



ASSOCIATION FOR SURGICAL EDUCATION

ANNUAL REPORT 2014



Association for Surgical Education

ANNUAL REPORT 2014

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ABOUT THE ASE

Past Presidents

1981 Royce Laycock, MD
1982 Royce Laycock, MD
1983 Anthony Imbembo, MD
1984 Bruce Gewertz, MD
1985 Peter Lawrence, MD
1986 Patricia Numann, MD
1987 Richard Bell, MD
1988 Norman Snow, MD
1989 John Provan, MD
1990 Hollis Merrick, MD
1991 Debra DaRosa, PhD
1992 James Hebert, MD
1993 Ajit Sachdeva, MD
1994 Merrill Dayton, MD
1995 Gary Dunnington, MD
1996 Nicholas Coe, MD
1997 Chris Jamieson, MD
1998 Richard Spence, MD
1999 Richard Schwartz, MD
2000 Richard Reznick, MD
2001 Nicholas Lang, MD
2002 Leigh Neumayer, MD
2003 Michael Stone, MD
2004 John Murnaghan, MD
2005 Kimberly Anderson, PhD
2006 Donald Jacobs, MD
2007 Donald Risucci, PhD
2008 Philip Wolfson, MD
2009 Barry Mann, MD
2010 David Rogers, MD, MHPE
2011 Thomas Lynch, MD
2012 Linda Barney, MD
2013 Dimitri Anastakis, MD,
MHPE, MCHM
2014 Mary Ann Hopkins, MD

HISTORY

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



The ASE Logo

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

ABOUT THE ASE

ORGANIZATION

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

MISSION STATEMENT

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

STATEMENT OF CORE VALUES

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

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

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

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

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

VISION STATEMENT

The ASE aspires to impact surgical education globally.

Current Board of Directors

OFFICERS

President Daniel Jones, MD, MS

President-Elect Mary Klingensmith, MD

Vice-President Christopher Brandt, MD

Treasurer Amalia Cochran, MD

Secretary Susan Steinemann, MD

COMMITTEE CHAIRS

Assessment and Evaluation Connie Schmitz, PhD

Awards Andre Campbell, MD

Citizenship & Social Responsibility Mohsen Shabahang, MD, PhD

Clerkship Directors Nancy Gantt, MD

Coordinators of Surgical Education Terri MacDougall, MEd

Curriculum Nabil Issa, MD

Educational Research Roy Phitayakorn, MD

Faculty Development Michael Cahalane, MD

Graduate Surgical Education PJ Schenarts, MD

Information Technology Michael Awad, MD, PhD

Membership John Rectenwald, MD

Multi-Institutional Educ. Research Group Nick Sevdalis, PhD

Nurses in Surgical Education Jennifer Doty

Program Susan Steinemann, MD

Simulation John Paige, MD

MEMBERS

Executive Director Susan Kepner, MEd

Past Presidents

Mary Ann Hopkins, MD

Dimitri Anastakis, MD, MHPE, MHCM,

Linda Barney, MD

ASE Recorder Ranjan Sudan, MD

American College of Surgeons Ajit Sachdeva, MD (ex-officio)

ASE Foundation Armour Forse, MD (ex-officio)

LIAISON MEMBERS

Association of American Medical Colleges Council of Academic Societies

Debra DaRosa, PhD; Roy Phitayakorn, MD

Alliance for Clinical Education

Rebecca Evangelista, MD; Robert Nesbit, MD;

Robyn Stewart, MD; Shawn Tsuda, MD

Alliance for Clinical Education Publications Comm.

Peter Muscarella, MD

AAMC MedEdPortal Michael Hulme, PhD

Association of Program Directors in Surgery

James Korndorffer, MD

Assoc. of Academic Surgeons Amalia Cochran, MD

American College of Surgeons- ASE Governor

Barbara Pettitt, MD

ABOUT THE ASE

NAMED LECTURESHIPS AND AWARDS



PHILIP J. WOLFSON OUTSTANDING TEACHER AWARD

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



THE J. ROLAND FOLSE INVITED LECTURESHIP IN SURGICAL EDUCATION

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



THE LINNEA HAUGE, PHD PROMISING EDUCATIONAL SCHOLAR AWARD

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

MESSAGE FROM THE PRESIDENT

Welcome to the Association for Surgical Education. We are “everything surgical education.” In this issue of our 2014 Annual Report we will show a snapshot of the people, research projects and social activities that define us as an organization.

The Association for Surgical Education (ASE) was founded in 1980 in Kentucky by 30 dedicated surgical educators, and today our membership boasts over 800. Among the founding fathers was Dr. Royce Laycock, who served as the first President of the ASE in 1981 and 1982. He embodies the principles of a great teacher, educator, mentor and leader. Dr. Laycock through his example inspired many young surgeons to join ASE.

Our mission today is to promote, recognize and reward excellence, innovation and scholarship in surgical education. The 2014 Strategic Retreat reaffirmed core strengths of the organization as:

- Surgical education research
- Curricular development
- Professional development
- Innovation in education
- Organizational effectiveness

Throughout this year, our committees have drilled down on specific goals and objectives for the Strategic Plan, which will guide our ongoing efforts. The committee structure is one of the unique aspects of the ASE. Our committees are “open” to all members. The Annual Report nicely summarizes the accomplishments of each of our committees.

Assessment and Evaluation
Multi-Institutional Education Research
Nurses in Surgical Education

Clerkship Directors
Coordinators in Surgical Education
Citizenship/Social Responsibility
Simulation
Curriculum
Information Technology
Education Research
Faculty Development
Graduate Surgical Education

As President of ASE, I would like to highlight just a few of the many recent accomplishments and exciting ongoing projects of the organization. The Information Technology Committee, chaired by Mike Award and Alan Harzman, totally revamped the ASE web site. The new dynamic home page does not just download information on abstract submission and the annual meeting, but it also connects members. New features will include membership directory, online dues payment, video links, and chat rooms.

The 2014 Innovation in Education Award recognized the “ACS-ASE Skills-based Simulation Curriculum for Medical School Years 1-3,” which is a collaborative effort of the ASE Simulation Committee, Assessment & Evaluation Committee, and the American College of Surgeons. The curriculum is online and free to all members to download and use to teach medical students
<http://www.facs.org/education/medical-students-MODULES.html> Jaisa Olasky and Ti Hotze are currently coordinating a national multi-institutional research effort to validate the educational modules. Bob Acton,
CONTINUED ON PAGE 49



Daniel B. Jones, MD, MS

MESSAGE FROM THE ASE FOUNDATION PRESIDENT



Armour Forse, MD

The ASE Foundation remains focused on its core mission of funding the ASE and its programs. The Foundation recognizes how important the mission is as surgical education and its research are looking for funding sources. The ASE Foundation has aligned its strategic plan with the ASE and over the past year has worked on its main objectives of 1) expanding the Foundation board's effective membership, 2) building an executive and management structure to improve effectiveness, 3) exploring new sources of funding, 4) continuing to support CESERT and SERF and, and 5) build new funding partnerships.

Howard Fried from CAE Healthcare was the first industry board member and he has worked with the executive team in securing a number of new industry board members. These now include Myriam Curet (Intuitive Surgical), Pamela Martin (Ethicon), Tony Rubin (Surgical Science), Serene Wachli (Applied Medical), and Donna Watson (Covidien). The industry board members have brought new energy and direction to the Foundation which the Foundation continues to build on. A good example is the RFA on tele-mentoring that has been provided by Covidien through one of our industry board partners. Our plan is to continue to look to our industry colleagues to build research initiatives that are mutually beneficial. The ASE Foundation is exploring changing the bylaws as we look to build more efficient and effective management to apply our strategic plan and achieve our initiatives. To this end a number of work groups/committees have been established within the current bylaws including: 1 Development for new ideas for fund raising, 2 Membership for new strategy to increase membership giving, 3 Grants to provide oversight of CESERT and other grant administration/reviews as well as pursue collaborative grant projects with other societies, 4 SERF to explore alumni fund raising, and other funding efforts for

SERF, 5 Corporate a forum for discussion of common areas of interest fund raising ideas, 6 Crowd Source Funding to pursue this new social media source of funding, and 7 Special Projects such as the Laycock lectureship. These workgroups/committees will greatly enhance the ability of the Foundation to be effective and achieve important goals for funding. For example under our mission to find other sources of funding the Crowd Source funding was discovered. The Foundation has chosen to pursue investigating this but through a specific working group. Discussions were held between members of the ASE leadership and the ASE Foundation to have a named lectureship and this work is being carried out through the New Project work group group/committee. The Foundation is now poised to continue to aggressively explore various options to raise funding for the ASE. We are very eager to continue to educate people outside of the ASE and the unique programs such as CESERT and SERF and encourage them to participate in these through grants. This was successful in the RAF for the tele-mentoring grant from Covidien and we will build on this success. The ASE Foundation continued to support CESERT and SERF this past year with money from industry (75%) and ASE membership (25%). The ASE Foundation has supported 25 investigator-initiated, peer reviewed grants distributing more than \$1 million dollars to 17 institutions in the US, Canada, and the UK. The grant proposals submitted to CESERT continue to be excellent and represent the high quality investigations that the ASE and the ASE Foundation are proud to support. We are once again very grateful to Dr. Ravi Sidhu and the CESERT Grants Review Committee for their many hours of hard work in reviewing these grants. The SERF Program providing the mentorship training in surgical education research has

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COMMITTEE ON ASSESSMENT AND EVALUATION

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

The Assessment and Evaluation Committee's mission is to enhance the capacity of ASE members in four areas: learner assessment, faculty evaluation, program evaluation, and measurement principles as related to surgical education research. In so doing, we hope to enhance best practices in our field for such things as the ACGME milestones reporting, PGY-1 supervision standards, and the ABS performance requirements. We also hope to promote research on assessment and evaluation methods. We provide annual workshops on topics related to these domains. The Committee is open to all interested members.

Recent areas of member interest have included the use of video-based assessment of resident intraoperative performance. On an ongoing basis, we provide an "Assessment 101" workshop for the New Clerkship Directors course. We have an active subgroup working on "Assessment 501: Advanced Topics" for lead PhD and MD educators who are responsible for establishing assessment "best practices/quality" and teaching others in their home departments. We have ongoing collaborations with the ASE Simulation Committee and the ASE Curriculum Committee. New foci of interest and new sub-committee efforts relevant to the ASE Strategic Plan are encouraged.

