



Association for Surgical Education

ANNUAL REPORT 2012





Association for
Surgical Education
ANNUAL REPORT 2012

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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.

Past Presidents

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



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 Dimitri Anastakis, MD, MHPE, MHCM

President-Elect Mary Ann Hopkins, MD

Vice-President Daniel Jones, MD

Treasurer Mary Klingensmith, MD

Secretary Christopher Brandt, MD

COMMITTEE CHAIRS

Assessment and Evaluation Adnan Alseidi, MD

Awards Maura Sullivan, PhD

Clerkship Directors Joseph Iocono, MD

Coordinators of Surgical Education Trisha Arbella

Curriculum Ranjan Sudan, MD

Educational Research Melissa Brunsvold, MD

Faculty Development Jeannie Savas, MD

Graduate Surgical Education James Korndorffer, MD

Information Technology Michael Awad, MD, PhD

Membership Steven Kasten, MD

Nurses in Surgical Education Lisa Satterthwaite

Program Carol-anne Moulton, MD

Simulation Dimitrios Stefanidis, MD, PhD

MEMBERS

Executive Director Susan Kepner, MEd

Past Presidents

Linda Barney, MD; Thomas Lynch, 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

Rebecca Evangelista, MD; Robert Nesbit, MD;

Robyn Stewart, MD

Association of Program Directors in Surgery

James Korndorffer, MD

Association of Academic Surgeons

Rebecca Sippel, MD

American College of Surgeons- ASE Governor

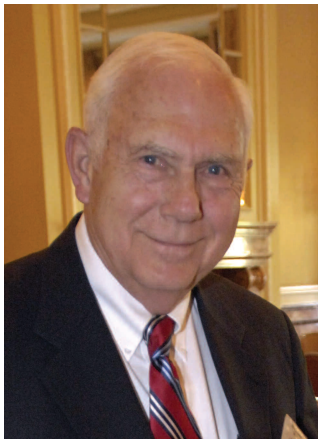
Donald Jacobs, MD

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

Strategy for Global Impact on Surgical Education

Our Vision

The ASE aspires to impact surgical education globally.

Our Mission

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

All organizations, big and small, benefit from having a robust strategic plan that guides the whole organization and everyone in it towards a common purpose and set of priorities. Equally important to having the plan is having a shared commitment and the capacity to implement it. Through planning and implementation they continue to fulfill their purpose or reason for existing. Investing time and resources into the planning and implementation ensures that an organization is moving as one towards its desired future state – that is, fulfilling its vision for the future.

The ASE understands the importance of strategy and strategic planning. Since 2009, we have followed a plan that has significantly enhanced our ability to fulfill our Mission and achieve our Vision.

2012-13 represents an important year for the ASE as we will be completing our current three year strategic plan. That plan was developed in 2009, with the ASE Board undertaking the first comprehensive planning process in the history of our organization. Together with input from the ASE membership, the 2010-13 strategic plan was developed and accepted as the working document for the next three ASE Presidents. This document helped ensure strategic focus for the ASE leadership including each President and each ASE Committee. The document has been a powerful tool in helping us to invest our most valuable resource – member time – on a set of common priorities.

During this final year of the Strategic Plan, we will work to complete and summarize our accomplishments across all three strategic priorities.

Strategic Priority 1: Reposition and advance surgical education, teaching and research

Overall, we have repositioned and advanced surgical education, teaching and research and have furthered the ASE as the preeminent organization in surgical education. A sample of our accomplishments in this domain include:

- Expanded the 2012 meeting with the addition of parallel mini-podium presentations and primary podium presentations bringing platform presentations up to 36



Message from the Executive Director



The ASE is entering into the final year of its 2010-2013 Strategic Plan. The great success of this plan has led to the pre-planning of the next strategic plan, 2014-2017, by the ASE Executive Committee so that the ASE can continue to be guided by focused, membership-driven goals and objectives. This collaborative effort creates a working document that sets a clear direction for the ASE and positions our organization to meet the challenges and educational needs of our surgical academic community.

One of the goals of the ASE 2010-2013 Strategic Plan was to increase the number of podium presentations at our annual meeting. We are pleased to report that we were able to increase the number to a total of 36 this past year. In addition, the ASE Education Awards Program debuted 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 were announced at our 2012 Annual Meeting on March 23, 2012 in San Diego, CA. These two awards recognized those trainees who have excelled in the field of surgical education and encourage their continued involvement in this field of study.

We are proud to announce another new award that will be given for the first time at our 2013 Annual Meeting, April 23-25, 2013 in Orlando, FL. This award is the Excellence in Innovation in Surgical Education Award and will be given annually to a team of individuals who exemplify a successful cooperative effort in surgical education innovation. It is designed to advance the ASE's mission to promote excellence, innovation and scholarship.

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. New this year, the ASE again partnered with the ACS to create the ACS/ASE Medical Student Core Curriculum.

At our 2012 Meeting, the ASE Clerkship Directors Committee presented a follow-up, all-day workshop on Troubleshooting 102 – a workshop for Surgery Clerkship Directors and Coordinators. This workshop addressed issues of curriculum development, lectures, grades, problem students, feedback and simulation, as well as discussion about best clerkship practices.

New at the 2012 Annual Meeting was a workshop entitled “Introduction to Education Research Design and Methodology.” This course covered topics such developing research questions, design of studies, survey research, critical appraisal of research studies and an introduction to quantitative research. Also new was a workshop entitled “Fundamentals of an Academic Career in Surgery Education.” This workshop covered topics relevant to becoming a surgery educator and obtaining the necessary skills to be successful and academically productive.

We have shifted, almost exclusively, to electronic mailings and notifications of important ASE announcements as well as calls for abstracts and submissions. In addition, we've entered into the world of social media by creating a page on FACEBOOK. Please “like” us in case you haven't yet.

The future for the ASE is exciting and challenging as everyone continues to have to “do more with less.” 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 core mission of the ASE Foundation is to support research in surgical education. The Foundation continues to serve its core mission by raising money to support the CESERT and SERF programs. This year the Foundation received over \$100,000 from industry (about 75%) and ASE members (about 25%). Since its inception in 1993, through the CESERT program the ASE Foundation has funded 24 investigator-initiated peer-reviewed grants in surgical education, disbursing over \$970,000 to 16 institutions in the US, Canada, and UK. We continue to receive several quality grant proposals per cycle, and this fall another excellent grant was funded. We are grateful to Dr. Ravi Sidhu and his Grants Review Committee for the excellent job reviewing and scoring these grants.



