



# Association for Surgical Education

## ANNUAL REPORT 2010





Association for  
Surgical Education  
**ANNUAL REPORT 2010**

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## Past Presidents

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

## History

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



### The ASE Logo

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

# About the ASE

## Organization

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

## Mission Statement

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

## Statement of Core Values

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

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

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

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

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

## Vision Statement

The ASE aspires to impact surgical education globally.

## Current Board of Directors

### OFFICERS

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**President** Thomas Lynch, MD

**President-Elect** Linda Barney, MD

**Vice-President** Dimitri Anastakis, MD, MHPE, MHCM

**Treasurer** Mary Ann Hopkins, MD

**Secretary** Daniel Jones, MD

### COMMITTEE CHAIRS

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**Assessment and Evaluation** Loretto Glynn, MD

**Awards** Karen Brasel, MD

**Clerkship Directors** Stephen Yang, MD

**Coordinators of Surgical Education** Christie Legler

**Curriculum** Rebecca Evangelista, MD

**Educational Research** Ravi Sidhu, MD, MEd

**Faculty Development** Celeste Hollands, MD

**Graduate Surgical Education** Mary Klingensmith, MD

**Information Technology** James Rucinski, MD

**Membership** Maura Sullivan, PhD

**Nurses in Surgical Education** Margaret Boehler, RN, MSN

**Program** Christopher Brandt, MD

**Simulation** Daniel Scott, MD

### MEMBERS

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**Executive Director** Susan Kepner, MEd

#### Past Presidents

Barry Mann, MD; Donald Risucci, PhD;

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

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#### Association of American Medical Colleges Council of Academic Societies

Debra DaRosa, PhD; Merrill Dayton, MD

#### Alliance for Clinical Education

Jeanette Capella, MD; Kimberly Ephgrave, MD;

Rebecca Evangelista, MD; Robert Nesbit, MD;

Robyn Stewart, MD

#### Association of Program Directors in Surgery

John Mellinger, MD

#### Association of Academic Surgeons

Mary Klingensmith, 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

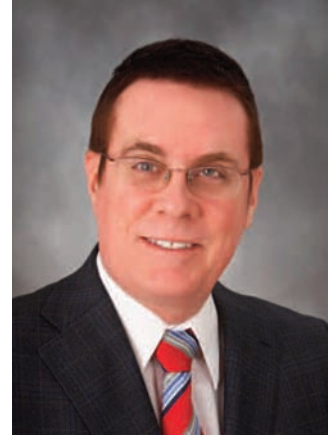
In 1993 the ASE created this named lecture to recognize the significant and enduring contributions of Dr. J. Roland Folsie to the ASE and to surgical education. Individuals are invited to give this lecture based on exemplary contributions to their respective disciplines.

# Message from the President

Last year, when the Association published its first *Annual Report*, David Rogers and Susan Kepner took the time to look back and collect the organization's history; a history that had previously only existed in the collective memory of those who had worked to build the Association. With this as a foundation, I would like to add to that history by recounting the activities of the past year. As Susan has outlined, we undertook an organization-wide effort to re-examine and craft a Strategic Plan that will guide us for the next three years. This is particularly important because the process permitted us to examine where we have been, where we are, and what challenges we can anticipate over the next years. For their efforts in this process, I would like to thank Dimitri Anastakis, Linda Barney, Susan Kepner, Don Risucci, and Ravi Sidhu, who formed a task force to spearhead this project. I would also like to recognize all of those members who participated in the SWOT (Strengths, Weaknesses, Opportunities, and Threats) Analysis that provided the basis for much of the Plan.

The SWOT analysis was the first step in the Strategic Planning process. Among the **Strengths** identified were a commitment to our Mission and a continuing focus on the recognition of excellence in teaching, education, and educational research. The SWOT analysis identified that our Mission is supported by a diverse membership, with a shared commitment to surgical education and a willingness to collaborate and work together. This commitment has resulted in the development of the Surgical Education Research Fellowship (SERF) and the Center for Excellence in Surgical Education, Research and Training (CESERT). The SERF program was created and led by Deb DaRosa, and has subsequently been led by Don Risucci and now Kim Schenarts. The program has graduated 50 "SERFers" who are now contributing to the Surgical Education literature. The CESERT program has funded 20 grants since its inception in 1999.

The respondents were also quick to recognize that the Association provides its members with **Opportunities** to learn and develop those research skills necessary to enhance educational scholarship. They suggested that there were potential opportunities to partner with like-minded organizations, but our goals need to be clearly defined or poorly planned attempts at collaboration could become a **Weakness**. It was also recognized that an inability to fund the Association's initiatives was another potential weakness. We have widely-acknowledged "signature" programs, such as SERF and CESERT. We also have new emerging program offerings, with the potential for continuing success, including the Research Methodology Curriculum and a growing complement of workshops in the field of clinical simulation. The Research Methodology Curriculum, developed by the Association's Educational Research Committee, under the leadership of Stan Hamstra, has been well received by its participants. Dan Jones, Danny Scott, and Dimitrios Stefanidis direct a Simulation Committee that has not only expanded the scope of the annual meeting, but has been instrumental in attracting new members and facilitating present and future collaborations. Without continued funding, we forfeit the opportunity to leverage these programs.



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# Message from the Executive Director



I am pleased to report that the Association for Surgical Education is in the final stages of a strategic planning process that will set the future direction of the ASE and position our organization to meet the challenges and educational needs of the surgical community at large and those of our valued Association members. Some of the questions the ASE sought to answer were “What challenges are our members facing in today’s academic environment? What are the key issues and priorities for our members? What marketing strategies will best help our association continue to grow?” Through the results of the membership survey and focused sessions with the ASE Board of Directors, we have focused our energies and resources to integrate new initiatives that best serve the needs of our membership. In tandem to the strategic planning process, we underwent a complete review of our by-laws. This resulted in some revisions to ensure that the by-laws clearly and directly represent the organizational structure and mission of the Association.

We continue to adapt to the changing landscape of medical education, and our Committees are developing several initiatives that will be available to our members to help them at their home institutions. Latest changes in technology and communication methods require that we continue to take advantage of the best methods available to communicate with and assist our members. Furthermore, we’ve continued our partnership with the Association of American Medical Colleges’ MedEdPORTAL repository and encourage our members to consider this peer-reviewed venue as a home for their educational scholarly works as well as a valuable resource of educational materials.

In an attempt to be sensitive to environmental concerns, we have migrated to electronic mailings and notifications of important ASE announcements as well as calls for abstracts and submissions. We’ve also moved toward electronic submission of Teaching Award nominations and will move toward electronic submission of CESERT grant proposals next cycle. This has the added benefit of being budget-friendly for our Association as we continue to strive to be responsible stewards of our valued financial and environmental resources.

