



ASSOCIATION FOR SURGICAL EDUCATION

ANNUAL REPORT 2013





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ABOUT THE ASE

Past Presidents

1981 Royce Laycock, MD
1982 Royce Laycock, MD
1983 Anthony Imbembo, MD
1984 Bruce Gewertz, MD
1985 Peter Lawrence, MD
1986 Patricia Numann, MD
1987 Richard Bell, MD
1988 Norman Snow, MD
1989 John Provan, MD
1990 Hollis Merrick, MD
1991 Debra DaRosa, PhD
1992 James Hebert, MD
1993 Ajit Sachdeva, MD
1994 Merrill Dayton, MD
1995 Gary Dunnington, MD
1996 Nicholas Coe, MD
1997 Chris Jamieson, MD
1998 Richard Spence, MD
1999 Richard Schwartz, MD
2000 Richard Reznick, MD
2001 Nicholas Lang, MD
2002 Leigh Neumayer, MD
2003 Michael Stone, MD
2004 John Murnaghan, MD
2005 Kimberly Anderson, PhD
2006 Donald Jacobs, MD
2007 Donald Risucci, PhD
2008 Philip Wolfson, MD
2009 Barry Mann, MD
2010 David Rogers, MD, MHPE
2011 Thomas Lynch, MD
2012 Linda Barney, MD
2013 Dimitri Anastakis, MD,
MHPE, MCHM

History

The original motivation for the creation of the Association for Surgical Education (ASE) was to improve the quality of medical student education in surgery. The ASE planning group consisted of Drs. Norman Snow, David Heimbach, Royce Laycock, Anthony Imbembo, Gordon Schwartz and Bruce Gewertz who founded the organization in 1980. The inaugural meeting took place in Louisville, Kentucky in 1981 and was attended by approximately 30 people. In the early 1990's, the ASE embraced educational research as a major part of the organizational mission and developed a number of programs that promoted the scholarship of discovery as it related to the entire surgical education continuum. In more recent years, education has become an increasingly more common career focus for academic surgeons. Accordingly, the ASE has adapted its structure and programs to address the interests and needs of our growing and diverse group of graduate students, residents, surgeons and educators.



The ASE Logo

The ASE logo is comprised of a book, quill and scalpel, symbols of surgical education and training.

ABOUT THE ASE

ORGANIZATION

The ASE is a 501-(c)-3 non-profit organization and is governed by a Board of Directors. The Board of Directors is comprised of the officers, committee chairs and several members who serve as liaisons to other surgical and medical organizations. The majority of ASE committees are completely open to all its members, and the committee members elect their leadership. The ASE Executive Committee is comprised of the officers and the executive director and addresses issues that arise between the biannual meetings of the full Board of Directors. The organization is headquartered in Springfield, Illinois and is administered by an executive director, Ms. Susan Kepner, and a staff member, Ms. Brenda Brown.

MISSION STATEMENT

The mission of the Association for Surgical Education is to promote, recognize and reward excellence, innovation and scholarship in surgical education.

STATEMENT OF CORE VALUES

We believe that education is essential for individual growth and global progress.

We believe that continuous learning is vital to succeed in a changing environment.

We believe that effective collaboration employs our diversity to improve ideas, enrich experiences and increase productivity.

We believe that enduring organizational effectiveness depends upon trust, transparency, integrity and mutual respect.

We believe that a commitment to innovation and scholarship is crucial to progress.

VISION STATEMENT

The ASE aspires to impact surgical education globally.

Current Board of Directors

OFFICERS

President Mary Ann Hopkins, MD

President-Elect Daniel Jones, MD

Vice-President Mary Klingensmith, MD

Treasurer Amalia Cochran, MD

Secretary Christopher Brandt, MD

COMMITTEE CHAIRS

Assessment and Evaluation Connie Schmitz, PhD

Awards Adnan Alseidi, MD

Citizenship and

Social Responsibility Mohsen Shabahang, MD

Clerkship Directors Joseph Iacono, MD

Coordinators of Surgical Education Terri MacDougall, MEd

Curriculum Steve Goldin, MD, PhD

Educational Research Melissa Brunsvold, MD

Faculty Development Michael Cahalane, MD

Graduate Surgical Education PJ Schenarts, MD

Information Technology Michael Awad, MD, PhD

Membership John Rectenwald, MD

Nurses in Surgical Education Lisa Satterthwaite

Program Ranjan Sudan, MD

Simulation Dimitrios Stefanidis, MD, PhD

MEMBERS

Executive Director Susan Kepner, MEd

Past Presidents

Dimitri Anastakis, MD, MHPE, MHCM,

Linda Barney, MD; Thomas Lynch, MD, MHCM

ASE Recorder Ranjan Sudan, MD

American College of Surgeons

Ajit Sachdeva, MD (ex-officio)

ASE Foundation Armour Forse, MD (ex-officio)

LIAISON MEMBERS

Association of American Medical Colleges Council of Academic Societies

Debra DaRosa, PhD; Roy Phitayakorn, MD

Alliance for Clinical Education

Rebecca Evangelista, MD; Robert Nesbit, MD;

Robyn Stewart, MD; Shawn Tsuda, MD

Alliance for Clinical Education Publications Comm.

Peter Muscarella, MD

AAMC MedEdPortal Michael Hulme, PhD

Association of Program Directors in Surgery

James Korndorffer, MD

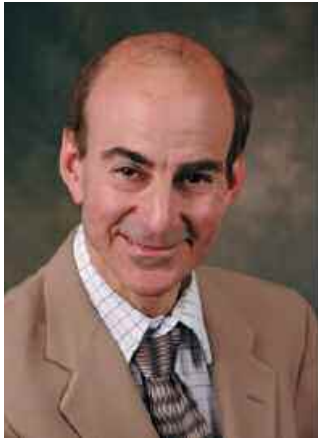
Assoc. of Academic Surgeons Amalia Cochran, MD

American College of Surgeons- ASE Governor

Gary Timmerman, MD

ABOUT THE ASE

NAMED LECTURESHIPS AND AWARDS



PHILIP J. WOLFSON OUTSTANDING TEACHER AWARD

This award is given annually to a maximum of four individuals who are actively involved in surgical education and who are considered by their chair, peers or residents/students to be outstanding teachers. The award was renamed in 2008 to honor the memory of Philip J. Wolfson, MD, a truly outstanding teacher and ASE President.



THE J. ROLAND FOLSE INVITED LECTURESHIP IN SURGICAL EDUCATION

In 1993 the ASE created this named lecture to recognize the significant and enduring contributions of Dr. J. Roland Folsie to the ASE and to surgical education. Individuals are invited to give this lecture based on exemplary contributions to their respective disciplines.



THE LINNEA HAUGE, PHD PROMISING EDUCATIONAL SCHOLAR AWARD

This award will be made annually to a resident or fellow who is actively involved in surgical education, and who is considered by their chair, dean, or program director to demonstrate promise as a future leader and scholar in surgical education.

MESSAGE FROM THE PRESIDENT

Since its first meeting in 1980 where about 30 dedicated surgical educators met in Kentucky, the Association for Surgical Education has blossomed into the largest surgical society dedicated to solely surgical education at all levels. With over 800 members, we are the premier organization dedicated to excellence, innovation and scholarship in educational research.

One of the most exciting aspects of our organization is the support and mentoring we provide for young surgeons and residents. I attended my first meeting in Vancouver ten years ago. I had just been made clerkship director and had begun working on innovative on-line educational modules, now known as WISE-MD. I am not sure what I was expecting, but I was overwhelmed by the kindness, support and camaraderie that I found. I found mentors to help guide me in my career, like-minded “outside-the-box” thinkers (they even had a lunch session for us! Thank you, Barry Mann!), and a leadership team that was approachable, accessible and, yes, embracing. I knew I had discovered my home. I timidly sat in on my first committee meeting (Information Technology) and was amazed to feel heard and valued. We are a unique organization in that all of our committees are open – no special initiation is required – and every voice is valued.

Our more formal mentoring program is the Surgical Education Research Fellowship (SERF) whose strength and value are a testament to Deb DaRosa, Don Risucci, and Kim Schenarts. By recognizing the importance of rigorous scholarship and developing a robust and formalized program, we have played a significant part in having educational research recognized as the true science it is. Our work has helped validate such scholarship in consideration of academic promotion. Our members have been at the cutting edge of meaningful and rigorous educational research, and I am certain we will continue to be at that forefront. As a SERF mentor to Abbey Finerget last year, I was truly humbled by the amazing work our SERFers do!

The last three years saw the successful implementation and completion of our first three-year plan strategic plan. I feel it's important to remember that the process began with introspection and defining what our core values are and what our vision as an organization is. We now begin our second cycle beginning this fall. We will again reach out to our members to look for our strengths and weaknesses, where we want to go and what we need to get there. Your input will be critical to this process and I am sure that we will become even stronger as we continue to grow.

We are now entering some very challenging and interesting times. The Affordable Care Act (ACA), seemingly endless budget cuts in medicine and research, and the global challenges that physicians and educators are facing in an increasingly turbulent world have all had major impacts in our field.

The emphasis on primary care in the ACA is intended to urge students into primary care fields. Referrals to specialists may come under scrutiny as cost considerations continue to come to the forefront. Therefore, with the probable large increase in the number of primary care physicians, I feel that it is even



Marianne Hopkins, MD

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MESSAGE FROM THE EXECUTIVE DIRECTOR



Susan Kepner, MEd

The ASE is proud to have completed its 2010-2013 Strategic Plan with great success. So much was accomplished during this time period to help the ASE move forward in accomplishing its mission and vision statements. This has led to the beginning of a new Strategic Planning process to prepare for 2014-2017. This plan will allow us to continue to build on the success of our recent plan and to continue to plan for the future. The ASE continues to be guided by focused, membership-driven goals and objectives. The new 2014-2017 plan will again create a working document that sets a clear direction for the ASE as we continue to meet the challenges and educational needs of our surgical academic community.

One of the goals of the ASE 2010-2013 Strategic Plan was to increase the number of podium presentations at our annual meeting. We are pleased to report that we were able to increase the number from 36 in 2012 to a total of 47 this past year. This was accomplished, in part, by doubling the Mini-Oral Sessions, which have become an integral part of the annual meeting program.

We are proud to announce that the first Excellence in Innovation in Surgical Education Award was presented at our 2013 Annual Meeting in Orlando, FL. This award, which will be given annually to a team of individuals who exemplify a successful cooperative effort in surgical education innovation, was given to the University of Toronto Orthopaedic Boot Camp Team.

We continue our partnership with the ACS to create the ACS-ASE Skills-based Simulation Curriculum for Medical School Years 1-3, the ACS/APDS/ASE Entering Surgery Resident Prep Curriculum and the ACS/ASE Medical Student Core Curriculum.

At our 2013 Meeting, the ASE Clerkship Directors Committee again presented an all-day workshop on Troubleshooting 103 – a workshop for Surgery Clerkship Directors and Coordinators. This workshop addressed issues of curriculum development, lectures, grades, problem students, feedback and simulation, as well as discussion about best clerkship practices. The Clerkship Directors Committee plans to continue this workshop on an annual basis for the foreseeable future.

Based on the success of the 2012 workshop entitled “Introduction to Education Research Design and Methodology,” this too was repeated at the 2013 Annual Meeting. This course covered topics on developing research questions, design of studies, survey research, critical appraisal of research studies and an introduction to quantitative research. Also repeated from 2012 was a workshop entitled “Fundamentals of an Academic Career in Surgery Education.” This workshop covered topics relevant to becoming a surgery educator and obtaining the necessary skills to be successful and academically productive. In addition, this year, the ASE Simulation Committee sponsored a workshop on “Surgical Simulation: Getting Started as a Surgical Director.” This workshop addressed three main content areas: The Nuts and Bolts of Starting Surgical Simulation at a Center, Aligning the Center with National Initiatives, and Fundamentals of Surgical Simulation Research.

The future for the ASE continues to be exciting and challenging as everyone continues to have to “do more with less.” We strive to continue to meet our members’ needs during these rapidly changing times. I encourage you to read more about the work of our Committees throughout this Annual Report.