The SERF Program continues to thrive, providing young investigators with mentorship and research training in surgical education. This year we had 15 SERF fellows from 15 different institutions. Since the creation of the SERF fellowship program in 1994, we have had over 68 fellows from as many institutions complete this excellent program. We are grateful for the able leadership of Dr. Kimberly Schenarts and all of the faculty who give so generously of their time and wisdom.

It is important to grow the small but vigorous CESERT grant program so that the ASE Foundation can consistently fund several meritorious surgical education research grants per year. SERF is a model program that could be expanded. Other similar innovative programs might be developed. To accomplish this, and to maintain a global leadership role in surgical education research, the ASE Foundation is developing a three year strategic plan around the following three strategic priorities:

1. The ASE Foundation will be a global leader in funding surgical education research.
2. The ASE Foundation will develop a sustainable financial plan.
3. The ASE Foundation will partner with industry and philanthropy.

To realize these priorities, the ASE Foundation Board has set multiple goals, including:

- a. Dramatically scaling up fundraising so that we can fund more grants and build an endowment;
- b. Ensuring that all ASE Foundation board members are actively involved and engaged in the mission of the Foundation, including getting interested industry leaders and philanthropists on board;
- c. Developing meaningful relationships with the foundations of other important academic societies and surgical specialties;
- d. Developing a collaborative RFP process with industry and also with other academic societies;
- e. Increasing and improving the web presence of the ASE Foundation.

We have already started on some of these important goals. This year we will be developing a request for research proposals jointly with the Plastic Surgery Foundation. We have approached other academic societies regarding collaboration and representation on our board. We have prospective new board members from industry, surgical specialties, and surgical societies. New fundraising strategies are being developed, and as we approach new donors, our appeals will be strengthened by strong member and board giving, and very low administrative overhead (4% of revenue raised).

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 worked on an assessment tool library 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, was 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

Maura Sullivan, PhD

Membership on the Awards Committee is by presidential appointment. This group is responsible for developing the criteria and process for selecting the annual recipients of the Philip J. Wolfson Outstanding Teacher Award, the ASE Distinguished Educator Award, the Outstanding Resident Teacher Award and the Linnea Hauge, PhD, Promising Educational Scholar Award. New this year, the Committee proposed the Excellence in Innovation in Surgical Education Award. This award is designed to recognize a team of individuals who exemplify a successful cooperative effort in surgical education innovation and is designed to advance the ASE's mission to promote excellence, innovation and scholarship. Nominations are currently being solicited from the ASE membership for all five awards. The Awards Committee will review all nominations and will identify recipients based on defined criteria. Awards recipients will be announced during the 2013 Surgical Education Week.

Committee on Clerkship Directors

Joseph Iocono, MD, Chair

Nancy Gantt, MD, Vice-Chair

The Committee on Clerkship Directors was formed at the ASE meeting in Tucson in March 2006 to provide a forum specifically for Clerkship Directors to share ideas and address problems common to all surgery clerkships. These areas include curriculum, evaluation, resources and meeting Liaison Committee on Medical Education (LCME) requirements. For the past four years, the Committee has been working on creating a national curriculum for surgery clerkship directors, in a joint effort with the Curriculum and Simulation committees. The Committee has completed a national database containing contact information for all North American Clerkship Directors that is ever changing but represents the best resource for connecting clerkship directors

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both within and outside ASE. For the past two years at the ASE annual meeting, a day-long pre-meeting workshop for clerkship directors was held to cover common topics such as LCME accreditation, work hour restrictions, problem students and professionalism. This year marked the conclusion of Dr. Stephen Yang's four year commitment to the Committee as Vice-Chair and then Chair. We will miss his guidance and dedication.

The Committee is now committed to focusing the majority of its efforts on professional development of clerkship directors. We will continue to support the development of the national curriculum. Each year at ASE, there will be a pre-meeting workshop covering "hot topics" for established directors and skills needed for new ones. In addition, the committee is working with the ASE/ACS leadership to hopefully establish a fellowship process to reward clerkship directors who attend workshops, present at ACS or ASE and show commitment to improving their skills as a clerkship director.

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 Reports

Committee on Educational Research

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

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

Committee on Faculty Development

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

completed the planning phase of this course in 2011 and ran 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, MD, Vice-Chair

The mission of the Graduate Surgical Education committee is to endorse and promote core-competency based best practices in graduate surgical education that are grounded in sound educational theory. The Graduate Surgical Education Committee was formed in 2009 to provide a "home" in the ASE for those whose primary focus is graduate medical education. Completed and future projects include the 2012 ASE workshop "Guiding Principles for Remediating the Underperforming Surgical Resident," as well as developing a workshop for 2013 focusing on the challenges dealing with the increasing number of specialized residencies that still require part of their training in a general surgical residency. 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. We will do this by targeting individuals at our home institutions as well as the educational committees of other surgical specialty societies.

Committee on Information Technology

Michael Awad, MD, Chair
Vacant, 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"

Committee Reports

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 functionality of the ASE website including a new social module to facilitate committee interactions and group discussions. We are also exploring options for developing webinar, distance-based, teaching and learning opportunities. Finally, the committee is exploring the use of the Nexus platform as a means of online hosting and sharing of medical curricula for both undergraduate and graduate surgical education.

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 800 members, which includes 158 clerkship directors, 56 clerkship coordinators, 14 nurse educators, 96 residents and 22 medical students. The committee continues its work on targeting surgeons and other healthcare members involved in areas outside of general surgery; specifically faculty who are involved in new integrated residency programs, international groups, scientists and engineers. Efforts are underway to develop joint funding opportunities for surgical educational research between ASE and national specialty organizations as a means of increasing awareness of the ASE and at the same time increasing opportunities for scholarship in educational research.

Committee on Nurses in Surgical Education

Lisa Satterthwaite, RPN, ORT, Chair

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

The Committee of Nurses in Surgical Education continues to work closely within the ASE in both a collaborative and supportive role amongst existing standing committees. This year, each of our members has joined one of the diverse committees within the ASE in order that we may augment our opportunities to thrive within the ASE. It is our hope to garner information from each committee in order that we may be able to assist in projects, presentations and workshops to add a nursing perspective within IT, research, simulation, computer programs or curriculum development.

