



Association for Surgical Education

ANNUAL REPORT 2011





Association for Surgical Education

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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

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 Linda Barney, MD

President-Elect Dimitri Anastakis, MD, MHPE, MHCM

Vice-President Mary Ann Hopkins, MD

Treasurer Mary Klingensmith, MD

Secretary Daniel Jones, MD

COMMITTEE CHAIRS

Assessment and Evaluation Adnan Alseidi, MD

Awards Nancy Schindler, MD

Clerkship Directors Stephen Yang, MD

Coordinators of Surgical Education Trisha Arbella

Curriculum Ranjan Sudan, MD

Educational Research Ravi Sidhu, MD, MEd

Faculty Development Jeannie Savas, MD

Graduate Surgical Education James Korndorffer, MD

Information Technology Gregory Cherr, MD

Membership Steven Kasten, MD

Nurses in Surgical Education Margaret Boehler, RN, MSN

Program Amalia Cochran, MD

Simulation Daniel Scott, MD

MEMBERS

Executive Director Susan Kepner, MEd

Past Presidents

Thomas Lynch, MD; Barry Mann, MD;

David A. Rogers, MD, MHPE

ASE Recorder Susan Steinemann, MD

American College of Surgeons

Ajit Sachdeva, MD (ex-officio)

ASE Foundation

Daniel Dempsey, MD (ex-officio)

LIAISON MEMBERS

Association of American Medical Colleges Council of Academic Societies

Debra DaRosa, PhD; Merril Dayton, MD

Alliance for Clinical Education

Kimberly Ephgrave, MD; Rebecca Evangelista, MD;

Robert Nesbit, MD; Robyn Stewart, MD, Jeanete Capella, MD

Association of Program Directors in Surgery

John Mellinger, MD

Association of Academic Surgeons

Rebecca Sippel, MD

American College of Surgeons- ASE Governor

Donald Jacobs, MD

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 Folsie 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.

Message from the President

Each spring we gather as a community of like-minded surgical educators to showcase our accomplishments and chart an organizational course for the next year. The excitement and energy throughout Surgical Education Week is amazing. Whether by proximity or chemistry, incredible things seem to happen. The burden of our compelling and competing “day jobs” is temporarily set aside and new ideas are born, collaborations forged and we emerge invigorated with a new sense of purpose. In 2010-2011, under the leadership of Tom Lynch and Dimitri Anastakis, a three year strategic plan was forged to help guide the ASE through the challenges facing organized medicine and the education of our future workforce. This year we reflect on our midpoint accomplishments and the work that lies ahead for years two and three.

Our annual meeting has been restructured to provide greater opportunities for podium and poster presentations: 36 podium opportunities will be available for 2012 as a combination of full podium presentations and parallel track mini-oral presentations. An extended wine and cheese poster session will provide an ideal interactive atmosphere with ~45 project authors. Pre-meeting workshops will be offered to meet the needs of our membership and provide a concentrated focus on faculty and clerkship director development.

Two new awards celebrating the outstanding accomplishments of our members will be inaugurated this year. The Linnea Hauge Promising Educational Scholar Award has been established in honor of Linnea Hauge and her valued contributions to the development and mentorship of young investigators. The Outstanding Resident Teacher Award has been established to recognize the contributions of residents in the teaching of medical students and peers and to encourage these young surgeons to pursue careers in academic surgery. A third award is in progress for 2013 that will recognize collaborative efforts in education innovation.

It has been a successful year for fostering strategic alliances.

The ASE and ACS, under the leadership of Dan Jones and Kathy Liscum, have collaborated on the development of a surgical skills curriculum for students. The task force on medical student curriculum, with input from all relevant ASE committees, is in the process of partnering with the ACS to develop a core surgical curriculum for medical students.

The ASE has collaborated with the ACS and APDS on the M4 resident preparation course. This will be a vital resource for improving the transitions from medical student and intern to surgical residency.

The ASE and APDS sponsored the first joint research grant that was awarded to Dimitrios Stefanidis for his collaborative work. Both organizations recognize the value of this seed grant and look forward to offering this opportunity again in 2012. Dr. Stefanidis' project update will be presented during Surgical Education Week.



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Message from the Executive Director



I am pleased to report that the Association for Surgical Education Board of Directors completed a strategic planning process during this past year. This was a collaborative effort of many within the organization. Our goal was to create a working document that will set the future direction of the ASE and position our organization to meet the challenges and educational needs of the surgical community at large and those of our valued Association members and we feel that we successfully accomplished this. Our energies and resources are now clearly focused on initiatives that best serve the needs of our membership and allows us to stay ahead of the many changes taking place in the field of surgical education.

In response to our members' feedback, we've expanded the number of podium presentation at our annual meeting. In addition, we have created two new awards this year, The ASE Outstanding Resident Teacher Award and the ASE Linnea Hauge, PhD, Promising Educational Scholar Award. Recipients of these two new awards will be announced at our 2012 Annual Meeting, March 22-24, 2012 in San Diego, CA. These two awards will recognize those trainees who have excelled in the field of surgical education and encourage their continued involvement in this field of study.

Additionally, as means of dissemination of information increases with technology, we are exploring ways to expand our presence with our affiliated journal, The American Journal of Surgery, through additional on-line publishing opportunities. We have partnered with the ACS to create the ACS-ASE Skills-based Simulation Curriculum for Medical School Years 1-3 and the ACS/APDS/ASE Entering Surgery Resident Prep Curriculum.

At our 2011 Meeting, the ASE Clerkship Directors Committee presented an all-day workshop on Troubleshooting 101 – a workshop for Surgery Clerkship Directors and Coordinators. This workshop addressed administrative sessions in the morning and professional development sessions in the afternoon. Because of its exceptional popularity, a similar workshop is being planned for our 2012 meeting.

We continue to adapt to the changing landscape of medical education, and our Committees are developing several initiatives that will be available to our members to help them at their home institutions.

We have shifted, almost exclusively, to electronic mailings and notifications of important ASE announcements as well as calls for abstracts and submissions. We've also shifted to electronic submission of Teaching Award nominations as well as electronic submission of CESERT grant proposals.

The ASE continues to be a beacon of light for those who navigate the challenging waters of surgical education. We hope 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 ASE Foundation was founded with the expressed mission to sponsor and fund innovative research that improves surgical education, surgical training, patient care and patient safety. Surgical education at all levels has been influenced by increased emphasis on core competencies, restricted duty hours, and patient safety. New paradigms for clinical training are being established. The field of surgical education has become an increasingly popular academic career track. These changes make the mission and role of the ASE Foundation more important than ever.