Susan Kepner, MEd
Executive Director

MESSAGE FROM THE ASE FOUNDATION PRESIDENT

The newly invigorated Foundation is still committed to its core mission of supporting the ASE and its programs, a mission even more important as funding for teaching and research are challenged. As requested by the ASE, the ASE Foundation aligned its strategic plan with ASE, and then had to address an important question: should it be converted into a committee of the ASE or stay as a foundation? Once we outlined our strategic plan and examined potential sources of funding, we decided to stay as a foundation. The primary reason is that a foundation can have membership that goes beyond the society: we can have people from industry and philanthropy who are interested in supporting surgical education but who do not qualify for ASE membership. We are excited to welcome Howard Fried, from CAE Healthcare, who has joined the Foundation Board. As part of our strategic plan we will invite individuals such as Howard to help us explore relationships with industry. The Foundation is also working with other surgical societies to increase the awareness of and support for our surgical education mission.

We want to educate people outside of the ASE to our unique programs such as CESERT and SERF and encourage them to participate in these through matching grants. The ASE Foundation supported both of these programs this past year through money from industry (75%) and ASE membership (25%).

In fact the ASE Foundation has supported 25 investigator-initiated, peer-reviewed grants distributing over \$1,000,000 to 17 institutions in the US, Canada, and UK. The grant proposals that are submitted to CESERT for consideration are excellent and represent the quality work the ASE and the ASE Foundation are proud to support. We are grateful to Dr. Ravi Sidhu and the CESERT Grants Review Committee for their excellent job in reviewing and scoring these grants.

The SERF Program, which provides mentorship and training in surgical education research, continues to be highly successful under the dedicated leadership of Dr. Kimberly Schenarts. We had 12 fellows from 12 separate institutions this year to bring the total number of fellows to well over 200 fellows from as many institutions nationally and internationally. The Foundation is committed to actively support and develop the SERF program with discussions about providing an on-line accredited program through an established on-line university. The Foundation is exploring the development of similar programs in areas of basic and advanced training in area of surgical education teaching and assessment.

The ASE Foundation strategic plan is focused on being a global leader in funding surgical education research, developing a sustainable financial plan, and developing relationships with surgical societies, foundations, industry and philanthropy. A key to our long term success will be the financial support that members of the board and particularly the members of ASE provide. We want 100% of the Foundation Board and 100% ASE Board to support the Foundation, hopefully followed by as close to 100% of the ASE membership as possible. Today more than ever, supporting surgical education requires financial support. The Foundation needs to be able to send a strong message to industry, which is evident through such generous member support. The Foundation has started an aggressive campaign to get this level of support, and it looks to all members to contribute, no matter how much, to be part of the message that surgical education is a vital component of our future healthcare.



Armour Forse, MD

Armour Forse, MD
ASE Foundation President

COMMITTEE REPORTS

COMMITTEE ON ASSESSMENT AND EVALUATION

Connie C. Schmitz, PhD, Committee Chair
Marc de Moya, MD, Vice Chair

The Assessment and Evaluation Committee's mission is to enhance the capacity of ASE members in four areas: learner assessment, faculty evaluation, program evaluation, and measurement as related to surgical education research. In so doing, we hope to enhance best practices in our field for tasks related to such things as ACGME milestones reporting and assessment for PGY-1 supervision standards and the ABS performance requirements. We also hope to promote research on assessment and evaluation methods. We provide an annual workshop on topics related to these domains. Recent workshop topics include "Surgical Skills Assessment 101: Definitions and Applications of Key Measurement Principles and Best Practices" (2013), "Assessment Tools for Simulation" (2012), and "Faculty Remediation" (2010).

The Committee is open to all interested ASE members. Currently, sub-committee groups are working on three projects: (1) publishing a "white paper" on the use of video for assessment; (2) releasing an online version of the "Assessment 101: Principles and Practices" workshop to ASE members; and (3) developing discussion groups and other supports for "Assessment 501: Advanced Topics." This latter project is aimed at lead PhD and MD educators who are responsible for establishing assessment "best practices/quality" and teaching others in their home departments. New foci of interest and new sub-committee efforts are encouraged.

COMMITTEE ON AWARDS

Adnan Alseidi, MD

Membership on the Awards Committee is by presidential appointment. This group is responsible for developing the criteria and process for selecting the annual recipients of the Philip J. Wolfson Outstanding Teacher Award, the ASE Distinguished Educator Award, the Outstanding Resident Teacher Award and the Linnea Hauge, PhD, Promising Educational Scholar Award, and the Excellence in Innovation in Surgical Education Award. Nominations are currently being solicited from the ASE membership for all five awards.

The Awards Committee will review all nominations and will identify recipients based on defined criteria. Awards recipients will be announced during the 2014 Surgical Education Week.

COMMITTEE ON CLERKSHIP DIRECTORS

Joseph Iocono, MD, Chair
Nancy Gantt, MD, Vice-Chair

The Committee on Clerkship Directors was formed at the ASE meeting in Tucson in March 2006 to provide a forum specifically for Clerkship Directors to share ideas and address problems common to all surgery clerkships. These areas include curriculum, evaluation, faculty development and abiding by the ever changing Liaison Committee on Medical Education (LCME) requirements. Recently, the committee has focused on making faculty development of clerkship directors a priority within the group. The Committee has completed a national database containing contact information for all North American Clerkship Directors that is ever changing but represents the best resource for connecting clerkship directors both within and outside ASE. For the past three years at the ASE annual meeting, a pre-meeting workshop for clerkship directors was held to cover common topics such as LCME accreditation, work hour restrictions, problem students, EMR challenges, and professionalism. We will continue to support the development of the national curriculum with other committees within ASE. Within the next year, we will have a course at ASE for new clerkships directors and we may expand the clerkship topics presentations to our committee meeting at the ACS in the fall. In addition, the committee is working with the ASE/ACS leadership to establish a fellowship process to reward clerkship directors who attend workshops, present at ACS or ASE and show commitment to improving their skills as a clerkship director.

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COMMITTEE ON COORDINATORS OF SURGICAL EDUCATION

Terri MacDougall, Chair
Lorena Burton, Vice-Chair

The purpose of the Committee is to provide a forum specifically for medical student coordinators in surgery to address problems common to the administration and delivery of surgery clerkship programs, to address the educational needs of medical students in surgery, to promote the development of resources to support and educate coordinators, and to share best practices with the goal of maintaining a successful surgery clerkship program.

The committee highly values the professional development of coordinators and continues to focus on organizing annually a half-day pre-conference professional development workshop at the Association for Surgical Education (ASE) Meeting. During the pre-conference professional development session in April 2013, an expert panel from the National Board of Medical Examiners (NBME) was available via teleconference to provide clarity on a number of questions related to the administration of the electronic NBME surgery subject examination. In addition, three coordinators provided presentations about preparing students for residency. The planning for the half-day professional development workshop in April of 2014 is well underway and the topics will include simulation in undergraduate medical education, tracking duty hours in clerkship, writing learning objectives, creating effective presentations, and the ACUME (Administrator/Coordinators in Undergraduate Medical Education) certification process. The committee is also focusing on expanding the current half-day professional development session with the addition of a round table discussion period about hot topics, developing a new clerkship coordinators pre-conference workshop to be delivered annually, developing a mentoring program for new coordinators, and increasing coordinator membership.

Overall the Committee supports, educates and inspires coordinators in surgery and meets annually during the ASE Meeting. The Committee also conducts business via email and meets quarterly via teleconference. New members are welcome.

COMMITTEE ON CURRICULUM

Steven Goldin, MD, PhD, Chair
Rebecca Sippel, MD, Vice-Chair

The Committee on Curriculum is focused on innovations in material development for student-level course requisites and career advisement in surgery. Guided by the mission and vision of the organization we strive to provide surgical educators in varied roles of responsibility and practice settings. Collaborative efforts of members produced the current edition of the Manual of Surgical Objectives (MSO) for undergraduate teaching and the Surgical Educators Handbook that serves as a navigational aid for educators in a problem-based format. Committee members are currently engaged in the final stages of revising the MSO to enhance the current language to more rigorous, measurable objectives that can easily be adopted by clerkship or site directors to meet national accreditation standards.

The Committee is also currently engaged in the ongoing development of the ASE PowerPoint Teaching Modules designed for use by faculty or residents for medical student education. Framed after the Manual of Surgical Objectives, these case-based modules, enriched with images, radiographs and literature references enable faculty and resident educators to guide students through discussions of common problems encountered in surgical practice. The Committee continues to proudly sponsor the "Thinking Out of the Box" lunch program at the ASE Annual Meeting focused on sharing innovative teaching ideas for both students and residents. To ensure systematic and rigorous objective and teaching material development we collaborate with Committees on Assessment and Evaluation, Clerkship Directors and Simulation.

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COMMITTEE ON EDUCATIONAL RESEARCH

Melissa Brunsvold, MD, Chair
Roy Phitayakorn, MD, Vice-Chair

Promoting the scholarly activities of ASE members by encouraging, coordinating and stimulating all aspects of educational research is the primary goal of this Committee. This is achieved by improving communication and sponsoring educational activities. Communications include informing the membership of educational and grant/funding opportunities as well as mentoring capabilities. Educational activities include sponsoring workshops and related activities for the development of educational research skills of ASE members. Other activities include the integration and promotion of educational research within the ASE by forming essential liaisons with other Committees. A current project of this Committee is the renewal of the Surgical Education Research course and the integration of this course into the SERF program.

COMMITTEE ON FACULTY DEVELOPMENT

Michael Cabalane, MD, Chair
Nabil Issa, MD, Vice-Chair

The Committee on Faculty Development assists ASE members in developing the teaching and mentoring skills of the faculty at their institutions and seeks to enhance their own professional development. The Committee sponsors workshops and courses at ASE meetings. Recent workshops have included interactive sessions entitled: Beyond Pigs Feet, Box Trainers, and 3-0 Silk: Planning a Surgical Skills Course, Coaching Towards Excellence and Professionalism and Communication, and How Surgeons Teach in the Operating Room. The Committee is working on a workshop for next year on How to Write a Recommendation Letter. The Committee has developed a sample teaching dossier, completed and published a national study on part-time academic faculty, and conducted a national survey on volunteer surgical faculty. Currently, the committee is working on a half-day course on faculty and career advancement in academic surgical education. The Committee completed the planning phase of this course in 2011 and ran the

course at the 2012 and 2013 ASE meetings. The Committee is collaborating with other committees to complete a needs assessment/white paper evaluating the potential for studies in the area of patient safety, quality, and the changing medical curriculum. The Committee welcomes involvement of all interested ASE members.

COMMITTEE ON GRADUATE SURGICAL EDUCATION

P.J. Schenarts, MD, Chair
Nancy Schindler, MD, Vice-Chair

The mission of the Graduate Surgical Education Committee is to endorse and promote core-competency based best practices in graduate surgical education that are grounded in sound educational theory. The Graduate Surgical Education Committee was formed in 2009 to provide a “home” in the ASE for those whose primary focus is graduate medical education. Recently completed projects include the publication of the 2011 ASE workshop “Use of medical students as research subjects” in Academic Medicine. Members of the Committee also presented a workshop on “Integration of Nurse Practitioners & Physician Assistants into Surgical Training” at the 2013 annual meeting. Future work of this committee will focus on preparation for a 2014 ASE workshop, publication of the “Compendium of Best Practices for Systems-based Practice” and better ways to engage with educational organizations from various surgical sub-specialties.

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COMMITTEE ON INFORMATION TECHNOLOGY

Michael Awad, MD, Chair

Alan Harzman, MD, Vice-Chair

The purpose of this Committee is to share information with the ASE membership on how to use information technology to improve the quality of surgical education programs. While the Committee attracts ASE members who are “tech” savvy, it is open to anyone with an interest in information technology including novices. The Committee has completed a number of projects designed to keep the ASE membership up-to-date on computer hardware, software and on-line services.

The Information Technology Committee is currently revamping the appearance and functionality of the ASE website including a new social module to facilitate committee interactions and group discussions. We are also exploring options for developing webinar, distance-based, teaching and learning opportunities. Finally, the committee is working on the selection of a meeting app for the future Surgical Education Week conferences.

COMMITTEE ON MEMBERSHIP

John Rectenwald, MD, Chair

Membership on this committee is by presidential appointment. The purpose of this group is to develop strategies and projects that attract new members and keep current members actively involved in the ASE. The membership committee is strategically comprised of members representing plastic surgery, cardiothoracic, urology, vascular, general surgery, simulation, nurse educators, coordinators, residents and international groups. The ASE membership currently stands at approximately 800 members, which includes 158 clerkship directors, 56 clerkship coordinators, 14 nurse educators, 96 residents and 22 medical students. The committee continues its work on targeting surgeons and other healthcare members involved in areas outside of general surgery; specifically faculty who are involved in new integrated residency programs, international groups, scientists and engineers. Efforts are underway to develop joint funding opportunities for surgical educational research between ASE and national specialty organizations as a means of increasing awareness of the ASE and at the same time increasing

opportunities for scholarship in educational research.