Over the past 10 years the focus of the nursing group has developed from undergrad medical education, examination and teaching profiles to a more broad range perspective to include the ever-increasing role of simulation and the use of surgical skills centres in both medical and surgical education and training. NISE provides a complex group of highly trained and motivated nurses who are an immense resource of information that network regularly to provide support on global questions and concerns.

The group consists of an international team of nurses from varied backgrounds such as clinical co-coordinators and instructors, nurse educators, nurse managers and skills lab co-coordinators.

Committee on Program

Carol-Anne Moulton, Chair

Ranjan Sudan, MD, Vice-Chair

Susan Steinemann, MD, ASE Recorder

Membership on the Program Committee is by presidential appointment. The most recent ASE meeting took place in San Diego. 26 abstracts were accepted for podium presentation, and an additional 10 were accepted for mini-oral presentation. Ten workshops and the SERF Forum were presented in afternoon sessions. The poster session was a success this year and included a

Committee Reports

wine and cheese reception. A panel session moderated by Dr. Linda Barney highlighted the challenges of several transitions in surgical practice, and included talks from Rebecca Minter, P.J. Schenarts, and Merrill Dayton. Commander Anthony Baker presented the J. Roland Folse Lectureship, sharing his knowledge behind Navy Seal training and making some interesting comparisons to surgical training. Dr. Michael Awad was our speaker for the “What’s New in Surgical Education” presentation, and provided a stimulating and enlightening talk. Dr. Linda Barney gave the Presidential Address. The Program Committee has initiated planning for the 2013 meeting in Orlando, Florida. We will continue to expand opportunities for members to present their work with two simultaneous mini-oral presentation sessions. The concurrent session format was a success with good attendance at both sessions last year. We will continue with the traditionally excellent Thinking Out of the Box program. Pre-meeting courses are also being developed by other ASE Committees. We have received commitments from both our Folse Lecturer and What’s New in Surgical Education lecturer and will be finalizing the program in September.

Committee on Simulation

Dimitris Stefanidis, MD, PhD, Chair
Neal Seymour, 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 had a very productive year. The *ASE Textbook of Simulation, Skills and Team Training* (64 chapters, and 864 pages) was published and is available for purchase. The ASE/ACS Medical Student Simulation-based Surgical Skills Curriculum that contains over 30 modules is in the final stages of completion; four of its modules were introduced to the ASE membership during a workshop held at the 2012 SEW meeting. The Committee also sponsored another

excellent workshop at 2012 SEW on appropriate debriefing skills for scenario-based training and at the IMSH meeting 2012. The top research priorities in surgical simulation that were generated by committee members using a Delphi process were published in the *American Journal of Surgery*. Two more papers on team training and debriefing are forthcoming. In addition, a white paper is underway to define standards and identify gaps in surgical simulation.

Members of the Committee also presented the results of the first ASE/APDS collaborative grant at 2012 SEW; the multicenter study that was conducted at seven institutions established resident performance benchmarks on several laparoscopic and open simulated surgical tasks.

Several new committee projects are underway and they include the creation of short videos that demonstrate appropriate and inappropriate debriefing skills, pilot testing of the initial ASE/ACS Medical Student Simulation-based Surgical Skills Curriculum modules, the generation of literature reviews on surgical simulation, a follow up study on the Delphi research priorities project, and a project that aims to generate standards for reporting simulation center usage and costs.

Members of the Committee are also participating in the Executive Committee of ASSET (Alliance for Surgical Simulation, Education, and Training), a multidisciplinary national organization that aims to establish standards in surgical simulation across specialties allowing the ASE to have a voice at its decision making process.

The Committee is very well attended at meetings, and includes several very active and productive members with expertise in various aspects of simulation. New members are welcome.

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 –

Aaron Jensen, 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 –
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 –
James Korndorffer, MD*

The Association of Program Directors in Surgery (APDS) was founded in 1977 and consists of the Program Directors and Associate Program Directors of ACGME accredited General Surgery residencies in the United States. APDS is also the sponsoring organization for general surgery program coordinators. The 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.

I have received many different kinds of awards from high school on, but the one with most lasting impact on my life must be the Outstanding Teacher Award from the Association for Surgical Education in 1996. The Association for Surgical Education has contributed to almost all my educational work since I first attended in 1987 or 1988. The ASE award was a great reminder of why I had pursued academics to begin with.

– KIMBERLY EPHGRAVE MD, FACS
1956-2012

Honors & Awards

2012 WINNERS

Timothy Farrell, MD

University of North Carolina

Dr. Farrell is a minimally invasive surgeon at University of North Carolina at Chapel Hill where he has served as surgery clerkship director, co-chair of the curriculum committee, associate program director, MIS fellowship director and numerous other leadership positions in education. Beyond his institution he also holds positions in education in a number of surgical societies.

He is clearly well loved by his students who unanimously describe him as a wonderful teacher who is approachable and understands how to teach at the appropriate level for students.

“Dr. Farrell stands out as one of the best attending physicians I worked with while on my surgery rotation here at UNC. Dr. Farrell clearly loves what he does, he treats all members of

the medical team with respect, including the medical students and he is a shining example of outstanding patient care. Out of all of the surgeons I worked with on this rotation, Dr. Farrell was the most consistent in involving medical students in the OR. Thank you for this, Dr. Farrell!”

Dr. Farrell has received numerous teaching awards from students and residents and received the Medical Alumni Distinguished Teaching Professorship at UNC. In his letter of nomination he was noted to be one of only two or three faculty members to receive a tenured associate professorship based on education. Dr. Farrell has numerous presentations and publications in surgical education.



Timothy Farrell, MD

Honors & Awards

Charles Friel, MD

University of Virginia

Dr. Friel is an associate professor and colorectal surgeon at University of Virginia. He describes his teaching philosophy as “clinical activity and teaching can be one in the same. Every clinical encounter is an opportunity to teach.”

He is an associate program director for the general surgery program and leads a course for the second year medical students in gastroenterology. He gives numerous lectures and has led the mock oral exams for his residents. He has received many teaching honors from his institution including, to name a few, being named Surgical Attending of the Year, receiving an excellence in teaching award and being inducted into the Academy of Distinguished Educators. He also twice received the Robley Dunglison award given to a single attending at the medical school for their dedication to teaching.

He helped to design the assessment system used in the UVA residency program and to ensure that it was competency based. He serves on numerous education committees locally and nationally and has mentored many students throughout his career.