Two of our most successful initiatives are the Center for Excellence in Surgical Education, Research, and Training (CESERT) Program which funds research grants in surgical education and the Surgical Education Research Fellowship (SERF) Program which trains young surgeons in the principles of education research. At the most recent annual ASE meeting in Boston, the importance and success of CESERT were showcased in a special Panel Session entitled, “CESERT: Impetus, Import and Impact” moderated by Barry Mann, MD. During this impressive academic session, previous CESERT Grant awardees discussed their research projects, with a focus on what the projects added to their particular fields of study, and what impact the CESERT award had on their own academic careers in surgery.

Kimberly Schenarts, PhD, SERF Program Director, recently conducted a survey of former SERF fellows, most of whom continue to contribute to the surgical education literature, either expanding upon or continuing research related to their SERF project. When asked what effect participation in SERF had on their career development, several common themes emerged: the positive influence of networking and sharing of ideas; identifying and developing a research niche in their own institutions; giving individuals credibility as dedicated surgical educators within their departments and institutions, and nationally; and providing the essential fundamentals for rigorous educational research.

The value of surgical education research lauded by CESERT grantees and SERF fellows clearly underscores the importance of our mission. The Foundation's top priority and commitment remains funding these two important programs. We are pleased to report that through the work of Foundation Board Members, Covidien has generously committed funds for CESERT this year, and Ethicon Endo-Surgery continues its generous and long-standing sponsorship of SERF. While extremely grateful for this corporate support, we must be mindful of these challenging economic times, and continue to pursue avenues for potential funding. We will continue seeking support from corporate partners and develop new relationships with industry and other organizations that fund educational endeavors. We encourage all ASE members to continue their support and contribute to our Foundation. Strong membership participation strengthens our appeal to both industry and philanthropy as we seek additional funding for our programs.

At the annual meeting in Boston we kicked off our “100% Participation \$100” Membership Funding Campaign for 2011-2012 with the goal of raising \$100,000 to



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Committee Reports

Committee on Assessment and Evaluation

Adnan Alseidi, MD, Chair

Connie Schmitz, PhD, Vice-Chair

The ASE Committee on Assessment and Evaluation serves as a resource on all issues related to the assessment and evaluation of teachers, learners, and educational programs. This is an open committee and members are encouraged to attend the biannual meetings and/or join our mailing list. Primary projects of this committee, and a key component of our activities, are the committee sponsored workshops during Surgical Education Week. Recent topics include residency and clerkship program evaluation (2009) and recognition and remediation for the unprofessional physician (2010). Currently, based on an ASE membership needs assessment, the workshop sub-committee is working on an assessment tool library with the intent to organize a practical hands-on session (2012) to aid in eliminating the gap that exists due to the lack of understanding and accessibility of assessment tools.

In its role as a resource for assessment and evaluation for other ASE members/groups, the committee has several ongoing projects. One major project, and a primary focus of the Assessment and Evaluation Committee for the 2011-12 academic year, is on the development of assessment tools for the ACS/ASE National Medical Student Simulation-Based Surgical Skills Curricula being developed for MS1-3 learners. The subcommittee working on this important project, chaired by Connie C. Schmitz, PhD, maintains frequent contact with the ACS/ASE steering committee and has established good progress. The subcommittee continues to meet monthly, via teleconference, to insure timely completion. The activities of the committee are guided by the ASE's commitment to excellence in education and strives to assist the ASE achieving its strategic goals and objects.

Committee on Awards

Nancy Schindler, MD, Chair

Membership on the Awards Committee is by presidential appointment. This group was responsible for developing the criteria and process for selecting the annual recipients of the Philip J. Wolfson Outstanding Teacher Award and ASE Distinguished Educator Award. In 2011, the Committee proposed two additional new awards: the Outstanding Resident Teacher Award and the Linnea Hauge, PhD, Promising Educational Scholar Award. These awards were developed to recognize and encourage early excellence in teaching and educational scholarship amongst residents. This year, nominations were solicited from the ASE membership for all four awards. The Awards Committee will review all nominations and based on defined criteria, will identify recipients. Award recipients will be announced at the 2012 Surgical Education Week.

Committee on Clerkship Directors

Stephen Yang, MD, Chair

Joseph Iocono, 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, resources and meeting Liaison Committee on Medical Education (LCME) requirements. The Committee has been working on creating a national curriculum for surgery clerkship directors, and a poster related to that effort will be presented at the AAMC meeting this year.

The Committee has also been developing a database containing contact information for all North American Clerkship Directors with a goal of producing a yearly survey about clerkship-related information and support. This survey will be used for research purposes and help establish uniformity in teaching methodologies to all Clerkship Directors. The survey will also provide

Committee Reports

important information that may be used by Clerkship Directors to justify institutional support and to define criteria for academic advancement.

The Committee is now reaching a tipping point in its membership with one of the largest ASE Committee attendances at both its ASE and ACS meetings. Further support and participation by all Surgical Clerkship Directors and Coordinators are welcomed, and all Surgical Clerkship Directors and Coordinators are invited to these biannual meetings.

Committee on Coordinators of Surgical Education

Trisha Arbella, Chair

Rebecca Bryant, Vice-Chair

The Committee on Coordinators of Surgical Education develops resources to support, educate and inspire coordinators in surgery. This Committee addresses the educational needs of medical students in surgery and is focused on developing effective plans and goals to make the surgical clerkship successful. The Committee provides helpful information and guidance to coordinators and enables them to get involved in group discussions on issues surrounding medical student education. The Committee meets during the Annual Meeting and conducts business via e-mail and conference calls throughout the year. The Committee is currently focused on refining its career development program, providing the opportunity for coordinator certification, and increasing membership.

Committee on Curriculum

Ranjan Sudan, MD, Chair

Steven Goldin, MD, PhD, 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.

Committee on Educational Research

Ravi Sidhu, MD, MEd, Chair

Melissa Brunsvold, 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.

Committee Reports

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

Jeanie Savas, MD, Chair

Michael Cabalane, MD, Vice-Chair

The Faculty Development Committee assists ASE members in developing the teaching skills of their home faculty and in their own development as surgical educators. The committee sponsors workshops annually at ASE meetings (recent workshops have included interactive sessions entitled: Beyond Pig's Feet, Box Trainers, and 3-0 Silk: Planning a Surgical Skills Course, Coaching Towards Excellence in Professionalism and Communication, and How Surgeons Teach in the Operating Room), providing materials that participants can put into use at their own institutions. 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 will complete the planning phase of this course in 2011 and will run the first course at the 2012 ASE meeting. It is intended that this become an annual event. The committee is also 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

James Korndorffer, MD, Chair

P. J. Schenarts 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 education 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. Current projects include: developing a review paper based on the ASE-GSE 2011 workshop entitled; "Using Trainees for Education Research: Ethical Dilemma or Appropriate Scholarly Activity?", sponsorship of a workshop at the 2012 ASE meeting, possibly dealing with the educational challenges patient safety initiatives create, and developing a literature review paper on the successful practices utilized to teach systems-based practice in the graduate medical education setting. In addition, the Committee hopes to expand the reach of the ASE by including surgical directors of other specialties who would like an outlet and home for their surgical education scholarship.