MULTI-INSTITUTIONAL EDUCATION RESEARCH COMMITTEE

Nick Sevdalis, PhD, Chair

The newly formed Multi-institutional Education Research Committee’s mission statement is to promote collaborative, multi-institutional research in surgical education.

MERG was initially set up during 2012-13 as an ASE interest group, termed “Multi-institutional Research Group.” The group was originally conceived and chaired (2012-13) by Dr. Amalia Cochran (University of Utah), with Dr. Nick Sevdalis later appointed Vice-Chair. MERG became a formal ASE committee at the 2013 Surgical Education Week (ASE-APDS meeting), in Orlando, Florida.

MERG goals: MERG has set out short-, medium-, and long-term goals to pursue. These include:

- specific research projects on multi-institutional surgical education research aimed at informing the surgical education community about the current status and future directions of such research (short-term);
- setting up resources and infrastructure to proactively support multi-institutional educational research, including funded projects, a web-based toolkit, and support to surgeons seeking to apply for multi-institutional research grants (medium-term);

COMMITTEE REPORTS

- becoming a 'think tank' for multi-institutional educational research and a liaison group with other bodies outside ASE to further promote high-quality multi-institutional research projects and grants.

Progress to date (2012-13):

- The committee carried out a workshop on multi-institutional research (SEW 2013, Orlando, Florida);
- The committee set up a survey/Delphi study of ASE membership aiming to identify priorities and challenges for multi-institutional surgical education research. We are now in the 2nd round of the survey/Delphi consensus process (ongoing);
- The committee is working on what is aimed as a peer-reviewed 'white paper' to establish priorities in multi-institutional research. This is set up as a systematic review on published multi-institutional surgical education research studies (ongoing).

COMMITTEE ON NURSES IN SURGICAL EDUCATION

Lisa Satterthwaite, RPN, ORT, Chair
*Deborah Kenyon, RPN (LPN), ORT (CST),
Vice-Chair*

The committee on Nurses in Surgical Education continues to thrive within the Association for Surgical Education as a dedicated group of nurses who are embedded within assorted aspects of surgical education throughout North America. Our variable backgrounds from education to simulation to curriculum development in both undergrad and post graduate education offers us a wide range of cross fertilization within the association.

NISE continues to evolve each year welcoming new members from varied nursing backgrounds. Our current increase in membership includes nurses who are now charged with running simulation centres and creating curricula using this ever increasing and at times, complex model of simulation education.

We also are exploring opportunities using research in order to better understand the ever expanding role of the nurse educator and the importance of basic skills education being taught within the medical school curriculum.

Our ability to offer consultation and support to the

growing number of educational centers and programs offers us the opportunity to promote the ASE as well as distribute our wealth of knowledge amongst those in need.

COMMITTEE ON PROGRAM

Ranjan Sudan, MD, Chair
Susan Steinemann, MD, Vice-Chair
Ranjan Sudan, MD, ASE Recorder

Membership on the Program Committee is by presidential appointment. The most recent ASE meeting took place in Orlando. We had four pre-meeting workshops this year, including topics on Troubleshooting Your Clerkship – 103, Surgical Simulation: Getting Started as a Surgical Director, Fundamentals of an Academic Career in Surgery Education and Introduction to Education Research Design and Methodology. Thirty abstracts were accepted for podium presentation, and an additional 18 were accepted for mini-oral presentation. Ten workshops and the SERF Forum were presented in afternoon sessions. The Wine and Cheese Poster Session was a success this year, which included 34 scientific posters. A panel session moderated by Dr. Ranjan Sudan highlighted the "Business of Surgical Education," and included talks from Dimitri Anastakis, MD, MHPE, MCHM, ASE President, University of Toronto, Lilly Marks, Vice President for Health Affairs, University of Colorado, Gary Dunnington, MD, Chair, Department of Surgery, Indiana University and Michael Nussbaum, MD, Chair, Department of Surgery, University of Florida. Lilly Marks, Vice President for Health Affairs, University of Colorado, presented the J. Roland Folse Lectureship. The title of her talk was "Funding the Academic Mission." Frederic Hafferty, PhD, Mayo Clinic, Rochester, MN, was our speaker for the "What's New in Surgical Education" presentation, and provided a stimulating talk entitled "Surgical Education and the Hidden Curriculum: Exploring Pedagogical Boundaries." Dr. Dimitri Anastakis gave the Presidential Address, entitled "The Anatomy of Reputation: An ASE Priority." The Program Committee has initiated planning for the 2014 meeting in Chicago, IL. We will continue to expand opportunities for members to present their work with two simultaneous mini-oral presentation sessions. The concurrent session

COMMITTEE REPORTS

format was a success with good attendance at both sessions last year. We will continue with the traditionally excellent Thinking Out of the Box program. Pre-meeting courses are also being developed by other ASE Committees.

COMMITTEE ON SIMULATION

Dimitris Stefanidis, MD, PhD, Chair
John Paige, MD, Vice-Chair

The mission of the Committee on Simulation is to promote the development, adoption, and scientific analysis of simulation-based training for surgeons and other healthcare professionals. The committee had a very productive year. The ASE/ACS Medical Student Simulation-based Surgical Skills Curriculum that contains over 30 modules has been completed and is now available online. The Committee sponsored two excellent workshops at 2013 Surgical Education Week: one on Faculty Development in Teamwork and Debriefing Competencies and one on Defining High Quality Surgical Training. In addition, for the first time it sponsored a day-long pre-meeting workshop entitled “Surgical Simulation: Getting Started as a Surgical Director” which was well received. Ongoing projects include a follow-up study on the Delphi study published in 2012 in the American Journal of Surgery that defined research priorities in surgical simulation. The current project aims to assess the existing evidence or lack thereof relating to the identified top priorities. Two more papers related to activities of the committee were submitted to the American Journal of Surgery. A white paper is underway to define standards and identify gaps and future directions in surgical simulation. Literature reviews on specific surgical simulation topics are also currently being completed and will be submitted for publication to the American Journal of Surgery. Further, participating institutions of

the multicenter study that received the first ASE/APDS grant award and aims to establish resident performance benchmarks on a number of laparoscopic and open simulated surgical tasks continued to contribute performance data acquired at the beginning of the academic year; additional member institutions have joined. Several short videos have been created by committee members that demonstrate appropriate and inappropriate debriefing skills and will be available for faculty development of members of the ASE; additional videos are under development. A project that aims to generate standards for reporting simulation center usage and costs is also underway. In addition, the committee has engaged in collaborative efforts with the Fellowship Council and SAGES to create an advanced laparoscopic skills curriculum for minimally invasive fellows. Finally, efforts to establish a mentoring program accessible via the ASE website for ASE members new to simulation are progressing well.

The Committee is very well attended at meetings, and includes several very active and productive members with expertise in various aspects of simulation. Enthusiastic members who would like to engage in exciting projects are welcome.

COLLABORATIONS WITH OTHER ORGANIZATIONS

Surgical education is a broad area and so collaboration with other organizations is essential for the Association for Surgical Education to accomplish its mission and realize its vision.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Council of Academic Societies

Liaison Members –

Debra DaRosa, PhD

Roy Phitayakorn, MD

Organization of Resident

Representatives –

Abbey Fingeret, MD

Aaron Jensen, MD

MedEdPORTAL Associate Editor –

Michael Hulme, PhD

Founded in 1876, the Association of American Medical Colleges (AAMC) originally represented only medical schools. Today, membership is comprised of the 131 United States and 17 Canadian accredited medical schools, nearly 400 major teaching hospitals, and 94 academic and professional societies. The ASE is an organizational member of the Council of Academic Societies (CAS) that is one of the three governing councils of the AAMC, along with the Council of Deans (COD) and the Council of Teaching Hospitals and Health Systems (COHS). The ASE also has representation on the AAMC Organization of Resident Representatives. The ASE has recently become a partner in the AAMC MedEdPORTAL project, a peer-reviewed web-based repository of materials designed to improve medical education.

AMERICAN COLLEGE OF SURGEONS

ASE Governor –

Gary Timmerman, MD

The American College of Surgeons (ACS) is a scientific and educational association of surgeons that was founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice. The ASE has a unique relationship with the ACS as Dr. Ajit Sachdeva, an ASE Past-President and current member of the Board of Directors, is the Director of the ACS Division of Education. Further, many of the ASE members are also Fellows of the American College of Surgeons and serve on a number of educationally-oriented ACS committees. The ASE is presently collaborating with the ACS and the Association of Program Directors in Surgery on a project that involves developing an intern preparedness curriculum. The ASE and ACS also continue to collaborate with others in the Web Initiative for Surgical Education of Medical Doctors (Wise-MD) project to enhance the teaching of common surgical problems to medical students, residents, nurses and allied health workers through state-of-the-art technologies including animation, computer graphics and video.

COLLABORATIONS WITH OTHER ORGANIZATIONS

ALLIANCE FOR CLINICAL EDUCATION

*Liaison Members –
Rebecca Evangelista, MD
Robert Nesbit, MD,
Robyn Stewart, MD
Shawn Tsuda, MD*

The Alliance for Clinical Education (ACE) is a multidisciplinary group of organizations of Clerkship Directors that was formed in 1992 to enhance clinical instruction of medical students. ACE's mission is to foster collaboration across specialties in order to promote excellence in clinical education of medical students. The Alliance for Clinical Education is gaining momentum as the “go-to” group for the AAMC on emerging issues regarding clinical education for medical students. The ASE-appointed liaisons will be active in a number of projects related to clerkship directors and medical student education. One of these projects is an evaluation of the impact of the electronic health record on medical student education.

AMERICAN BOARD OF SURGERY – SURGICAL COUNCIL ON RESIDENT EDUCATION

*Representatives –
Connie Schmitz, PhD
James Korndorffer, MD*

The American Board of Surgery (ABS) is an independent, non-profit organization founded in 1937 for the purpose of certifying surgeons who have met a defined standard of education, training and knowledge. The ASE is an organizational member of Surgical Council on Resident Education (SCORE) which is working to develop a new curriculum for general surgery training in the United States.

ASSOCIATION OF PROGRAM DIRECTORS IN SURGERY

*Liaison Member –
James Korndorffer, MD*

The Association of Program Directors in Surgery (APDS) was founded in 1977 and consists of the Program Directors and Associate Program Directors of ACGME accredited General Surgery residencies in the United States. APDS is also the sponsoring organization for general surgery program coordinators. The fourteenth Surgical Education Week will be held in 2014 and represents on-going collaboration between the ASE and APDS.

ASSOCIATION FOR ACADEMIC SURGERY


*Liaison Member –
Amalia Cochran, MD*

The Association for Academic Surgery (AAS) was founded in 1967 and has grown significantly over the years, being widely recognized as an inclusive surgical organization with over 2,500 member surgeons. The objective of the AAS is to stimulate young surgeons and surgical scientists to pursue careers in academic surgery and provide support so they can establish themselves as investigators and educators. Active members have traditionally been surgeons who held academic positions.

Philip J. Wolfson Outstanding Teacher Award

The Outstanding Teacher Award was renamed in 2008 to honor the memory of Philip J. Wolfson, MD, a distinguished physician, surgeon, educator, colleague and friend whose untimely passing during his tenure as President of the ASE was a great loss to all those he inspired and to the academic and surgical communities at large. Dr. Wolfson's dedication and passion to teaching and training medical students, residents, and young surgeons were recognized throughout his professional career. Dr. Wolfson received the Outstanding Teacher Award in 1999.

This award is given annually to a maximum of four individuals who are actively involved in surgical education and who are considered by their chair, peers and/or residents/students to be outstanding teachers. Nominees for these awards must possess the qualities of an outstanding teacher which include: commitment to teaching, expert knowledge, innovation, enthusiasm and stimulation of interest, encouragement of problem solving, ability to provide feedback and effective evaluation, role modeling of professional characteristics, accessibility and openness to new ideas.



The 2010 Philip J. Wolfson award was the high water mark of my career as a surgical educator. To be recognized at a 'national' level permits me to have a continued impact on educational activities at my institution. This award also adds to my platform as I approach agents and publishers with book proposal regarding surgical education and surgical competence - writing an extension of my passion for teaching. I am especially pleased to have my name associated with Phil's, a gentle man whose example as a surgical educator has taught me to be a better teacher.