COMMITTEE ON AWARDS

Andre Campbell, MD

Membership on the Awards Committee is by presidential appointment. This group is responsible for developing the criteria and process for selecting the annual recipients of the Philip J. Wolfson Outstanding Teacher Award, the ASE Distinguished Educator Award, the Outstanding Resident Teacher Award and the Linnea Hauge, PhD, Promising Educational Scholar Award, and the Excellence in Innovation in Surgical Education Award. New this year is the Clerkship Coordinator Recognition Award. Nominations are solicited on an annual basis from the ASE membership for all awards. The Awards Committee reviews all nominations and identifies recipients based on defined criteria. Awards recipients are announced during Surgical Education Week.

COMMITTEE ON CLERKSHIP DIRECTORS

Nancy L. Gantt, MD, Chair
Alan P. Ladd, 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 challenges common to all surgery clerkships. Ongoing areas of discussion include curriculum, evaluation, and complying with the ever changing Liaison Committee on Medical Education (LCME) requirements. The committee maintains a national database of contact information for all North American clerkship directors that represents the best available resource for connecting clerkship directors both within and outside ASE. A priority for the committee has become clerkship director faculty development. In conjunction with the Committee of Clerkship Coordinators, pre-meeting workshops have been held for the past four years to cover additional common educational and administrative topics such as professionalism, assessment, feedback, remediation, EMR, residents as teachers, the M4 curriculum, tracking student duty hours and utilization of simulation. A pre-meeting clerkship director course and new clerkship directors' workshop will be offered in April 2015. In recognition of the ongoing professional development required to be a surgical clerkship director the ASE Academy of Clerkship Directors is being developed and will award certification for qualified surgical educators commencing in the fall of 2014. The clerkship directors' committee will continue to support the development of the National Medical Student Surgical Clerkship Curriculum, offering content along with other ASE committees. Well attended committee meetings are held in the fall in conjunction with the ACS Clinical Congress and during the spring ASE meeting to promote discussion and foster collaboration for new high-value activities.

COMMITTEE REPORTS

COMMITTEE ON COORDINATORS OF SURGICAL EDUCATION

Terri MacDougall, Chair

Lorena Burton, Vice-Chair

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

The committee highly values the professional development of coordinators and continues to focus on organizing annually pre-conference professional development sessions prior to the Association for Surgical Education (ASE) Meeting. In April 2014, the Coordinators attended “Troubleshooting Your Clerkship – 104” with the Clerkship Directors and the following day attended a half-day professional development workshop specifically for coordinators. During the April 2014 professional development sessions, the Committee Members developed and implemented the first workshop for “New Clerkship Coordinators”, five members gave best practice presentations, there was an article discussion, a presentation about creating effective presentations, and round table discussions about “hot topics.” Coordinator attendance and participation during both workshops increased substantially from previous years and the verbal and written feedback received from the coordinators indicated that the sessions were valued. With the success of the half-day pre-conference professional development session for coordinators in 2014, the Committee’s plan is to develop a two-day pre-conference Program track for Coordinators in Surgical Education to be implemented in April of 2015 prior to the ASE meeting in Seattle, Washington. With the expansion of professional development for coordinators to a two-day program track, the committee’s goal is to increase coordinator participation in this track, as well as ASE Coordinator membership.

The committee has also developed a Coordinator Mentorship Program which is currently available for

any coordinator members who require mentorship in their roles. The committee however will be formalizing this program over the next one to two years.

The committee understands the importance of recognizing excellence therefore in the fall of 2013 a proposal for an annual ASE Clerkship Coordinator Recognition Award was submitted to the ASE Board of Directors for review and consideration. This proposal was accepted and the first award will be presented in April of 2015 at the ASE Meeting Banquet in Seattle, Washington.

The committee is also currently in the process of identifying existing Coordinator Certification Programs nationally with the intention of encouraging support from the ASE and academic/hospital institutions to recognize these programs. In addition, the committee is also considering developing a proposal for an ASE Surgery Clerkship Coordinator Certification Program.

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

COMMITTEE ON CURRICULUM

Nabil Issa, MD, Chair

The Committee on Curriculum is focused on innovations in material development for surgical education during the continuum of medical school and for career advisement in surgery. To help identify and address gaps in surgical education during medical school, the committee is in the process of cataloging and hosting all existing ASE curricula to provide a central oversight structure for the innovative activities of ASE membership and to foster a collaborative forum to deliver evidence-based guidelines for further curricular developments. Currently, the committee has completed and is in the process of submitting a position paper on surgical sub-internship rotations. The committee is also working on establishing mechanisms to track the utilization of existing curricula to facilitate further improvements and to ensure wider adoption of ASE curricular innovations in medical schools. The Committee continues to proudly sponsor the “Thinking Out of the Box” lunch program at the ASE Annual Meeting focused on sharing innovative educational

ideas for both students and residents. To ensure systematic and rigorous objective and teaching material development and to emphasize cohesiveness among all ASE's projects, the Committee on Curriculum continues its close collaboration with Committees on Assessment and Evaluation, on Clerkship Directors and on Simulation on several projects essential to the strategic plan of the organization.

COMMITTEE ON EDUCATIONAL RESEARCH

Roy Phitayakorn, MD MHPE, MEd, Chair
Laura Torbeck, PhD, Vice-Chair

The Education Research Committee's (ERC) mission is to serve as a resource for all ASE members who have an interest in conducting high-quality surgical education research. Specifically, these resources include opportunities for enhancement of personal knowledge of education research methodologies /statistical analyses and finding collaborative research partners and competitive funding sources. Membership is open to all ASE members.

Current projects include:

1. A collaboration with the ASE Faculty Development and ASE Assessment and Evaluation committees to sponsor a course entitled, "Assessment 301-501 for PhD Educators" at the upcoming 2014 ASC Clinical congress and 2015 Surgical Education Week.
2. Partnership with the PhD surgical educators within ASE to develop a Surgical Education Research Advisory Group dedicated to enhancing scientific/methodological rigor by publishing white papers on methodological issues specific to surgical education research.
3. The creation of an e-learning multimedia module on giving effective presentations to share with ASE podium presenters.
4. Work with MERG to develop an e-learning module on impact factors (How is it calculated and what is the IF for each journal?) and H-index (what is it and how do you calculate your score). The module would also discuss how H-index may be used for promotion and tenure.

5. Partnership with the ASE Faculty Development committee to expand the existing "Fundamentals of a Career in Academic Surgery" pre-meeting workshop to include section on educational research.

6. Partnership with the ASE Surgical Education Research Fellowship (SERF) program to pre-review SERF manuscripts prior to submission to enhance ERC members' skills at constructive manuscript review.

New ideas and members are always welcome!

COMMITTEE ON FACULTY DEVELOPMENT

Michael Cabalane, MD, Chair
Pamela Rowland, PhD, Vice-Chair

The Committee on Faculty Development assists ASE members in developing the teaching and mentoring skills of the faculty at their institutions and seeks to enhance their own professional development. The Committee sponsors workshops and courses at ASE meetings. Recent workshops have included interactive sessions entitled: Beyond Pigs Feet, Box Trainers, and 3-0 Silk: Planning a Surgical Skills Course, Coaching Towards Excellence and Professionalism and Communication, and How Surgeons Teach in the Operating Room. The Committee is working on a workshop for next year on How to Write a Recommendation Letter. The Committee has developed a sample teaching dossier, completed and published a national study on part-time academic faculty, and conducted a national survey on volunteer surgical faculty. Currently, the committee continues to work on a half-day course on faculty and career advancement in academic surgical education. The Committee completed the planning phase of this course in 2011 and ran the first course at the 2012 ASE meeting. It's intended that this become an annual event. The Committee is collaborating with other committees to complete a needs assessment/white paper evaluating the potential for studies in the area of patient safety, quality, and the changing medical curriculum. The Committee welcomes involvement of all interested ASE members.

COMMITTEE REPORTS

COMMITTEE ON GRADUATE SURGICAL EDUCATION

P.J. Schenarts, MD, Chair

Nancy Schindler, MD, Vice-Chair

Formed in 2009, to provide a home for ASE members with a focus on graduate medical education, the mission of our committee is to endorse and promote core-competency based best practices in graduate surgical education that are grounded in sound educational theory. In alignment with the upcoming ASE Strategic Plan, over the past year our committee has reached out to other specialty societies to determine if educational collaboration would be a mutual benefit. Thus far several societies have expressed interest including the Association of Program Directors in Internal Medicine and The Council of Orthopedic Residency Directors. The year has also seen our membership blossom. Finally our work on a Systematic Review of the competency of Practice-Based Learning continues.

COMMITTEE ON INFORMATION TECHNOLOGY

Michael Awad, MD, Chair

Alan Harzman, MD, Vice-Chair

The purpose of this committee is to involve committee members and other ASE members in using technology in the organization and in surgical education programs. The committee is open to all members interested in information technology, regardless of the member's level of previous experience. The committee frequently hosts workshops at the annual meeting to teach about information technology. Recently, the committee launched an app for the annual meeting and increasing the organization's presence in social media. It is also implementing a new website for the ASE.

COMMITTEE ON MEMBERSHIP

John Rectenwald, MD, Chair

Membership on this committee is by presidential appointment. The purpose of this group is to develop strategies and projects that attract new members and keep current members actively involved in the ASE. The membership committee is strategically comprised of members representing plastic surgery, cardiothoracic,

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

MULTI-INSTITUTIONAL EDUCATION RESEARCH COMMITTEE

Nick Sevdalis PhD, Chair

Roy Phitayakorn MD, Vice-chair

The Multi-institutional Educational Research Group (MERG) has the mission to promote and facilitate high-quality multi-institutional studies in the field of surgical education. Starting in 2012 as a very vibrant special interest group, MERG became a formal ASE committee in 2013.

MERG aims to offer strategic support to multi-institutional projects within the areas of surgical education and training. MERG take the view that multi-institutional, collaborative research has the potential to produce better-powered studies, with more robust findings, which can make a significant impact on the surgical education evidence base.