Committee on Information Technology

Gregory Cherr, MD, Chair

Michael Awad, 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 reviewing the appearance and

Committee Reports

functionality of the ASE website and developing webinar, distance-based, teaching and learning opportunities.

Committee on Membership

Steven Kasten, MD, Chair

John Rectenwald, MD, Vice-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 850 members, which includes 158 clerkship directors, 37 clerkship coordinators, 14 nurse educators, 88 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.

Committee on Nurses in Surgical Education

Maggie Boehler, RN, MSN, Chair

Lisa Satterthwaite, RPN, Vice-Chair

This Committee is comprised of nurses who are currently working within their respective Departments of Surgery across North America to provide instruction, guidance and support to medical students throughout their surgical undergraduate education. In keeping with the Association's goals,

the members of this Committee have developed similar objectives so that they can actively participate as colleagues and collaborators. Responsibilities of the Nurse Educators, outside the realm of the surgical clerkship, include conducting research, participating on departmental and institutional committees, and mentoring and collaborating at the local, regional and national levels.

Currently the members of the Nurses in Surgical Education Committee participate as well in many other committees as active members of the ASE. It is our goal to provide our unique expertise and abilities to all committee projects. We have also updated our roster to include resources that each member has to offer, e.g. standardized patient exam development, clinical skills instruction, technical skills curriculum design and development. The committee plans on making this roster information available to all members of the ASE. There will be discussion at next year's meeting regarding formalizing a plan to offer nurse consultants for a broad range of curricular issues. Many of the nurses currently provide information and guidance informally to surgical education programs that seek out individual guidance. Our hope is to better provide assistance to the ASE members at large and do so in an efficient and cost effective manner.

Committee on the Program

Amalia Cochran, MD, Chair

Carol-Anne Moulton, MD, Vice-Chair

Susan Steinemann, MD, ASE Recorder

Membership on the Committee on Program is by presidential appointment. The most recent ASE meeting took place at the Sheraton in Boston, MA. Twenty-four abstracts were accepted for podium presentation, and an additional eight were accepted for mini-oral presentation. Nine workshops and the SERF Forum were presented in afternoon sessions. The poster session was significantly expanded this year and included a wine and cheese reception. In addition, opportunities for in-training meeting attendees were highlighted in the Program. A panel session

Committee Reports

moderated by Dr. Barry Mann emphasized the importance of the CESERT program in promoting quality educational scholarship. Brian Hodges, MD, PhD presented the J. Roland Folse Lectureship entitled, “Tea Steeping and i-Doc: Models for Medical Education?” Dr. Caprice Greenberg spoke on “Performance: The Intersection of Surgical Education and Outcomes Research” as the annual “What’s New in Surgical Education” presentation. Dr. Tom Lynch gave the Presidential Address.

The Program Committee has initiated planning for the 2012 meeting in San Diego. We will continue to expand opportunities for members to present their work with an increase to 26 podium presentations and 10 mini-orals. The concurrent session format for the mini-oral presentations will again be employed to facilitate this process. 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

Daniel Scott, MD, Chair

Dimitris Stefanidis, 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 from related fields. The committee hosted a successful Team Training workshop at the 2011 SEW meeting and is generating consensus papers regarding best known practices in this area. *The ASE Textbook of Simulation, Skills and Team Training* is scheduled for publication this fall. The committee is supporting a strong collaboration with the ACS and moving forward with the ACS/ASE Medical Student Simulation-based Surgical Skills Curriculum; two needs assessments and authorship of over 30 modules has been completed. The Delphi project, designed to systematically identify the top research questions, was quite successful, resulting in an oral presentation at the SEW 2011 meeting and a paper submitted to the *American Journal of Surgery*. A White Paper is underway to define standards and identify gaps in simulation. Mentoring programs for educators new to simulation and for educators seeking collaboration are under development. The committee was awarded the first collaborative grant funding from the ASE and APDS to support a multicenter study designed to establish performance benchmarks for various levels of learners using FLS and other simulation related assessments; 10 institutions began enrolling participants in July 2011.

Collaborations With Other Organizations

Association of American Medical Colleges

Council of Academic Societies

Liaison Members –

Debra DaRosa, PhD

Merrill Dayton, MD

Organization of Resident

Representatives –

Dawn Emick, MD

Paul Jeziorczak, MD

MedEdPORTAL Associate Editor –

Amalia Cochran, MD

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 (COTH). 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 –

Donald Jacobs, 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.

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.

Collaborations With Other Organizations

Alliance for Clinical Education

*Liaison Members –
Kimberly Ephgrave, MD
Rebecca Evangelista, MD
Robert Nesbit, MD,
Robyn Stewart, 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 –
John Mellinger, 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 eleventh Surgical Education Week will be held in 2011 and represents ongoing collaboration between the ASE and APDS. The ASE and APDS have co-sponsored the Residents as Teachers Workshops held during past Surgery Education Week meetings. Currently, the ASE, APDS and ACS are partners in the intern preparedness project.

Association for Academic Surgery

*Liaison Member –
Rebecca Sippel, 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.

Receiving the Wolfson Teaching Award was a true highlight of my professional career. For me, it was recognition of activity that was done without really any expectation of recognition. The award itself has a prominent place in my office and serves as a frequent reminder of Phil and all of my colleagues at the ASE who are so committed to excellence in surgical education

– CHRISTOPHER BRANDT, MD,
1996 DISTINGUISHED EDUCATOR AWARD WINNER

Honors & Awards

2011 WINNERS

Amalia Cochran, MD

University of Utah

Dr. Amalia Cochran is an Assistant Professor of Surgery at the University of Utah. She has been recognized by the University of Utah as an outstanding teacher with the Early Career Teaching Award, the first purely clinical awardee to be so honored. Her work developing and implementing a curriculum for the burn service served as a template for the entire department's residency program, and led to her selection as the Director of the Curriculum Implementation Committee for the redesign of the medical school curriculum.

Dr. Cochran has been active in the educational life of almost all of the organizations to which she belongs. She represents surgery as a member of the Society for Critical Care Medicine's Undergraduate Medical Education Committee, and is Vice-chair of the American Burn Association's Education Committee.

She has been an active participant in the ASE as a SERF fellow, as a member of the Awards Committee, Chair of the Assessment and Evaluation Committee, and Vice-chair of the Program Committee. In addition, she serves as the ASE's representative to the AAMC Med-Ed portal.

In reviewing student and resident evaluations of Dr. Cochran's performance, as well as her nomination letters, there were some distinct themes that were mentioned time and again...structured orientation and objectives, outstanding

communicator, approachable, encourages and promotes autonomy. To quote just a few:

"The orientation and educational curriculum that Dr. Cochran has organized is unmatched by any other rotation."