As I complete my 20th year as Executive Director, I continue to marvel at the level of involvement by our motivated members within all parts of the ASE organization. I encourage you to read more about our strategic planning (found later in this publication) and work of our Committees throughout this Annual Report. The future for the ASE is exciting as we continue to meet the needs and challenges of the surgical education community during a time of unprecedented technological growth, limited resources, and medical reform.

Susan Kepner, MEd  
*Executive Director*



# Message from the ASE Foundation President

The sole purpose of the Association for Surgical Education Foundation (ASEF) is to support research in surgical education. The Foundation fulfills this core mission of the ASE primarily through the SERF (Surgical Education Research Fellowship) and CESERT (Center for Excellence in Surgical Education, Research, and Training) Programs. Over the last 12 years, we have raised and disbursed to these two important programs nearly one million dollars. By training surgeons in the principles of surgical education research through the SERF program, and by enabling meaningful and innovative surgical education research through the CESERT competitive grants program, your Foundation has palpably and positively impacted the surgical education and training of medical students and residents around the world. It has also enhanced and strengthened education research as a respected and rewarding academic career pathway for many ASE members and ASEF beneficiaries. The resulting improvements in surgical education have moved us closer to our ultimate goal as surgeons and educators: high quality, cost effective, safe and appropriate patient-centered care for all patients.

Our fundraising goal for this fiscal year is an aggressive but realistic \$100,000. Each of you can help us reach this goal in a variety of meaningful and important ways. First, help us identify potential industry, agency, and/or foundation donors. Most of the large donations to our Foundation have started with an individual contact between an ASE member and a member/employee of the potential donor organization. Second please make a donation this year to the ASE Foundation, and encourage your member colleagues to do the same. Member donations are more important than ever. Our appeal to industry and large donors is much stronger if we can maximize both the amount raised from ASE members and (even more important) the percentage of ASE members who donate to the Foundation. Third encourage your departmental leadership to make a substantial (\$500-\$1000) contribution to Foundation this year. I especially appeal to members and departments who have benefited directly from ASE Foundation programs. Do you or your faculty have an entry on your CV that wouldn't be there if it hadn't been for the SERF or CESERT program? If so, please make a donation.

Industry and granting organizations remain a significant source of donations for the ASE Foundation. This year we recognized the consistent support of a valuable corporate partner by naming our research fellowship program the Ethicon Endo-Surgery SERF Program. Obviously we need to continue to pursue all possible corporate donations large and small. Please do not hesitate to contact any of your Foundation board members to make us aware of potential fundraising opportunities with industry or philanthropy. Certainly we will respect the integrity of the process.

It is more important than ever for all surgeons engaged in the teaching of medical students, residents, and colleagues to redouble our efforts and commitments to high quality research in surgical education. Your ASE Foundation board is single mindedly committed to this mission. Many of us have made annual \$1000 contributions to the Foundation and gladly give of our time to help ensure the future financial and academic viability of the ASEF. All donors are gratefully acknowledged at our annual meeting and in the annual report unless anonymity is requested.



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# Committee Reports

## Committee on Assessment

*Loretto Glynn, MD, Chair*  
*Adnan Alseidi, MD, 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. As a key component of our activities, the Committee sponsors a workshop during Surgical Education Week. Recent topics include use of 360 degree evaluations in surgical education, evaluation of the “soft” competencies, development of a surgical Objective Structured Clinical Examination, and creation of narrative comments for trainees. The Committee has initiated a project to obtain follow-up evaluation from workshop participants to insure that the needs of participants are being met on a longer-term basis. In addition, there is ongoing collaboration with the Curriculum Committee to develop assessment tools for the PowerPoint Teaching Modules they have created.

## Committee on Awards

*Karen Brasel, MD, Chair*

Membership on this Committee is by presidential appointment. The mission of this group is to develop the criteria and process for selecting the annual recipients of the Philip J. Wolfson Outstanding Teacher Award and ASE Distinguished Educator Award. Nominations for the 2011 recipients of those awards have been received and are under review. This year the entire process is electronic, including announcement of awards and submission of all materials. The Committee is currently working on developing criteria for two new awards, the Outstanding Resident Teacher Award and the Outstanding Educational Research Award. These awards will be announced at Surgical Education Week 2011 and awarded for the first time in 2012.

## Committee on Clerkship Directors

*Stephen Yang, MD, Chair*  
*Joseph Iocono, MD, Vice-Chair*

The Committee on Clerkship Directors was formed at the ASE meeting in Tucson in March 2006 to provide a forum specifically for Clerkship Directors to share ideas and address problems common to all surgery clerkships. These areas include curriculum, evaluation, resources and meeting Liaison Committee on Medical Education (LCME) requirements. The Committee has been working on creating a national curriculum for surgery clerkship directors, and a poster related to that effort was presented at the AAMC meeting this year.

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

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

## Committee on Coordinators of Surgical Education

*Christie Legler, Chair*  
*Trish Arbella, 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

# Committee Reports

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

*Rebecca Evangelista, MD, Chair*  
*Ranjan Sudan, MD, Vice-Chair*

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

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

## Committee on Educational Research

*Ravi Sidbu, MD, MEd, Chair*  
*Melissa Brunsvold, MD, Vice-Chair*

Promoting the best in research 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, coordinating grant review and funding, 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 a major revision of the *Manual for Surgical Education Researchers* that is published by Cine-Med.

## Committee on Faculty Development

*Celeste Hollands, MD, Chair*  
*Jeanie Savas, MD, Vice-Chair*

The purpose of the Faculty Development Committee is to assist the ASE members with teaching responsibilities in their development as surgical educators. The committee sponsors workshops 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 Effective Communication and How Surgeons Teach in the Operating Room) and has developed materials that can be taken from workshops and meetings to be disseminated by attendees to surgical educator colleagues at their home institutions. The Committee has developed a teaching dossier, has completed and published a national study on part-time academic faculty, and has completed a national survey on volunteer surgical faculty. Currently the Committee is working on a core faculty development curriculum

# Committee Reports

containing short (10-15 minutes) and long (60-90 minutes) modules on a series of 12-24 faculty development topics. Collaboration with the other committees such as the Simulation Committee is ongoing for this project which will produce these modules for members to disseminate to their home institutions. These modules will be incorporated into a half-day course on faculty and career advancement in academic surgical education. The committee will complete the planning phase of this course in 2010-2011 and will run the first course at the 2012 ASE annual meeting. The committee is also participating with several other committees to complete a needs assessment/white paper evaluating the potential for studies in the area of patient safety, quality, and changing medical curriculum.