In the recent past, MERG has actively been pursuing its strategic mission via a series of inter-related projects. The first project, completed in 2014, was a Delphi-based, consensus exercise of the ASE membership aimed at identifying priority research questions to be addressed by multi-institutional studies. A number of key areas emerged – including studies on performance criteria, milestones and benchmarks for residents, assessment methods and tools to evaluate residents' performance and competencies, and methods to develop skills of surgical educators among others. The project was presented by Dr Dimitrios Stefanidis on

behalf of MERG at the 2014 Surgical Education Week, won an award, and was subsequently accepted for publication in the American Journal of Surgery.

The second project, currently underway, is a systematic review of the surgical education evidence base for multi-institutional studies. This project aims to identify the areas in which such studies have been carried out to date, and describe how institutions have collaborated and shared credit for the studies and resultant publications.

In the medium-term, MERG are considering ways to facilitate multi-institutional research via setting up a support center for surgeons and educators to assist with issues like IRB approval, study documentation and governance, and direction to colleagues aiming for multi-institutional research grants.

COMMITTEE ON NURSES IN SURGICAL EDUCATION

*Jennifer Doty
Ruth Braga*

The Nurses in Surgical Education (NISE) committee works within the Association for Surgical Education to pursue excellence for both undergraduate and graduate levels. NISE members come from a variety of nursing backgrounds, but are united in assisting faculty with providing quality education in an ever-changing specialty. The diversity of this group is only one of the strengths. As nursing involvement in surgical and medical education increases, NISE members are pursuing ways to act as consultants for clerkship and program directors and contributing to the financial growth of the ASE.

COMMITTEE ON PROGRAM

Susan Steinemann, MD, Vice-Chair

The Program Committee is responsible for orchestrating the ASE annual meeting and educational conference. Membership on the Committee is by appointment. The annual meeting is held in collaboration with the Association of Program Directors in Surgery and the Association of Residency Coordinators in Surgery as part of "Surgical Education Week" (SEW). For the first time in 2015 we will also be including the Society of Educators in Anesthesia in Surgical Education Week.

SEW is the preeminent meeting of surgical educators and it showcases original research presentations by ASE members from around the world. A number of these research projects were made possible by support from philanthropy and research grants. In addition to original research, the ASE meeting features international experts in surgical education as invited lectureships: the Folse Lectureship and "What's New in Surgical Education." ASE Committees sponsor practical workshops focused on the needs and tools to optimize our educational programs.

The theme for the 2015 ASE meeting in Seattle is "Innovations in Simulation- advancing multidisciplinary education and patient safety." We will offer interdisciplinary team training workshops at University simulation centers and in a virtual operating room. International experts in simulation will present a panel discussion on controversies in simulation-based training, and will be available to respond to individual needs in roundtable discussions. The invariably popular "Thinking Out of the Box Lunch" provides a forum for ASE members to present innovative strategies in education and professional development.

The number of research presentations grows annually and research presented at the ASE meeting is published in two high-impact journals. The meeting is open to members and non-members and non-surgeon educators, residents and students are particularly encouraged to attend.

COMMITTEE ON SIMULATION

*John Paige, MD, Chair
Shawn Tsuda, 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. To this end, the Committee has pursued several avenues of activity, resulting in a very productive year. Achievements were wide ranging.

The ASE/ACS Medical Student Simulation-based Surgical Skills Curriculum has been well received and is available online. Work is underway on a multi-institutional trial of selected modules. It will also be a prominent focus of the new Learning Center debuting at the 2015 meeting.

COMMITTEE REPORTS

During the 2014 Surgical Education Week, the Committee sponsored two excellent workshops. One of these workshops, Navigating the Milestones: Developing a Simulation Center Dashboard for the Clinical Competency Committee, was successfully submitted as a workshop to the Association of Program Directors in Surgery (APDS) meeting and held during it. The other, Staying SHARP: Best Practices for Effective Debriefing in Surgery, took place during the Association for Surgical Education meeting. In addition, the Benchmarks-related poster on longitudinal assessment of resident technical skills won a Poster of Distinction award.

Important ongoing projects worth highlighting here include the Expertise in Laparoscopic Surgery (ELS) effort to expand on training protocols in minimally invasive surgery. Work continues on identifying key skill sets/tasks, and a multi-institutional collaboration for determining expert levels of performance and for testing a proficiency-driven curriculum is underway. The Follow-up Report on the Delphi research priorities published in 2012 is nearing submission, and the surgical literature review in simulation has recently been submitted. The Video Snippets project, in which snippet examples of effective and ineffective team-based and debriefing skills and behaviors are video recorded to serve as teaching aids continues apace. Videos are almost completed, and next steps include confirmation of their effectiveness. Work also continues on the online repository of simulation assessment tools and simulators. A survey was recently sent out toward the end of the summer and analysis is currently underway. A mentoring project continues to take shape. Finally, the multi-center Benchmark project, originally an ASE-APDS grant, continues accruing residents.

The Committee successfully published several articles during the year. The White Paper on Simulation entitled “Simulation in Surgery: What’s Needed Next?” was electronically published in *Annals of Surgery* in September. Two studies related to the Benchmark project were published, one in *Surgical Endoscopy* and one in the *American Journal of Surgery*. Several articles were also submitted for consideration of publication.

Finally, the Committee was extremely active in submitting several abstracts and workshop proposals for the upcoming ASE 2015 Meeting in Seattle. This meeting has Simulation as its main theme, and multiple workshops and abstracts related to simulation-based education and training were submitted by members of the Committee for consideration. We currently await notification from the Program Committee regarding which were accepted, and plan to have a very large presence at the 2015 Meeting.

The Committee is a vibrant, active, industrious body with many interesting projects. We welcome anyone interested in helping out.

COMMITTEE ON CITIZENSHIP AND SOCIAL RESPONSIBILITY

Mohsen Shabahang, MD, PhD Chair
Dinesh Vyas, MD Vice-Chair

This committee was formed at the ASE meeting in April 2013. Since its inaugural meeting then, the committee has enjoyed an average membership of about 20. The purpose of the committee was to promote a sense of social responsibility as an organization. The activities of the committee have focused on four areas:

1. Creation of a curriculum on social responsibility – a subgroup has been formed to create a flexible curriculum on social responsibility for surgical learners. A workshop was put on by this group at the ASE meeting in Chicago in April 2014. The curriculum consists of three areas: personal responsibility, institutional responsibility, and global responsibility. The workshop was well received and has served as a guide toward the creation of a broader curriculum.
2. Inventory of activities on social responsibility – another subgroup of the committee has focused on creating an inventory of socially responsible activities that are taking place in surgical departments around the country. The survey has been compiled and will be publicized in appropriate forums.
3. Socially responsible activities at the annual ASE meeting – At last year’s meeting, several members visited a high school in inner city Chicago with the purpose of exposing the students to surgical activities including FLS simulators, trauma simulation, and discussion of a career in Medicine. This was very well received by the students.

COLLABORATIONS WITH OTHER ORGANIZATIONS

A similar activity is being planned this year in Seattle.

4. Setting up Committees on Social Responsibility among surgical learners – a survey is being prepared to be sent out focusing on committees working on socially responsible activities within surgical training programs. The purpose of this survey is to create a model for other institutions that aspire to creating similar groups.

The first two years in the life of this committee have been active and exciting. As a group, we have tried to both bring attention to the concept of social responsibility among surgical trainers and learners. We have also attempted to create prototypes to make engagement in socially responsible activities easier for surgical trainers.

COLLABORATIONS WITH OTHER ORGANIZATIONS

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Council of Academic Societies

Liaison Members –

Debra DaRosa, PhD

Roy Phitayakorn, MD

Organization of Resident

Representatives –

Abbey Fingeret, MD

Aaron Jensen, MD

MedEdPORTAL Associate Editor –

Michael Hulme, PhD

Founded in 1876, the Association of American Medical Colleges (AAMC) originally represented only medical schools. Today, membership is comprised of the 131 United States and 17 Canadian accredited medical schools, nearly 400 major teaching hospitals, and 94 academic and professional societies. The ASE is an organizational member of the Council of Academic

Societies (CAS) that is one of the three governing councils of the AAMC, along with the Council of Deans (COD) and the Council of Teaching Hospitals and Health Systems (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 –

Barbara Pettitt, MD

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

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

COLLABORATIONS WITH OTHER ORGANIZATIONS

ALLIANCE FOR CLINICAL EDUCATION

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

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

AMERICAN BOARD OF SURGERY – SURGICAL COUNCIL ON RESIDENT EDUCATION

*Representatives –
Mark Hochberg, MD
James Korndorffer, MD*

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

ASSOCIATION OF PROGRAM DIRECTORS IN SURGERY

*Liaison Member –
James Korndorffer, MD*

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

ASSOCIATION FOR ACADEMIC SURGERY

*Liaison Member –
Amalia Cochran, MD*

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

Philip J. Wolfson Outstanding Teacher Award

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

This award is given annually to a maximum of four individuals who are actively involved in surgical education and who are considered by their chair, peers and/or residents/students to be outstanding teachers.

Nominees for these awards must possess the qualities of an outstanding teacher which include: commitment to teaching, expert knowledge, innovation, enthusiasm and stimulation of interest, encouragement of problem solving, ability to provide feedback and effective evaluation, role modeling of professional characteristics, accessibility and openness to new ideas.

HONORS & AWARDS

2014 WINNERS

MICHAEL UJIKI, MD

Northshore University Health System

Dr. Ujiki is a surgeon educator at Northshore University Health System at the University of Chicago. Among his many accomplishments are developing and running an MIS curriculum for residents and another for medical and physician assistant students. His passion for simulation as a tool to educate drove him to pursue the formation of the Northshore Center for Simulation and Innovation. He developed and designed a 13,000 square foot state-of-the-art simulation center.

He has received multiple awards documenting his commitment to being an outstanding teacher and has mentored many students and residents in projects that focus on simulation and psychomotor training.