- DAVID PAIGE, MD

HONORS & AWARDS

2013 WINNERS

L. MICHAEL BRUNT, MD

Washington University

Dr. Brunt is a Professor of Surgery at Washington University in St. Louis. He is enormously dedicated to education and his accomplishments include the development of an accelerated skills course for students matching into surgery, the development of a “Masters Level” suturing course for interns, the leadership for a Refresher CME Course and Update and is an active member in the “mini-medical school” for the community. Dedicated to the education across a spectrum of learners he has been described as “accessible, down to earth and engaging”; “devoted to education and a beloved teacher in the OR” and “a mentor who loves working elbow to elbow with learners.” He has successfully mentored medical students on many clinical and educational research projects and has won

the clinical teacher of the year from Washington University seven times in past ten years along with several other awards. He is actively involved in many national organizations including the Central Surgical Association, the ASE/ACS Senior Medical Student Prep Curriculum Joint Committee and the St. Louis Surgical Society where he served as president in the past. He is currently the President Elect for SAGES.



L. Michael Brunt, MD

HONORS & AWARDS



Nabil Issa, MD

NABIL ISSA, MD

Northwestern University

Dr. Issa is an Assistant Professor at Northwestern University Feinberg School of Medicine. He has held several leadership positions at his institution including the Surgery Sub-Internship Clerkship and serves as the General Surgery Liaison for the Surgery Clerkship. He has established several educational programs including the surgery boot camp and the ICU preparedness course. He has mentored numerous medical students and residents and has been described as “one of most innovative and supportive educators in the Department;” “extremely approachable, empathic, and dedicated” and “widely known among the surgical residents as being deeply invested in the well-being of his residents.” He is the recipient of the Excellence in Teaching Award five times—one for each year since joining Northwestern, and the prestigious Dean’s Award for Teaching Excellence. In addition, he also received two Presidential Citation Awards for Excellence in Educational contributions from two other major national organizations, the Surgical Infection Society and the Society of Critical Care Medicine.



Michael Weinstein, MD

MICHAEL WEINSTEIN, MD

Jefferson Medical College

Dr. Weinstein is an Associate Professor at Jefferson Medical College. He has been actively involved in education for years and has held several leadership positions at his institution including Director for Trauma, Critical Care Ultrasonography Resident Course, an Ethics and Professionalism Course and is Program Director for a Surgical Critical Care Fellowship. His personal commitment to ongoing education is readily visible to those around him and his learners have described him as “a mentor who leads by example;” “a consummate gentleman physician educator who gracefully treats the whole patient” and a “master of his craft- both technically and educationally.” He has received an honorary induction to the Alpha Omega Medical Honors Society and has received the Dean’s Citation for Significant Contributions to the Advancement at Jefferson Medical College.

HONORS & AWARDS

Previous Winners of the Outstanding Teaching Award

1996

Kimberly Ephgrave, MD
William Rambo, MD
Michael Stone, MD
Gerald Zelenock, MD

1997

Karen Deveney, MD
John Millili, MD
Israel Penn, MD

1998

Christopher Baker, MD
Sean Harbison, MD
Barry Mann, MD

1999

James McCoy, MD
Philip Wolfson, MD
Mary Alice Helikson, MD

2000

Steven Evans, MD
Ernest Grable, MD
John R. Potts, III, MD
Thomas Berne, MD

2001

Lisa Coletti, MD
Virginia Eddy, MD
Arnis Freiberg, MD
Thomas Read, MD

2002

Thomas Lynch, MD
Keith N. Milliken, MD
Jay Prystowsky, MD
John Weigelt, MD

2003

Kenneth Burchard, MD
Andre Campbell, MD
Hilary Sanfey, MD
Anne Mancino, MD

2004

Robert Bower, MD
James McKinsey, MD
Philip Redlich, MD, PhD
Pamela Rowland, PhD

2005

Mary Klingensmith, MD
Andrew MacNeily, MD
John Mellinger, MD
Sherry Wren, MD

2006

Karen Brasel, MD
Myriam Curet, MD
Paul J. Schenarts, MD
David Soybel, MD

2007

Paul Belliveau, MD
Michael Cahalane, MD
D. Scott Lind, MD
Sarkis Meterissian, MD
Nancy Schindler, MD

2008

Paul Gauger, MD
Kimberly Lomis, MD
Ravi Sidhu, MD, MEd
Lorin Whittaker, Jr, MD

2009

Rebecca Minter, MD
Rebekah Naylor, MD
Barbara Pettitt, MD

2010

Christopher Brandt, MD
Julia Corcoran, MD
David Page, MD

2011

Amalia Cochran, MD
Mary Hooks, MD
Jonathan D'Cunha, MD

2012


Timothy Farrell, MD
Charles Friel, MD
Travis Webb, MD

Distinguished Educator Award

The Distinguished Educator Award is given to an individual who has demonstrated excellence as a master educator. In addition to recognized skills as an excellent teacher, nominees for this award have

a portfolio with clear documentation of significant contributions in: educational leadership, curriculum development, education research and participation in national education meetings, educational publications in peer review journals, creation of innovative teaching programs and the development of

CME programs, educational software and/or videotapes.



“Thirty years ago, few people (including me) could have forecast my career or this award. It is an amazing experience to be recognized by one’s peers. I am profoundly grateful for the people who have inspired, befriended, and worked with me along the way. I remain in your debt, and thank the Association for Surgical Education for this honor.”

- CONNIE C. SCHMITZ, PHD
2013 DISTINGUISHED EDUCATOR AWARD WINNER

Previous Winners of the Distinguished Educator Award

- | | |
|-----------------------------|-------------------------------|
| 1996 – Richard Reznick, MD | 2003 – Glenn Regehr, PhD |
| 1997 – Ajit Sachdeva, MD | 2004 – L.D. Britt, MD |
| 1998 – Richard Schwartz, MD | 2005 – Hollis Merrick, MD |
| 1999 – Gary Dunnington, MD | 2006 – Stephen Evans, MD |
| 2000 – Merrill Dayton, MD | 2011 – Karen Horvath, MD |
| 2001 – Debra DaRosa, PhD | 2012 – Leigh Neumayer, MD |
| 2001 – Richard Dean, MD | 2012 – David Rogers, MD, MHPE |
| 2002 – Richard Spence, MD | |

HONORS & AWARDS

2013 DISTINGUISHED EDUCATOR

CONNIE SCHMITZ, PHD

University of Minnesota

Dr. Schmitz is an Associate Professor and the Director of Education Research and Development in the Department of Surgery at the University of Minnesota. She has made significant contributions at her home institution in terms of developing a comprehensive resident and faculty development program for her Department. She was instrumental in helping her colleagues develop the Department's simulation curriculum, the orientation boot camp for PGY-1 residents, and a Family Conference OSCE, which was the recipient of a CESERT award. Her Program Director has described her as "having the unique ability to create solutions to educational problems."

However, many of you may know Dr. Schmitz due to her rapidly achieved national recognition in surgical education. She is a well-known researcher and educator and has held leadership positions in several national organizations. She is very much involved with the surgical community on committees at the ASE and is the new Chair of the Assessment and Evaluation Committee. She played a very significant role as the Chair for the Assessment and Evaluation Committee Task Force for the ACS/ASE Medical Student Surgery Simulation Skills Curriculum, and is currently the Co-Chair of an initiative by the ACS to develop a tool to assess intern readiness to assume clinical responsibilities. In addition, she has shared her expertise with the American Board of Surgery as an

evaluation consultant and as the ASE representative for SCORE.

Dr. Schmitz is very well published with numerous peer-reviewed articles and book chapters. She is currently on the Editorial Board for the *Journal of Surgical Education* and a Contributing/Associate Editor for the *American Journal of Surgery* and the *American Journal of Evaluation*. In addition, she has been the PI or Co-PI on several educational grants, including a 12 million dollar contract from the Department of Defense for which she serves as the Assessment Team Leader.

Dr. Schmitz "totally exemplifies the character and the academic ideals that we strive for in the ASE."



Connie Schmitz, PhD

Outstanding Resident Teacher Award

The Outstanding Resident Teacher Award will be made annually to up to four residents who are actively involved in surgical education and who are considered by their chair, faculty, or residents/students to be outstanding resident teachers. Nominees for this award must possess the qualities of an outstanding teacher which include:

- Commitment to teaching
- Knowledge and resourcefulness in acquiring knowledge,
- Innovation in teaching strategies
- Enthusiasm for teaching learners of all interests and skill levels
- Motivating learners and stimulating interest in learning about surgery
- Commitment to maintaining a productive learning environment
- Encouragement of problem solving
- Ability to provide feedback and effective evaluation
- Role modeling of professional characteristics
- Approachability
- Openness to new ideas

Previous Winners of the Outstanding Resident Award

2012 – John Falcone, MD

2012 – Gavin Falk, MD

2012 – Eric Grossman, MD

HONORS & AWARDS

2013 WINNERS

ANDREW MURPHY, MD

Vanderbilt University

Dr. Murphy is the Administrative Senior Resident in General Surgery at Vanderbilt University Medical Center. He is very involved with teaching and has helped develop and implement weekly intern skill sessions, is the Co-Director of the Intern Boot camp and has had a significant impact on the global assessment program. In addition, he is actively involved in medical student education and has been described as “the teacher that I aspire to be,” “a great teacher who tailors his instruction to any skill level” and “the teacher who involves each learner and fosters an environment that encourages active participation and productivity.” He has had multiple presentations at educational conferences, is actively involved in several national organizations such as the ASE, APDS and the ACS and has many peer-reviewed publications. In addition, he has gone on surgical missions to Guatemala and Kenya and is the recipient of a Surgical Oncology Training Grant among several other awards.

SUJATA SOFAT, MD

Georgetown University

Dr. Sofat is a Senior Resident at Georgetown University. Education is clearly her passion and she has been described as an “exceptional teacher” by those around her. She is the first resident at her institution to receive both the String of Pearls Teaching Award from the 3rd Year students as well as the Hugh Hussey Award for Excellence in Teaching from the 4th year students. She is a leader among her peers and has been described as “the gem of the program and a mother to many interns,” “inspirational- always pushing us to do our very best” and “an extraordinary resident- a kind unlike any other I have ever worked with.” She is a participant in the SERF Program, on several committees at her institution, involved in several national organizations including the ASE, ACS and SAGES and has been recently named the Telluride Patient Safety Institute Scholar.



Andrew Murphy, MD



Sujata Sofat, MD

Linnea Hauge, PhD Promising Educational Scholar Award

This award was named for our friend and colleague Linnea Hauge, who passed away in 2010. Linnea was very involved with the creation of this award and was passionate about surgical education.

The Promising Educational Scholar Award will be made annually to a resident or fellow who is actively involved in surgical education, and who is considered by their chair, dean, or program director to demonstrate promise as a future leader and scholar in surgical education. Nominees for this award must have demonstrated:

- Commitment to improving surgical education via participation in academic societies, national, regional, and local committees focused on education
- Commitment to improving surgical education via active involvement in program or curriculum development and evaluation projects
- Teaching effectiveness and excellence
- Scholarly productivity as an educational researcher
- Leadership related to surgical education and/or administration
- Role modeling of professional characteristics

Previous Winners of the Linnea Hauge, PhD, Promising Educational Scholar Award

2012 – Aaron Jensen, MD, MEd

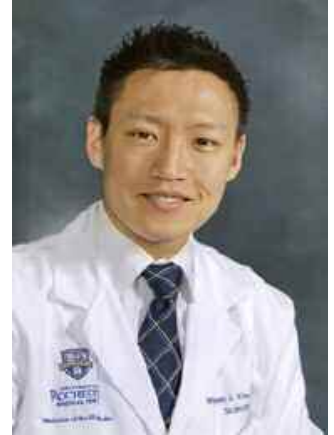
HONORS & AWARDS

2013 WINNER

MICHAEL KIM, MD

Dr. Kim is a Chief Surgical resident at the University of Rochester. He has been involved in surgical education throughout his career and is credited to have maintained active involvement with the design and implementation of the general surgery curriculum and its evaluation at his home institution. He is a graduate of the Education Research Fellowship at SIU and an active member in many national societies such as the ASE, ACS, SAGES and AAMC. In addition, he served on the Advisory Group for the SCORE

curriculum for the ABS and is the recipient of several teaching awards from both medical students and resident peers. When it comes to scholarly activity Dr. Kim is quite accomplished. He has many peer-reviewed publications—the majority with him serving as first author, two textbook chapters, 15 research presentations and seven invited lectures. Dr. Kim has been described by his peers and students as an exceptional role model and mentor.