## Committee on Graduate Surgical Education

*Mary Klingensmith, MD, Chair*  
*James Korndorffer, MD, Vice-Chair*

The Graduate Surgical Education Committee was formed at the 2009 ASE annual meeting to provide a “home” in the ASE for those whose primary focus is graduate medical education. The Committee hopes to promote educational scholarship among residency and fellowship program directors, serving as a group in which “best practices” in surgical education research can be shared. Current projects include: development of compendium of resources within the competency area of professionalism, development of a video series on teaching in the OR, and sponsorship of a workshop at the annual meeting that considers issues and conflicts on doing research on your own residents as subjects. In addition, the Committee hopes to expand the reach of the ASE by including surgical directors of other specialties who would like an outlet and home for their surgical education scholarship.

## Committee on Information Technology

*James Rucinski, MD, Chair*  
*Gregory Cherr, MD, Vice-Chair*

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

The Information Technology Committee is currently reviewing the appearance and functionality of the ASE website and developing webinar, distance-based, teaching and learning opportunities.

## Committee on Membership

*Maura Sullivan, PhD, Chair*  
*Steven Kasten, 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. Current recruitment efforts include 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. The membership committee is strategically comprised of members representing plastic surgery, cardiothoracic, vascular, general surgery, simulation, nurse educators, coordinators, residents and international groups.

The ASE membership currently stands at approximately 900 members, which includes 171 clerkship directors, 37 clerkship coordinators, 19 nurse educators, 111 residents and 18 medical students.

# Committee Reports

## Committee on Nurses in Surgical Education

*Maggie Boehler, RN, MSN, Chair*  
*Lisa Satterthwaite, RPN, Vice-Chair*

This Committee is comprised of nurses who are currently working within their respective Departments of Surgery across North America to provide instruction, guidance and support to medical students throughout their surgical undergraduate education. In keeping with the Association's goals, the members of this Committee have developed similar objectives so that they can actively participate as colleagues and collaborators. Responsibilities of the Nurse Educators, outside the realm of the surgical clerkship, include conducting research, participating on departmental and institutional committees, and mentoring and collaborating at the local, regional and national levels.

## Committee on the Program

*Christopher Brandt, MD, Chair*  
*Amalia Cochran, MD, Vice-Chair*  
*Susan Steinemann, MD, ASE Recorder*

Membership on the Committee on Program is by presidential appointment. The most recent ASE meeting took place at the Grand Hyatt Hotel in San Antonio, Texas. Eighteen abstracts were accepted for podium presentation, and an additional eight were accepted for mini-oral presentation. Seventeen abstracts were accepted as posters and ten for workshops. Kevin Eva PhD presented the J. Roland Folse Lectureship, and Dr. Carla Pugh gave the annual "What's New in Surgical Education" presentation. Dr. David Roger's Presidential Address was entitled "Advancing Surgical Education Scholarship."

The Program Committee began planning for the 2011 meeting on the last day of the 2010 meeting. The Committee will continue to explore expanding opportunities for members to present their work. This will likely include a trial of concurrent paper sessions, an increase in the number of podium presentations and a revised session for poster presentations. We will also continue the well-received mini-oral presentations and Thinking Out of the Box program, as well as pre-meeting workshops sponsored by other ASE Committees.

## Committee on Simulation

*Daniel Scott, MD, Chair*  
*Dimitris Stefanidis, MD, Vice-Chair*

The mission of the Committee on Simulation is to promote the development, adoption and scientific analysis of simulation-based training for surgeons and other healthcare professionals from related fields. The committee hosted a successful Team Training workshop at the 2010 ASE annual meeting and is publishing a DVD from this session. The ASE *Textbook of Simulation, Skills and Team Training* is scheduled for publication this fall. The committee has established a strong collaboration with the ACS and is developing the ACS/ASE Medical Student Simulation-based Surgical Skills Curriculum. The Delphi project designed to systematically identify the top research questions in simulation is nearing completion. A White Paper is being written to define standards and identify gaps in simulation. Mentoring programs for educators new to simulation and for educators seeking collaboration are also under development.

# Collaborations With Other Organizations

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

## Association of American Medical Colleges

*Council of Academic Societies*

*Liaison Members -*

*Debra DaRosa, PhD*

*Merrill Dayton, MD*

*Organization of Resident*

*Representatives -*

*Catherine Lewis, MD*

*Dawn Emick, 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 are also collaborating on the development of a Medical Student Simulation-based Surgical Skills Curriculum. The ASE and ACS also continue to collaborate with others in the Web Initiative for Surgical Education of Medical Doctors (Wise-MD) project to enhance the teaching of common surgical problems to medical students, residents, nurses and allied health workers through state-of-the-art technologies including animation, computer graphics and video.

# Collaborations With Other Organizations

## **Alliance for Clinical Education**

*Liaison Members -*

*Kimberly Ephgrave, MD*

*Rebecca Evangelista, MD*

*Robert Nesbit, MD,*

*Robyn Stewart, MD*

*Publications Committee -*

*Jeanette Capella, MD*

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

## **American Board of Surgery – Surgical Council on Resident Education**

*Representatives -*

*Connie Schmitz, PhD*

*James Korndorffer, MD*

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

## **Association of Program Directors in Surgery**

*Liaison Member -*

*John Mellinger, MD*

The Association of Program Directors in Surgery (APDS) was founded in 1977 and consists of the Program Directors and Associate Program Directors of ACGME accredited General Surgery residencies in the United States. APDS is also the sponsoring organization for general surgery program coordinators. The eleventh Surgical Education Week will be held in 2011 and represents on-going 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 -*

*Mary Klingensmith, 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.

*Receiving the ASE Outstanding Teacher Award in 2005 was a significant stimulus to my service as a surgical educator. In an era when there are increasing pressures on faculty to make their primary focus fiscal production or personal academic development, awards such as this are critical in affirming and documenting the value of education as a pure pursuit within the field of medicine in general and surgery in particular.*

– JOHN MELLINGER, MD

2005 PHILIP J. WOLFSON OUTSTANDING TEACHER AWARD WINNER

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.



# Honors & Awards

## 2010 WINNERS

### **Christopher Brandt, MD**

*Case Western Reserve University*

Dr. Christopher P. Brandt is a Professor of Surgery at Case Western Reserve University School of Medicine, and the Surgery Clerkship Director at MetroHealth Campus of Case Western. Dr. Brandt has been involved in leading and improving surgical education since his residency. He has served on departmental and university committees as well as national organizations, contributing to curriculum development, standard-setting, and exam development. Dr. Brandt's committee service to the ASE is exemplary, having participated in many projects including the *Manual of Surgical Objectives*, the *Surgical Educator's Handbook*, the PowerPoint Teaching Modules, the Surgery Interest Group website, and the Thinking Out of the Box Lunch program.