His philosophy is as follows: As a teacher of surgery, we can affect many more patient lives through the surgical residents or students that we teach. With this in mind, I consider surgical education an opportunity and try to remember three principles every day: first, hold them accountable; second, give them constructive feedback and last, encourage success. In the field of surgical training, optimal safety will always remain the goal. Opportunities to practice complex techniques in the operating room are becoming increasingly limited. Due to these factors, I have become increasingly interested in simulation as a way in which faculty can effectively train the next generation of surgeons. The operating room is patient-centered, whereas a simulated environment is learner-centered. It is in these stress-free surroundings that I believe the future lies for successful training of our doctors of the future.

MELISSA BRUNSVOLD, MD

University of Minnesota

Dr. Brunsvold is an assistant professor of surgery at the University of Minnesota. She is the Program Director for the surgical critical care fellowship and the Associate Program Directors for surgical residency training. Among her many accomplishments and awards in teaching is an impressive curiosity for improvement. She is an ASE SERF graduate, completed the University of Michigan Medical Education Scholars Program, and is currently enrolled in the MHPE program at University of Illinois-Chicago.

Her educational philosophy states: It has been said that to educate is to become better educated. I believe that surgical education is a high-stakes contract, one in which the learner commits to being engaged and taking responsibility for her own education. In return, the educator commits to modeling life-long education skills by acquiring new skills and information, not only specific to surgical diseases and the profession of surgery, but in the field of surgical education as well. I am wholly committed to living up to my end of the bargain.



Michael Ujiki, MD

HONORS & AWARDS

Previous Winners of the Outstanding Teaching Award

1996

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

1997

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

1998

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

1999

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

2000

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

2001

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

2002

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

2003

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

2004

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

2005

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

2006

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

2007

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

2008

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

2009

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

2010

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

2011

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

2012

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

2013

L. Michael Brunt, MD
Nabil Issa, MD
Michael Weinstein, MD

Distinguished Educator Award

The Distinguished Educator Award is given to an individual who has demonstrated excellence as a master educator. In addition to recognized skills as an excellent teacher, nominees for this award have a portfolio with clear documentation of significant contributions in: educational leadership, curriculum development, education research and participation in national education meetings, educational publications in peer review journals, creation of innovative teaching programs and the development of CME programs, educational software and/or videotapes.

“It’s an honor to work with so many bright, creative and motivated students, residents and fellows. Taking an idea and turning it into a research project worthy of publication, patent or presentation is what makes Surgery academic. Advancing a new concept, device or operation is what makes Surgery exciting. Enabling others to accomplish those goals is the most rewarding.”

– DANIEL JONES, MD, MS
2014 DISTINGUISHED EDUCATOR AWARD WINNER

2014 DISTINGUISHED EDUCATOR

DANIEL JONES, MD, MS

Harvard Medical School

Dr. Jones is a Professor of Surgery at Harvard Medical School. In addition, he is Vice Chair of Surgery, Office of Technology and Innovation, Chief, Minimally Invasive Surgical Services, Director of the Bariatric Program at Beth Israel Deaconess Medical Center, and currently serves as President of the Association for Surgical Education.

Some of his past trainees had this to say about Dr. Jones:

Dr. Jones is unselfish in his promotion of his colleagues and works to allow them to learn about the process of working in the society to get projects completed. He provides a step-by-step process with his recommendations for project completion while allowing you to maintain a leadership role and to attain growth during the process. He is the most effective Chair that I've had on any committee.

I have seen Dr. Jones explain concepts to medical students as well as lecture to esteemed colleagues in his field on the international level. His oration and feel for educating others comes naturally, and most importantly, always with a sense of fun.

Dr. Jones's ability to teach, inspire and maximize the potential in all of his trainees no matter what educational level makes him a very unique educator. Whatever one's definition of a Master Educator is, one who awakens joy in creative expression and knowledge, one who inspires, one who pushes potential to the limit or one whose influence is limitless or one who foresees obstacles in surgical education, Daniel Jones is all of these.



Daniel Jones, MD

Previous Winners of the Distinguished Educator Award

- | | |
|-----------------------------|-------------------------------|
| 1996 – Richard Reznick, MD | 2003 – Glenn Regehr, PhD |
| 1997 – Ajit Sachdeva, MD | 2004 – L.D. Britt, MD |
| 1998 – Richard Schwartz, MD | 2005 – Hollis Merrick, MD |
| 1999 – Gary Dunnington, MD | 2006 – Stephen Evans, MD |
| 2000 – Merrill Dayton, MD | 2011 – Karen Horvath, MD |
| 2001 – Debra DaRosa, PhD | 2012 – Leigh Neumayer, MD |
| 2001 – Richard Dean, MD | 2012 – David Rogers, MD, MHPE |
| 2002 – Richard Spence, MD | 2013 – Connie C. Schmitz, PhD |

Outstanding Resident Teacher Award

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

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

Previous Winners of the Outstanding Resident Award

2012 – John Falcone, MD

2012 – Gavin Falk, MD

2012 – Eric Grossman, MD

2013 - Andrew Murphy, MD

2013 - Sujata Sofat, MD

2014 WINNERS

PHILIP BILDERBACK, MD

Virginia Mason Medical Center

Dr. Bilderback is an administrative chief surgical resident at Virginia Mason Medical Center.

In Dr. Bilderback's words: It is an exciting time in the field of surgical education. In determining the best practice for surgical education, we are searching for ways to produce the ultimate product in the optimal amount of time: a competent, professional surgeon. Furthermore, we must do more to promote the role of resident researcher in order to train the next generation of surgical educators. My ultimate goal is to find educational strategies that take advantage of learning styles, multimedia, learning environment, role modeling, mentorship, and collaboration. In the tradition of pioneering great surgeons and educators, I have no doubt that we will meet these challenges and continue to improve our ability to disseminate knowledge of surgical diseases, strengthen the surgical workforce, and ultimately to improve the care of all future surgical patients.

In fact, therein lies Dr. Bilderback's strength. According to his nominator, he is one of those people that when you tell him "no"... he smiles and acts like you said "yes" and all of a sudden, things happen. He has been instrumental in introducing and managing multiple educational projects. One of the hardest aspects of resident education in general and educational research in particular is getting residents motivated to go the extra mile; this is where he excels. Not only is Dr. Bilderback very motivated

to teach, educate, and improve current resident education, he spreads this enthusiasm among his peers.

JACOB QUICK, MD

University of Missouri-Columbia

Dr. Jacob Quick is an administrative chief surgical resident at the University of Missouri-Columbia.

Dr. Quick is one of those residents that seems to strive for perfection. He's received the Resident Teaching Award three times, Excellence in Education Teaching Award four times, and Most Outstanding Resident Award three times.

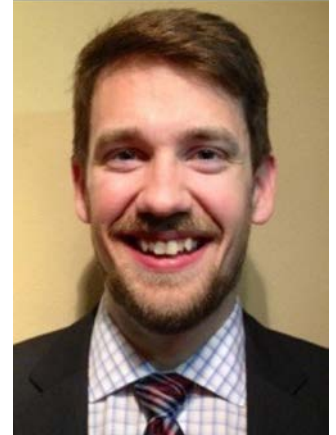
Dr. Quick focuses on the importance of teaching in flow. In using every day to day opportunity to inspire and to teach, he empowers learners to question themselves, thereby taking an active role in their own education. Further, he uses every clinical scenario as an opportunity for learning, directing it toward the individual goals and talents of the learner, allowing for effective, targeted and lasting comprehension to occur.

DANIEL RELLES, MD

Thomas Jefferson University Hospital

Dr. Relles is a surgical resident at Thomas Jefferson University Hospital.

Dr. Relles is a powerhouse, a truly hard worker. He founded the Simulation Club and Surgical Olympics, both of which have been very successful. He has earned respect among his peers in education and the following quote from one of his mentees (a medical student) that sums it up well:

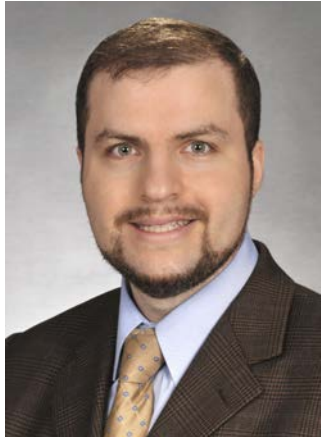


Philip Bilderback, MD



Jacob Quick, MD

HONORS AND AWARDS



Daniel Relles, MD



Justin Wagner, MD

“Dan Relles is the best resident I have worked with so far in my whole 3rd year. Dan is well respected amongst all students who know him. The reasons are not hard to see. First, Dan is very warm and friendly - he makes an effort for students to feel at ease with him. He creates excitement for surgery, which has inspired me and a bunch of my classmates to work hard and get the best out of the clerkship experience. Second, Dan is a great teacher and seizes all opportunities to teach. While perusing through CT scans, he called me from across the room so that I could see pretty interesting findings that he discovered. Third, Dan is a natural leader. I’ve seen attendings frequently ask him for his opinion on various issues. One last thing about Dan...I really hope to be just like him when I am a resident.”

In Dr. Relles’ words: Great ideas in surgery education come from groups of diverse thinkers invested in the problem being solved—be it how to make conferences more engaging, how to remediate poor ABSITE performance, or how we can teach chiefs to be more effective team leaders. Surgery education is ripe for new approaches: weird ideas are the catalysts of great ideas, and those ideas should be prototyped. If three in 10 ideas work, that’s a great batting average.

JUSTIN WAGNER, MD

University of California – Los Angeles

Dr. Wagner is a surgical resident at University of California – Los Angeles.

His educational philosophy is as follows: My past, present and future educational endeavors underscore my philosophical objective: to generate a culture of encouragement and efficient access to information and sharing among learners. My investments in creating accessible educational resources generate rapid returns of competent collaborators, and my hope is that learner satisfaction and the dissemination of knowledge multiply exponentially as a result.

Dr. Wagner serves as Lead Developer of the UCLA Resident Education System Initiative, a mobile website developed to provide a collaborative educational platform for trainees throughout the UCLA HealthSystem. He is responsible for the group that integrates the RES site with the university web and social networking resources.

Dr. Wagner also is the Resident Champion of the UCLA CareConnect Program, serving as liaison between the developers of the UCLA HealthSystem’s new health record program and clinicians in UCLA Department of Surgery.

