

Otolaryngology Vice Chairs of Research: Academic and Demographic Insights for Leadership

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Introduction

Research plays a pivotal role in shaping the reputation of academic otolaryngology programs.¹ Academic productivity has been associated with residency program rankings, underscoring the importance of sustained scholarly output.² Within this framework, Vice Chairs of Research serve as key leaders, driving research initiatives, shaping departmental priorities, and fostering a culture of academic excellence.³

Appointing a VC of Research is one strategy programs use to increase research performance by designating a leader to evaluate the departments' research portfolio and identify areas for growth.³ Beyond driving research output, these leaders help define the academic identity of their programs and create opportunities to support trainee development. Despite the significance of this role, limited data exist on the academic and demographic characteristics of individuals who hold this position across medical specialties, including otolaryngology. Prior studies in orthopedics and radiology have examined the demographic trends and role-specific challenges, respectively.^{3,4}

To date, however, no studies have characterized the academic or demographic profiles of these leaders in otolaryngology. This study addresses that gap by examining trends in scholarly productivity, educational backgrounds, and demographic representation among otolaryngology VCs of Research.

Methods

A total of 132 otolaryngology residency programs were identified using the Fellowship and Residency Electronic Interactive Database (FREIDA).⁵ Doximity rankings were used to assess program status.

In January 2025, publicly available program websites were reviewed to identify VCs of Research. Inclusion required the individual to hold the VC of Research title at an ACGME-accredited otolaryngology residency program within the United States. Data on sex, race/ethnicity, academic rank, degree type, residency/postdoctoral training, fellowship institution, and otolaryngology subspecialty were collected from academic profile pages.

N = 58	% [95% Exact CI]
Gender	
Male	60.3% [46.0%, 73.7%]
Female	39.7% [26.3%, 54.0%]
Race	
White	79.3% [66.6%, 88.8%]
Asian	19.0% [10.0%, 31.1%]
Black or African American	1.7% [0.04%, 8.9%]
Hispanic	6.9% [1.9%, 16.7%]

Table I. Demographic characteristics of Vice Chairs of Research in otolaryngology.

Academic productivity was quantified using the Hirsch index (h-index).⁶ Each VC's h-index was recorded in January 2025 from Scopus and Google Scholar. NIH grant numbers and types awarded were identified via the NIH RePORTER database.

Exact binomial and multinomial tests assessed gender and racial distributions among VCs versus expected values from the 2023 Otolaryngology Workforce Report, with significance at $p < 0.05$. T-tests compared h-index scores between VCs of Research and Department Chairs.

Results

Program characteristics

Of the current U.S. otolaryngology residency programs, 58 (44%) had a designated VC of Research. Among the top 25 programs, as ranked by Doximity, 22 (88%) had a Vice Chair of Research, and 41 (82%) of the top 50 programs had one designated.

Demographic characteristics

Among the VCs, 35 (60%) were male and 23 (40%) were female. The racial distribution included 46 (79%) White, 11 (19%) Asian, and 1 (2%) Black faculty member. Four individuals (7%) were identified as Hispanic (Table I).

Academic Characteristics

The majority held PhDs (41%), followed by MDs (34%) and MD/PhDs (24%). Notable sex-based differences were observed: over half of female VCs held PhDs, compared to 34% of male VCs (Fig. 1). Most VCs (78%) held the rank of Professor, followed by Associate Professor (28%), and Assistant Professor (9%).