Dr. Brandt has earned recognition for his teaching, being elected by students to AOA in 1997, and earning several teaching awards including departmental faculty teaching awards in 1998 and 2004, and Case Western Medical School teaching awards including a Gender Equity Award in 2004, Scholarship in Teaching awards in 2004, 2005, and 2006, and the Kaiser Permanente Teaching Award for the entire School of Medicine in 2009.

Dr. Brandt's learners describe his passion for teaching and the effect that he has had on his learners:

*"Dr. Brandt definitely serves as a role model for my future. I admire the trust and confidence he shows in his residents.... Makes me feel valued."*

*"Dr. Brandt is an excellent teacher. He allowed me independence both in the OR and on the floors, but was readily available to answer any questions or to assist with any difficulty."*

*From his Kaiser-Permanente award nomination letter: "... he never quit on us. He never gave up on medical students. No doubt he challenged us, and it wasn't easy. But he did it in a way that encouraged self-motivation, encouraged us to learn for learning's sake and for the patient's."*

*Perhaps Dr. Brandt's Chairman Dr. Mark Malangoni put it best: "He just never stops teaching."*



Christopher P. Brandt, MD

# Honors & Awards



Julia Corcoran, MD

## Julia Corcoran, MD

*Northwestern University  
Feinberg School of Medicine*

Dr. Julia Corcoran is an Assistant Professor of Surgery at Northwestern University Feinberg School of Medicine. She has been serving dual educational leadership roles there, as Associate Director of the Plastic Surgery Residency since 2005 and as Associate Clerkship Director from 2003 to 2008, when she assumed the role as Clerkship Director.

Examples of Dr. Corcoran's commitment to educational scholarship appear throughout her portfolio. She has been responsible for developing a midterm MCQ exam and an OSCE for her clerkship, rewriting the exams annually and measuring their reliability. She and her colleagues have published their work on standard-setting and validity relevant to clerkship grades. Additionally, she has developed a six-station chart-stimulated recall exam for her plastic surgery residents. Perhaps one of her greatest accomplishments is that while she was developing curriculum and assessment strategies, conducting rigorous program evaluation, and teaching and managing the clerkship and the plastic surgery residency, Dr. Corcoran completed her Master's degree in Health Professions Education.

Dr. Corcoran's commitment to excellence in teaching can be felt in the words of her learners:

*"I believe Dr. Corcoran is an exceptional teacher, mentor, and individual. I consider her to be amongst the best of the mentors I have the privilege to work with."*

*"Dr. Corcoran is respected at every level in the hospital. She is quite adept in making others feel at ease. Medical students, surgical and medicine residents, her colleagues, the operating room staff, the*

*housekeeping staff, the nurses in the preoperative area, the nurses in recovery area, and the nursing staff on the inpatient units have nothing but praise and admiration for Dr. Corcoran. She remembers names and special anecdotes or facts about those around her. She treats everyone with respect, and I surmise that is why she, in turn, is so respected."*

*"Dr. Corcoran does a great job making us learn, and I don't just say that because she's the clerkship director."*

*"Dr. Corcoran is a one-of-a-kind educator... She is an effective teacher, conveying knowledge without one iota of arrogance... She is the type of person I would like as my colleague. Dr. Julia Corcoran is the type of individual whom if you cannot be, you aspire to emulate."*

## David Page, MD

*Tufts University School of Medicine*

Dr. David Page is a Professor of Surgery and Director of Undergraduate Programs in Surgery at Tufts University School of Medicine and Baystate Medical Center in Springfield, MA. Dr. Page's statement of education philosophy describes the emphases of his teaching: encouraging students to manage their own learning; providing concrete, immediate feedback; and emphasizing patient safety with a focus on error anticipation, identification, and management.

Dr. Page has the distinguished position of serving as the first and only Clerkship Director at Baystate Medical Center, having served since 1973. He is a mentor and advisor for students, residents, and physician assistants at Baystate.



David Page, MD

# Honors & Awards

Dr. Page models life-long learning, having completed the ACS Surgeons as Educators course, the Harvard Program on Palliative Care, and an MFA in Creative Writing in 2006. He utilizes his writing talent in his teaching, most recently by participating in the creation of a course for 3rd year students in readings in literature and medicine.

Other examples of his efforts to develop curriculum include the introduction of the surgical skills curriculum and simulation curriculum for 3rd year students. He is also contributing to the national efforts for simulation curriculum via our organization.

Dr. Page has earned recognition for his teaching since 1979, receiving the Excellence in Teaching Award from Tufts medical students 14 times since 1983, two Teacher of the Year awards from residents, a Lifetime Teaching Award from Baystate in 2000, an Outstanding Teaching in the Clinical Sciences Award from Tufts in 2004, and a Special Faculty Recognition Award from Tufts in 2006.

Dr. Page's students and residents describe his teaching talent and his humanism:

*"He is a compassionate healer and a teacher that is spoken of often by students not only for the help and wisdom he bestows but also for the example that he sets for students and colleagues alike."*

*"He has been a willing conduit for change for the better in surgical education, placing great emphasis on professionalism, teamwork and mutual respect."*

*"His 'sixth sense' for understanding when to teach with an audiovisual focus, when to listen, when to lead through quiet example, when to push beyond expected boundaries, when to apply humor, when to tirelessly lend a hand and when to let go, is impeccable."*

## 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

## 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

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

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

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.

### Previous Winners of the Distinguished Educator Award

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

## 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 2010 ASE Papers of Distinction follow.

### 2010 ASE PAPERS OF DISTINCTION

#### **Is Professionalism a Strictly Linear Construct? Implications for Evaluation in Contemporary Surgical Residency**

*PG Gauger, RB Stansfield, SJ Hamstra, LD Gruppen, University of Michigan, Ann Arbor, MI*

**Background:** Contemporary surgical residents are conflicted between implicit expectations of traditional professional behaviors and explicit demands for shared responsibility and compliance with external regulations. Professionalism is now well defined, but reliable, valid, and practical assessment tools are lacking. While professionalism as a quality may be a linear construct (e.g., more is better), the specific evaluable behaviors which manifest one’s professionalism (e.g., sense of duty, response to error) may be taken too far. This imbalance may be detrimental to the surgical resident.

**Methods:** An assessment tool to quantify important professional behaviors in surgical residents has previously been described by our group. It contained 15 separate domains with a 7 point ordinal scale and vivid behavioral descriptors. This psychometrically unique scale is non-monotonic to reflect the concept of balance in professional behaviors and to encourage evaluators to use the full scale. Based on 1212 faculty evaluations of surgical residents (116 faculty, 178 residents, eight training programs) over a three year period, data were analyzed to confirm internal consistency/reliability. A factor analysis was performed to allow consolidation of the instrument without diminishing the primary construct being measured.