Dr. Friel’s chair described Charles as having “a tireless work ethic and an infectious enthusiasm that inspires students and residents alike. Students look to him and see the physician they want to become.” And the chief of acute care surgery at his hospital said “The term teachable moment is in vogue, but for Charlie a teachable moment is any time his eyes are open.”

More than a few students noted Dr. Friel’s gift for inspiring those he

teaches. They note his passion for patient care and surgery but also note that he is a role model of how to balance those passions with his family.

Travis Webb, MD

Medical College of Wisconsin

Dr. Webb is a surgeon at the Medical College of Wisconsin where he has served in many leadership roles in surgical education. To name a few he has been clerkship director for the Resuscitation and Peri-operative Medicine clerkship, leader of the transitions to clerkship course and Associate Program director. He has developed numerous curricula including the PGY 2 curriculum, spearheaded a competency based model of resident advancement and a team based training program. He has been a member of the ASE Curriculum Committee, he leads the department’s educational research program and is a mentor for a resident in the ASE Foundation’s SERF program. He also serves on numerous national education committees and projects. He has an extensive list of scholarship in medical and surgical education. He has won numerous awards for his teaching from students, residents, and his institution.

His chair describes him saying “Dr. Webb exhibits and promotes educational excellence through leadership, innovation, and educational scholarship in his multiple roles through the continuum of education.”



Charles Friel, MD



Travis Webb, MD

Honors & Awards

Previous Winners of the Outstanding Teaching Award

1996

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

1997

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

1998

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

1999

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

2000

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

2001

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

2002

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

2003

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

2004

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

2005

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

2006

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

2007

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

2008

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

2009

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

2010

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

2011

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

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.

One of the things that impressed me when I first started attending the Association for Surgical Education meetings was that you could interact with individuals who were leaders in surgical education. They were obviously passionate about the work but also surprisingly accessible and generous with their time and advice. I have admired the prior recipients of the ASE Distinguished Educator Award because of the impact that they have had on surgical education and was thus both honored and humbled that the Awards Committee felt that my contributions merited this recognition. Joining many of my surgical educator role models in the group that has received this award has renewed both my appreciation for what they have made possible for me and my commitment to continue their example of assisting other surgical educators who are continuing to shape our field.

– DAVID ROGERS, MD, MHPE
2012 DISTINGUISHED EDUCATOR AWARD WINNER

Previous Winners of the Distinguished Educator Award

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

Honors & Awards

2012 DISTINGUISHED EDUCATOR



Leigh Neumayer, MD

Leigh Neumayer, MD

University of Utah

Dr. Neumayer is a professor of surgery at University of Utah. In her letter describing her educational philosophy, Leigh describes her career by saying “Being a surgical educator was a natural fit, though I have to admit part of why I chose an academic career was because I was afraid that without the daily challenges of students and residents, I would make a pretty good couch potato.” Well, a couch potato is one thing she is not.

Dr. Neumayer’s list of contributions to our field is extensive. Locally, Dr. Neumayer has been a CD at two institutions and involved on many projects and committees related to education. In our own organization, she is a past president of the ASE, chair of the ASE Faculty Development Committee, has served as a member of the board of the ASE Foundation, and as a SERF advisor. In addition, Leigh has held leadership roles in numerous other organizations including being president of the AWS, chair of the ACS Committee on Surgical Education in Medical Schools and Chair of the ABS

Qualifying Exam Committee. She had contributed to many novel curricula locally and nationally and mentored many young colleagues. She was involved in the initial design and implementation of SESAP and has been an author for three editions and co-chair for two.

Dr. Neumayer has won many teaching awards throughout her career beginning when she was a resident and continuing to the University of Utah.

She has been a consistent contributor of surgical education scholarship. She has authored many publications in the area of surgical education and is a frequent presenter and visiting professor. She is the PI at the University of Utah for an NIH K12 grant for “Building interdisciplinary research careers in women’s health” through which she mentored junior faculty negotiating the early trials of their careers. It is clear from the many wonderful comments from her learners that mentorship is one of her many talents.

There is no question that Dr. Neumayer is truly a master educator and one who has had significant impact on our field.

Honors & Awards

David Rogers, MD, MHPE

Southern Illinois University

David Rogers is a past president of this organization. As stated in one of his nominating letters “I think Dr. Rogers is what they had in mind when the ASE created this award.” Dr. Rogers has a long history as a leader of education at Southern Illinois University where he is a pediatric surgeon. He has served as clerkship director, course director for the resident readiness elective, as well as on “almost every student education committee” including the curriculum committee and remediation committee. In addition, he chaired the student progress committee. He has won more teaching awards than any other faculty member at SIU. His evaluations are exemplary across the board.

On the national level he has served on the Surgical Education Research Fellowship Program committee of the ASE Foundation, was chair of the ACS Medical Student Program Committee, and recipient of an ASEF CESERT grant.

He has had a significant role in curriculum development locally and nationally. He has developed numerous modules for the ACS Surgeons as Educators course for which he has long been a faculty member. He helped to develop and is now Executive Director of the ACS RATL course and was instrumental in developing the New Clerkship Directors course at the ASE.

He is an educational scholar and many are familiar with his numerous presentations and publications in surgical education. He is a thinker.



David Rogers, MD, MHPE

Outstanding Resident Teacher Award

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

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

Honors & Awards

2012 WINNERS

John Falcone, MD

University of Utah

Dr. Falcone is a fourth year General Surgery resident at University of Pittsburgh where during his residency he had completed a Masters in Medical Education as well as the SERF program. As a resident, Dr. Falcone has participated as an instructor in numerous medical school courses, teaching in M1 and M2 courses, clerkships, and as an ATLS instructor. He serves on numerous medical school education committees as well.

At Pittsburgh, John received the Charles Moore Teaching Award from the graduating class in both 2008 and 2010 and the Gold Foundation Humanism award in 2007 and 2009. Of John, his PD said "Dr. Falcone has distinguished himself as an outstanding resident educator and we anticipate that he will be a future national leader in surgical education."

He already has multiple presentations and publications in the field of surgical education.

One of the many wonderful comments written by John's students was:

"Dr. Falcone is the best instructor I ever had. His warm genuine personality made things enjoyable. He genuinely cares about students, their development as physicians, and their well being."