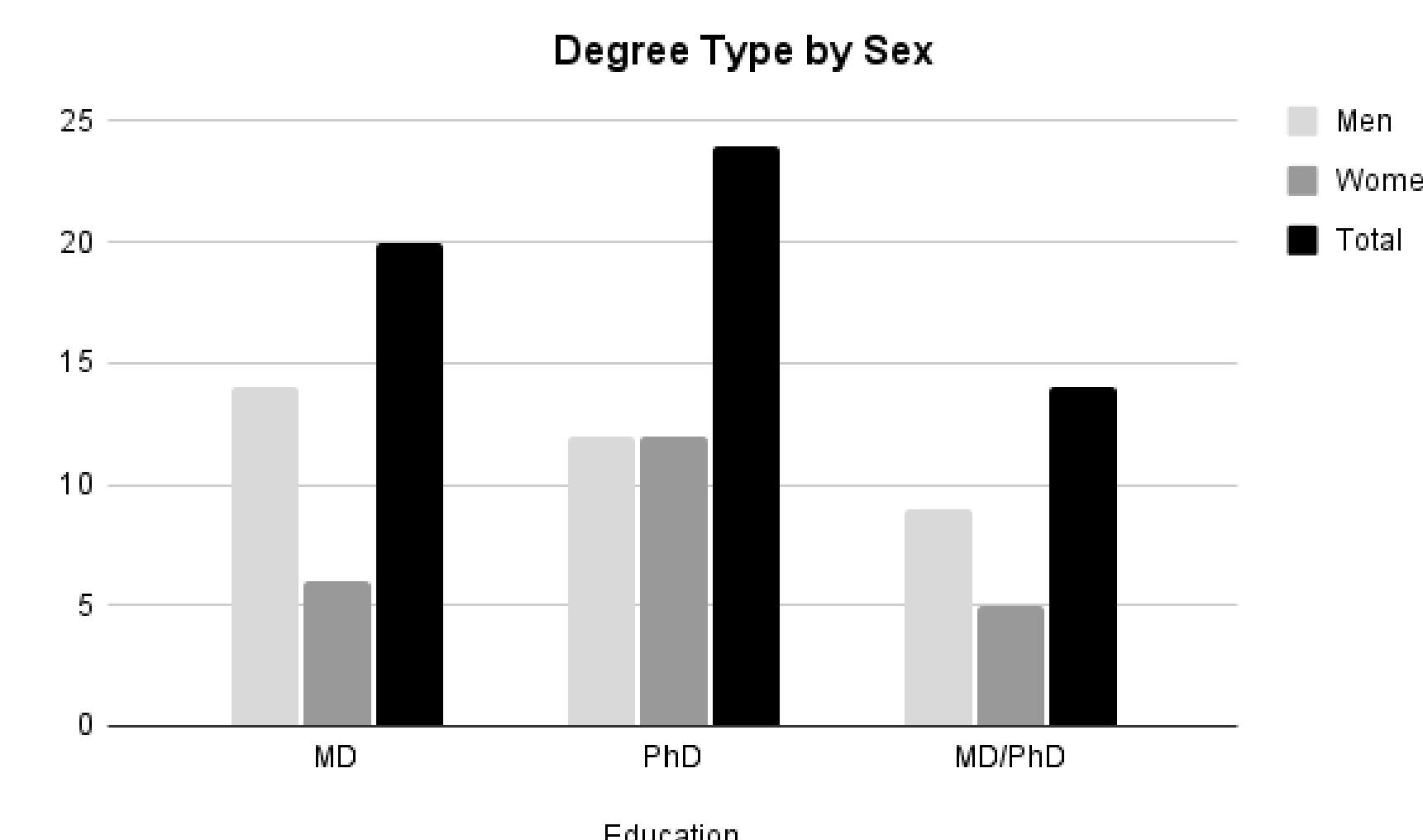


Figure 1. Degree types by sex.

The distribution of VCs across otolaryngology subspecialties varied among those with MD or MD/PhD degrees. Head and neck surgery had the highest representation ($n=10$), followed by rhinology and skull base surgery ($n=6$), laryngology ($n=5$), and otology/neurotology ($n=4$). Pediatric otolaryngology and sleep medicine were each represented by one individual ($n=1$), while seven VCs with medical training ($n=7$) reported no subspecialty training.

Research Productivity

The average h-index for VCs was 31.26 ($M = 31.26$, $SD = 18.77$). Half of the VCs had an h-index of 21-30 (Fig. 2). Among the VCs, 10 individuals demonstrated the highest scholarly productivity, with a mean h-index of 64.60 ($M = 64.60$, $SD = 14.11$), with h-indices ranging from 46 to 91 within this subset.

Furthermore, 74% of VCs secured at least one National Institutes of Health (NIH) grant for their research. Among 239 total NIH grants awarded, 95 were R01s (39.7%), 32 were R21s (13.4%), and 10 were R25s (4.2%). Fifty-three percent of VCs were awarded at least one R01 grant.