PG Gauger, MD

# Honors & Awards

## Previous Best Paper Award Winners

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

**Results:** Cronbach's' for the original instrument is 0.91. Principal components analysis suggests that a single factor accounts for 46% of the variance. This suggests that the scale is highly uni-dimensional. The instrument has been consolidated to only eight domains reflective of this primary dimension. They are organized thematically around the principles of excellence, humanism, accountability, and altruism. Confirmatory factor analysis suggests that these subscales correlate highly with each other. Cronbach's' remains high at 0.86.

**Conclusions:** Behaviors manifesting professionalism may be considered as a balance between altruism and self-interest which is tipped in favor of the patient. This professionalism instrument is reliable and internally consistent. Extensive repeated observations have demonstrated that the instrument is largely unidimensional. This has allowed for consolidation of the instrument around a thematic framework. As additional methods of professionalism assessment are described in the future, ongoing study is required to demonstrate validity of this instrument.

# Honors & Awards

## **Staying out of Trouble in the Operating Room: Remaining Attentive in Automaticity**

*CA Moulton, G Regehr, L Lingard, C Merritt, HM MacRae, The Wilson Centre for Research in Education, University of Toronto, Toronto, ON, Canada*

**Introduction:** Automaticity is integral to expert performance. Experts however are required to transition appropriately into a more effortful state when required. We have argued previously that this transition - referred to as “slowing down when you should” - is key to expert performance and have conducted a program of research studying this phenomenon in surgical practice. The purpose of this study was the manifestations of this phenomenon - the transition from automatic to effortful - in the operating room.

**Methods:** Within a larger program of research, this study used a grounded theory qualitative methodology to explore the manifestations of the “slowing down” phenomenon in operative practice. 28 surgeons were interviewed (60-minute, semi-structured) across four academic hospitals and five hepato-biliary surgeons were observed (29 cases, 147 hours). Thematic analysis of transcripts and field notes was conducted in an iterative manner with data collection continuing until saturation. A reflexive approach was adopted throughout.

**Results:** Various phenomenological manifestations of the transition from automatic to effortful were described and observed, ranging from the most extreme manifestation of “stopping,” where surgeons literally stopped the operative procedure, to the most subtle manifestation of “fine tuning,” where surgeons momentarily “paused” to focus on minor events throughout the procedure with no interruption in the proceedings around them. The construction of automaticity was challenged in this study leading to two descriptions of automatic activity - “attentive” and “inattentive.” A phenomenon referred to as “drifting” represented a failure to transition out of the automatic mode when appropriate resulting in surgical errors or “near-misses.”

**Conclusion:** The “slowing down” phenomenon represents the act of cognitive refocusing during the potentially more critical moments of practice and has various manifestations phenomenologically. Understanding these manifestations has implications for teaching and critical self-reflection. This study challenges the current concept of “automaticity” as effortless with “fine tuning” and “drifting” representing activities of attentive and inattentive “automatic” behaviour respectively. This distinction has implications for understanding surgical error.



CA Moulton, MD



Dimitrios Stefandis, MD

## **Simulator Training to Automaticity Leads to Improved Skill Transfer Compared to Traditional Proficiency-based Training**

*D Stefanidis MD, PhD, C Acker, P Montero, MD, A Prabhu, MD, W Smith, PhD, M Scerbo, PhD, Carolinas Simulation Center, Carolinas Medical Center, Charlotte, NC, Old Dominion University, Norfolk, VA*

**Background:** Secondary task metrics reflect the ability of trainees to multitask (automaticity) and may improve performance assessment and skill acquisition on simulators by indicating when learning is complete, which may augment skill transfer to the clinical environment. We hypothesized that novices will perform better in the operating room after simulator training to automaticity compared to traditional proficiency based training.(current standard training paradigm)

**Methods:** Novices (N=30) were enrolled in an IRB-approved blinded, randomized, controlled trial. Participants were randomized into a training and a control group in a 2:1 fashion. The training group (n=20) practiced on the FLS suturing task until they achieved expert levels of time and errors (proficiency) and were then tested on a live porcine fundoplication model along with the control group (n=10). The training group continued with deliberate practice on the simulator until they achieved expert levels on a visual spatial secondary task (automaticity) and both

groups were retested in the porcine model. An objective performance score, the Global Operative Assessment of Laparoscopic Skill (GOALS), and inadvertent injuries during both tests were recorded. Signed Rank and Rank Sum tests were used for intragroup and intergroup comparisons, respectively.

**Results:** There were no significant differences between groups at baseline. Twelve participants from the training group and eight controls completed the study protocol. Trained participants achieved proficiency after  $54 \pm 14$  and automaticity after additional  $109 \pm 57$  repetitions. Automaticity training led to improved skill transfer to the OR compared to proficiency-based training.

**Conclusions:** Simulator training to automaticity takes more time but is superior to proficiency-based training as it leads to improved skill acquisition and transfer. Metrics obtained from a secondary task provide a more comprehensive assessment of trainee performance and multitask ability compared to the traditional metrics of time and errors and should be implemented during simulator training to improve learning.



## The J. Roland Folse Invited Lectureship in Surgical Education

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



The 2010 lecturer was Kevin Eva, PhD, whose presentation was entitled “New Directions in Trainee Selection.”

### Previous Folse Lecturers

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

# Courses and Program Offerings

## Fundamentals of Clerkship Management

David Rogers, MD, MHPE, taught a one-half day Fundamentals of Clerkship Management course on April 21, 2010. The course was attended by 30 participants including Nurse Educators, Clerkship Coordinators and Directors. The first session addressed the design of a surgery clerkship curriculum using a standard educational curriculum framework. This included a description of how to do a needs assessment, select instructional methods and develop an appropriate testing program. This was followed by a session on curriculum management that described how to do a periodic program evaluation and use that material to enhance a surgery clerkship. Finally, the group discussed common dilemmas that are encountered in the course of managing a surgery clerkship. Specific topics covered in this interactive session included strategies for student remediation and management of conflicts that occur related to time in the curriculum.

## Web Initiative for Surgical Education of Medical Doctors

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

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

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

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

### PRODUCTION AND USAGE

- Fifteen modules are available online: Abdominal Aortic Aneurysms, Adrenal Adenoma, Anorectal Disease, Appendicitis, Bowel Obstruction, Breast Cancer, Burn Management, Carotid Stenosis, Cholecystitis, Colon Cancer, Diverticulitis, Hernia, Skin Cancer, Thyroid Nodule and Trauma Resuscitation.