Gavin Falk, MD

Cleveland Clinic

Dr. Falk is a third year general surgery resident at the Cleveland Clinic. Dr. Falk has participated in numerous leadership and committee roles related to education at Cleveland Clinic. He has served on the GME committee and helped to develop a "Residents are Teachers" curriculum. He has played a significant role in mentoring his resident peers in developing skills for reviewing literature, performing research and preparing manuscripts. He has had several medical education presentations and publications in addition to his many other publications.

Of his clinical teaching, one of Dr. Falk's students said: "In the operating room Gavin was patient and calm. Even in the OR, Gavin remained committed to ensuring that we were learning."

Of Gavin his chair said "Gavin has inspired and motivated many junior residents by his example of scholarship."



John Falcone, MD



Gavin Falk, MD

Honors & Awards

Eric Grossman, MD

University of Chicago

Eric is a chief resident at the University of Chicago Pritzker School of Medicine. Eric has demonstrated a commitment to teaching since he began his residency and has been the recipient of numerous awards including the Golden Apple Award, the Gold Foundation Humanism and Excellence in Teaching award and the Hilger Perry Jenkins award given by the graduating class to the single house officer that represents excellence in academics and patient-oriented medicine. Eric has had a strong interest in Ethics and completed a fellowship in Ethics at the University of Chicago and developed an ethics curriculum for the Department of Surgery as well as for the American Society of Transplant Surgeons. He has published numerous papers and participated in the Ethics colloquium at the American College of Surgeons as a panelist and small group leader.

Eric has served on the Surgical Education Committee and the GMEC at University of Chicago. His student evaluations are remarkable. In the words of his Program Director, “Student comments paint the picture of a surgeon who embraces education as the cornerstone of his professional character.” And in the words of one of his students “Eric is the BEST resident I have had in third year by far. He included me in the night float team and made me feel important. He was the first person to teach me how to read a CT. After spending time with Eric, I found myself so comfortable with the skill that I was teaching other medical students! He is a great role model!”

In the words of his PD, “Student comments paint the picture of a surgeon who embraces education as the cornerstone of his professional character.”



Eric Grossman, MD

Linnea Hauge, PhD Promising Educational Scholar Award

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

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

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

Honors & Awards



Aaron Jensen, MD, PhD

2012 WINNER

Aaron Jensen, MD, MEd

Dr. Jensen's application was incredible and the entire committee was very impressed with the promise of this young educator. Dr. Jensen begins to describe his teaching philosophy as follows: I believe that teaching (and learning) is most effective on a one-on-one basis within the context of real-life scenarios.

Aaron's teaching evaluations clearly demonstrate that he is an outstanding teacher but he has clearly moved beyond that very important one-on-one teaching to have a broader impact as an educator. He has served on a number of committees both locally at the University of Washington and nationally through the ASE and AAMC. Additionally, he has developed technical skills curricula, beginning as a medical student at Temple and continuing at the University of Washington. He has also been part of the ACS/APDS National Technical Skills Curriculum. He has actively engaged in surgical education research since he was a medical student leading to eight first author peer-reviewed articles, as well as numerous other papers, posters, presentations, and electronically published materials. Along the way, he has pursued advanced training in surgical education research, including a Master's Degree in Education and the ASE's Surgical Education Research Fellowship.

Dr. Jensen says that the next step in his career is to successfully link education with clinical outcomes. Of this he says "Not only education for graduate and post-graduate training purposes, but education for patients. I plan to utilize the power of educational technology and social media to reach out to patients to teach them about primary prevention of disease. Specifically, the use of media and social networking is a powerful tool for reaching adolescents that potentially can reduce risk-taking behaviors that can lead to injury or infection. Medical student education, post-graduate education, and patient education – education is the key to improving the health of our society, and I plan to be a part of the effort to continue to put it into practice."

There is no doubt that he is a most fitting first recipient for the Linnae Hauge PhD Promising Educational Scholar.

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.

2012 ASE PAPERS OF DISTINCTION

The ASE Program Committee is pleased to announce that the following two papers from the 2012 Annual Meeting were chosen as Papers of Distinction:

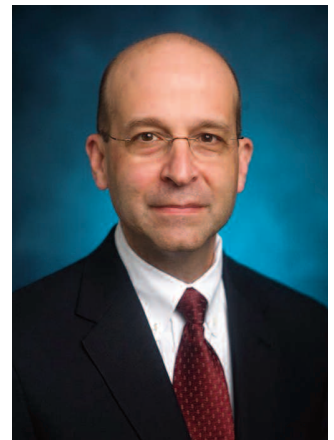
Teaching Operating Room Conflict Management to Surgeons: Defining the Educational Need and Identifying Effective Behavioral Outcomes

David A. Rogers, MD, MHPE¹, Lorelei Lingard, PhD², Margaret L. Boehler, MS¹, Sherry Espin, PhD³, Mary Klingensmith, MD⁴, John D Mellinger, MD¹, Nancy Schindler, MD, MHPE⁵, ¹Southern Illinois University School of Medicine, Springfield, IL, ²Schulich School of Medicine & Dentistry, University of Western Ontario, London, Ontario, CN, ³Daphne Cockwell School of Nursing, Ryerson University, Toronto, Ontario, CN, ⁴Washington

University School of Medicine, St. Louis, MO, ⁵University of Chicago Pritzker School of Medicine, Chicago, IL

Background Interpersonal conflict occurs between members of the operating room team and patient safety research shows that ineffective conflict management negatively impacts patient outcomes. Efforts to develop a conflict management educational program for surgeons are hampered by the fact that no formal needs assessment exists. Further, while the available research provides some guidance about conflict management behaviors that should be avoided, it does not provide clarity about effective conflict management behaviors that should be the target of an educational program. The purpose of this study was to formally assess the need for a conflict management program for surgeons and define the target behaviors that constitute effective conflict management.

Methods Focus groups of operating room circulating room nurses and



David Rogers, MD



Nick Sevdalis, MD

surgeons were conducted at five participating centers. The educational need was assessed by questions about prior training in conflict management and about consequences of conflict. Participants were asked to describe conflict responses that they judged to be effective. Transcripts of these sessions served as the data for this study and were analyzed using grounded theory processes by a multidisciplinary research team.

Results Educational preparation for conflict management was described as non-existent or inadequate. The current educational program consists of observation and then trial and error with different approaches. The effectiveness of this approach is questioned because conflict responses that worked in the past are no longer appropriate. Conflict consequences for the team members included increased stress, frustration and distraction from patient care. Conflict consequences for the overall team included lengthening the case, delays in cases and decreased communication. Nurses and surgeons endorse the behaviors of maintaining calm, demonstrating flexibility, focusing on the patient, communicating and appealing to administration as effective ways to manage conflict. Surgeons and nurses endorse confronting team members with surgeons also supporting the use of more forceful conflict responses in some instances.