Michael Kim, MD

Award for Innovation in Surgical Education

This award is new this year and was developed to recognize a group of individuals who have shown the most excellence, innovation and scholarship in surgical education. The intent is to recognize specific novel ideas and/or methods for improving teaching and learning and reward collaboration in surgical education. The award is based on the quality and uniqueness of the innovation, the process used in creating and implementing the innovation, the demonstrated results, and the impact and potential impact on the broader community and future of surgical education.

2013 WINNER

UNIVERSITY OF TORONTO TORONTO ORTHOPEDIC BOOT CAMP PROJECT

This project is an innovative and data-driven approach to teaching core surgical skills and is part of a larger competency-based residency program in orthopaedics that is currently being explored at the University of Toronto. The Boot Camp project is a one month long intensive course that focuses on teaching basic skills to first year orthopaedic residents at the start of their residency. Grounded in theories of education and complex skill acquisition, this proficiency-based course is based at the University of

Toronto Surgical Skills Centre, and ensures that all residents acquire the targeted skills through extensive evaluations which are integrated into every learning activity.

The authors on this project include: Ranil Sonnadara, Oleg Safir, Markku Nousiainen, Benjamin Alman, Peter Ferguson, William Kraemer, Lisa Satterthwaite, Richard Reznick. Accepting this award on behalf of the Toronto group was Dr. Ranil Sonnadara.

Haemonetics Best Paper Awards

Beginning in 1991, a single podium presentation was selected each year for this recognition. All of the members of the Program Committee independently evaluate the quality of both the presentation and the scientific rigor of the work.

This award is underwritten by an endowment from Haemonetics Corporation. However, beginning in 2010, it was decided to recognize the top papers from the annual meeting as “ASE Papers of Distinction.”

2013 ASE PAPERS OF DISTINCTION

The ASE Program Committee is pleased to announce that the following four papers from the 2013 Annual Meeting were chosen as Papers of Distinction:

GLOBAL TRAUMA TEAM LEADER TRAINING AND ASSESSMENT USING VIRTUAL WORLDS – A FEASIBILITY AND RELIABILITY STUDY ACROSS 3 CONTINENTS

D Cohen,¹ N Sevdalis,¹ D Favara,² A Petrucci,³ M Prime,⁴ U Ilyas,¹ J Kinross,¹ AM Howell,¹ M Bagnall,¹ M Kulendran,¹ V Patel,¹ D Taylor,¹ T Razek,³ G Fried,³ N Batrick,¹ A Darzi¹ ¹ Division of Surgery, Imperial College London, UK, ² Frere Hospital, East London, Eastern Cape, South Africa, ³ McGill University, Montreal, Canada, ⁴ Beit CURE Hospital, Blantyre, Malawi

Introduction Healthcare professional education is key to improving trauma outcomes. Currently, there is limited access

to training and poor adherence to gold standard treatment protocols, especially in the developing world. Innovative approaches to trauma team training are required to improve accessibility and skills. Virtual worlds, such as Second Life, are immersive, online environments which have recently been successfully introduced into surgical education.

Aims To assess the feasibility of training and assessing the performance of trauma team leaders in a live, multiuser trauma scenario in a virtual world, involving participants from across the globe.

Method The trauma team leaders were surgeons accessing the Second Life virtual environment from Malawi, South Africa and Canada. Clinicians from Imperial College London, UK, filled the roles of anaesthesiologist, emergency department physician and surgeon. Technical and non-technical skills assessment was carried out using an ATLS-based proforma and the newly validated T-NOTECHS system, respectively, by two trained assessors and the participants themselves.



D. Cohen, MD



Maura E. Sullivan, PhD

Results 24 Trauma-team leaders participated (South Africa=11, Malawi=5, Canada=8). All scenarios were successfully run to completion using local internet connections, demonstrating excellent feasibility, and recorded in full. Technical and non-technical skills assessment was highly reliable between observers (Intra-class correlations of 0.70 and 0.87, $p < 0.05$ respectively). Expert and self-assessments of performance did not correlate. Participants found the scenarios realistic, useful for training and expressed a desire to use the virtual environment in the future.

Conclusions We have established the feasibility of utilising live, interactive, accessible, low-cost virtual environments for surgeons' education and training in both developed and developing countries across the globe. Further work is required to assess the practicality and incremental contribution to performance of such virtual training environments in addition to traditional ATLS-based training and also to establish a global surgical training and assessment system.

A FRAMEWORK FOR PROFESSIONALISM IN SURGERY: WHAT IS IMPORTANT TO MEDICAL STUDENTS?

Maura E. Sullivan, PhD; Craig J. Baker, MD; Janet Trial, EdD; Kenji Inaba, MD; Josette Etcheverry, MSN; Mary Nally, FNP; Peter Crookes, MD

Introduction: Professionalism is a core competency in surgery that affects all aspects of clinical education. In order to effectively teach professionalism, faculty need to develop an institutional culture in which professionalism is taught and modeled. To do this, the attributes and principles of professionalism must be clearly defined and understood. The

purpose of this study was to develop a comprehensive framework for professionalism in surgery and to determine which attributes are most valued by medical students.

Methods: A framework for professionalism in surgery was developed in the Department of Surgery at the University of Southern California (USC). The framework is organized into 11 attribute categories and includes: clinical competence, cultural competence, altruism, leadership, accountability, interpersonal skills, respect, practice improvement, ethics/legal, appearance and education. All third year medical students at USC (N=168) were asked to participate in a structured focus group and complete a questionnaire regarding their perceptions about professionalism, which attributes they feel are the most important and their experience on the surgery clerkship. Student responses were recorded, transcribed verbatim, coded and assigned an attribute category.

Results: One hundred and thirty seven third year medical students (82%) participated. When asked to define professionalism students cited the attribute of respect 56% of the time, followed by altruism 12%, practice-based improvement 9%, clinical competence 7%, interpersonal communication skills 6%, accountability 4%, ethics/legal 3%, education 2% and appearance 1%. When asked to describe the MOST important attribute of professionalism, students cited respect 53% of the time, followed by altruism 21%, interpersonal skills 8%, clinical competence 6%, accountability 4%, practice-based improvement 3%, leadership 3%, education 1% and appearance 1%. Fifty-three percent of students witnessed unprofessional behavior amongst faculty while on the surgical clerkship. Of these incidents 74% were related to respect, 28% related to practice-improvement and 1% related to

HONORS & AWARDS

altruism.

Conclusions: The framework for professionalism has been useful in defining and clearly communicating the characteristics of expected behavior to faculty and residents. Respect was rated as the single most important characteristic of professionalism by students and was the attribute with the most witnessed violations. These findings may help educators guide faculty development programs.

ASSESSMENT OF TEAM SKILLS IN THE OPERATING ROOM: DEVELOPMENT AND EVALUATION OF A 'TRAIN-THE-TRAINERS' PROGRAM

Hull L¹, Russ S¹, Baxendale B², McCulloch P³, Moorthy K¹, Vincent C¹, Arora S¹, Sevdalis N¹, Imperial College London¹, Nottingham University², Oxford University³

Background: Effective teamwork is critical for safety in the OR. Currently little guidance exists regarding how to train and accredit Faculty to carry out fair, valid and reliable team skills assessments.

Aims: To obtain national consensus on the specifications of a 'train-the-trainers' program for Faculty assessing team skills; to develop and evaluate this 'train-the-trainers' program.

Methods: This was a prospective 2-year study. Phase 1 (2010-11): a UK-wide multistage expert consensus via Delphi methodology was completed with experts in non-technical/team skills assessment (n=19). The Delphi study determined the training requirements and program specifications to train OR Faculty to assess team skills. Phase 2 (2011-12): based on Phase 1 recommendations, a one-day 'train-the-trainers' program was developed for Attending-level clinicians (surgeons, anesthesiologists) and senior OR nurses.

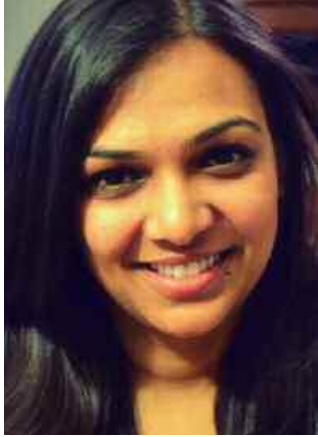
The program was delivered by multidisciplinary trainers (surgeons, anesthesiologists, psychologists). Principles of teamworking and assessment, usage of the validated Observational Teamwork Assessment for Surgery (OTAS) to assess communication, coordination, cooperation, leadership and team-monitoring skills, and best-practices in feedback/debriefing were taught. Participants' knowledge and learning curves in OTAS usage were assessed pre/post-training.

Results: Phase 1: expert-derived recommendations were produced on program content, structure, delivery, trainers, and proficiency criteria for Faculty accreditation. Phase 2: 28 Attending-level Faculty attended the expert-specified course. Participants' knowledge team skills and their assessment significantly improved post-course (58.94→72.95%, P<0.01). Intra-class correlations between expert OTAS assessors and course participants significantly improved post-course for each teamwork behavior: communication 0.32→0.83; coordination 0.41→0.70; cooperation 0.57→0.86; leadership 0.64→0.84; team-monitoring 0.31→0.48 (Ps<0.01).

Conclusion: This is the first training program, developed according to national consensus guidelines, which demonstrates that OR faculty can be trained to reliably assess team skills. Training faculty will be essential to formally integrate team skills assessment into surgical programs.



Louise Hull, MD



Priyanka Patel, BSc

PRESSURES TO MEASURE UP IN SURGICAL TRAINING

Priyanka Patel BSc^{1,2} Carween Mui BSc¹; Maria Athina Martimianakis PhD MEd MA¹; Simon Kitto PhD¹; Lucas Murnaghan MD MEd^{1,3};

Carol-anne Moulton MD MEd PhD^{1,3} Wilson Centre, University Health Network, Toronto, Ontario² Institute of Medical Science, University of Toronto, Toronto, Ontario³ Department of Surgery, University of Toronto, Toronto, Ontario

Background/Purpose: The surgical culture values certainty and confidence, and this has been proposed to be a source of internal conflict for surgeons, particularly during times of stress and uncertainty. Surgeons have described the need to manage their image during these times, putting on an external appearance of certainty that is inconsistent internally. This impression management has been implicated in surgeon's failure to call for help. The purpose of this study was to explore the experience of impression management among surgical trainees' particularly during moments of decision-making and uncertainty.

Methods: Using a constructivist grounded theory approach, we conducted 22 semi-structured, 60-minute interviews with general surgery residents. Purposive sampling strategies were used to include both sexes and a range of experience levels; theoretical sampling was employed to explore emergent themes. Participants were encouraged to reflect on the pressures they felt to manage their image when making decisions in the face of uncertainty. Data was collected and analyzed using an iterative design and a reflexive approach was adopted throughout.

Results: Three major themes emerged: (1) Trainees appeared to uphold a dual identity as "student" and "surgeon." As student, asking questions and projecting uncertainty was considered acceptable but was in paradox to the ideal surgeon identity ("always certain...and decisive"). Consequently, the pressure to manage the surgeon identity of certainty could be manifested as 'making up' information or avoiding calling for help. (2) Trainees believe they are assessed on their surgeon role and quickly develop a reputation that can consequently facilitate or hinder learning: "I know for a fact, in this program, if they branded you an idiot...you're done." (3) Impression management seemed to interfere with cognitive ability: "I was doing a kidney transplant with a fellow...then the staff showed up...the fellow [got] completely nervous and [told] me "go faster", to the point that we ended up putting the kidney upside down."

Conclusions: This study deepens our understanding of how social pressures may impact the development of surgical competency and patient care. Translation would include formal instruction of these concepts into the training curriculum, encouraging trainees to recognize, reflect on and cope with these pressures.

Congratulations to Drs. Cohen, Sullivan, Hull, Patel and their collaborators!