# Courses and Program Offerings

- Seven modules are in the production stage: Bariatric Surgery and Obesity, Hypercalcemia, Lung Cancer, Pediatric: Hernia & Hydrocele, Pancreatitis, Pediatric: Pyloric Stenosis, and Venous Disease.
- 50 medical schools are currently subscribing to WISE-MD to enhance their surgical clerkship curricula.
- An Editorial Board of 16 nationally recognized surgical educators determine module content and select authors.

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

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

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

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

## **Fostering Education Research Skills in Academic Surgeons: Effectiveness of the Association for Surgical Education Weekend Course in Research Methodology**

Formalized education in research skills is an important aspect of successful scholarship. Across the medical education continuum, critical reasoning in research methods is not only a necessary clinical competency but also a necessary requirement for understanding and conducting robust research.

A weekend course in introduction to research methods and statistics was offered to members of the Association for Surgical Education. The purpose of this course was to enable participants to learn how to develop empirically testable education research questions and execute appropriate methods. The course has been run for two years, and is helpful in preparing surgeon educators to follow up with the more formal and extensive Surgical Education Research Fellowship (SERF).

Sixteen surgeons took part in the course in 2008. The course was run over 2 days. Participants represented a wide range of surgical specialties, with the average time spent in practice 7.2 years (range: 0-25). Course evaluation consisted of faculty ratings as well as retrospective pre-post assessments, in which participants rated their knowledge of key concepts and their confidence in applying them.

Sixteen evaluations were completed. Retrospective pre-post ratings of knowledge and confidence in applying key concepts demonstrated significant improvement in all six topics covered: study design, critical appraisal of the literature, data analysis, informed consent/IRB, developing research questions, and selecting appropriate assessment instruments (mean effect size = 2.00 +/- 0.38). Course instructor evaluations ranged from 4.3-4.7 (1-5 scale).

Evaluations received from the course not only emphasize the success of learning fundamental concepts in education research but also highlight the need for these kinds of formalized courses for continuing professional development. This format holds promise for promoting and socializing surgeons in educational scholarship.

**Stanley J. Hamstra, PhD**  
University of Michigan Medical School

**V. Terri Collin, PhD**  
University of Pittsburgh Medical Center

**Linnea S. Hauge, PhD**  
University of Michigan Medical School

**Rebecca Henry, PhD**  
Michigan State University  
College of Human Medicine

**Hilary A. Sanfey, MD**  
Southern Illinois University School of Medicine

**Ravi S. Sidhu, MD, MEd**  
University of British Columbia

# ASE Financial Statement

## Association for Surgical Education Statement of Financial Position

Year Ending June 30, 2010

<b>CURRENT ASSETS</b>	
Cash and cash equivalents	\$286,209
Investments	57,259
Accounts receivable	50,691
<b>TOTAL ASSETS</b>	<b>\$394,159</b>
<b>LIABILITIES</b>	<b>\$68,425</b>
<b>NET ASSETS</b>	
Unrestricted	325,734
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$394,159</b>

## Association for Surgical Education Statement of Revenue and Expenses

Year Ending June 30, 2010

<b>REVENUE</b>	
Meetings	\$175,260
Membership Dues	165,426
Clearinghouse Sales	1,257
Investment Income	544
Other Revenue	3,800
Unrealized gain on investments	<u>2,590</u>
<b>Total revenues</b>	<b>355,877</b>
<b>EXPENSES</b>	
Meetings	116,701
Committees	10,160
Publications	36,630
Administration	165,415
SERF	10,000
Foundation transfer	<u>2,340</u>
<b>Total expenses</b>	<b>341,246</b>
<b>CHANGE IN NET ASSETS</b>	<b>14,631</b>
<b>NET ASSETS, BEGINNING OF YEAR</b>	<b><u>311,103</u></b>
<b>NET ASSETS, END OF YEAR</b>	<b>\$325,734</b>

## 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.

## ASE Foundation Board of Directors

### OFFICERS

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Chairman - Hollis Merrick, MD  
President - Daniel Dempsey, MD  
Vice-President - Donald Jacobs, MD  
Secretary/Treasurer – Merrill Dayton, MD

### DIRECTORS

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Armour Forse, MD  
Gerald Fried, MD  
Sean Harbison, MD  
Mark Hochberg, MD  
Gerald Isenberg, MD  
Daniel Jones, MD  
Susan Kepner, MEd  
James Korndorffer, MD  
Barry Mann, MD  
Richard Reznick, MD, MEd  
Donald Risucci, PhD  
David Rogers, MD, MHPE  
Hilary Sanfey, MD  
Daniel Scott, MD  
Ravi Sidhu, MD, MEd

## Center for Excellence in Surgical Education, Research and Training Grants

The Center for Excellence in Surgical Education, Research and Training (CESERT) Grants Program was established in 1999. It is competitive, peer-reviewed, and targets innovation intended to enhance the effectiveness of surgical education and training.

*This grant not only facilitated my research endeavors but legitimized my career as a surgical educator. I presented the results of my CESERT grant-supported research in Tucson in 2006 and, much to my surprise, was chosen as the recipient of the Outstanding Paper Award. If the grant was important for me academically you can imagine what the award did for my career.*

– SARKIS METERISSIAN, MD

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

## Ethicon Endo-Surgery Surgical Education Research Fellowship

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

have met a competitive and rigorous application and review process. Each Fellow participates in a carefully structured didactic educational program that includes

attendance of two seminars and the SERF Forum and is assigned an expert in the field of study to serve as mentor/advisor. This program is led by Kimberly Schenarts, PhD, an ASE Past-President. Dr. Schenarts is joined by Rebecca Henry, PhD, Professor of Medical Education, Michigan State University and Reed Williams, PhD, Professor of Surgery, Southern Illinois University.