"She allowed me to work a little outside of my comfort zone with close supervision, and encouraged me when I was struggling. She was always trying to help me to understand the reasoning behind the decision-making process."

"She works at teaching, reads and practices teaching, and is constantly thinking about new ways to be even more effective as a teacher and leader."

"Dr. Cochran personifies what a truly excellent teacher is. It is being present in varied aspects of mentee development, being supportive and encouraging, keeping an open door and an open mind, truly loving what you do and sharing that love with those following in your footsteps."



Amalia Cochran, MD

Honors & Awards

Mary Hooks, MD

East Tennessee State University

Dr. Mary Hooks is a Professor of Surgery at East Tennessee State University Quillen College of Medicine. She has been the Clerkship Director since 1996, and is also course director of the recently established Transitions to Clerkships Course.

Dr. Hooks has been recognized by the students and residents at ETSU numerous times; her value to them is apparent by this partial list of awards. She was the Clerkship Director of the Year in 1998, 2000, 2001, 2002, 2004, 2005, Mentor of the Year in 1999, 2004, and 2008, Surgical Attending of the Year in 2009 and 2010, recipient of the Dean's Distinguished Teaching Award in Clinical Science in 1999, and recipient of the Leonard Tow Humanism in Medicine Award in 2006.

Dr. Hooks is a member of the Medical Student Education Committee, the Resident Evaluation Committee, and the Student Promotions Committee at ETSU. She is a past president of the Association of Women in Surgery, and a member of the ACS/AWS Mentoring Committee. She is a member of the ACS Student Program Committee and is also a former ASE SERF fellow.

In the words of her trainees:

"It was valuable to have Dr. Hooks give feedback so promptly."

"Dr. Hooks is an excellent role model."

"Dr. Hooks is an integral part of the medical education at Quillen."

"Dr. Hooks shows genuine care and respect for her patients during every encounter, and is able to do so while providing superior educational experiences for her residents and students."

The majority of nominations contain letters from Department chairs, other prominent surgeons, partners, friends, and trainees.

One of the most compelling letters of support for Dr. Hooks' nomination came from the Chair of Family Medicine. In addition to medical students and surgical residents, Dr. Hooks teaches family medicine residents on their surgical rotation.

"The one-on-one teaching opportunities are treasured by the family medicine residents and they consider her an outstanding teacher. Without Dr. Hooks, our program would not be nearly as successful."



Mary Hooks, MD

Jonathan D'Cunha, MD

University of Minnesota

Dr. Jonathan D'Cunha is an Assistant Professor of Surgery at the University of Minnesota, where he is involved in education at all levels. He is the course director for the Preparing for Internship course, the lead instructor for the critical skills simulation curriculum for interns, the Associate Program Director for the thoracic surgery residency, and the Program Director for the Minimally Invasive Thoracic Surgery and Foregut Fellowship, and a member of the Departmental Excellence in Education Strategic Planning Committee. His excellence has been recognized by the residents as the recipient of the Cassius Ellis Resident Teaching Award in 2003-2004, and the Arnold Gold Foundation for Humanism and Excellence in Teaching in 2003.

The curricular changes that have taken place under his direction have served as



Jonathan D'Cunha, MD

Honors & Awards

a wonderful educational research laboratory, of which Dr. D’Cunha has taken full advantage. He serves as a mentor for students and residents interested in surgical education and research, and is currently working with one medical student and three surgical residents, including one current SERF fellow. His work has been presented numerous times at the ASE Annual Meeting and other forums, with numerous peer-reviewed educational-related publications. His commitment to surgical education at the University of Minnesota, along with that of two of his colleagues, has been recognized and honored with an unrestricted endowment to support surgical education.

The impact that Dr. D’Cunha has had on his trainees is profound:

“His passion for our education and preparedness is greatly appreciated. Taking this course was one of my most valuable experiences in medical school.”

“This was the best, most thoughtful course in medical school.”

“Dr. D’Cunha is a natural teacher who leads by example.”

“He has taught me the foundation of everything that I need to know to be a better doctor, a better teacher, and a better lifelong learner. He has affected my career profoundly.”

His ability to inspire is not limited to medical students and residents. Following a recent Grand Rounds at his home institution, former ASE President Dr. Barry Mann received this call from one of his faculty members: *“Dr. D’Cunha’s talk made me realize that I’m not teaching enough, and I want to do more.”*

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

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.

I remember the evening well. Several of my academic mentors were in the crowd, and I couldn't help but think that the award should have been divided into many pieces so that it could be shared with these individuals. In truth, the inaugural recipient should have been the Association itself! It has done more to promote educational research and foster scholarship, than any individual. The ASE will forever be my roots, my place of fellowship, and my home.

– RICHARD REZNICK, MD, MEd
1996 DISTINGUISHED EDUCATOR AWARD WINNER

Previous Winners of the Distinguished Educator Award

1996 – Richard Reznick, MD
1997 – Ajit Sachdeva, MD
1998 – Richard Schwartz, MD
1999 – Gary Dunnington, MD
2000 – Merril Dayton, MD
2001 – Debra DaRosa, PhD
2001 – Richard Dean, MD
2002 – Richard Spence, MD
2003 – Glenn Regehr, PhD
2004 – L.D. Britt, MD
2005 – Hollis Merrick, MD
2006 – Stephen Evans, MD

Honors & Awards

2011 DISTINGUISHED EDUCATOR



Karen Horvath, MD

Karen Horvath, MD

University of Washington

Dr. Karen Horvath is a Professor of Surgery and Director of Resident Education at the University of Washington. She is a leader in medical education both locally and nationally. Most, but not all, distinguished educators are excellent teachers, and Dr. Horvath is no exception. Her dedication to teaching has been recognized by election to the Gold Humanism Honor Society, and as a 2008 recipient of the AAMC Parker J. Palmer Courage to Teach Award.

At the University of Washington, Dr. Horvath has been a member of the Curriculum Review Committee and head of the Procedures Workshop. As a member of the UW GME Committee, she was part of two separate task forces looking at duty hours and faculty evaluations, and served as the GME committee's representative to a school-wide coordinated quality improvement project. One of the innovative products resulting from her work on duty hours was a patented sign-out system.

Karen is a leader in the APDS, having served on the Nominating Committee and currently serving on the Board of Directors. She is on the ACS Committee on the Forum on Fundamental Surgical Problems, representing research in surgical education.

One of Karen's areas of particular expertise is in the area of skills development. She originated the technical skills curriculum at the University of Washington, is involved

with the assessment of SAGES FLS curriculum, and has been involved in the development of both didactic and technical skills modules for SCORE. She was a member of the APDS/ACS Surgical Simulation Curriculum Project Steering Committee.