Linnea Hauge, PhD Promising Educational Scholar Award

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

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

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

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

2012 – Aaron Jensen, MD, MEd

2013 – Michael Kim, MD

HONORS & AWARDS

2014 WINNERS

BRENESSA LINDEMAN, MD

Dr. Lindemann is a PGY4 at Johns Hopkins Medical Center.

Her educational philosophy is as follows: As my personal learning style has always aligned with the cognitivist approach, so too, does the framework I use to guide my teaching activities.

In this way, the teacher assists the student in filtering through all of the available information to identify which is most pertinent, and aids in creation of linkages that relate new facts to the student's current knowledge structure for the particular topic. For all learners with which I interact, I make a concerted effort to first understand the present state of their knowledge, to be able to subsequently target my efforts connecting related topics with reinforcement of key concepts.

Multiple challenges exist to this type of teaching in today's climate of ever-increasing demands for productivity with decreased costs. However, I believe it is the responsibility of health professions educators to address these challenges through scholarship in educational research, innovation in teaching techniques and learning technologies, and exercise of leadership at all levels, to ensure development of a health professional workforce that has the requisite skills and attitudes to engage in the lifelong learning that is so essential to modern practice.

As one faculty wrote: "She simply rocks..."

ABBIE FINGERET, MD

Dr. Fingeret is a PGY5 at Columbia University. Her educational philosophy in her own words:

Fundamentally, I believe that a teacher's primary responsibility is to exhibit enthusiasm – both for the subject matter and the charge. A curious and impassioned teacher can motivate the learner in a profound and enduring manner. This impact is evident when you consider that each of us can recall influential instructors – even from decades prior – with great clarity and fondness. In surgery, the climate is often overlooked as an essential element of education. A dedicated teacher who creates a welcoming, stimulating, and productive environment will encourage learners to establish life-long practice patterns.

Her nominating faculty member wrote: Through my role as Clerkship Director, I had the opportunity to work with and mentor Abbey during her Surgical Education Research Fellowship. Abbey utilized this scholarly time productively to achieve local, regional, and national recognition on her work developing and validating a novel written assessment of medical students on the surgery clerkship. This enabled us to transition from a subjective oral exam based assessment to a validated objective methodology. These innovations proved so useful and successful that they were subsequently funded by the Dean and enabled their adoption by our other major clinical year clerkships.



Brenessa Lindeman, MD

Award for Innovation in Surgical Education

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

2014 WINNER

UNIVERSITY OF MINNESOTA SCHOOL OF MEDICINE

The Goal of the ACS/ASE Medical Student Simulation-Based Surgical Skills Curriculum was to address these needs by a) coming to agreement as to which procedural skill should be taught and when, b) developing an online curriculum that could be available to medical students and educators across the U.S. and the world. Although the procedural skills in question are common to nearly all physicians, they are especially important for surgeons, and surgeons are perfectly positioned to teach them. This impressive collaborative effort has certainly helped the group achieve these objectives. These 25 modules,

with their assessment tools, were developed for years 1-3, and were launched October, 2013. Thanks to the important role of Dr. Sachdeva and the ACS in this project, these modules are online free of charge to all medical schools. This certainly is an ideal opportunity for research and further work. Congratulations to Dr. Acton and his team on such a model accomplishment in collaboration. The Innovation team includes Daniel Jones, MD, Kathleen Liscum, MD, Ajit Sachdeva, MD, Daniel Scott, MD, and Stephen Yang, MD.



Robert Acton, MD

HONORS AND AWARDS

2014 WINNER

PASS: PROCEDURAL AUTONOMY AND SUPERVISION SYSTEM NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE

Dr. DaRosa and her innovative team tackled the problem of assessment of resident progression to independent practice. This task is certainly essential in order to get a handle on the issue of transition to independent practice.

The team developed an evaluation system (referred to as “Zwisch,” named after its concept originator) that is designed to assess the amount of supervision or guidance provided in the operating room. Zwisch includes a four level supervision scale that describes progressive levels of autonomy. After operating with a resident, faculty use the Zwisch scale to evaluate a resident using a smartphone-based system called PASS (Procedural Autonomy and Supervision System).

Hallmarks of this innovative program is that it targets an important need, its feasibility and ease of use (using cloud-based realtime smartphone technology) and the ability for its use in flow with normal day to day activities. As of April, 2014, the application this innovative project had been presented in 16 different settings and has been published.

The Innovation team includes Debra DaRosa, PhD, Jonathan Fryer, MD, Brian George, MD, Eric Hungness, MD, Shari Meyerson, MD, Mary Schuller, MEd, Nat Soper, MD, Ezra Teitelbaum, MD, Jay Zwischenberger, MD.



Dr. DaRosa and team accepting award

Previous Winners of the Award for Innovation in Surgical Education

2013 - University of Toronto
Toronto Orthopedic Boot Camp Project

Haemonetics Best Paper Awards

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

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

2014 ASE PAPERS OF DISTINCTION

The ASE Program Committee is pleased to announce that the following three papers from the 2014 Annual Meeting were chosen as Papers of Distinction:

RESEARCH PRIORITIES FOR MULTI-INSTITUTIONAL COLLABORATIVE PROJECTS IN SURGICAL EDUCATION

Dimitrios Stefanidis, Amalia Cochran, Nick Sevdalis, John Mellinger, Roy Phitayakorn, Maura Sullivan, Linda Barney, ASE Committee on Multi-Institutional Education Research

Background Surgical education has undergone a major paradigm shift in recent years with increased emphasis on evidence-based interventions. Despite this, research efforts remain at large uncoordinated and originate from single institutions limiting their

generalizability. The objective of this study was to generate research priorities for multi-institutional research in surgical education using a systematic methodology.

Methods The modified Delphi methodology was used to define research priorities. An anonymous web-based survey was sent to the membership of the Association for Surgical Education (ASE) and the Association for Program Directors in Surgery asking them to submit up to 5 educational research questions where multi-institutional collaborative projects are most needed. Submitted research questions were categorized and consolidated by an expert panel and distributed back to the membership to be rated using a priority scale from 1 (not important) to 5 (extremely important). Mean and standard deviations of submitted ratings were calculated and the top research questions defined.



D. Stefanidis, MD, PhD

Results One hundred and three responders submitted 344 individual questions. The expert review panel condensed these questions to 84 unique research questions that spanned 9 areas of surgical education research and redistributed them to the ASE membership for priority ranking. Sixty two ASE members submitted ratings during this second survey round; ratings ranged from a highest 4.1 ± 0.9 to a lowest 2.4 ± 1.1 . The top 40 rated research questions belonged to the following thematic areas: teaching methods and curriculum (n=10), assessment and competency (n=8), simulation (n=4), impact of working hour restrictions (n=3), medical student preparation and selection (n=2), faculty development (n=2), other (n=3), while 10 belonged to more than one category. The top rated question was “Which is the best method to identify and remediate residents with poor cognitive, technical, or behavioral skills?”

Conclusions Research priorities for multi-institutional collaborative projects in surgical education were defined using a systematic methodology. Our findings may help advance the field of surgical education by focusing research efforts on the most pressing issues, promoting multi-institutional studies, and providing funding agencies with an evidence-based research agenda.

FROM NOVICE TO MASTER SURGEON: IMPROVING FEEDBACK WITH A DESCRIPTIVE APPROACH TO INTRAOPERATIVE ASSESSMENT

Emily Huang, MD, Hueylan Chern, MD, Edward Kim, MD, Patricia O'Sullivan, EdD, University of California San Francisco

Background Most tools for intraoperative assessment of surgical trainees are based on deconstruction of performance into isolated scales: technical skills, interpersonal (“nontechnical”) skills, and conceptual knowledge. However, these skills interact in a complex and nonlinear way in the operating room, and our understanding of how surgeons learn to integrate them in practice is incomplete. This study explores a more comprehensive, developmental, and descriptive approach to assessing trainee intraoperative performance, which can improve communication and feedback.

Methods We recorded semi-structured interviews with twenty surgeon educators and asked them to characterize how surgeons develop an integrated practice in the operating room. Interviews were transcribed, deidentified, and analyzed using a grounded theory approach to identify emergent themes. Two researchers independently coded the transcripts. Emergent themes were also compared to existing theories of skill acquisition.

Preliminary Results Despite varied backgrounds and levels of expertise, all surgeon educators characterized intraoperative surgical performance as an integrated practice of multiple skill categories. These skills included

anticipating, planning for contingencies, monitoring progress, self-efficacy, and “working knowledge” (applied understanding of conceptual knowledge, such as the ability to discern planes of dissection). Although specific developmental timing for these skills may depend on factors such as case complexity, surgeon educators described a progression through stages, broadly characterized as “technician,” “anticipator,” “dissector,” “strategist,” and “executive.” Distilling these data, we constructed narrative, descriptive profiles of each stage of development.

Discussion Viewing surgical performance as integrated practice rather than the conglomerate of isolated skills allows for more authentic assessment. The stages described in our qualitative data aligned well with existing models of skill acquisition, while providing a more integrated picture. The narrative, descriptive profiles of surgeons working towards mastery can help both educators and trainees better understand how to categorize, communicate, and correct deficiencies. They provide a standardized vocabulary for communicating feedback, while fostering reflection on trainee progress.

An Evidence-Based Descriptive Framework for Surgical Practice: Brief Descriptions

Stage of Development Characteristics

Technician Highly focused on individual technical skills; observes with limited understanding.

Anticipator Understands and participates in stepwise progression of a case; is able to anticipate next step.

Dissector Develops a “working knowledge” of anatomy and planes of dissection; transforms conceptual knowledge into action.

Strategist Begins to visualize case as a richly textured “big picture”; applies strategy to cases in a deliberate, goal oriented fashion.

Executive Is confident and efficient; aligns cognitive and material resources for contingencies; can fluidly coordinate all aspects of an operation; anticipates potential complications.



Johnston

SMARTPHONES LET SURGEONS KNOW WHATSAPP

Dominic King, MRCS¹ Max Johnston, MB BCh¹ Sonal Arora, MRCS, PhD¹ Nebil Behar, FRCS² Nick Sevdalis, PhD¹ Ara Darzi, MD, FACS¹, ¹Centre for Patient Safety and Service Quality, Department of Surgery & Cancer, Imperial College London, UK, ²Department of Surgery, Chelsea and Westminster Hospital, Fulham Road, London, UK.