*The open exchange of ideas and feedback among colleagues with a similar interest in surgical education stimulates my desire to pursue academic surgery.*

– JAMES G. BITTNER IV, MD

### 2010-2011 Surgical Education Research Fellows

Fellow	Advisor	Fellow	Advisor
Mara Antonoff, MD . . . . .	Barry Mann, MD	Alicia Kieninger, MD . . . . .	Steve Kasten, MD
Kaysie Banton, MD . . . . .	Connie Schmitz, PhD	Jim Kruse, DO . . . . .	Nick Sevdalis, PhD
Bracken Burns, DO . . . . .	Laura Torbeck, PhD	Paul Montero, MD . . . . .	Dimitris Stefanidis, MD, PhD
Jennifer Choi, MD . . . . .	Nicole Roberts, PhD	Ben Zendejas-Mummert, MD . . . . .	Sarah Peyre, EdD
Francis Christian, MD . . . . .	Howard Brody, MD, PhD	Miren Schinco, MD . . . . .	Pam Rowland, PhD
John Falcone, MD . . . . .	Reed Williams, PhD	Bruce Slaughenhaupt, MD . . . . .	Rebecca Henry, PhD
Alan Harzman, MD . . . . .	Maura Sullivan, PhD	Cynthia Talley, MD . . . . .	Ravi Sidhu, MD, MEd
Nabil Issa, MD . . . . .	Richard Mayer, PhD	Tom Wade . . . . .	Travis Webb, MD



# Foundation Grants & Fellowships

## SERF Graduates

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

# Foundation Grants & Fellowships

- **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, 2010

<b>ASSETS</b>	
Cash and cash equivalents	\$70,651
Investments	45,924
Accounts Receivable	1,500
<b>TOTAL CURRENT ASSETS</b>	<b>118,075</b>
<b>RESTRICTED ASSETS</b>	
Cash and cash equivalents	75,960
<b>TOTAL ASSETS</b>	<b>\$194,035</b>
<b>LIABILITIES</b>	
	\$59
<b>NET ASSETS</b>	
Unrestricted net assets	118,016
Temporarily restricted	25,960
Permanently restricted	50,000
<b>TOTAL NET ASSETS</b>	<b>193,976</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$194,035</b>

## ASE Foundation Statement of Revenue and Expenses Year Ending June 30, 2010

	Unrestricted	Temporarily Restricted	Permanently Restricted	TOTAL
<b>REVENUE</b>				
Contributions	\$52,813	\$ 2,000		\$54,813
SERF	48,280			48,280
Investment income	200	1,351		1,551
Other income	3,527	6,910		10,437
Unrealized gain on investments	7,728			7,728
Net assets released from restrictions	<u>14,883</u>	<u>(14,883)</u>		<u>0</u>
Total revenues	127,431	(4,622)		122,809
<b>EXPENSES</b>				
Program				
SERF program	44,000			44,000
CESERT grants	58,900			58,900
Other program expenses	15,840			15,840
Total program expenses	118,740			118,740
Total management and general expenses	<u>5,800</u>			<u>5,800</u>
Total expenses	124,540			124,540
<b>CHANGE IN NET ASSETS</b>	2,891	(4,622)		(1,731)
<b>NET ASSETS, BEGINNING OF YEAR</b>	115,125	30,582	50,000	195,707
<b>NET ASSETS, END OF YEAR</b>	\$ 118,016	\$ 25,960	\$ 50,000	\$ 193,976

# 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, 2009 - June 30, 2010).

## Individuals

Robert Acton, MD

Helen Amoriggi, MD

Dimitri Anastakis, MD

John Armstrong, MD

Linda Barney, MD

Patricia Bergen, MD

Juliane Bingener-Casey, MD

Maggie Boehler, RN, MSN

Karen Bornman, MD

William Bowling, MD

Christopher Brandt, MD

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Paul Huffstutter, MD

Gerald Isenberg, MD

Donald Jacobs, MD

Mark Jensen, MD

Samir Johna, MD

Joglar, Fernando, MD

Daniel Jones, MD

Susan Kaiser, MD, PhD

James Korndorffer, Jr., MD

Thomas Krummel, MD

Deborah Kuhls, MD

Alan Ladd, MD

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## **Corporate**

Ethicon Endo-Surgery, Inc.  
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## FROM THE PRESIDENT CONTINUED FROM PAGE 5

With all of the possibilities, there are also **Threats** on the horizon. If we do not continue to grow, we run the risk of becoming a victim of our own success. With an increased awareness of surgical education, the field has become a viable career option and other organizations have increased their focus on education. We must grow and remain a legitimate leader among those organizations with developing interests in surgical education.

In a Retreat, held prior to the 2010 Annual meeting, the Association's Board of Directors finalized the three Strategic Priorities, which are to be our focus over the next three years. The first of these is to reposition and advance surgical education, teaching, and research; creativity and new ideas are essential to our future success. Secondly, we must develop a sustainable financial plan, as it is critical to support current and new programs. And finally, the Plan encourages collaborative partnerships, including the growth and diversification of our membership. This is a goal that is already being pursued by Maura Sullivan and the Membership Committee.

I would encourage every member to review the Strategic Plan, which is included in this Annual Report. We need to work together in order for the organization to grow and prosper. Inherent in the strategic planning process is the understanding that all of our activities must focus on, and be guided by, the Strategic Plan and our Goals. In order to maintain continuity and direction, I and your next two presidents, Linda Barney and Dimtri Anastakis, are committed to this three year endeavor.

As a beginning, and in an effort to leverage ongoing activities by the Association, such as the development of content materials for the third year medical school curriculum, I have asked Linda Barney to head a task force to integrate the activities of the Assessment and Evaluation, Clerkship Directors, Simulation, Curriculum, Graduate Surgical Education, and Information Technology Committees. Bob Nesbit, Steve Goldin and Steve Yang have led a multiyear effort by the Clerkship Directors Committee to develop a curricular model for the third year clerkship. It is my hope that we can have a curricular model for the third year clerkship, as well as a significant amount of content to support the model.

Over the next several months, I hope to identify working groups to evaluate the potential for ASE involvement in the areas of patient safety, quality and the changing medical curriculum, as well as to explore the possibility of developing an ASE "Designation of Excellence in Surgical Education." I would encourage those who may be interested in these projects to contact me. I look forward to taking advantage of your interest.

In closing, I would remind you that support for current and future projects of the Association will require not only the intellectual commitment of the organization and its membership, but also your financial support. A focused Strategic Plan, along with Financial support, is critical to our success. In the current health care environment, everything is changing and nothing can be taken for granted, including the process of medical education. We need the intellectual and financial resources to be part of that change. I look forward to your support and involvement.

Thomas Lynch, MD, *ASE President*

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## FROM THE FOUNDATION PRESIDENT CONTINUED FROM PAGE 7

How do we best teach and train medical students and surgical residents in this rapidly changing era of information technology, simulation, core competencies, evidence based learning, restricted duty hours and patient safety organizations? As information and techniques change, how do we best teach and train practicing surgeons? (please see <http://iom.edu/Reports/2009/Redesigning-Continuing-Education-in-the-Health-Professions.aspx>) Our Association, with the support of the Foundation, must take the lead in answering these vitally important questions with fundamentally sound, relevant surgical research. With your support, ideas, and leadership this will happen. Thank you for your consideration, and please do not hesitate to contact me anytime

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

# ASE Strategic Plan

## STRATEGIC PRIORITY 1 • REPOSITION & ADVANCE SURGICAL EDUCATION, TEACHING AND RESEARCH

The ASE is an organization committed to excellence in surgical education scholarship. Innovation, creativity and new ideas are essential to our future success.