HONORS & AWARDS

Previous Best Paper Award Winners

- 1991 – Gary Dunnington, MD**
Needs Assessment of How and What Should be Taught in the Operating Room.
- 1992 – Joelle Lescop, MD**
Use of a Large Scale OSCE in the Quebec Licensing Examination: What Can Surgical Educators Learn from the Experience?
- 1993 – Gary Dunnington, MD**
A Pilot Experience with Competency-based Clinical Skills Assessment in a Surgical Clerkship.
- 1994 – Margaret Dunn, MD**
The Assessment of a Surgical Pattern Recognition Examination.
- 1995 – Nancy Baxter, MD**
The Choice of Surgery as a Career: The Impact of Gender.
- 1996 – Carol Hutchison, MD**
The Effectiveness of a Focused Technical Skills Training Course for First Year Surgical Residents.
- 1997 – Barry Mann, MD**
Whipple Origami: Use of a Paper-Cut as an Adjunct to Teaching the Whipple Procedure by Video.
- 1998 – Dimitri Anastakis, MD**
Transfer of Technical Skills Training from the Bench Model to the Human Model.
- 1999 – Steven Fukuchi, MD**
The Oncology Game: Teaching a Multidisciplinary Approach to Cancer Treatment During Surgical Clerkship via an Interactive Board Game.
- 2000 – Lorelei Lingard, PhD**
Team Communication in the Operating Room: An Observational Study of Sites of Tension.
- 2000 – William Miles, MD**
Assessment of Residency Candidates: The Role of Blinded Interviews.
- 2000 – Daniel Scott, MD**
Laparoscopic Skills Training: Quantifying the Learning Curve.
- 2001 – Lorelei Lingard, PhD**
Communicative Tension in the Operating Room: Team Members' Differing Perceptions of Sources, Characteristics, Effects and Resolutions.
- 2001 – Barry Mann, MD**
Game-based Learning: A Computer Game Format Enhances Student Understanding of Surgical Management Algorithms.
- 2002 – Dimitri Anastakis, MD**
Evaluating the Effectiveness of a Two-year Curriculum in a Surgical Skills Centre.
- 2003 – Laura Musselman, MD**
Do the Ends Justify the Means? Educational Rationalizations of Intimidation and Harassment in Surgery.
- 2004 – Paul J. Schenarts, MD**
Does Resident Continuity of Care Matter? The Effect of a Night-float Coverage Scheme on Morbidity and Mortality at a Regional Level 1 Trauma Center.
- 2005 – Cordula Wetzel, Dipl-Psych**
The Effect of Stress on Surgical Performance.
- 2006 – Sarkis Meterissian, MD**
Is the Script-Concordance Test a Valid Instrument for Assessment of Intra-operative Decision-making Skills?
- 2007 – Mario Leyba, MD**
The Effect of Fatigue on Cognitive and Psychomotor Skills of Surgical Residents.
- 2008 – Rishi Balkissoon**
Lost in Translation: Unfolding Medical Students' Misconceptions of How to Perform the Clinical Digital Rectal Examination.
- 2009 - Melina Vassiliou, MD**
How Should We Establish the Clinical Case Numbers Required to Achieve Proficiency in Flexible Endoscopy?
- 2010 - Paul Gauger, MD**
Is Professionalism a Strictly Linear Construct? Implications for Evaluation in Contemporary Surgical Residency
- Carol-Anne Moulton, MD**
Is Professionalism a Strictly Linear Construct? Implications for Evaluation in Contemporary Surgical Residency
- Dimitrios Stefanidis MD, PhD**
Simulator Training to Automaticity Leads to Improved Skill Transfer Compared to Traditional Proficiency-based Training
- 2011 - Sonal Arora, MD**
Objective Structured Assessment of Debriefing (OSAD) in Surgery: Identifying and Quantifying Best Practice
- Shelly Luu**
The Surgeon's Four-Phase Reaction to Error
- Douglas Smink, MD**
Utilization of a Cognitive Task Analysis for Laparoscopic Appendectomy to Identify Differentiated Intraoperative Teaching Objectives
- 2012 - David Rogers, MD, MHPE**
Teaching Operating Room Conflict Management to Surgeons: Defining the Educational Need and Identifying Behavioral Outcomes
- Nick Sevdalis, MD**
How Much Training is Required to Assess Nontechnical Skills in Surgery? Learning Curves for Novice Clinical Educators

COURSES & PROGRAM OFFERINGS

The J. Roland Folsie Invited Lectureship in Surgical Education

Individuals are invited to give this lecture based on substantial contributions in their field.

The 2013 lecturer was Lilly Marks, Vice President for Health Affairs, University of Colorado, Aurora, CO. Her talk was entitled “Funding the Academic Mission.”



Lilly Marks

Previous Folsie Lecturers

- 1994 – Walter Pories, MD**
It's Time We Trained Doctors for the Next Century, Not the Last One
- 1995 – Lawrence Weed, MD**
New Premises and New Tools for Medical Education
- 1996 – Mark Roberts, PhD**
The Future of Medical Education
- 1997 – Takeo Kanade, PhD**
Robotics and Computer-Assisted Medical Interventions: Opportunities and Issues
- 1998 – Ronald Tompkins, MD**
Managed Care and Surgical Education: Are They Compatible?
- 1999 – Glenn Steele, Jr, MD, PhD**
Developing Skills for Managing the Business of Surgical Education
- 2000 – Atul Gawande, MD**
Creating the Educated Surgeon: Problems and Possibilities
- 2001 – Brian Castellani, PhD**
The Development of Professionalism: Curriculum Matters
- 2002 – Halie Debas, MD**
Surgical Education: Trajectory of Concern
- 2003 – Edward Verrier, MD**
The Use of Hybrid CD Internet-Based Curriculum in Surgical Education
- 2004 – Sherman Hines**
Seeing Beyond the Obvious
- 2005 – Harlan Coben**
Writing the Novel and How It Has Nothing To Do with Medicine
- 2006 – Sir Ara Darzi, MD**
Technological Advances in Surgical Education
- 2007 – Leonard Marcus, PhD**
Meta-Leadership for Surgical Educators
- 2008 – Linda de Cossart, ChM**
Safer Patient Care: Attending to the Invisible Elements of Clinical Practice
- 2009 – Ara Tekian, PhD, MHPE**
Enhancing Patient Safety Through the Use of Simulation
- 2010 – Kevin Eva, PhD**
New Directions in Trainee Selection
- 2011 – Brian Hodges, MD, PhD**
Tea Steeping and i-Doc: Models for Medical Education
- 2012 – Command Master Chief Paul Tharp, NSWBASIC-TRACOM**
Training of Navy Seals

COURSES AND PROGRAM OFFERINGS

COURSE FOR CLERKSHIP DIRECTORS AND COORDINATORS – TROUBLESHOOTING YOUR CLERKSHIP 103

Building on a very successful course for clerkship directors and coordinators in 2012, this year "Trouble Shooting Your Clerkship 103" was offered as a day long course divided into a morning and an afternoon session. The morning session was combined for clerkship directors and coordinators and addressed issues of common interest such as curriculum development, lectures, grades, dealing with problem students, feedback and simulation for students. In the afternoon session, the groups were divided. The clerkship directors and coordinators each met in separate small groups to discuss best clerkship practices, which allowed the opportunity to bring problem lists to seek advice on how others have dealt with or resolved similar issues.

INTRODUCTION TO EDUCATION RESEARCH DESIGN AND METHODOLOGY

The faculty of the Surgical Education Research Fellowship, in collaboration with the Educational Research Committee, again offered a unique opportunity to ASE members. The first didactic day of the Surgical Education Research Fellowship was opened to a limited number of individuals who were interested in developing their knowledge and basic skills in educational research.

The curriculum for this course included interactive instruction in and discussion of: developing research questions and building an argument; design of studies; impact of study design on IRB; survey research; critical appraisal of educational research studies; an introduction to quantitative research; and a group discussion of research ideas and practical issues that may impact design/execution.

FUNDAMENTALS OF AN ACADEMIC CAREER IN SURGERY EDUCATION

Members of the ASE Faculty Development Committee presented a workshop for those who are involved in surgical education. This course was designed to give participants the fundamentals to get started and guidance to advance in their role as an effective Surgery Educator. The course focused on the basics: What is a Surgery Educator? Obtaining the Skills, Overcoming Challenges, Charting Your Course, and Academic Productivity. Many sessions will be interactive, highlighting the various opportunities and resources available to you in your quest to fully develop your career.

SURGICAL SIMULATION: GETTING STARTED AS A SURGICAL DIRECTOR

With the explosion in simulation-based education, many surgeons have found themselves with the daunting task of serving as the Surgical Director of a Simulation Center/Education Institute. Excelling in this environment requires a different skill set than pure clinical based education. This full day course addressed three main content areas: The Nuts and Bolts of Starting Surgical Simulation at a Center, Aligning the Center with National Initiatives, and Fundamentals of Surgical Simulation Research. Each section included presentations by current Surgical Directors/Educators and an opportunity for question and answer.

WEB INITIATIVE FOR SURGICAL EDUCATION OF MEDICAL DOCTORS

The Web Initiative for Surgical Education of Medical Doctors (WISE-MD) project provides a standardized, peer-reviewed, web-based educational experience for medical students. The goal of WISE-MD is to design, construct and implement a cutting-edge program on the diagnosis and treatment of common surgically related diseases. It utilizes sound educational theory and the latest instructional technologies to produce a new standard in clinical medical education. Leaders from the New York University School of Medicine, the American College of Surgeons and the Association for Surgical Education are collaborating to develop 25 web-based

COURSES AND PROGRAM OFFERINGS

modules for integration into surgical clerkship curricula throughout North America and overseas.

The modules provide expert coaching regarding the process of clinical reasoning, and then offer increasingly independent opportunities to transfer this knowledge to new clinical cases. This model strengthens what is undeniably essential in clinical education – learning by doing – by providing the framework to ensure that all students are prepared to most effectively learn from faculty while on the patient floors, in the operating room, and in the classroom. Each multimedia module uses extensive instructional videos, eye-catching graphics, and three-dimensional animations, with experienced physicians on-camera guiding the student from the first patient interview through to the physical examination, laboratory and imaging studies, decision-making discussion between the physician and patient, surgery, pathology, and post-operative visit. Core information is presented in engaging and user-driven technologies. Additional information is easily accessible for learners who want to explore topics in more depth.

Self-assessment questions are now available for ten of the modules. These are a series of multiple choice, matching, category, and rank questions that appear at the end of each section of the module. A group of “question writers” has been established to create self-assessment questions for the other modules and edit questions before they are published for use.

Reports are available for clerkship directors and coordinators to track both module usage for their students, as well as performance on self-assessment questions. Students are also able to keep track of their own progression through the modules with individual reports.

PRODUCTION AND USAGE

- Twenty modules are available online: Abdominal Aortic Aneurysms, Adrenal Adenoma, Anorectal Disease, Appendicitis, Bariatric Surgery, Best Practices, Bowel Obstruction, Breast Cancer, Burn Management, Carotid Stenosis, Cholecystitis, Colon Cancer, Diverticulitis, Hernia, Hypercalcemia, Pediatric Hernia & Hydrocele, Pediatric Pyloric Stenosis, Skin Cancer, Thyroid Nodule and Trauma Resuscitation.
- Four modules are in the production stage: Acute Abdomen, Lung Cancer, Pancreatitis, Venous Disease.
- Ninety-two medical schools are currently subscribing to WISE-MD to enhance their surgical clerkship curricula.
- An Editorial Board of 16 nationally recognized surgical educators determine module content and select authors.

<http://www.med-u.org>

Adnan Alseidi, MD, WISE-MD Editorial Board:
Co-Chair for Assessment

Mary Ann Hopkins, MD, WISE-MD Editorial Board: Co-Chair for Production

Thomas Riles, MD, WISE-MD Executive Director

ASE FINANCIAL STATEMENT

ASSOCIATION FOR SURGICAL EDUCATION STATEMENT OF FINANCIAL POSITION

YEAR ENDING JUNE 30, 2013

ASSETS

Cash and cash equivalents	\$385,497
Investments	87,183
Accounts receivable	499

TOTAL ASSETS \$473,179

LIABILITIES \$ 0

NET ASSETS

Unrestricted \$473,179

**TOTAL LIABILITIES
AND NET ASSETS** \$473,179

Unaudited

ASSOCIATION FOR SURGICAL EDUCATION STATEMENT OF REVENUE AND EXPENSES

YEAR ENDING JUNE 30, 2013

REVENUE

Meetings	\$136,208
Membership Dues	152,913
Clearinghouse Sales	399
Investment Income	3,063
Other Revenue	15,923
Unrealized gain on Investments	13,670

TOTAL REVENUE 322,176

EXPENSES

Meetings	16,106
Committees	6,722
Publications	49,245
Administration & Rent	126,815
Other Operating Expenses	16,289
Professional fees	53,602

TOTAL EXPENSES 268,779

CHANGE IN

NET ASSETS 53,397

Net Assets,

Beginning of Year 419,782

Net Assets,

End of Year \$473,179

Unaudited

ASE FOUNDATION

ASE Foundation Board of Directors

OFFICERS

Chairman - Daniel Dempsey, MD
President - Armour Forse, MD
Vice-President - Daniel Scott, MD
Secretary/Treasurer – Merrill Dayton, MD

DIRECTORS

Howard Fried
Mark Hochberg, MD
Ravi Sidhu, MD, MEd
Shawn Tsuda, MD
Ex-officio
Susan Kepner, MEd


PROFILE

The ASE Foundation is a 501-(c)-3 non-profit organization that was established in 1993. The Foundation was established for the purpose of raising funds to support ASE programs. The Foundation's fundraising efforts promote giving by members, corporations and institutions. The Foundation presently provides support for the Phillip J. Wolfson Teaching and Distinguished Educator Awards, Annual Haemonetics Best Paper Award, Center for Excellence in Surgical Education, Research and Training (CESERT) Grants and Surgical Education Research Fellowship (SERF) Program. The ASE Foundation is governed by an independent Board of Directors.

