated the trial or at least carried out a pilot study to prove its feasibility. So along with abundant enthusiasm a penchant for hard work is also a huge asset.

Finally, we shouldn’t set our sights too high. We show what we can, we report it, and we hope that the trial carries enough wait to influence clinical practice.

Analysing your data
Lillian S. Kao MD, MS, FACS
The University of Texas Health Science Center at Houston

Correctly analysing and interpreting scientific data requires knowledge of available statistical tests. This lecture will review the assumptions required for their use and potential pitfalls in their application and interpretation. A practical approach to analysing data will be introduced, starting with conceiving the research question and ending with interpreting the results. Statistical concepts that will be reviewed include student’s t-test and its alternatives for non-parametric and paired data, chi-square, analysis of variance, logistic and linear regression, survival analysis, p-values, 95% confidence intervals, and sample size calculation. The goal of the lecture is for attendees to be able to understand basic statistics needed to design and perform good research -- to choose the appropriate statistical test(s) for analysing their data and to correctly interpret their results.

Delivering an effective research presentation
Scott A. LeMaire, M.D.

Careful attention to study design, execution, and analysis are of paramount importance in achieving excellence in research. The very best science, however, is meaningless unless communicated effectively to the scientific community. Consequently, aspiring investigators must master the skill of delivering effective research presentations.

The structure of a research presentation should mirror the related abstract and feature four major sections. The first section, the Introduction, provides the essential details about how the study was carried out to prove its feasibility. In the Methods section, the presenter clearly communicates the important findings of the study and provides interpretation in the context of the knowledge gap that the study is addressing. It is good practice to end the Results section with a forthright appraisal of the study’s limitations. The presenter then states the Conclusions of the study in the final section of the presentation. In addition to highlighting the major findings of the study, the presenter should describe their broad implications in the context of the introductory material. The conclusions should be directly supported by the preceding data, and should focus on whether the results support the initial hypothesis and how the study fulfills its primary purpose. After the Conclusions section, presenters should acknowledge any important contributors who are not coauthors as well as any sources of funding or other critical resources.

Lessons learnt in my own academic career so far
Keynote Speaker - Guy Maddern

A career in academic surgery often demands of those who pursue it brilliant academic credentials, outstanding scientific abilities, great administration skills, superb collaboration, the ability to manage complex finances, and to get on with surgical and other colleagues. These talents are difficult for any one individual to possess and the academic surgeon in the 21st century needs to build on their strengths in these areas and develop support for where weaknesses exist.

Over the period of time prior to commencing an academic career, and during an academic career, one should attempt to gather as many of the skills required to sustain academic progress as is possible. In order to have a successful academic career one needs to surround oneself with successful academics and have a network of support, both within one’s area of daily influence as well as nationally and internationally.

To best develop an academic interest, it is important to have outstanding mentors and role models. These individuals will not only have strengths that one would try to emulate but also weaknesses that should be avoided. There are few academic leaders who are supremely gifted and if one can recognise their weaknesses and see how these are compensated for, insight into how an academic department and career can develop becomes much easier. The concept of “town and gown” remains always a potential tension and for this reason academic surgeons need to be clinically competent. It may not be possible to have such a broad breadth of competence as colleagues working without academic focus, however the work that is done should be of the highest standard and it is not inappropriate to have a fairly narrow focus providing it is of a high standard. The modern academic really needs to be more of a facilitator than a leader. Leadership should be by example rather than by dictate and to this extent the old European model of “Herr Professor” is probably inappropriate, even in the countries from which it originated.

In order to fully exploit opportunities that are in existence, one needs to have networks into the hospital in which clinical practice is based, State jurisdiction, the Australian scene, in particular through the Royal Australasian College of Surgeons, and with international colleagues and institutions. By developing such relationships it
Publication of scientific work is a critical part of academic success. Publication leads to dissemination of important scientific results, peer review recognition, and promotion and career advancement.

As a fundamental principle, the academic surgeon should probably start all discussions by saying yes to everything, recognise all the possibilities that may come from new endeavours and to support colleagues. Surgeons in general and academics in particular need to engage in the political process, both at a Department of Health level and more broadly in the community. If this is developed then it seems possible to obtain support from orthodox and unorthodox sources. In essence, some guiding principles in delivering one’s academic agenda should include not taking on fights that can’t be won, accept expecting more knock-backs than acceptances, telling the truth, surrounding oneself with surgeons better than you are, listening and accepting criticism and not trying to fit square pegs into round holes. If one is able to follow these general principles, an academic career can be exciting, stimulating, challenging and uniquely fulfilling.

How do I pick up where I left off?

Returning to surgical academia

Matt Oliver FRCSEd FRACS

Bendigo

In addition to research academia involves a significant commitment to teaching of registrars, interns and medical students. The academic therefore needs to develop and maintain good teaching skills tailored to the level of knowledge of his students. The presentation will outline the challenges of moving from a long career in a developing country to Australia and how they were addressed and overcome. The lessons learnt are applicable to surgeons wishing to develop their academic career when not having previously had a strong commitment to research and teaching.

Writing a successful abstract

Rowan Parks

Writing an abstract is extremely important in providing a concise summary of research findings. It usually summarises a scientific or clinical manuscript and is typically submitted to conferences and meetings as a means of promoting novel results or observations. The key to getting abstracts selected for major meetings is a well written abstract that conforms to society instructions and clearly highlights key findings or results. The aim of this presentation will be to provide some general principals in how to prepare, format and refine an abstract.

Writing a manuscript

Timothy Pawlik

Publication of scientific work is a critical part of academic success. Publication leads to dissemination of important scientific results, peer review recognition, as well as promotion and career advancement.

The manuscript is the method of communicating with the clinical and scientific community both the results of your work, but also your interpretation of the importance and context of the data. Writing a manuscript is an important skill that requires practice and skill. Manuscript preparation must be carefully planned and coordinated with coauthors. Authorship issues should be clarified prior to manuscript preparation including which collaborators will present the data at meetings, order of authorship, and delegation of responsibility among authors for authorship preparation. Manuscript writing should be done well in advance of deadlines to allow for a deliberate approach to preparation. Multiple revisions and full input / involvement of co-authors are critical and require ample time. The title should be succinct but also interesting so as to catch the readers’ attention. The Background/Introduction needs to highlight the “deficit” in knowledge that the work attempts to address, cite the specific aims, be succinct and focused. The Methods need to outline the techniques utilized to collect and analyze the data in a clear and accessible format. Results should be reported in a logical fashion that “tell a story.” Results in the text and tables should not be overly duplicative. The Discussion puts the work into the larger context of what is known in the literature, while highlighting the importance of the current work. The authors should emphasize what is novel about the current work. Although there are many different approaches to writing a manuscript, this session will highlight a few broad points regarding a successful approach to manuscript preparation.

Why a trainee should consider doing full time surgical research?

Tarik Sammour

Research is a cornerstone of surgery, and indeed, any scientific discipline. There is no question that surgical trainees need to understand and undertake surgical research as this is a requirement of training and has been identified as a core college competency. However, the period of time within which this research is undertaken is currently left up to each individual trainee to decide. My talk will outline the specific reasons why I personally decided to undertake fulltime research as part of my training. In addition, I will argue that for most trainees a period of fulltime research presents an attractive opportunity that should not be missed!