Background Communication failures in the post-operative period are of serious concern. Prompt communication with a senior colleague regarding deteriorating patients can be the difference between recovery and mortality from a post-operative complication. Outdated communication technologies can risk patient safety whilst introducing inefficiency and high costs to healthcare systems. The aim of this study is to evaluate the use of an instant messaging platform in emergency surgery and discuss wider implications of this to healthcare.

Design A prospective mixed-methods study

Methods All members of the emergency general surgery team at a London Hospital (n=40) were included (100% response rate). Participants used the WhatsApp messaging service on smartphone devices to facilitate communication within the team between 8am-8pm for 19 consecutive weeks. The identity of the initiator and receiver of communication was recorded and compared to response times, communication type and clinical domains. Potential patient safety episodes were captured and analysed. Participant's perceptions of WhatsApp and communication in surgery were

recorded using interview feedback. Results: A total of 1140 hours of clinical communication pertaining to 636 patients over 95 days was recorded, yielding 1,495 communication events. Of these 359 came from the attending, 318 from the resident, 784 from interns and 34 from other team members. The attending initiated the most instruction-giving communication (n=207, p<0.001) whilst interns initiated the most clinical questions (n=417, p<0.001). The resident was the speediest responder to communication (median 2 minutes) compared to the interns (3 minutes) and attending (7 minutes) (p<0.001). The majority of communication events concerned ward care. Requests for assistance were often the focus of ward care communication initiated by interns who appreciated the reassurance and speedy advice made possible by WhatsApp. Several patient safety events were successfully avoided, mainly in the area of medication prescribing. The participants felt that WhatsApp helped to flatten the hierarchy in the team and it remains in use at the present time.

Conclusion This is the first study of its kind that investigates and quantifies both the direction and type of communication between varying grades of clinician. Instant messaging services represent a feasible technological innovation and a valuable educational tool.

Congratulations to Drs. Stefanadis, Huang, King and their collaborators!

HONORS & AWARDS

Previous Best Paper Award Winners

1991 – Gary Dunnington, MD

Needs Assessment of How and What Should be Taught in the Operating Room.

1992 – Joelle Lescop, MD

Use of a Large Scale OSCE in the Quebec Licensing Examination: What Can Surgical Educators Learn from the Experience?

1993 – Gary Dunnington, MD

A Pilot Experience with Competency-based Clinical Skills Assessment in a Surgical Clerkship.

1994 – Margaret Dunn, MD

The Assessment of a Surgical Pattern Recognition Examination.

1995 – Nancy Baxter, MD

The Choice of Surgery as a Career: The Impact of Gender.

1996 – Carol Hutchison, MD

The Effectiveness of a Focused Technical Skills Training Course for First Year Surgical Residents.

1997 – Barry Mann, MD

Whipple Origami: Use of a Paper-Cut as an Adjunct to Teaching the Whipple Procedure by Video.

1998 – Dimitri Anastakis, MD

Transfer of Technical Skills Training from the Bench Model to the Human Model.

1999 – Steven Fukuchi, MD

The Oncology Game: Teaching a Multidisciplinary Approach to Cancer Treatment During Surgical Clerkship via an Interactive Board Game.

2000 – Lorelei Lingard, PhD

Team Communication in the Operating Room: An Observational Study of Sites of Tension.

2000 – William Miles, MD

Assessment of Residency Candidates: The Role of Blinded Interviews.

2000 – Daniel Scott, MD

Laparoscopic Skills Training: Quantifying the Learning Curve.

2001 – Lorelei Lingard, PhD

Communicative Tension in the Operating Room: Team Members' Differing Perceptions of Sources, Characteristics, Effects and Resolutions.

2001 – Barry Mann, MD

Game-based Learning: A Computer Game Format Enhances Student Understanding of Surgical Management Algorithms.

2002 – Dimitri Anastakis, MD

Evaluating the Effectiveness of a Two-year Curriculum in a Surgical Skills Centre.

2003 – Laura Musselman, MD

Do the Ends Justify the Means? Educational Rationalizations of Intimidation and Harassment in Surgery.

2004 – Paul J. Schenarts, MD

Does Resident Continuity of Care Matter? The Effect of a Night-float Coverage Scheme on Morbidity and Mortality at a Regional Level 1 Trauma Center.

2005 – Cordula Wetzel, Dipl-Psych

The Effect of Stress on Surgical Performance.

2006 – Sarkis Meterissian, MD

Is the Script-Concordance Test a Valid Instrument for Assessment of Intra-operative Decision-making Skills?

2007 – Mario Leyba, MD

The Effect of Fatigue on Cognitive and Psychomotor Skills of Surgical Residents.

2008 – Rishi Balkissoon

Lost in Translation: Unfolding Medical Students' Misconceptions of How to Perform the Clinical Digital Rectal Examination.

2009 – Melina Vassiliou, MD

How Should We Establish the Clinical Case Numbers Required to Achieve Proficiency in Flexible Endoscopy?

2010 – Paul Gauger, MD

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

Carol-Anne Moulton, MD

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

Dimitrios Stefanidis MD, PhD

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

2011 – Sonal Arora, MD

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

Shelly Luu

The Surgeon's Four-Phase Reaction to Error

Douglas Smink, MD

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

2012 – David Rogers, MD, MHPE

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

Nick Sevdalis, MD

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

2013 – D Cohen

Global Trauma Team Leader Training and Assessment Using Virtual Worlds – A Feasibility and Reliability Study across 3 Continents

Maura Sullivan

A Framework for Professionalism in Surgery: What is Important to Medical Students?

Louise Hull

Assessment of Team Skills in the Operating Room: Development and Evaluation of a 'Train-the-Trainers' Program

Priyanka Patel

Pressures to Measure Up in Surgical Training

COURSES & PROGRAM OFFERINGS

The J. Roland Folse Invited Lectureship in Surgical Education

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

The 2014 lecturer was Allan Rock, President, University of Ottawa, Ottawa, ON Canada. His talk was entitled “The Prevention of Genocide: Next Steps on the Responsibility to Protect.”



Allan Rock

Previous Folse Lecturers

- 1994 – Walter Pories, MD**
It's Time We Trained Doctors for the Next Century, Not the Last One
- 1995 – Lawrence Weed, MD**
New Premises and New Tools for Medical Education
- 1996 – Mark Roberts, PhD**
The Future of Medical Education
- 1997 – Takeo Kanade, PhD**
Robotics and Computer-Assisted Medical Interventions: Opportunities and Issues
- 1998 – Ronald Tompkins, MD**
Managed Care and Surgical Education: Are They Compatible?
- 1999 – Glenn Steele, Jr, MD, PhD**
Developing Skills for Managing the Business of Surgical Education
- 2000 – Atul Gawande, MD**
Creating the Educated Surgeon: Problems and Possibilities
- 2001 – Brian Castellani, PhD**
The Development of Professionalism: Curriculum Matters
- 2002 – Halie Debas, MD**
Surgical Education: Trajectory of Concern
- 2003 – Edward Verrier, MD**
The Use of Hybrid CD Internet-Based Curriculum in Surgical Education
- 2004 – Sherman Hines**
Seeing Beyond the Obvious
- 2005 – Harlan Coben**
Writing the Novel and How It Has Nothing To Do with Medicine
- 2006 – Sir Ara Darzi, MD**
Technological Advances in Surgical Education
- 2007 – Leonard Marcus, PhD**
Meta-Leadership for Surgical Educators
- 2008 – Linda de Cossart, ChM**
Safer Patient Care: Attending to the Invisible Elements of Clinical Practice
- 2009 – Ara Tekian, PhD, MHPE**
Enhancing Patient Safety Through the Use of Simulation
- 2010 – Kevin Eva, PhD**
New Directions in Trainee Selection
- 2011 – Brian Hodges, MD, PhD**
Tea Steeping and i-Doc: Models for Medical Education
- 2012 – Command Master Chief Paul Tharp, NSWBASIC-TRACOM**
Training of Navy Seals
- 2013 – Lilly Marks,**
Vice President for Health Affairs, University of Colorado, Aurora, CO
Funding the Academic Mission

COURSES AND PROGRAM OFFERINGS

COURSE FOR CLERKSHIP DIRECTORS AND COORDINATORS – TROUBLESHOOTING YOUR CLERKSHIP 104

Continuing to build on a very successful course for clerkship directors and coordinators in 2012 and 2013, this year "Trouble Shooting Your Clerkship 104" was offered as a day long course of integrated sessions for both clerkship directors and coordinators. Session topics included LCME guideline updates, Teaching the Teacher, EPAs and Clerkship Certification Process.

INTRODUCTION TO EDUCATION RESEARCH DESIGN AND METHODOLOGY

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

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

FUNDAMENTALS OF AN ACADEMIC CAREER IN SURGERY EDUCATION

Members of the ASE Faculty Development Committee presented a workshop for those who are involved in surgical education. This course was designed to give participants the fundamentals to get started and guidance to advance in their role as an effective Surgery Educator. The course focused on the basics: What is a Surgery Educator? Obtaining the Skills, Overcoming Challenges, Charting Your Course, and Academic Productivity.

ASE USE OF SURGICAL EDUCATORS TO IMPACT HIGH SCHOOL STUDENTS

New this year, the newly formed ASE Committee on Citizenship and Social Responsibility offered a course focused on community outreach in the form of educating High School students on the impact of guns. The activity took place at the Crane Medical Preparatory Magnet High School in Chicago. The course consisted of simulating the management of a victim of a gunshot using the SimMan. After the simulation activity, a discussion followed with the students. The discussion focused on answering students' questions and assessing the impact of the activity.