**GOAL 1: Be the preeminent organization due to prominence and influence in surgical education.**

INITIATIVE	OUTCOME MEASURE	TARGET
1.1.1.1 Reevaluate annual program format to increase member participation and benefit	Increase number of podium presentations/meeting	Identify innovative formats to increase opportunities for member participation in annual meeting
	36 podium presentations at 2013 ASE meeting	Incorporate one new program format into the annual meeting each year
1.1.1.2 Expand teaching awards and recognition opportunities	Increase the number of new awards for recognizing excellence in surgical education scholarship	Two new awards
1.1.1.3 Innovative use of journal affiliation	New Journal agreement to allow for greater availability of ASE member materials	25% increase in ASE-related publications/year
		Identify one new web-based format for presentation of material from the ASE annual meeting, or from membership, that will be sponsored by journal affiliate
INITIATIVE	OUTCOME MEASURE	TARGET
1.1.1.4 Develop program to facilitate faculty and career advancement	Complete needs assessment and outline of program; develop fee structure	Needs assessment and program outline; proposed fee structure
	Implement and present program at Surgical Education Week	Program implementation with 25 participants in Year 1
	Grow and expand program reaching to Department Chairs for candidates	50 participants in Year 2
1.1.2.1 Develop collaborative relationships with the ACS	Completed ACS/ASE Medical Student Curriculum in Simulation	Complete development of program along with marketing and communication within the ASE and beyond
	Develop Faculty 'Train the Trainer Course' for ACS/ ASE Medical Student Curriculum in Simulation	Complete development of program
	Present Simulation and Educational Research Programs within the Postgraduate Program format of the ACS	Explore opportunity with ACS

# ASE Strategic Plan

## GOAL 2: Further develop and transform current programs into benchmark resources.

INITIATIVE	OUTCOME MEASURE	TARGET
1.2.1 Further develop and transform CESERT	Research funding is aligned with ASE priorities	Develop white paper outlining priorities for Research funding
	Implement Request for Proposals (RFP) aligned with ASE priorities	RFP within one year
	Grow the endowment to support 4 CESERT grants/year	ASEF CESERT Endowment to support 4 CESERT grants/year
1.2.2 Further develop and transform SERF	Explore potential for on-line/distance version of SERF or components	White paper and recommendations for development of on-line version of SERF
	Develop an on-line / distance learning version of SERF	On-line version of SERF
	Evaluate target audience for SERF and determine if there is a need to focus on specific target groups such as residents	White paper and recommendations
	Expand program	White paper and recommendations; Increase program size by 25%
	Increase profit margin	Increase profit margin by 25%
1.2.3 Coordinate and Develop the Educational Research Curriculum	Inventory of available products	Identify elements of the current curriculum
	Integrate elements into a new modular Curriculum Product	New integrated, modular curricular developed
	Explore potential for on-line/distance version of Educational Research Curriculum	White paper and recommendations for development of on-line Educational Research Curriculum
1.2.4 Develop collaborative relationships with the ACS	See 1.1.2.1	See 1.1.2.1

## GOAL 3: Develop new evidence-based programs, innovations and resources.

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	Two papers completed within two years
1.3.2 Develop webinar, distance-based opportunities	Potential areas for development of distance based curriculum	Identify two areas for development
		Program developed and implemented within three years



# ASE Strategic Plan

## STRATEGIC PRIORITY 2 • DEVELOP A SUSTAINABLE FINANCIAL PLAN

The ability to achieve our mission is dependent on sound financial planning and management. A sustainable and strong financial position is vital for our future success.

### GOAL 1: Increase ASE revenue and ASE Foundation endowed funds.

INITIATIVE	OUTCOME MEASURE	TARGET
2.1.1.1 Develop ASE designation of excellence in surgical education	Develop criteria for designation and proposed metrics of success	Have outline of designation criteria and implementation plan; to include potential number of applications; percent of schools that would apply in the US and Canada; identify partners in designation process
2.1.1.2 Develop line of new ASE branding products	Identify manufacturer and develop product line (e.g. ties/lapel pins, etc.)	Complete ASE product line developed, marketed and on-line
	Develop web -based sales model; track revenues as separate line item in financial statements	Develop revenue target for sales after year 1
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 responsible for these issues	Develop proposals for two new pre-meeting workshops
		Implement two new pre-meeting workshops which are revenue generating

### GOAL 2: Further financially support current and new programs.

INITIATIVE	OUTCOME MEASURE	TARGET
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	Policies and process completed
	Each new project must have application filled out, answering the question whether it relates to strategic priorities	100% compliance with new financial policies
2.2.2.2 Financial communications strategy	Communicate financial policies to membership and BOD regularly	100% compliance with new financial policies
2.2.2.3 Governance Review	Establish governance review task force with clearly articulated goals and deliverables	Develop Charge, Goals, and Deliverables
		Establish Governance Task Force

# ASE Strategic Plan

## GOAL 3: Ensure strategic alignment between the ASE and ASE Foundation.

INITIATIVE	OUTCOME MEASURE	TARGET
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	100% compliance with new policy
2.3.2 Clarity to increase awareness of ASE Foundation priorities and structure	Executive Director to articulate this message to the BOD	100% compliance
2.3.3 ASEF Strategic Planning Process	Recommend that the ASE Foundation develop a Strategic Plan	ASEF Strategic Plan

## STRATEGIC PRIORITY 3 • FURTHER ENHANCE COLLABORATIVE PARTNERSHIPS

Diversity in our membership and strong collaborative relationships are essential to the development of new strategies and innovations that will further promote surgical education.

## GOAL 1: Be a strategic partner with key organizations in the development of collaborative programs and initiatives.

INITIATIVE	OUTCOME MEASURE	TARGET
3.1.1. Strengthen relationship with ACS and APDS regarding Simulation curriculum	Expand programs with ACS and APDS	Meet with APDS and ACS leadership within 6 months
3.1.2. Increase ASE participation in SAGES and market ASE educational programs to SAGES	ASE representation on SAGES program	
	Host a FLS course at ASE meeting	
	Increase membership by 25 members/year from SAGES	
3.1.3 Political analysis AAMC, LCME, IOM	Understand organizational model, scope of influence, and value and process of membership	Identify surgical members on those boards and opportunities for ASE influence

## GOAL 2: Increase membership and its diversity.

INITIATIVE	OUTCOME MEASURE	TARGET
3.2.1. Explore new membership base (e.g., scientist and engineers, outcomes researchers)	Initiate contact with potential members	Increase new members (e.g., scientist and engineers, outcomes researchers) by 10%
3.2.2. Inventory of international groups and expand membership diversity	Identification of target potential members	Track and report % international members; Increase international members by 10%



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