Network surveillance definitions. Statistical analysis was performed using two-tailed t-test, or chi-square, for nominal and categorical variables, respectively.

RESULTS: There were 316 patients in the SD group and 129 in the SJS-TEN. SD patients had significantly higher ICU and ventilator days, compared to SJS-TEN. When HAI was present, both groups had a significant increase in cost, and SJS-TEN patients had increased mortality. There was no difference in overall mortality, %TBSA or incidence of HAI between the two patient cohorts.

CONCLUSION: Clinicians treating non-SJS-TEN Skin Disorder patients in burn centers should be aware of a high mortality rate, susceptibility to HAI and the potential for a prolonged ICU stay and longer ventilator days. With bundled payments on the horizon, health care facilities may not be able to cover cost of care in the presence of HAI in either patient population.

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Academic Productivity of Microsurgery Fellowship Faculty

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INTRODUCTION: The Hirsch index (H-index) is widely recognized as a reliable measure of academic productivity. While previous studies have applied the H-index to various surgical disciplines, none have analyzed microsurgery faculty. This manuscript aims to examine the applicability of the H-index to microsurgery fellowship faculty to determine it utility as a measure of academic output for this group.

MATERIALS AND METHODS: Faculty demographics and institution characteristics were obtained from the American Society of Reconstructive Microsurgery (ASRM) and official program websites. Faculty H-indices were calculated using the Scopus database (Elsevier, USA). Data was assessed using bivariate analysis and multiple linear regression models to determine the relationship between independent variables and total publications, career H-index and 5-year H-index (H5-index) of each faculty.

RESULTS: A total of 139 faculty members from 22 programs were identified to meet inclusion criteria. The median faculty age was 44 (IQR 13) and 84.9% of faculty were male. Faculty size, number of years of fellowship existence, number of fellows at their program, FACS membership status, number of free flaps performed annually, and academic appointment title were significantly associated with the H index, H5-index and total publications. Multivariate analysis based on the significant independent variables demonstrated that geographical region and faculty ranks were significantly associated with the H5-index.

CONCLUSIONS: Variables associated with seniority (age, years of practice after fellowship, and academic appointment were positively correlated with the H-index. Given the increased use of bibliometrics in academic medicine, these results show that H-index is a viable tool which can be used to assess research quantitative and qualitative productivity among academic microsurgeons.

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Academic Productivity of Craniofacial Surgery Fellowship Faculty

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INTRODUCTION: The Hirsch index (H-index) is widely recognized as a reliable measure of academic productivity. While previous studies have applied the H-index to various surgical disciplines, none have analyzed craniofacial surgeons. This manuscript aims to examine the applicability of the H-index to craniofacial fellowship faculty to determine its utility as a measure of academic output for this group.
MATERIALS AND METHODS: A list of fellowship programs was obtained from the website of American Society of Craniofacial Surgery (ASCFS). Faculty demographics and institution characteristics were obtained from official program websites. H-indices for each faculty member were calculated using the Scopus database (Elsevier, USA). Data was assessed using bivariate analysis (Kruskal-Wallis and Mann-Whitney tests) and multiple linear regression models to determine the relationship between independent variables and total publications, career H-index and 5-year H-index (H5-index) of each faculty.

RESULTS: A total of 102 faculty members from 29 craniofacial fellowship programs were identified to meet inclusion criteria. Faculty demographics reflected a median age of 48 (IQR 13), a predominantly male sample (88/102, 89.7%) and the rank of assistant professor being the most common among faculty members (41/102, 40.2%). Median career publications per faculty was 37 (IQR 52.5) and median H-index and H5-index were 10.0 (IQR 13.75) and 3.5 (IQR 3.25) respectively. Multivariate analysis based on the significant independent variables demonstrated that age, male gender, FACS membership, higher academic title and academic program affiliation with a ranked research medical school were significantly associated with higher H-indices.

CONCLUSIONS: Variables associated with seniority (age, years of practice after fellowship, and academic appointment) were positively correlated with the H-index. Given the increased use of bibliometrics in academic medicine, these results show that H-index is a viable tool which can be used to assess research quantitative and qualitative productivity among academic craniofacial surgeons.

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INTRODUCTION: Electrical burn injuries are very devastating and are always a challenge for reconstruction and rehabilitation.1 Children are generally at high risk because of their natural curiosity to explore things.2,3 Once injured and amputated at this learning age, they are unable to attend school and fall behind their peers and ultimately affecting their capability to earn a livelihood.

OBJECTIVE: This study was undertaken to analyse the burden of high voltage electrical hand injuries, aetiological factors, pattern of injuries, to contemplate the various preventive measures and to discuss and promote the role of doctors especially hand surgeon in its prevention.

MATERIAL AND METHODS: The study included 83 children below the age of 14 years with high voltage electrical injuries admitted in the hospital from Jan 2010 to Dec 2014. Out of these, 75 patients had injury to their hand which resulted in partial or complete amputations (32+43). All children were evaluated for etiological factors, pattern of injuries, educational status of the child as well as parents and intervention done. A study specific 10 point questionnaire was prepared to gain insight into the etio-sociological parameters associated with these injuries. Simultaneously an awareness campaign educating the population at risk was initiated (with hand surgeon as the chief campaigner along with few treated patients to play as role model). This included outreach programs in areas from where there was high patient input as well as educating the family of the patient at the time of discharge and every follow up.

RESULTS: Most common cause was accidental contact with the overhead high voltage live wire. Other reasons were illegal connection with high tension wires and transformers, coming in contact with broken live wires in fields, kite flying and railway tract accidents. Most common age group affected was 10 to 14 years. In the last one year it was found out that those areas in which special camps were organized had a statistically significant drop in the incidence of these injuries.

CONCLUSIONS: The incidence of high voltage electrical injuries is higher among the uneducated & unsupervised children. This study emphasizes the role of doctor in prevention of these crippling catastrophic hand injuries by identifying and educating the population at risk and more importantly saving the hands of future.

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