Center for Excellence in Surgical Education, Research and Training Grants

The Center for Excellence in Surgical Education, Research and Training (CESERT) Grants Program was established in 1999. It is competitive, peer-reviewed, and targets innovation intended to enhance the effectiveness of surgical education and training. The Grants Review Committee consists of ASE and ASE Foundation members, outside experts and the Chair of the ASE Educational Research Committee. Applicants must be members of the ASE, or if members of another national surgical organization, they must be mentored or endorsed by ASE members. All grant dollars directly support educational research, and the ASE and the ASE Foundation absorb all administrative overhead costs associated with the program. The impact of this program has been substantial resulting in over 50 national and international presentations and 35 peer-reviewed publications.

FOUNDATION GRANTS & FELLOWSHIPS



Please accept this written testimonial to demonstrate my support of the Association for Surgical Education (ASE) CESERT grants awards mechanism. I am a recipient of CESERT Grant - "The Use of a Virtual Character-Enhanced Simulator to Teach and Assess Breast History and Examination Skills." The ASE Foundation funding has led to numerous abstracts, presentations, publications and numerous other extramural grant submissions and awards. Perhaps more importantly, however, the funding of our work led to the integration of a mixed reality human breast simulator into the health professions curricula at Georgia's Health Science University (GHSU). Our CESERT funded simulator has helped health professions students and residents learn how to take a patient-centered, problem-focused history and perform a breast exam on a woman with a breast complaint. Furthermore, the funding led to the development of a portable simulator to teach women how to perform breast self exam as well as the recent submission of an AHRQ R01 grant to use virtual patients to study provider bias as a cause for disparities in healthcare. .

- D. SCOTT LIND, MD

RECIPIENTS OF CESERT GRANTS

- **Deepak Dath, MD**, Helen MacRae, MD, MA – Are Advanced Laparoscopic Skills for Senior Residents Learned in a Short Training Course and Transferred to Operations? (\$24,821)
- **George Velmahos, MD, PhD** – Cognitive Task Analysis for Teaching Technical Skills in an Inanimate Surgical Skills Laboratory. (\$41,280)
- **Helen MacRae, MD, MA**, Mylene Ward, MD – How Accurate is Self-Assessment of Technical Skill, and Does Self-Assessment Improve by Evaluating Peers' Performance? (\$22,139)
- **Lorelei Lingard, PhD**, Richard Reznick, MD, MEd, Glenn Regehr, PhD, Sherry Espin, MEd, Isabella DeVito, MD – Developing Research-based Video Cases to Teach Novices to Recognize, Interpret, and Resolve Tension in OR Team Communication: A Multidisciplinary Education Initiative. (\$30,427)
- **Jeffrey Cadeddu, MD**, Daniel Jones, MD, George Kondraske, PhD – Human Performance Capacity Profiles and Their Relationship to Laparoscopic Surgical Performance: Evaluation of Medical Students, Surgical Residents and Staff Physicians. (\$86,754)
- **Debra DaRosa, PhD**, David Rogers, MD, Reed Williams, PhD, Linnea Hauge, PhD, Heather Sherman, MPH, Kenric Murayama, MD, Keith Millikan, MD, Alex Nagle, MD, Gary Dunnington, MD – Development and Evaluation of a Model for Teaching Surgical Skills and Judgment. (\$76,737)
- **Kyle Wanzel, MD**, Dimitri Anastakis, MD, Stanley Hamstra, PhD, David Mikulis, MD, Mary-Pat McAndrews, PhD – Cortical Mapping of Surgical Residents on Tasks of Surgical Skills and Mental Rotations. (\$17,411)


FOUNDATION GRANTS & FELLOWSHIPS

- **Reed Williams, PhD**, Cathy Schwind, MS, Ross Silverman, JD, Gary Dunnington, MD, John Fortune, MD, John Sutyak, MD, Georges Azzie, MD, Robert Bower, MD, Karen Horvath, MD, John Potts III, MD, Erik Van Eaton, MD, Margaret Boehler, MS – A Study of Information Transfer and Communication Practices Among Surgeons When Transferring Responsibility for Patient Care. (\$75,103)
- **Roger Kneebone, MD, PhD**, Krishna Moorthy, MBBS, MS, Debra Nestel, PhD, Charles Vincent, PhD, Jane Kidd, PhD, Sir Ara Darzi, MD, Cordula Wetzel, Dipl-Psych – Recognizing the Affective Component within Surgical Learning: A Safety-Centred Intervention. (\$97,000)
- **Tiffany Grunwald, MD, MEd**, Kali Luker, BA, Maura Sullivan, PhD, MSN, Sarah Peyre, MEd, Randy Sherman, MD – The Use of a Cognitive Task Analysis-Based Multimedia Program to Teach Surgical Decision Making in Flexor Tendon Repair. (\$31,011)
- **Sarkis Meterissian, MD**, Bernard Charlin, MD, PhD – Is the Script-Concordance Test a Valid Instrument for Assessment of Intra-operative Decision Making Skills? (\$20,100)
- **Rebecca Minter, MD**, Paul Gauger, MD – Computer-Aided Laparoscopic Simulators for Training Surgical Residents. (\$50,000)
- **Alex Levin, MD**, Martin McKneally, MD, PhD, Ross Upshur, MD, MA, MSc – The Formal and Informal Curriculum in Surgical Residency Bioethics Education. (\$35,708)
- **Ravindar Sidhu, MD, MEd**, Rose Hatala, MD, MSC, Marc Broudo, George Pachev, MD, Eric Webber, MD, Gordon Page, MD – Determining the Utility of the Mini-Clinical Evaluation Exercise as a Competency Assessment Tool of Surgical Residents. (\$34,033)
- **Dimitrios Stefanidis, MD, PhD**, B. Todd Heniford, MD, Mark W. Scerbo, PhD, Warren D. Smith, PhD, William Hope, MD, Ramon Berguer, MD, Daniel J. Scott, MD – Applying Automaticity Theory to Simulator Training to Enhance Operative Performance. (\$30,720)
- **Jeffrey Chipman, MD**, Connie Schmitz, PhD – Evaluating the Reliability and Validity of the Family Conference OSCE Across Multiple Training Sites. (\$28,508)
- **David Rogers, MD, MHPE**, Lorelei Lingard, PhD, Sherry Espin, PhD, Margaret Boehler, MSN, Reed Williams, PhD – An Investigation of Intra-operative Conflict Management of Surgeons. (\$33,739)
- **D. Scott Lind, MD**, Adeline M. Deladisma, MD, MPH – The Use of a Virtual Character-Enhanced Simulator to Teach and Assess Breast History and Examination Skills. (\$75,567)
- **Nick Sevdalis, PhD**, Roger Kneebone, MD, PhD, Fernando Bello, PhD, Rajesh Aggarwal, MD – Stress Management Training for Surgeons: Developing a Simulation-based Intervention. (\$50,000)
- **Ethan Grober, MD, MEd**, Michael Jewett, MD, - Validation of Real-time, Intra-operative, Surgical Competence (RISC) Assessments Linked to Patient Outcomes
- **Amy Goldberg, MD**, Stress Training for the Surgical Resident. (\$25,000)
- **Martina Klein, PhD**, Cerebral Blood Flow Velocity as an Index of Surgeon Fatigue (\$24,916)
- **Jessica Sparks, PhD**, The Missing Piece in Multidisciplinary Team Training (\$24,999)
- **Allan Okrainec, MD**, The Reliability of Remote FLS Certification Using Web-based Technology (\$22,377)

Ethicon Endo-Surgery Surgical Education Research Fellowship

The Ethicon Endo-Surgery Surgical Education Research Fellowship (SERF) Program is one of the Foundation's most successful initiatives. This one year home-site Fellowship is limited to 16 highly motivated surgical educators with an original educational research project who have met a competitive and rigorous application and review process. Each

Fellow participates in a carefully structured didactic educational program that includes attendance of two seminars and the SERF Forum and is assigned an expert in the field of study to serve as mentor/advisor. This program is led by Kimberly Schenarts, PhD, an



What a wonderful, wonderful experience for me with the SERF program! Of course the program draws its enthusiasm, its vision, its utter openness, its innovations, its terrific team spirit, its very life-blood from you. No doubt about that! Thank you Kim, for shepherding and guiding this program with flair, finesse and grace, for the many hours of sacrificial time you give to this program. You truly are amazing.

Personally, I know my work would not have seen the light of day but for your patience, perseverance, gentle criticisms and encouragement. Thank you so much.

- FRANCIS CHRISTIAN, MD

ASE Past-President. Dr. Schenarts is joined by Rebecca Henry, PhD, Professor of Medical Education, Michigan State University, Maura Sullivan, PhD, Associate Professor of Surgery, University of Southern California, and Barry Mann, MD, Professor of Surgery, Jefferson Medical College.

2013-2014 SURGICAL EDUCATION RESEARCH FELLOWS

Fellow	Advisor	Fellow	Advisor
Jesse Clanton, MD	Adnan Alseidi, MD, EDM	Jeremy Lipman, MD	Kimberly Schenarts, PhD
Alfred Croteau, MD	John Falcone, MD, MS	Cari Ogg, MD	John Falcone, MD, MS
Joseph Galante, MD	Don Risucci, PhD	Jenny Ogilvie, MD	Nicole Roberts, PhD
Brandon Henry, MD	Nick Sevdalis, PhD	Arghavan Salles, MD, PhD	Rebecca Henry, PhD
Mehdi Jadali, MD	Laura Torbeck, PhD	Matthew Tadlock, MD	Maura Sullivan, PhD
Jason Kempenich, MD	PJ Schenarts, MD		Mary Ann Hopkins, MD
Dennis Kim, MD	Roy Phitayakorn, MD, MHPE		

FOUNDATION GRANTS & FELLOWSHIPS

SERF GRADUATES

- **Ana Berlin, MD** - Development, Implementation, and Evaluation of a Longitudinal Curriculum in Professionalism, Ethics, and Communication Skills for Surgical Residents
- **AJ Copeland, MD** - Student Assessment of the Value of Clinical Clerkship Skills: Do They Know What They Need to Know? Results of a Survey
- **Abbey Fingeret, MD** - Development and Validation of a Novel Written Examination for Surgery Clerkship Students
- **Iman Ghaderi, MD** - Technical Skills Assessment Toolbox: A review using the Unitary Validity Framework
- **Alok Gupta, MD** - Effect of Interdisciplinary Simulation Team Training on Trauma Team Performance and Attitudes
- **Dara Kavanagh, MB, Bch, BAO** - Perceptions of Barriers to Effective Surgical Handoff
- **Brigitte Smith, MD** - Curriculum Development in Integrated Vascular Surgery Programs: The Program Director's Perspective
- **Julie Wynne, MD** - The Utility of Clinical Photos on an Acute Care Surgery Service
- **J. Bracken Burns, DO** - An Evaluation of Training Surgical Residents in Medical Documentation and Billing.
- **Tulin Cil, MD, Med** - How Surgeons Think: An Exploration of Mental Practice in Surgical Preparation.
- **Nina Glass, MD** - Resident's Knowledge, Usage, and Attitudes about the Surgical Skills Laboratory: Easy Interventions Aimed at Increasing Resident Use of Surgical Simulation.
- **Abdul Hakeem, MBBS** - An Imperative Need to Change Organ Donation and Transplant Curriculum: Results of a Nationwide UK Junior Resident Survey.
- **Alan Harzman, MD** - A Transrectal Natural Orifice Surgical Curriculum Developed Via Cognitive Task Analysis.
- **Nabil Issa, MD** - Teaching for Understanding in Medical Classrooms: Using Multimedia Design Principles to Improve Long-Term Retention and Transfer.
- **Jason Lees, MD** - Variations in Procedure Time Based on PGY Level of General Surgery Residents.
- **Anne Lidor, MD** - Medical Student Sub-Internships in Surgery: Characterization and Needs Assessment.
- **Paul Montero, MD** - Identifying Deficiencies in Surgical Curricula: What Else Do Our Surgery Residents Want to Learn?
- **Carly Seaberg, MD** - Comprehensive Evaluation of Resident Performance in the Operating Room: A Methodology for Developing an Instrument.
- **Thomas Wade, MD** - Simulation in Interprofessional Communication Training: High Fidelity May Not Equal High Stress.
- **Mara Antonoff, MD** - Competency-Based Preparation of Senior Medical Students for Surgical Internship: Impact upon Task-Specific Confidence and Competence
- **Francis Christian, MD** - The Humanities Education Score (HES) – Description of a New Scoring System for the Humanities and its Validation in the Education of Medical Students and Residents
- **John Falcone, MD** - Utilizing Elements from an Acute Abdominal Pain OSCE Leads to More Standardized Grading in the Third Year Medical Student Surgical Clerkship
- **Nell Maloney, MD** - Do Religion and Socioeconomic Factors Influence Choice of Surgical Career
- **Benjamin Zendejas-Mummert, MD** - Cognitive Task Analysis of the Laparoscopic TEP Inguinal Hernia Repair: What does it take to become an expert?
- **Julia Shelton, MD** - Patient Safety in the Era of the 80- Hour Work Week
- **Douglas Smink, MD** - Utilization of a Cognitive Task Analysis for Laparoscopic Appendectomy to Identify Differentiated Intra-operative Teaching Objectives