Conclusions Conflict in the operating room has a significant impact on patient care process and on individual team members. Presently, individuals are inadequately prepared for managing conflict in this setting. This can now be remedied with educational program that includes effective conflict management behaviors.

How Much Training is Required to Assess Nontechnical Skills in Surgery? Learning Curves for Novice Nonclinical Educators

Nick Sevdalis, Sonal Arora, Louise Hull, Eva Kassab, Ara Darzi, Charles Vincent, Imperial College, London, UK

Background: “Nontechnical” skills (e.g., communication, leadership) ensure patient safety in the OR. Such skills are increasingly taught to surgical residents, often in simulation-based modules delivered by both surgeons and nonclinical educators (e.g., in Phase III of the ACS/APDS curriculum). Although assessment tools for nontechnical skills have been developed, it is not known how much training assessors require or what assessors’ learning curves for these skills are.

Aim: To investigate how many cases are required for assessors of nontechnical skills to reach adequate inter-assessor agreement/reliability (i.e., assessors’ learning curves).

Methods: This was a prospective observational study. Two novice nonclinical (psychologist) assessors used the validated Observational Teamwork Assessment for Surgery (OTAS) tool to assess Communication, Leadership, Coordination, Situation Awareness, and Cooperation skills on 7-point scales in 52 general surgical procedures. Cases were assessed in real time in the OR by both assessors, who scored each case blindly. Assessments were conducted in blocks of 4: upon completion of a block, the 2 assessors debriefed on their ratings with input from an OTAS expert. Acceptable inter-assessor agreement was indicated, firstly, by intra-class correlations (ICCs) >0.70 and, secondly, by absolute inter-assessor discrepancy

Honors & Awards

in ratings=0. T-tests and ANOVAs were used for data analyses. Significance was set at $P<0.05$.

Results: Complete data were available from 48 cases (12 blocks). Global OTAS scores showed variable ICCs in blocks 1-6 (ICC range=0.58-0.71), but stabilized at acceptable levels (0.70+) after block 7 - i.e., after case 28 (ICC=0.81, 0.76, 0.87, 0.81, 0.73, 0.75; blocks 7-12 respectively). Absolute inter-assessor discrepancies were present in blocks 1-6 (discrepancy range=0.11-0.14 in blocks 1, 5, and 6; $P_s<0.05$), but was similarly eliminated after block 7 (discrepancy=0.02, 0.04, 0.02, 0.04, 0.03, 0.01; blocks 7-12 respectively; $P_s>0.05$). Specific nontechnical skills reached adequate inter-assessor agreement as follows: Communication=by case 4; Cooperation=by case 8; Leadership=by case 24; Coordination=by case 28; Situation Awareness=by case 40.

Conclusion: Novice nonclinical assessors can provide accurate global nontechnical skills assessments after 28 debriefed observations - although skills like situation awareness require additional training. Training nonclinical educators in nontechnical skill assessment is feasible and can be practically achieved. These findings will be validated further with clinical educators.

Congratulations to Drs. Rogers and Sevdalis and their collaborators!

Foundation Message

CONTINUED FROM PAGE 7

I would like to thank the ASE Foundation Board, the ASE Board, and the ASE membership for the privilege of serving as the President of the ASE Foundation Board for the past three years. At our fall meeting, Dr. Armour Forse was unanimously elected to succeed me as President, and Dr. Danny Scott was unanimously elected as Vice President. As usual, this leadership transition will take place at our annual spring meeting in Orlando. Dr. Merrill Dayton was re-elected as Secretary/Treasurer.

Finally I would like to acknowledge and thank Susan Kepner for her very able administrative support and guidance.

Honors & Awards

Previous Best Paper Award Winners

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

Courses & Program Offerings

The J. Roland Folsie Invited Lectureship in Surgical Education

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

The 2012 lecturer was Command Master Chief Paul Tharp, NSWBASIC-TRACOM, San Diego, CA, who spoke about training of Navy SEALs.



Paul Tharp

Previous Folsie Lecturers

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

Courses and Program Offerings

Course for Clerkship Directors and Coordinators – Troubleshooting Your Clerkship 102

Building on a very successful course for clerkship directors and coordinators in 2011, this year "Troubleshooting Your Clerkship 102" was offered as a day long course divided into a morning and an afternoon session. The morning session was combined for clerkship directors and coordinators and addressed issues of common interest such as curriculum development, lectures, grades, dealing with problem students, feedback and simulation for students. In the afternoon session, the groups were divided. The clerkship directors and coordinators each met in separate small groups to discuss best clerkship practices, which allowed the opportunity to bring problem lists to seek advice on how others have dealt with or resolved similar issues.

Introduction to Education Research Design and Methodology

The faculty of the Surgical Education Research Fellowship, in collaboration with the Educational Research Committee, offered a unique opportunity to ASE members. The first didactic day of the Surgical Education Research Fellowship was opened to a limited number of individuals who were interested in developing their knowledge and basic skills in educational research. The curriculum for this course included interactive instruction in and discussion of: developing research questions and building an argument; design of studies; impact of study design on IRB; survey research; critical appraisal of educational research studies; an introduction to quantitative research; and a group discussion of research ideas and practical issues that may impact design/execution.

Fundamentals of an Academic Career in Surgery Education

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

Web Initiative for Surgical Education of Medical Doctors

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

The modules provide expert coaching regarding the process of clinical reasoning, and then offer increasingly independent opportunities to transfer this knowledge to new clinical cases. This model strengthens what is undeniably essential in clinical education – learning by doing – by providing the framework to ensure that all students are prepared to most effectively learn from faculty while on the patient floors, in the operating room, and in the classroom. Each multimedia module uses extensive

Courses and Program Offerings

instructional videos, eye-catching graphics, and three-dimensional animations, with experienced physicians on-camera guiding the student from the first patient interview through to the physical examination, laboratory and imaging studies, decision-making discussion between the physician and patient, surgery, pathology, and post-operative visit. Core information is presented in engaging and user-driven technologies. Additional information is easily accessible for learners who want to explore topics in more depth.