In the areas of professionalism, duty hours, surgical skills, and structuring of resident education, Karen has numerous presentations and publications, both as first author and as primary mentor or senior author.

Leading Program Directors around the country have the following to say about Dr. Horvath:

"She is known for several important contributions in the field of professionalism. These are widely recognized contributions by Dr. Horvath in the field of graduate medical education."

"She is highly respected and known as an accomplished and innovative educator who is a national leader in residency education."

"I would consider Dr. Horvath a master educator."

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 three papers from the annual meeting as “ASE Papers of Distinction.” The three 2011 ASE Papers of Distinction follow.

2011 ASE PAPERS OF DISTINCTION

Objective Structured Assessment of Debriefing (OSAD) in Surgery: Identifying and Quantifying Best Practice

Sonal Arora¹, Maria Ahmed¹, John Paige², Louise Hull¹, Ramnarayan Paragi-Gujuraja², Jane Runnacles¹, Debra Nestel³, Ara Darzi¹, Nick Sevdalis¹, ¹Imperial College, London UK, ²Louisiana State University Health Sciences Center, USA, ³Gippsland Medical School, Monash University, Australia

Introduction: Simulation-based training is becoming an increasingly accepted method for surgeons to acquire their skills. A key component of this is the debriefing session where deep learning is embedded. However little research and resources are available to guide best practice, resulting in much variation. This study aimed to identify the essential components of an effective debrief and

to use this to develop and validate a tool for assessing the quality of debriefings in surgery.

Methods: Phase 1: A literature search of the Medline, Embase, PsycINFO and ERIC databases identified the current best evidence on effective debriefing. Phase 2: Twenty-nine semi-structured interviews with Surgeons (n=14), Anesthesiologists (n=8) and Nurses (n=7) from 3 different centres across 3 continents (UK, USA, Australia) using a standardised topic guide highlighted the components of an effective debrief from an end-user perspective. Key components of an effective debrief from these interviews (identified using emergent theme analysis) were combined with those from the literature by an expert panel to create the Objective Structured Assessment of Debriefing (OSAD) tool. Phase 3: The tool was tested for feasibility, reliability and validity by two independent raters who used it to rate debriefings following 22 high-fidelity simulations (scoring: min 8, max 40).



Sonal Arora, MD



Shelly Luu

Results: Phase 1 and 2: Thirty-four reports on debriefing were retrieved from the literature. Key components of an effective debrief identified from these reports and interviews were: approach to debriefing, establishing a learning environment, learner engagement, reaction to the experience, self-reflection, analysis of events, diagnosis of strengths and areas for improvement, and application of learning to clinical practice. Phase 3: The quality of debriefings as assessed by the OSAD tool were median 31.5 (range 21-36). The tool was feasible, reliable (ICC=0.88), face and content valid.

Conclusion: OSAD provides an evidence-based approach to best practice in debriefing with significant input from end-users from 3 different centres across the world. By quantifying the quality of debriefings, OSAD has the potential to identify areas for improving current practice so as to optimise learning during simulation.

The Surgeon's Four-Phase Reaction to Error

Shelly Luu¹, Lucas Murnaghan^{1, 2}, Glenn Regehr³, Steven Gallinger⁴, Carol-anne Moulton^{1, 4}, ¹Wilson Centre, University Health Network, Toronto, Ontario, ²Hospital for Sick Children, Toronto, Ontario, ³Centre for Health Education Scholarship, University of British Columbia, Vancouver, British Columbia, ⁴Department of Surgery, University of Toronto, Toronto, Ontario

Introduction: Adverse patient events are an inherent component of surgical practice but most surgeons are unprepared for the profound psychological reactions that these events evoke. This study explored surgeon's reactions to these events in order to develop a framework for understanding the cognitive and emotive responses involved with these experiences.

Methods: Semi-structured 60 minute interviews (CM) were conducted with 12 surgeons to explore recollections of their reactions to major errors or adverse events using a constructivist grounded theory approach. A priori purposive sampling included surgeons across different gender, specialties, and experience levels. Theoretical sampling was used to explore emergent themes. Brief interviews were also conducted with surgeons to capture their experiences with events (n=28) in real-time. A reflexive approach was adopted throughout and sampling continued until major themes were saturated.

Honors & Awards

Results: Participant surgeons consistently described feeling unique and alone in the depth of their reactions to an adverse event. However, most experienced an equally profound reaction, and a consistent set of phases that included both cognitive and emotive components. The initial phase involved a feeling of failure and self-doubt (“am I good enough?”). In the second phase the extent of the surgeon’s contribution towards the event was assessed (“was it my fault?”). During the third phase surgeons invoked coping strategies for dealing with the event whilst continuing with daily activities (“moving on”). Over time, surgeons described undergoing a fourth phase or process whereby they incorporated their reactions into their sense of self, reconstructing in a positive (or negative) way, their long term identity as a surgeon.

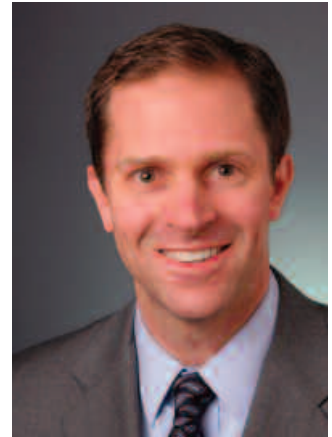
Conclusions: Surgeons are more consistent in the depth and pattern of their reactions to adverse events than they imagine as they try to work through these experiences alone. The development of a framework that describes surgeon’s reactions to adverse events will help surgeons understand their emotional and cognitive reactions during these times. This might enable surgeons to more effectively manage these experiences and appropriately focus on their role in the event. This, in turn, could provide better opportunities for learning from these events. Incorporating this framework into the training curricula has obvious educational benefit.

Utilization of a Cognitive Task Analysis for Laparoscopic Appendectomy to Identify Differentiated Intraoperative Teaching Objectives

Douglas S. Smink, MD, MPH^{1,2}, Sarah E. Peyre, EdD^{1,2}, David I. Soybel, MD², Ali Tavakkolizadeh, MD², Ashley H. Vernon, MD², Dimitri J. Anastakis, MD, MHPE³, ¹Department of Surgery, Brigham and Women’s Hospital, Boston, MA, ²Neil and Elise Wallace STRATUS Center for Medical Simulation, Boston, MA, ³Division of Plastic and Reconstructive Surgery, University of Toronto, Toronto, ON, CN

Background: Experts become automated when performing surgery, making it difficult to teach complex procedures to trainees. Cognitive task analysis (CTA) enables experts to articulate action steps and cognitive decisions in complex procedures such as laparoscopic appendectomy, which can then be used to identify central teaching points.