WEB INITIATIVE FOR SURGICAL EDUCATION OF MEDICAL DOCTORS

The Web Initiative for Surgical Education of Medical Doctors (WISE-MD) project provides a standardized, peer-reviewed, web-based educational experience for medical students. The goal of WISE-MD is to design, construct and implement a cutting-edge program on the diagnosis and treatment of common surgically related diseases. It utilizes sound educational theory and the latest instructional technologies to produce a new standard in clinical medical education. Leaders from the New York University School of Medicine, the American College of Surgeons and the Association for Surgical Education are collaborating to develop 36 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,

COURSES AND PROGRAM OFFERINGS

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

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

PRODUCTION AND USAGE

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

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

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

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

Thomas Riles, MD, WISE-MD Executive Director

ASE FINANCIAL STATEMENT

**ASSOCIATION FOR
SURGICAL EDUCATION
STATEMENT OF FINANCIAL POSITION
YEAR ENDING JUNE 30, 2014**

ASSETS	
Cash and cash equivalents	\$ 362,451
Investments	106,564
Accounts Receivable	<u>110,903</u>
TOTAL ASSETS	<u>\$579,918</u>
LIABILITIES	
	<u>\$ 6,713</u>
NET ASSETS	<u>\$573,205</u>
Unrestricted	
TOTAL LIABILITIES AND NET ASSETS	<u>\$579,918</u>

Audited

**ASSOCIATION FOR
SURGICAL EDUCATION
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDING JUNE 30, 2014**

REVENUE	
Meetings	\$146,005
Membership Dues	151,527
Investment Income	5,359
Other Revenue	270
Unrealized (Loss) on Investments	<u>15,345</u>
TOTAL REVENUE	<u>318,506</u>
EXPENSES	
Meetings	36,740
Committees	8,368
Publications	48,596
Administration & Rent	136,000
Other Operating Expenses	29,622
Professional fees	<u>41,238</u>
TOTAL EXPENSES	<u>300,564</u>
CHANGE IN NET ASSETS	17,942
Net Assets, Beginning of Year	<u>555,263</u>
Net Assets, End of Year	<u>\$573,205</u>

Audited

ASE FOUNDATION

ASE Foundation Board of Directors

OFFICERS

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

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PROFILE

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

Center for Excellence in Surgical Education, Research and Training Grants

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

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)

FOUNDATION GRANTS & FELLOWSHIPS

■ **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)

“Receiving the CESERT grant has benefited my career greatly, as the results of the CESERT grant are currently being used as pilot/preliminary data for a grant that will be submitted to the Agency for Health Care Research and Quality. Further, receiving the CESERT grant allowed me to purchase research equipment, opening the door for future research projects.”

– MARTINA I. KLEIN, PHD
TEXAS TECH UNIVERSITY

■ **Rebecca Minter, MD**, Paul Gauger, MD – Computer-Aided Laparoscopic Simulators for Training Surgical Residents. (\$50,000)

■ **Alex Levin, MD**, Martin McKneally, MD, PhD, Ross Upshur, MD, MA, MSc – The Formal and Informal Curriculum in Surgical Residency Bioethics Education. (\$35,708)

■ **Ravindar Sidhu, MD, MEd**, Rose Hatala, MD, MSC, Marc Broudo, George Pachev, MD, Eric Webber, MD, Gordon Page, MD – Determining the Utility of the Mini-Clinical Evaluation Exercise as a Competency Assessment Tool of Surgical Residents. (\$34,033)

■ **Dimitrios Stefanidis, MD, PhD**, B. Todd Heniford, MD, Mark W. Scerbo, PhD, Warren D. Smith, PhD, William Hope, MD, Ramon Berguer, MD, Daniel J. Scott, MD – Applying Automaticity Theory to Simulator Training to Enhance Operative Performance. (\$30,720)

■ **Jeffrey Chipman, MD**, Connie Schmitz, PhD – Evaluating the Reliability and Validity of the Family Conference OSCE Across Multiple Training Sites. (\$28,508)

■ **David Rogers, MD, MHPE**, Lorelei Lingard, PhD, Sherry Espin, PhD, Margaret Boehler, MSN, Reed Williams, PhD – An Investigation of Intra-operative Conflict Management of Surgeons. (\$33,739)

■ **D. Scott Lind, MD**, Adeline M. Deladisma, MD, MPH – The Use of a Virtual Character-Enhanced Simulator to Teach and Assess Breast History and Examination Skills. (\$75,567)

■ **Nick Sevdalis, PhD**, Roger Kneebone, MD, PhD, Fernando Bello, PhD, Rajesh Aggarwal, MD – Stress Management Training for Surgeons: Developing a Simulation-based Intervention. (\$50,000)

■ **Ethan Grober, MD, MEd**, Michael Jewett, MD, - Validation of Real-time, Intra-operative, Surgical Competence (RISC) Assessments Linked to Patient Outcomes

■ **Amy Goldberg, MD**, Stress Training for the Surgical Resident. (\$25,000)

■ **Martina Klein, PhD**, Cerebral Blood Flow Velocity as an Index of Surgeon Fatigue (\$24,916)

■ **Jessica Sparks, PhD**, The Missing Piece in Multidisciplinary Team Training (\$24,999)

■ **Allan Okrainec, MD**, The Reliability of Remote FLS Certification Using Web-based Technology (\$22,377)

■ **Gyusung Lee, PhD**, Investigation of the Practical Influence of the Performance Metrics from da Vinci Skills Simulator on the Skill Learning and Associated Cognitive Workloads (\$25,000)

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 20 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, Maura Sullivan, PhD, Associate Professor of Surgery, University of Southern California, and Barry Mann, MD, Professor of Surgery, Jefferson Medical College.

2014-2015 SURGICAL EDUCATION RESEARCH FELLOWS

Fellow	Advisor	Fellow	Advisor
Kimberly Brown	Jim Korndorffer, MD	Afif Kulaylat	Adam Wilson, PhD
Katie Butler	Dimitrios Stefanidis, MD	Brigid O'Holleran	David Rogers, MD
Dani Campbell	Erica Mitchell, MD	Jonathan Pollock	Barry Mann, MD
Tina Chen	Sonol Arora, MD, PhD	Meenakshi Rajan	Maura Sullivan, PhD
Dawn Effenbein	Sarah Peyre, EdD	Mohd Raashid Sheikh	Michael Hulme, PhD
Denise Gee	Emil Petrusa, PhD	Josh Sommovilla	Roy Phitayakorn, MD
Giselle Hamad	Sara Kim, PhD	Jeremy Stoller	Aimee Gardner, PhD
Hani Hassan	Travis Webb, MD	Malini Sur	Nancy Schindler, MD
Christine Hsieh	Rebecca Henry, PhD	Janice Taylor	John Falcone, MD
Yinin Hu	Nick Sevdalis, PhD	Nicole Townsend	Amalia Cochran, MD

FOUNDATION GRANTS & FELLOWSHIPS

SERF GRADUATES

- **Sujata Gill, MD** - Defining the Applicant Pool for PGY2 Categorical Surgery Positions
- **Syedmehdi Jadali, MD** - Association between resident characteristics, program factors and American Board of Surgery In-service Training Exam (ABSITE) scores
- **Brenessa Lindeman, MD** - Defining Expertise in Total Thyroidectomy: A Cognitive Task Analysis
- **Jenny Ogilvie, MD** - Medical Student Perceptions of Teamwork during an Advanced Surgery Clerkship
- **Arghavan Salles, MD, PhD** - Evaluation of a Multi-faceted Program Aimed at Improving Resident Well-Being
- **Lisa Schlitzkus, MD** - Workplace Bullying of General Surgery Residents by Nurses
- **Bruce Slaughenhoupt, MD** - An Update on the Current Status of Medical Student Urological Education in the United States
- **Cynthia Talley, MD** - The Procedure-Hungry Resident: It does exist
- **Andrew Tang, MD** - Predictors of ATLS Failure
- **Ana Berlin, MD** - Development, Implementation, and Evaluation of a Longitudinal Curriculum in Professionalism, Ethics, and Communication Skills for Surgical Residents
- **AJ Copeland, MD** - Student Assessment of the Value of Clinical Clerkship Skills: Do They Know What They Need to Know? Results of a Survey
- **Abbey Fingeret, MD** - Development and Validation of a Novel Written Examination for Surgery Clerkship Students
- **Iman Ghaderi, MD** - Technical Skills Assessment Toolbox: A review using the Unitary Validity Framework
- **Alok Gupta, MD** - Effect of Interdisciplinary Simulation Team Training on Trauma Team Performance and Attitudes
- **Dara Kavanagh, MB, Bch, BAO** - Perceptions of Barriers to Effective Surgical Handoff
- **Brigitte Smith, MD** - Curriculum Development in Integrated Vascular Surgery Programs: The Program Director's Perspective
- **Julie Wynne, MD** - The Utility of Clinical Photos on an Acute Care Surgery Service
- **J. Bracken Burns, DO** - An Evaluation of Training Surgical Residents in Medical Documentation and Billing.
- **Tulin Cil, MD, Med** - How Surgeons Think: An Exploration of Mental Practice in Surgical Preparation.
- **Nina Glass, MD** - Resident's Knowledge, Usage, and Attitudes about the Surgical Skills Laboratory: Easy Interventions Aimed at Increasing Resident Use of Surgical Simulation.
- **Abdul Hakeem, MBBS** - An Imperative Need to Change Organ Donation and Transplant Curriculum: Results of a Nationwide UK Junior Resident Survey.
- **Alan Harzman, MD** - A Transrectal Natural Orifice Surgical Curriculum Developed Via Cognitive Task Analysis.
- **Nabil Issa, MD** - Teaching for Understanding in Medical Classrooms: Using Multimedia Design Principles to Improve Long-Term Retention and Transfer.
- **Jason Lees, MD** - Variations in Procedure Time Based on PGY Level of General Surgery Residents.
- **Anne Lidor, MD** - Medical Student Sub-Internships in Surgery: Characterization and Needs Assessment.
- **Paul Montero, MD** - Identifying Deficiencies in Surgical Curricula: What Else Do Our Surgery Residents Want to Learn?
- **Carly Seaberg, MD** - Comprehensive Evaluation of Resident Performance in the Operating Room: A Methodology for Developing an Instrument.
- **Thomas Wade, MD** - Simulation in Interprofessional Communication Training: High Fidelity May Not Equal High Stress.
- **Mara Antonoff, MD** - Competency-Based Preparation of Senior Medical Students for Surgical Internship: Impact upon Task-Specific Confidence and Competence
- **Francis Christian, MD** - The Humanities Education Score (HES) - Description of a New Scoring System for the Humanities and its Validation in the Education of Medical Students and Residents
- **John Falcone, MD** - Utilizing Elements from an Acute Abdominal Pain OSCE Leads to More Standardized Grading in the Third Year Medical Student Surgical Clerkship