FOUNDATION GRANTS & FELLOWSHIPS

- **Sonal Arora, MD** - Assessment of Debriefing in High Fidelity Simulation.
- **Melissa Brunsvold, MD** - Long-Term Retention of Laparoscopic Skills: A Superior Training Program.
- **Nick Hamilton, MD** - The Use of High-Fidelity Simulation in Teaching Pediatric Trauma Resuscitation.
- **Ted James, MD** - Assessment of a Surgical Patient Safety Curriculum for Medical Students.
- **Erica Mitchell, MD** - Enhancing the Educational Value of Morbidity & Mortality Conference.
- **Dara O’Keeffe, MD** - Assessment of basic surgical tasks in the laboratory setting is more discriminatory than intra-operative assessment of junior residents’ technical skills.
- **Kyla Terhune, MD** - Surgical ICU Acuity and Volume Compared to Resident Workforce Before and After Duty Hour Regulations.
- **Rebecca Wiatrek, MD** - What Do General Surgery Residents Think About Childbearing and Childrearing During Residency?
- **Andrew Wright, MD** - Knowledge Assessment of Central Venous Catheterization: A Study of 413 Residents and Fellows.
- **Hannah Zimmerman, MD** - Increased Interest in Cardiothoracic Surgery among Medical Students on the Surgery Clerkship with the Use of Case Based Instruction.
- **Alivia K. Cetas, MD** - Axillary Node Surgery is Compromised by Sentinel Lymph Node Biopsy and Resident Work Hour Restrictions.
- **Jeffrey Chipman, MD** - A Multi-Institutional Study of the Family Conference OSCE: A Reliable Assessment of Professionalism and Communication.
- **Jeannette Capella, MD** - Validation of a Trauma Team Performance Observation Tool.
- **Joseph Iocono, MD** - Use of a Middle Fidelity Model to Teach Laparoscopic Pyloromyotomy.
- **Debra Kuhls, MD** - Anatomically-Based Surgery for Trauma (ABST): A Pilot Study to Teach Surgical Exposures.
- **Alan Ladd, MD** - Early Outcomes from a Pre-Internship Surgery Preparatory Elective in Medical School.
- **Tiffany Lasky, DO** - Teaching Principles of Mechanical Ventilation to Medical Students Using High and Low Fidelity Simulation.
- **Rich Parent, MD** - A Pilot Study of Simulation versus Lecture for Training Surgical Residents in Perioperative Patient Safety.
- **Mary Santos, MD** - Morbidity and Mortality (M&M) Case Presentations: Measuring Resident Competency.
- **Mohsen Shabahang, MD** - Does Peer Assessment Contribute to the Evaluation of Professionalism and Communications Among Medical Students?
- **Rebecca McAlister, MD** - Predictors of Obstetrics and Gynecology (OBGYN) Career Choice Among Contemporary U.S. Medical Graduates: Have They Changed Over time?
- **Celeste Hollands, MD** - Surgery Interest Groups and Students’ Perception of Surgical Lifestyle.
- **Yolanda Becker, MD** - Effect of Physician Assistants on Resident Education.
- **Sherry Wren, MD** - Application of a Minimum Standard: Does it Influence the Performance of Elite Medical Students?
- **Daniel Jones, MD** - Videotrainers Improve Laparoscopic Operative Performance.
- **Mary Klingensmith, MD** - Is Education a Viable Route to Academic Promotion for Women Surgeons?
- **Kathryn Mendoza, PhD** - Time Away From Work: What Do Surgical Residents Do?
- **Christina Rehm, MD** - Which Remedial Programs Are the Most Successful?
- **Susan Steinemann, MD** - Effect of a Novel Curriculum on Informed Consent for Bedside Procedures.
- **Paul Schenarts, MD** - The Effect of a Rotating Night-Float Coverage Scheme on Preventable and Potentially Presentable Morbidity at a Level I Trauma Center.
- **Vijay K. Maker, MD** - The Good Surgeon.
- **Amalia Cochran, MD, MA** - Mentoring and the Surgical Clerkship: Are We Having an Impact?

FOUNDATION GRANTS & FELLOWSHIPS

- **Daniel Birch, MD** – A Needs Assessment Study for Undergraduate Surgery in Preparation for Curriculum Revision.
- **Anne Mancino, MD** – Developing a Systematic Approach for Evaluation of Lecture Content.
- **John Simenstad, MD** – Teaching Clinical Decision Making in a Changing Health Care Market.
- **John Millilli, MD** – Can Bayes Theorem be Adapted to Provide Feedback on Surgeons' Operative Performance?
- **David Rogers, MD** – Computer Assisted Learning vs. a Lecture and Feedback Seminar for Teaching Basic Surgical Technical Skills.
- **Kristine Leeper, RN, MS** – A Delphi Approach to Determine Measurable Criteria for Medical Student Education in Basic Aseptic Technique.
- **Dan Poenaru, MD** – Innovation in the Surgical Clerkship: Removing the Requirement for General Surgery.
- **Barry Mann, MD** – Screening to the Converted: An Educational Intervention in Selected African-American Churches Finds Parishioners Well Screened.
- **Dorothy Andriole, MD** – Communication Apprehension: Clinical Clerkship Performance and Specialty Choice.
- **Myriam Curet, MD** – University and Practice-Based Physicians' Perspectives on the Content of a Surgical Curriculum.
- **Sean Harbison, MD** – Faculty and Residents Opinions Regarding the Role of Morbidity and Mortality Conferences.
- **Jay Prystowsky, MD** – Construct Validity and Instruction Effectiveness of a Virtual Reality Model for I.V. Catheter Placement.
- **Joel Teichman, MD** – Urological Needs Assessment for Primary Care Practice.
- **Will Miles, MD** – Evaluation of Blinded vs. Un-Blinded Interviews on Rank Order of Surgical Resident Applicants: Two Institutions' Analysis.
- **Paul Dabrowski, MD** – Residents' Reported Trauma Experience vs. Actual Experience: An Accurate Measure?
- **Kimberly Nagy, MD** – Evaluating the Experiences of Medical Students Completing an Elective in Trauma Surgery.
- **Edward Y. Sako, MD** – Factors Influencing Outcome on the American Board of Surgery Certifying Exam.
- **Patricia C. Bergen, MD** – Documentation Characteristics of the High Risk Resident.

FOUNDATION FINANCIAL STATEMENT

ASE FOUNDATION STATEMENT OF FINANCIAL POSITION YEAR ENDING JUNE 30, 2013

ASSETS	
Cash and cash equivalents	\$ 64,810
Investments	69,937
Accounts Receivable	<u>1,700</u>
TOTAL CURRENT ASSETS	136,447
RESTRICTED ASSETS	
Cash and cash equivalents	<u>103,775</u>
TOTAL ASSETS	<u>\$240,222</u>
LIABILITIES	
	<u>\$ 0</u>
NET ASSETS	
Unrestricted net assets	181,449
Temporarily restricted	8,773
Permanently restricted	<u>50,000</u>
TOTAL NET ASSETS	<u>240,222</u>
TOTAL LIABILITIES AND NET ASSETS	
	<u>\$240,222</u>

Unaudited

ASE FOUNDATION STATEMENT OF REVENUE AND EXPENSES YEAR ENDING JUNE 30, 2013

	Unrestricted	Temporarily Restricted	Permanently Restricted	TOTAL
REVENUE				
Contributions	\$ 45,383	\$ -	\$ -	\$ 45,383
CESERT Grant	-	24,128	-	24,128
SERF Program	-	32,100	-	32,100
Investment Income	2,048	-	-	2,048
Unrealized (Loss) on Investments	11,333	-	-	11,333
Net Assets Released from Restrictions	90,386	(90,386)	-	-
TOTAL REVENUE	149,150	(34,158)	-	114,992
EXPENSES				
Program:				
CESERT Grants	39,586	-	-	39,586
SERF Program	50,800	-	-	50,800
Total Program Expenses	90,386	-	-	90,386
Total Management and General Expenses	6,606	-	-	6,606
TOTAL EXPENSES	96,992	-	-	96,992
CHANGE IN NET ASSETS	52,158	(34,158)	-	18,000
Net Assets, Beginning of Year	129,291	42,931	50,000	222,222
Net Assets, End of Year	\$181,449	\$ 8,773	\$ 50,000	\$240,222

Unaudited

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The ASE Foundation relies on gifts from individuals, corporations and institutions to support its surgical education programs. The ASE Foundation gratefully acknowledges these gifts given during the most recent fiscal year (July 1, 2011 - June 30, 2013).

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FROM THE PRESIDENT

CONTINUED FROM PAGE 5

more important for all medical students to have a firm grasp of surgical diseases, decision-making and treatment options so that care given to patients can be more efficient and streamlined. Our work in professionalism and communication skills is also paramount. Although these skills are often considered in the context of patient-doctor interactions, work by our members have shown the importance of inter-provider communications and team work in providing optimal patient care both in the operating room and on the wards.

In the changing environment of anticipated shortage of physicians, increasing debt burden of medical students, and high costs of educating physicians, we must look at ways to improve and streamline medical training at all levels. Some medical schools are offering accelerated pathways and residency programs are likewise becoming more streamlined. One issue that is sure to arise is that despite the increase in medical school graduates through the expansion of existing schools and the creation of new medical schools, our residency and training programs remain relatively static. Residency positions have not had a commensurate increase in the number of training spots and therefore will not be able to provide enough training for the predicted shortage of health care providers. Our work as educators will become critical in evaluating how training can be made efficient, relevant and cost effective so that we can in fact increase the number of residents trained.

As many of you know, global healthcare and international outreach to developing countries are near and dear to my heart. International media often addresses the dire state of access to health care and medical need in such underserved areas of the world. However, the equally dire situation of medical education is rarely discussed. Developing countries are struggling under the burden of training physicians and nurses. The compounding factors

of low salaries, the often poorly funded ministries of health and diaspora to more developed countries facing their own shortages of health care workers further devastates medical care in the developing world. What few and dedicated educators who remain at university hospitals as poorly paid teachers in the classrooms and in the wards often work much of the time outside the academic world in private practice to raise their income to a respectable level. We have a great opportunity here to develop cutting-edge freely available educational materials anywhere the web is accessible. The amazing growth of mobile technology and pervasiveness of smart phones even in remote areas are in my opinion the key to delivering educational modules almost anywhere in the world. Moreover, such tools may help for residency training, and even CME, when young practitioners venture in to remote areas where their supervision is minimal or even non-existent. I would challenge us as an organization to put our altruism to good use.

In conclusion, I urge you all to think of the role that we can play in all of these areas, how we can use our finely honed skills in research and innovation, and what we can do to improve global education. I know that we are a great organization and have full trust that we will fulfill these dreams as we all work together!

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