Methods: Three local surgeon experts in laparoscopic appendectomy were interviewed using critical decision method-based CTA methodology. Interview transcripts were analyzed and cognitive demands tables (CDTs) were created for each expert. The three CDTs were returned electronically to each expert for review of completeness and then combined into a master CDT. Percent agreement on action steps and cognitive decisions was calculated for each expert. The experts then participated in a consensus meeting to review the master CDT. Each surgeon expert was asked to identify the most important teaching objectives in the master CDT for junior and senior level residents. The experts’ responses for



Douglas S. Smink, MD

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

Honors & Awards

junior and senior level residents were compared using a chi-square test.

Results: The surgeon experts identified 24 action steps and 27 cognitive decisions. 18 (75%) of the 24 action steps were identified by all 3 surgeon experts. The percentage of action steps identified was high for each surgeon expert (96% for Surgeon 1, 79% for Surgeon 2, and 83% for Surgeon 3). Of the 27 cognitive decisions, only 5 (19%) were identified by all 3 surgeon experts. The percentage of cognitive decisions identified varied by surgeon expert (78% for Surgeon 1, 59% for Surgeon 2, and 48% for Surgeon 3). When asked to identify key teaching points, the surgeon experts were more likely to

identify action steps for junior residents (9 action steps and 6 cognitive decisions) and cognitive decisions for senior residents (4 action steps and 13 cognitive decisions, $p < 0.01$).

Conclusion: A cognitive task analysis deconstructed the essential action steps and cognitive decisions associated with performing a laparoscopic appendectomy. These results provided a framework to identify key teaching principles to guide intraoperative instruction. These learning objectives could be used to provide resident level-appropriate teaching of an essential general surgical procedure.

FROM THE FOUNDATION PRESIDENT CONTINUED FROM PAGE 7

support CESERT and SERF Programs. Members of the Foundation Board are committed to leading the way through their personal support and fund raising efforts for which I am most appreciative. We thank our membership who responded to our campaign and respectfully request those who have not yet donated to please participate. We would like to celebrate reaching our goal at next year's meeting in San Diego, California.

I am enthusiastic that our fundraising initiatives will insure that the ASE Foundation remains a leading supporter in surgical education research for our diverse and growing global membership.

Daniel T. Dempsey, MD, *ASE Foundation President*

Courses and Program Offerings

The J. Roland Folse Invited Lectureship in Surgical Education

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

The 2011 lecturer was Brian Hodges, MD, PhD, whose presentation was entitled “Tea Steeping and i-Doc: Models for Medical Education.”



Brian Hodges, MD, PhD

Previous Folse 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

Courses and Program Offerings

Course for Clerkship Directors and Coordinators – Troubleshooting 101

This all-day workshop was offered during the ASE Annual Meeting on Monday, March 21, 2010, in Boston, MA and was attended by 75+ clerkship directors and coordinators. The Course Directors were Ranjan Sudan, MD, Duke University and Stephen Yang, MD, Johns Hopkins University.

Because directing and managing a basic surgical clerkship and subinternship has significantly changed through the years and continues to evolve, a needs assessment of clerkship directors was conducted to determine the content of this workshop. A partial list of topics covered during the morning session included:

- 1. Why didn't I get honors?:** Dealing with grading issues, counseling, and remediation.
- 2. Can I have the day off?:** How to handle the difficult student with professionalism problems.
- 3. All I do is scut!:** How to avoid abuse of the medical student and provide a meaningful experience in and out of the operating room.
- 4. We hate the lecture series!:** Understanding the millennium generation and introducing a variety of teaching strategies.
- 5. The LCME is Coming!:** Lessons learned, how to prepare for an LCME site visit, and potential future changes.

In the afternoon, the Clerkship Directors had a separate professional development session on topics such as:

- 1. The Challenges of Running a Clerkship Across Different Sites:** Discussion of issues in meeting goals and objectives at different clerkship sites.

- 2. Formulating a Subinternship Curriculum:** Preparing a fourth year curriculum for students interested in surgery, including the sub-intern rotation and boot camp.

- 3. Mentoring Techniques:** Surgery interest groups and student career counseling: Description of techniques to mentor students into surgery beginning in year one.

- 4. Faculty Career Counseling:** Cashing in on Your Educational Credits for Promotion: Discussion on how to get credit for educational and teaching efforts, working on an educator's portfolio, how to better prepare for promotion.

- 5. Curriculum Reform:** Fighting for and Optimizing Your Clerkship Time: Presentation of models for longitudinal clerkships.

Web Initiative for Surgical Education of Medical Doctors

The Web Initiative for Surgical Education of Medical Doctors (WISE-MD) project, available by subscription through MedU, 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 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

Courses and Program Offerings

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 the Appendicitis, Colon Cancer, Cholecystitis, and Trauma 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

- Fifteen modules are available online: Abdominal Aortic Aneurysms, Adrenal Adenoma, Anorectal Disease, Appendicitis, Bowel Obstruction, Breast Cancer, Burn Management, Carotid Stenosis, Cholecystitis, Colon Cancer, Diverticulitis, Hernia, Skin Cancer, Thyroid Nodule and Trauma Resuscitation.
- Seven modules are in the production stage: Bariatric Surgery and Obesity, Hypercalcemia, Lung Cancer, Pediatric: Hernia & Hydrocele, Pancreatitis, Pediatric: Pyloric Stenosis, and Venous Disease.
- 50 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>

Barry Mann, MD, WISE-MD Board of Directors
Co-Chair

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

Thomas Lynch, MD, WISE-MD Editorial Board
Co-Chair for Assessment

ASE Financial Statement

Association for Surgical Education Statement of Financial Position

Year Ending June 30, 2011

ASSETS

Cash and cash equivalents	\$299,516
Investments	75,997
Accounts receivable	84,786
TOTAL ASSETS	\$460,299

LIABILITIES	\$69,176
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NET ASSETS	
Unrestricted	391,123

TOTAL LIABILITIES & UNRESTRICTED

NET ASSETS	\$460,299
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Unaudited

Association for Surgical Education Statement of Revenue and Expenses

Year Ending June 30, 2011

REVENUE

Meetings	\$143,277
Membership Dues	\$158,427
Clearinghouse Sales	\$1,407
Investment Income	\$602
Other Revenue	\$3,125
Interest Income	\$898
Unrealized Gain on Investments	<u>\$19,497</u>
TOTAL REVENUE	\$326,335

EXPENSES

Meetings	\$23,828
Committees	\$6,714
Publications	\$60,944
Administration	\$137,990
SERF	\$11,000
Foundation Transfer	<u>\$20,470</u>
TOTAL EXPENSES	\$260,946

CHANGE IN NET ASSETS	\$65,389
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Net Assets, Beginning of Year	\$325,734
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Net Assets, End of Year	\$391,123
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Unaudited

ASE Foundation

ASE Foundation Board of Directors

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Ravi Sidhu, MD, 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.