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

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

PRODUCTION AND USAGE

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

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

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, 2012

ASSETS	
Cash and cash equivalents	\$346,914
Investments	71,741
Accounts receivable	102,861
TOTAL ASSETS	\$521,516
LIABILITIES	\$ 69,501
NET ASSETS	
Unrestricted	452,015
TOTAL LIABILITIES AND NET ASSETS	\$521,516

Audited

Association for Surgical Education Statement of Revenue and Expenses

Year Ending June 30, 2012

REVENUE	
Meetings	\$132,900
Membership Dues	152,740
Clearinghouse Sales	1,956
Investment Income	1,908
Other Revenue	4,175
Unrealized (Loss) on Investments	(4,969)
TOTAL REVENUE	288,710
EXPENSES	
Meetings	22,032
Committees	8,622
Publications	26,513
Administration & Rent	124,678
Other Operating Expenses	26,342
Professional fees	15,056
TOTAL EXPENSES	223,243
CHANGE IN NET ASSETS	65,467
Net Assets, Beginning of Year	386,548
Net Assets, End of Year	\$452,015

Audited

ASE Foundation Board of Directors

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Chairman - Hollis Merrick, MD
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Susan Kepner, MEd

Profile

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

Center for Excellence in Surgical Education, Research and Training Grants

The Center for Excellence in Surgical Education, Research and Training (CESERT) Grants Program was established in 1999. It is competitive, peer-reviewed, and targets innovation intended



The contribution of the CESERT grant to the success of my research, multiple outputs and the support to a young academic surgeon to establish her career within my Department was critical – and I am extremely grateful for it. In my view, the CESERT programme is currently a world leader in sponsoring important surgical education research. I am committed to contributing as much as I can to the ongoing success of CESERT, and to publicising its very significant impact to the international surgical community.

– NICK SEVDALIS, PHD

to enhance the effectiveness of surgical education and training. The Grants Review Committee consists of ASE and ASE Foundation members, outside experts and the Chair of the ASE Educational Research Committee.

Applicants must be members of the ASE, or if members of another national surgical organization, they must be mentored or endorsed by ASE members. All grant dollars directly support educational research, and the ASE and the ASE Foundation absorb all administrative overhead costs associated with the program. The impact of this program has been substantial resulting in over 50 national and international presentations and 35 peer-reviewed publications.

Foundation Grants & Fellowships

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)
- **Martina Klein, PhD**, Cerebral Blood Flow Velocity as an Index of Surgeon Fatigue (\$24,916)
- **Jessica Sparks, PhD**, The Missing Piece in Multidisciplinary Team Training (\$24,999)

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.

The SERF was an amazing experience that truly taught me what surgical education research is. It also taught me how to study surgical education from thinking about how to do a study, to creating the methods and the tools to implement the study as well as see the study through to completion. It's a unique experience. There is no other forum to learn how to properly conduct surgical education research.

– HANNAH COPELAND, MD

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

program is led by Kimberly Schenarts, PhD, an ASE Past-President. Dr. Schenarts is joined by Rebecca Henry, PhD, Professor of Medical Education, Michigan State University and Maura Sullivan, PhD, Associate Professor of Surgery, University of Southern California.

2012-2013 Surgical Education Research Fellows

Fellow	Advisor
Phillip Bilderback, MD	Barry Mann, MD
Peter Deveaux, MD	PJ Schenarts, MD
Gavin Falk, MB, Bch, BAO	Roy Phitayakorn, MD, MEd
Abbey Fingeret, MD	Mary Ann Hopkins, MD
John Green, MD	Sarah Peyre, EdD
Roberto Hernandez, BS	Don Risucci, PhD
Dara Kavanagh, MB, Bch, BAO	Hilary Sanfey, MD
Brenessa Lindeman, MD	Maura Sullivan, PhD
Jacob Moalem, MD	Barry Mann, MD
Giuseppe Nigri, MD, PhD	Nick Sevdalis, PhD
Jackie O'Herrin, MD	Laura Torbeck, PhD
Brigette Smith, MD	Erica Mitchell, MD
Sujata Sofat, MD	Kim Schenarts, PhD
Andy Tang, MD	Ravi Sidhu, MD, MEd
Ezra Teitelbaum, MD	Sonal Arora, MD, Nick Sevdalis, PhD Debra DaRosa, PhD

Foundation Grants & Fellowships

SERF Graduates

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

Foundation Grants & Fellowships

- **Jeannette Capella, MD** – Validation of a Trauma Team Performance Observation Tool.
- **Joseph Iocono, MD** – Use of a Middle Fidelity Model to Teach Laparoscopic Pyloromyotomy.
- **Debra Kuhls, MD** – Anatomically-Based Surgery for Trauma (ABST): A Pilot Study to Teach Surgical Exposures.
- **Alan Ladd, MD** – Early Outcomes from a Pre-Internship Surgery Preparatory Elective in Medical School.
- **Tiffany Lasky, DO** – Teaching Principles of Mechanical Ventilation to Medical Students Using High and Low Fidelity Simulation.
- **Rich Parent, MD** – A Pilot Study of Simulation versus Lecture for Training Surgical Residents in Perioperative Patient Safety.
- **Mary Santos, MD** – Morbidity and Mortality (M&M) Case Presentations: Measuring Resident Competency.
- **Mohsen Shabahang, MD** – Does Peer Assessment Contribute to the Evaluation of Professionalism and Communications Among Medical Students?
- **Rebecca McAlister, MD** – Predictors of Obstetrics and Gynecology (OBGYN) Career Choice Among Contemporary U.S. Medical Graduates: Have They Changed Over time?
- **Celeste Hollands, MD** – Surgery Interest Groups and Students' Perception of Surgical Lifestyle.
- **Yolanda Becker, MD** – Effect of Physician Assistants on Resident Education.
- **Sherry Wren, MD** – Application of a Minimum Standard: Does it Influence the Performance of Elite Medical Students?
- **Daniel Jones, MD** – Videotrainers Improve Laparoscopic Operative Performance.
- **Mary Klingensmith, MD** – Is Education a Viable Route to Academic Promotion for Women Surgeons?
- **Kathryn Mendoza, PhD** – Time Away From Work: What Do Surgical Residents Do?
- **Christina Rehm, MD** – Which Remedial Programs Are the Most Successful?
- **Susan Steinemann, MD** – Effect of a Novel Curriculum on Informed Consent for Bedside Procedures.
- **Paul Schenarts, MD** – The Effect of a Rotating Night-Float Coverage Scheme on Preventable and Potentially Presentable Morbidity at a Level I Trauma Center.
- **Vijay K. Maker, MD** – The Good Surgeon.
- **Amalia Cochran, MD, MA** – Mentoring and the Surgical Clerkship: Are We Having an Impact?
- **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, 2012