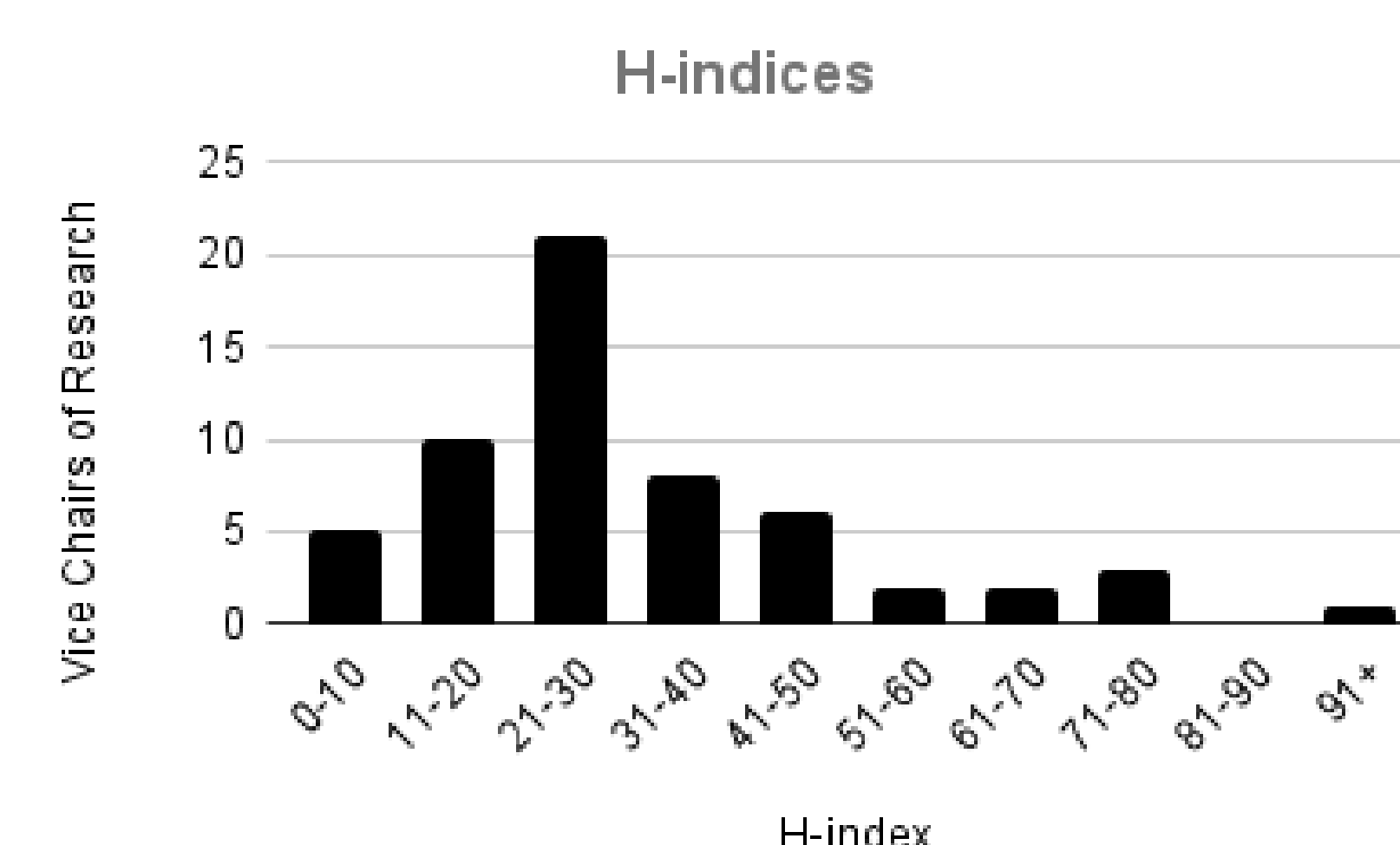


Figure 2. Distribution of h-indices among otolaryngology Vice Chairs of Research.

Discussion

This study is the first comprehensive analysis of Vice Chairs (VCs) of Research in otolaryngology, a critical but previously understudied leadership role. Although fewer than half of residency programs have a VC of Research, the position is more common at top-ranked programs (88% of top 25), suggesting formal research leadership promotes sustained academic excellence.

Most VCs of research are White (79%); 60% each are male and hold the rank of professor. VCs demonstrate strong academic productivity, with over 70% retaining NIH funding, and over half have received at least 1 R01 grant.

While gender representation among VCs is notably higher than other leadership roles in otolaryngology, racial and ethnic diversity remains limited.

Conclusion

VCs of Research occupy a pivotal yet understudied position within academic otolaryngology. This analysis reveals that while the VCs of Research are concentrated at top-tier programs, they demonstrate high scholarly productivity, substantial NIH funding, and increasing gender diversity—though racial representation remains limited. These leaders not only advance departmental research agendas but also shape institutional prestige. Given the mentorship responsibilities of this role, VCs of Research are well-positioned to drive academic excellence within otolaryngology.

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Acknowledgements

All authors have contributed sufficiently to the project to be included in the author byline and have agreed with its presentation at AAO-HNS.