Foundation Grants & Fellowships

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.

Funding for surgical education is hard to come by...

As a young investigator, the CESERT grant program was critical to kick starting my research program and stimulating collaboration and mentorship. CESERT grants are truly unique in that they are offered through an organization (Association for Surgical Education) with a vested interest in current and future direction of scholarship in surgical education...

– ETHAN GROBER MD, MEd



Foundation Grants & Fellowships

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)
- **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)

Foundation Grants & Fellowships

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

My participation in the SERF program was an outstanding opportunity which most certainly shaped my future career. The sessions helped me in acquiring further knowledge and fine-tune my skills in the realm of surgical education research. It was a privilege to be surrounded by such experienced instructors as well as an enthusiastic and inspiring group of peers. I worked with a phenomenal adviser, with whom I will be honored to have an ongoing relationship of collaboration and mentorship. I am enormously appreciative for having had this amazing opportunity, and I was sad to see it end.

- MARA ANTONOFF, MD

program is led by Kimberly Schenarts, PhD, an ASE Past-President.

Dr. Schenarts is joined by Rebecca Henry, PhD, Professor of Medical Education, Michigan State University and Reed Williams, PhD, Professor of Surgery, Southern Illinois University.

2011-2012 Surgical Education Research Fellows

Fellow	Advisor	Fellow	Advisor
Ana Berlin, MD.....	Anne Mosenthall, MD	David Lindsey, MD.....	Barry Mann, MD
Tulin Cil, MD, MEd	Nicole Roberts, PhD	Blair Marshall, MD.....	Nick Sevdalis, PhD
A J Copeland, MD	P J Schenarts, MD	Stacey Milan, MD	Dimitris Stefanidis, MD, PhD
Nina Glass, MD	Amalia Cochran, MD	Lisa Schlitzkus, MD.....	Pamela Rowland, PhD
Akol Gupta, MD.....	John Paige, MD	Carly Seaberg, MD	Sarah Peyre, EdD
Abdul Hakeem, MBBS	Hilary Sanfey, MD	Jenny Swanson, MD	Steven Kasten, MD
Don Lesslie, DO	James Korndorffer, MD	Julie Wynne, MD	Donald Risucci, PhD
Anne Lidor, MD	Adnan Alseidi, MD		

Foundation Grants & Fellowships

SERF Graduates

- **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
- **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.

Foundation Grants & Fellowships

- **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?
- **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, 2011

ASSETS	
Cash and cash equivalents	\$59,824
Investments	\$61,029
TOTAL CURRENT ASSETS	\$120,853
RESTRICTED ASSETS	
Cash and cash equivalents	\$84,253
TOTAL RESTRICTED ASSETS	\$205,106
LIABILITIES	
	\$43
NET ASSETS	
Unrestricted net assets	\$120,810
Temporarily restricted	\$34,253
Permanently restricted	\$50,000
TOTAL NET ASSETS	\$205,063
TOTAL LIABILITIES AND NET ASSETS	
	\$205,106

ASE Foundation Statement of Revenue and Expenses Year Ending June 30, 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	TOTAL
REVENUE				
Contributions	\$16,527			\$16,527
SERF Program	\$49,000			\$49,000
Investment Income	\$157	\$217		\$374
Other Income	\$15,085	\$40,629		\$55,714
Unrealized Gain on Investments	\$15,765			\$15,765
Net Assets Released from Restrictions	<u>\$32,553</u>	<u>\$(32,553)</u>		<u>\$0</u>
TOTAL REVENUE	\$129,087	\$8,293		\$137,380
EXPENSES				
Program				
SERF Program	\$49,000			\$49,000
CESERT Grants	\$56,500			\$56,500
Other Program Expenses	\$15,695			\$15,695
Total Program Expenses	\$121,195			\$121,195
Total Management and General Expenses	<u>\$5,100</u>			<u>\$5,100</u>
TOTAL EXPENSES	\$126,295			\$126,295
CHANGE IN NET ASSETS				
Net Assets, Beginning of Year	\$118,016	\$25,960	\$50,000	\$193,976
Net Assets, End of Year	\$120,810	\$34,253	\$50,000	\$205,063

Unaudited

ASE Foundation Donors

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, 2010 - June 30, 2011).

Individuals

\$1000 and up

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ASE Foundation Donors

ASE FOUNDATION – CUMULATIVE DONATIONS

July 1, 2006- June 30,2011

The ASE Foundation would like to thank the members of the Association for Surgical Education for their generous support.

ASE FOUNDATION – CUMULATIVE DONATIONS

July 1, 2006-
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The ASE Foundation would like to thank the members of the Association for Surgical Education for their generous support.

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From the President

FROM THE PRESIDENT

CONTINUED FROM PAGE 5

A new interest group, MERG (Multi-institutional Educational Research Group) has been formed. In the capable hands of Amalia Cochran, John Mellinger, Dimitrios Stefanidis, Maura Sullivan, Nick Sevdalis and Roy Phitayakorn, this core development group will assist investigators interested in participating in and initiating collaborative research. Long range goals include the development of resources and infrastructure to enhance opportunities for competitive funding and facilitation of multi-site educational research projects. An open forum will be offered during the ASE workshop segment in San Diego for all interested members.

In these challenging economic times, we are acutely aware of the need for development funds to support the work of surgical educators and researchers. We extend our gratitude to Covidien for their generous support of two CESERT grants for the current funding cycle and to Ethicon Endo-Surgery for their continued support of the SERF program, now entering its 17th year. Under the current leadership of Kim Schenarts, and past leadership of Don Riscucci and Debra DaRosa, and with countless faculty mentors, the Surgical Education Research Fellowship continues to be an ASE premier program. This coming year the Research Methodology course, through the efforts of Stan Hamstra and Ravi Sidhu, will be combined with SERF to maximize exposure and preparation for SERF participants and allow others to gain from this educational opportunity as well.

I extend my deepest gratitude to each committee chair and ASE member for your dedication and volunteer service to create this community of learning, sharing and discovery. Please take a moment to read more in depth reporting of committee accomplishments and plans throughout this report. Committees are diligently working on focused literature reviews and white papers on key educational issues.

We continue to search for avenues to attract new members and develop technology outreach to

extend the many membership benefits to international colleagues. We are seeking to expand our membership to include collaborators in education, simulation, human factors research, physician assistants and other surgical specialties. The association is now on Facebook. We have been channeling timely topics to friends and members. Become a friend today.

