

## LETTER TO THE EDITOR

### Academic productivity in otolaryngology

We congratulate Bhattacharyya and Shapiro<sup>1</sup> on their attempt to evaluate the academic productivity of younger otolaryngologists. However, we have significant concerns about the validity of their methodology and conclusions. In their report they reviewed only publications in the four major *general* otolaryngology journals but did not include either subspecialty journals or basic science journals.

In academic otolaryngology, as in other specialties, there is an increasing trend towards subspecialization, which has resulted in academic otolaryngologists increasingly focusing their acquisition of knowledge on use of publications. There is also greater emphasis on a journal impact factor, and some subspecialty journals have higher impact factors than one or more of the journals named in the study. Examples are *Head & Neck*, which has the highest impact factor of any clinical otolaryngology journal, and the *American Journal of Rhinology*.<sup>2</sup> The authors also expressed concern about a decrease in basic science publications without evaluating publications in basic science journals. With the strong movement toward larger-scale cooperative research, there is a greater likelihood that research involving otolaryngologists will be published in basic science journals with very high impact factors. Finally, with availability of online submission, essentially all US otolaryngology journals have seen a marked rise in international submissions, potentially displacing some US research.

Increased subspecialization, an increased number of journals, greater focus on impact factor, and cooperative multi-investigator research, as well as a flood of manuscripts and research from overseas, all likely play a part in the apparent decrease in academic productivity identified by the authors. However, the limitations inherent in the methodology used in the Bhattacharyya study are not clearly discussed. Meanwhile, in recent years the number of otolaryngologists who are principal investigators on R01's has demonstrated a dramatic increase, along with a significant increase in K awards for young otolaryngologists.<sup>3</sup>

We submit that the conclusions from the study may be misleading by implying that our specialty is in academic decline. The increased National Institutes of Health funding to otolaryngologists, the vibrancy of research within subspecialties, and the research presentations at our national meetings all suggest differently, despite the increasing clinical pressures and fiscal restraints inherent in academic medicine. Avoiding potentially misleading information is especially important at a time when our specialty is anxious to admit the best and brightest applicants into our residency training programs. These individuals are the substrate who will become the next generation of clinician-educators and

physician-scientists, and they deserve all the encouragement we can provide.

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### REFERENCES

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### Response to: Letter to the Editor, Academic productivity in otolaryngology from David W. Kennedy et al

We thank Drs Kennedy, Weber, and Hanna for their comments with respect to our recent article, “Academic otolaryngology in the new millennium: we are falling behind,”<sup>1</sup> that discussed academic productivity in otolaryngology. Commentary from such prominent academic otolaryngologists well-known for their mentorship and leadership in academic otolaryngology is welcome and many of their points are well-taken. However, there remain some issues we would like to clarify. The authors rightly point out that our field has become more sub-subspecialized, leading to increasing publications in sub-subspecialty journals within otolaryngology. In our methods, we state that “the total number of publications (all Medline journals) and total number of articles published within the four major otolaryngology journals . . . were reviewed.” Therefore, we are reporting not only publication rates in the four major otolaryngology journals but overall publication rates, both of which were seen to decline. Presumably, if academic otolaryngologists are increasingly publishing in the subspecialty journals, this would be captured at least in part by calculating the percentage of total publications that were *not* among the major four journal publications. When we compare the second half of the 1990s to the first, we see that the percentage of “nonmajor” publications remained the same (52.3% vs 51.3%, respectively), which suggests that there