ASSETS	
Cash and cash equivalents	\$ 71,546
Investments	57,468
TOTAL CURRENT ASSETS	129,014
RESTRICTED ASSETS	
Cash and cash equivalents	93,208
TOTAL ASSETS	\$222,222
LIABILITIES	
	\$ -
NET ASSETS	
Unrestricted net assets	129,291
Temporarily restricted	42,931
Permanently restricted	50,000
TOTAL NET ASSETS	222,222
TOTAL LIABILITIES AND NET ASSETS	\$222,222

Audited

ASE Foundation Statement of Revenue and Expenses Year Ending June 30, 2012

	Unrestricted	Temporarily Restricted	Permanently Restricted	TOTAL
REVENUE				
Contributions	\$ 23,438	\$ -	\$ -	\$ 23,438
CESERT Grant	-	50,000	-	50,000
SERF Program	-	55,600	-	55,600
Investment Income	1,284	162	-	1,446
Unrealized (Loss) on Investments	(4,069)	-	-	(4,069)
Net Assets Released from Restrictions	103,108	(103,108)	-	-
TOTAL REVENUE	123,761	2,654	-	126,415
EXPENSES				
Program:				
CESERT Grants	47,508	-	-	47,508
SERF Program	55,600	-	-	55,600
Total Program Expenses	103,108	-	-	103,108
Total Management and General Expenses	6,191	-	-	6,191
TOTAL EXPENSES	109,299	-	-	109,299
CHANGE IN NET ASSETS	14,462	2,654	-	17,116
Net Assets, Beginning of Year	114,829	40,277	50,000	205,106
Net Assets, End of Year	\$129,291	\$ 42,931	\$ 50,000	\$222,222

Audited

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, 2011 - June 30, 2012).

Individuals

\$1000 and up

Daniel Dempsey
Donald Jacobs
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Keith Lillemoe
Thomas Lynch
Hollis Merrick
Clifford Yaffe
Gerald Zelenock

\$250 - \$999

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ASE FOUNDATION – CUMULATIVE DONATIONS

July 1, 2006- June 30, 2012

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

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Jason Lees
Christie Legler
David Levien
Zachary Lewis
George Maisch
Terri Martin
David McClusky
Eugene McGahren
Patrick McGreevy
Anderas Meier
John Mellinger
Sarkis Meterissan
Grace Morales
Carol-Anne Moulton
Vincent Muscarella
Robert Nesbit
Michael Nussbaum
Nicholas Osborne
Anthony Panos
Steven Parks
David Parrack
Lisa Patterson
Rhonda Peavy
Barb Pettitt
Diane Poskus
Peter Price
Philip Redlich
Kendall Reed
Susan Reid
H. David Reines
Anne Rizzo
Anne Rogers
Joel Rosenfeld

Pamela Rowland
James Rucinski
Bethany Sacks
Mary Santos
Kimberly Sanzi
Lisa Satterthwaite
John Savino
Cathy Schwind
Merry Sebelik
Neal Seymour
Mohsen Shabahang
Ravi Sidhu
Lelan Sillin
Elliott Silverman
Robert Smink
Gregory Smith
Karen Spencer
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Michael Weinstein
Marlene Welch
Cheryl Wesen
Jonathan White
Lorin Whittaker, Jr.
Randy Woods
Julie Wynne
Khaled Zreik

From the President

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- Established two new awards for 2012: Linnea Hauge Promising Educational Scholar and the Outstanding Resident Teacher Award
- Awarded two \$25,000 CESERT Grants for 2011-2012, enabled by the generous support of Covidien

Strategic Priority 2: Develop a sustainable financial plan

The ASE as an organization remains financially sound with no financial issues or liabilities forecasted for the near future. The ASE Executive Committee is committed to continue working with the ASE Foundation to ensure ongoing financial support for CESERT and SERF. Some of our accomplishments in this domain include:

- Faculty Development piloting pre-meeting workshop for 2012
- Additional committees have the option to develop pre or post-meeting workshops or webinar offerings for the future

Strategic Priority 3: Further enhance collaborative partnerships

Finally, we continue to invest in key collaborative partnerships that serve our Mission and Vision. A few of our accomplishments in this domain include:

- ASE/APDS collaborative grant awarded for 2011 and again in 2012
- Exploring opportunities for enhanced relationships with specialty society educational programs
- Creation of ACS/ASE Medical Student Core Curriculum initiative

The above represent a small sample of all the amazing accomplishments our organization has achieved since 2009. The final report will summarize all our accomplishments over the past three years. We all deserve to be proud what we have achieved and accomplished together over the last three years.

With respect to the next strategic planning process, the ASE Executive Committee has laid out the following timeline:

April, 2013 – Presentation of final report of 2010-2013 Strategic Plan to the ASE Board of Directors by ASE President Dimitri Anastakis. Once approved, it will be presented to the ASE membership at large.

April, 2013 – April 2014 – Pre-planning process for next ASE strategic plan. This will include a SWOT analysis, environmental scan, etc. This will take place during Mary Ann Hopkins' tenure as ASE President.

April, 2014 – Half-day planning session for the entire ASE Board of Directors, prior to the start of the ASE portion of Surgical Education Week in Chicago.

April, 2014-April 2017 – Implementation of newly created 2014-2017 ASE Strategic Plan. This will be under the presidencies of Daniel Jones, Mary Klingensmith and Christopher Brandt.

I am excited about the future and how this planning process will further ensure the ASE's growth and development. We look forward to engaging our entire membership in the pre-planning process as your input will be vital to the directions the ASE takes over the next three years. By working together, we will continue to ensure our on-going success in achieving the purpose of the ASE - to promote, recognize and reward excellence, innovation and scholarship in surgical education and continue our aspiration to impact surgical education globally.

D. J. Anastakis, MD, MHPE, MHCM
ASE President

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%

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	25%
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%

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	100%
	Develop web -based sales model; track revenues as separate line item in financial statements	Membership committee, ASEF, ED	100%
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	100%
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	50%
3.1.1. Strengthen relationship with ACS and APDS regarding Simulation curriculum	Expand programs with ACS and APDS	President	100%

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%

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