<https://www.facebook.com/pages/Association-for-Surgical-Education/248915695131736>

I remain awestruck at the willingness of our members to find yet another few minutes in their day to make the ASE the premier organization for surgical education. I often stand at the scrub sink and reflect on the incredible privilege afforded surgeons to integrate heart and mind and hands in the service of our patients. Likewise, we shepherd our eager trainees through the grueling process while preserving the singular focus of bettering humankind one patient at a time and contributing to the surgical science that will lead those advancements. We strive to be better teachers and more skillful learners by integrating state of the art technology. Our strategic plan has been a much needed framework upon which we have advanced the mission and vision of the ASE with well-defined objective outcome measures. I want to thank Tom Lynch for his tenacity as we focused our efforts on key strategic priorities.

Our strategic plan, like the ASE, was built on the foundation of mutual respect and a culture of forward thinkers. We appreciate this living document that can bend with the forces of change and yet support our core mission and values. A more in depth update on the progress of strategic implementation can be found later in this annual report.

Despite the numerous challenges we face, the Association for Surgical Education remains a welcoming community of dedicated scholars, educators and innovators. We encourage your involvement. Continue to invest in the future of surgical education.

Linda M. Barney, MD
ASE President

2010 ASE Strategic Plan – Status of Implementation

INITIATIVE	OUTCOME MEASURE	RESPONSIBLE	PERCENT COMPLETED
1.1.1.1 Reevaluate annual program format to increase member participation and benefit	Increase number of podium presentations/ meeting	Program Chair and Committee	100%
	Identify innovative formats to increase opportunities for member participation in annual meeting	Program Chair and Committee	100%
1.1.1.2 Expand teaching awards and recognition opportunities	Increase the number of new awards for recognizing excellence in surgical education scholarship	Awards Committee	100%
1.1.1.3 Innovative use of journal affiliation	New Journal agreement to allow for greater availability of ASE member materials	Recorder and President	50%
1.1.1.4 Develop program to facilitate faculty and career advancement	Complete needs assessment and outline of program; develop fee structure	Faculty Development	25%
	Implement and present program at Education Week	Faculty Development	25%
	Grow and expand program reaching to Department Chairs for candidates	Faculty Development	50%
1.1.2.1 Develop collaborative relationships with the ACS	Completed ACS/ASE Medical Student Curriculum in Simulation	Simulation Committee	75%
	Develop Faculty 'Train the Trainer Course' for ACS/ ASE Medical Student Curriculum in Simulation	Simulation Committee	
	Present Simulation and Educational Research Programs within the Postgraduate Program format of the ACS	Simulation and Educational Research Committees	
1.2.1 Further develop and transform CESERT	Research funding is aligned with ASE priorities	President (ASE Exec to make rec. to ASEF)	75%
	Implement Request for Proposals (RFP) aligned with ASE priorities	Grant Rev. Comm. to manage RFP	50%
	Grow the endowment to support 4 CESERT grants/year	President (ASE Exec to make rec. to ASEF)	25%

2010 ASE Strategic Plan – Status of Implementation

INITIATIVE	OUTCOME MEASURE	RESPONSIBLE	PERCENT COMPLETED
1.2.2 Further develop and transform SERF	Explore potential for on-line/distance version of SERF or components	SERF Program Director	25%
	Develop an on-line / distance learning version of SERF	SERF Program Director and IT Committee	25%
	Evaluate target audience for SERF and determine if there is a need to focus on specific target groups such as residents	SERF Program Director	25%
	Expand program	SERF Program Director	50%
	Increase profit margin	SERF Program Director	
1.2.3 Coordinate and Develop the Educational Research Curriculum	Inventory of available products	Research Committee	50%
	Integrate elements into a new modular Curriculum Product	Research Committee	50%
	Explore potential for on-line/distance version of Educational Research Curriculum	Research Committee	25%
See 1.1.2.1 Develop collaborative relationships with the ACS			100%
1.3.1 Complete a needs assessment/white paper evaluating the potential for studies in the area of patient safety, quality and changing medical curriculum	Publishable papers, creation of new committees, establish ASE experts in this area.	Ad hoc comm. chaired by President: Grad. Med. Ed. Comm.; Curric. Comm.; Fac. Dev. Comm.	
1.3.2 Develop webinar, distance-based opportunities	Potential areas for development of distance based curriculum	IT Committee, Curriculum Committee	50%
2.1.1.1 Develop ASE designation of excellence in surgical education	Develop criteria for designation and proposed metrics of success	Exec. Comm; Presidential ad hoc committee	50%

2010 ASE Strategic Plan – Status of Implementation

INITIATIVE	OUTCOME MEASURE	RESPONSIBLE	PERCENT COMPLETED
2.1.1.2 Develop line of new ASE branding products	Identify manufacturer and develop product line (e.g. ties/lapel pins, etc.)	Membership committee, ASEF, ED	75%
	Develop web -based sales model; track revenues as separate line item in financial statements	Membership committee, ASEF, ED	50%
2.1.1.3 Charge for pre-meeting workshops; research development	Track profits and number of people attending; business plan put forward by the committee who takes on these issues	Committees	75%
2.2.1.1 Develop financial policies	Develop financial policies which address resource allocation and which incorporate strategic funding priorities; outline process by which ASE will fund projects	ED	100%
	Each new project must have application filled out, answering the question whether it relates to strategic priorities	Executive Committee	100%
2.2.2.2 Financial communications strategy	Communicate financial policies to membership and BOD regularly	ED	100%
2.2.2.3 Governance Review	Establish governance review task force with clearly articulated goals and deliverables	Executive Committee	
2.3.1 ASE and ASEF Presidents will have agreement over fundraising priorities at beginning of each year	Annual meeting to review the Strategic Priorities for both groups.	ASE and ASEF Presidents	100%
2.3.2 Clarity to increase awareness of ASE Foundation priorities and structure	Executive Director to articulate this message to the BOD.	ED	100%
2.3.3 ASEF Strategic Planning Process	Recommend that the ASE Foundation develop a Strategic Plan	ASEF President and BOD	
3.1.1. Strengthen relationship with ACS and APDS regarding Simulation curriculum	Expand programs with ACS and APDS	President	100%

2010 ASE Strategic Plan – Status of Implementation

INITIATIVE	OUTCOME MEASURE	RESPONSIBLE	PERCENT COMPLETED
3.1.2. Increase ASE participation in SAGES and market ASE educational programs to SAGES.	ASE representation on SAGES program	Executive President	100%
	Host an FLS course at ASE meeting.	Clinical Simulation Comm.	50%
	Increase membership by 25/year from SAGES.	Membership Committee	
3.1.3 Political analysis AAMC, LCME, IOM	Understand organizational model, scope of influence, and value and process of membership	ED	100%
3.2.1. Explore new membership base (e.g., scientist and engineers, outcomes researchers)	Initiate contact with potential members	Membership Committee	75%
3.2.2. Inventory of international groups and expand membership diversity	Identification of target potential members	Membership Committee	75%

Association for Surgical Education

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