FOUNDATION GRANTS & FELLOWSHIPS

- **Nell Maloney, MD** - Do Religion and Socioeconomic Factors Influence Choice of Surgical Career
- **Benjamin Zendejas-Mummert, MD** - Cognitive Task Analysis of the Laparoscopic TEP Inguinal Hernia Repair: What does it take to become an expert?
- **Julia Shelton, MD** - Patient Safety in the Era of the 80- Hour Work Week
- **Douglas Smink, MD** - Utilization of a Cognitive Task Analysis for Laparoscopic Appendectomy to Identify Differentiated Intra-operative Teaching Objectives
- **Sonal Arora, MD** - Assessment of Debriefing in High Fidelity Simulation.
- **Melissa Brunsvold, MD** - Long-Term Retention of Laparoscopic Skills: A Superior Training Program.
- **Nick Hamilton, MD** - The Use of High-Fidelity Simulation in Teaching Pediatric Trauma Resuscitation.
- **Ted James, MD** - Assessment of a Surgical Patient Safety Curriculum for Medical Students.
- **Erica Mitchell, MD** - Enhancing the Educational Value of Morbidity & Mortality Conference.
- **Dara O’Keeffe, MD** - Assessment of basic surgical tasks in the laboratory setting is more discriminatory than intra-operative assessment of junior residents’ technical skills.
- **Kyla Terhune, MD** - Surgical ICU Acuity and Volume Compared to Resident Workforce Before and After Duty Hour Regulations.
- **Rebecca Wiatrek, MD** - What Do General Surgery Residents Think About Childbearing and Childrearing During Residency?
- **Andrew Wright, MD** - Knowledge Assessment of Central Venous Catheterization: A Study of 413 Residents and Fellows.
- **Hannah Zimmerman, MD** - Increased Interest in Cardiothoracic Surgery among Medical Students on the Surgery Clerkship with the Use of Case Based Instruction.
- **Alivia K. Cetas, MD** - Axillary Node Surgery is Compromised by Sentinel Lymph Node Biopsy and Resident Work Hour Restrictions.
- **Jeffrey Chipman, MD** - A Multi-Institutional Study of the Family Conference OSCE: A Reliable Assessment of Professionalism and Communication.
- **Jeannette Capella, MD** - Validation of a Trauma Team Performance Observation Tool.
- **Joseph Iocono, MD** - Use of a Middle Fidelity Model to Teach Laparoscopic Pyloromyotomy.
- **Debra Kuhls, MD** - Anatomically-Based Surgery for Trauma (ABST): A Pilot Study to Teach Surgical Exposures.
- **Alan Ladd, MD** - Early Outcomes from a Pre-Internship Surgery Preparatory Elective in Medical School.
- **Tiffany Lasky, DO** - Teaching Principles of Mechanical Ventilation to Medical Students Using High and Low Fidelity Simulation.
- **Rich Parent, MD** - A Pilot Study of Simulation versus Lecture for Training Surgical Residents in Perioperative Patient Safety.
- **Mary Santos, MD** - Morbidity and Mortality (M&M) Case Presentations: Measuring Resident Competency.
- **Mohsen Shabahang, MD** - Does Peer Assessment Contribute to the Evaluation of Professionalism and Communications Among Medical Students?
- **Rebecca McAlister, MD** - Predictors of Obstetrics and Gynecology (OBGYN) Career Choice Among Contemporary U.S. Medical Graduates: Have They Changed Over time?
- **Celeste Hollands, MD** - Surgery Interest Groups and Students’ Perception of Surgical Lifestyle.
- **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?
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- **Christina Rehm, MD** - Which Remedial Programs Are the Most Successful?
- **Susan Steinemann, MD** - Effect of a Novel Curriculum on Informed Consent for Bedside Procedures.
- **Paul Schenarts, MD** - The Effect of a Rotating Night-Float Coverage Scheme on Preventable and Potentially Presentable Morbidity at a Level I Trauma Center.
- **Vijay K. Maker, MD** - The Good Surgeon.
- **Amalia Cochran, MD, MA** - Mentoring and the Surgical Clerkship: Are We Having an Impact?

FOUNDATION GRANTS & FELLOWSHIPS

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

FOUNDATION FINANCIAL STATEMENT

ASE FOUNDATION STATEMENT OF FINANCIAL POSITION YEAR ENDING JUNE 30, 2014

Cash and cash equivalents	\$125,111
Investments	<u>85,445</u>
TOTAL CURRENT ASSETS	<u>210,556</u>
RESTRICTED ASSETS	
Cash and cash equivalents	<u>99,974</u>
TOTAL ASSETS	<u><u>\$310,530</u></u>
LIABILITIES	\$ <u>-</u>
NET ASSETS	
Unrestricted net assets	210,556
Temporarily restricted	49,974
Permanently restricted	<u>50,000</u>
TOTAL NET ASSETS	<u>310,530</u>
TOTAL LIABILITIES AND NET ASSETS	<u><u>\$310,530</u></u>

Audited

ASE FOUNDATION STATEMENT OF REVENUE AND EXPENSES YEAR ENDING JUNE 30, 2014

	Unrestricted	Temporarily Restricted	Permanently Restricted	TOTAL
REVENUE				
Contributions	\$ 55,140	\$ -	\$ -	\$ 55,140
CESERT Grant	-	30,428	-	30,428
SERF Program	-	58,500	-	58,500
Investment Income	4,293	130	-	4,423
Unrealized (Loss) on Investments	12,013	-	-	12,013
Net Assets Released from Restrictions	<u>92,688</u>	(<u>92,688</u>)	<u>-</u>	<u>-</u>
TOTAL REVENUE	<u>164,134</u>	(<u>3,630</u>)	<u>-</u>	<u>160,504</u>
EXPENSES				
Program:				
CESERT Grants	36,189	-	-	36,189
SERF Program	<u>59,000</u>	<u>-</u>	<u>-</u>	<u>59,000</u>
Total Program Expenses	<u>95,189</u>	<u>-</u>	<u>-</u>	<u>95,189</u>
Total Management and General Expenses	<u>3,336</u>	<u>171</u>	<u>-</u>	<u>3,507</u>
TOTAL EXPENSES	<u>98,525</u>	<u>171</u>	<u>-</u>	<u>98,696</u>
CHANGE IN NET ASSETS	65,609	(3,801)	-	61,808
Net Assets Beginning of Year	<u>144,947</u>	<u>53,775</u>	<u>50,000</u>	<u>248,722</u>
Net Assets End of Year	<u><u>\$210,556</u></u>	<u><u>\$ 49,974</u></u>	<u><u>\$ 50,000</u></u>	<u><u>\$310,530</u></u>

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FROM THE PRESIDENT

who co-chairs the Steering Committee, reported the curriculum in the ACS Bulletin. Other national curricula gaining traction include the “Third Year Clerkship Curriculum” spearheaded by Ranjan Sudan, and “The 4th Year Surgery Bootcamp” <http://www.facs.org/education/acs-apds-ase-curriculum.html> led by Rebecca Minter.

The ASE remains the “go to” organization for surgical research. Aimee Gardner is coordinating efforts to recruit and support PhDs and other top education researchers to enhance the already high quality science. Collaboration of PhD educators with surgeons will increase the number of excellent presentations at the annual meeting and increase the number of evidence-based publications in our journal, The American Journal of Surgery.

The Surgical Education Research Fellowship (SERF) and Center for Excellence in Surgical Education, Research and Training (CESERT) programs ensure a strong and ample workforce of current and future surgical educators. SERF, directed by Kimberly Schenarts, enrolled 20 new fellows for the 2014-2015 year. The most recent CESERT grant was awarded to Gyusung Lee for his research study entitled “Investigation of the Practical Influence of the Performance Metrics from da Vinci Skills Simulator on the Skill Learning and Associated Cognitive Workloads.” In addition two new research grants were announced for Tele-mentoring Education. The ASE Foundation was able to expand and enhance SERF and CESERT with unrestricted educational grants from Covidien, Ethicon Endosurgery, CAE and with ASE membership donations. Amour Forse and Danny Scott, chairs of ASEP, campaigned, “If only every member gives \$35, ASE can sponsor another CESERT research grant.”

At the request of the Clerkship Coordinators Committee, the ASE is developing a certification of Surgery Coordinators. Terri MacDougall is fast at work.

Many thanks to Ranjan Sudan and the 2014

Program Committee for a terrific academic and social program in Chicago. Deb DaRosa, PhD was honored for her lifelong contributions to ASE by Gary Dunnington after her keynote address, “What’s New is Surgical Education?” SERF celebrated another class of graduates. The new Citizenship and Social Responsibility Committee connected with Chicago high school students. We learned about novel Apps, Wise-MD, VR simulators and much more. After hours, we laughed together at the Second City comedy club.

Sue Steineman is planning next year’s meeting in Seattle. The theme will be around simulation, and in addition to the usual broad range of education topics, we hope to attract the highest quality education research in simulation, partial task trainers, team training, communication, tele-mentoring and patient safety. The Society for Education in Anesthesia (SEA) has co-located its annual meeting in order to join Surgical Education Week with us on Friday for several joint panels, workshops and social programs. Carlos Pellegrini will open our meeting as the J. Roland Folse lecturer, and during the week we will utilize the University of Washington Simulation Center for ASE-SEA team training workshops. Adnan Alseidi has suggested a local social program that will truly rock us! Expect to want to stay an extra day.

Our members are surgical educators including Clerkship Directors and Coordinators, Program Directors, Surgery Department Chairs, Deans, Nurse Educators, and Simulation Center Directors. We welcome medical students, residents, fellows, academic faculty, and PhD educators. While many members are general surgeons we also have pediatric, cardiac, vascular, thoracic, plastic surgeons and other subspecialists. We even boast human performance graduate students and aerospace engineers who are developing our next generation of web based educational tools and surgical simulators. If you are interested in surgical education and research, Facebook or

JONES

Continued from page 48

email us on the new ASE web page. Let's get everyone engaged in one of our many active committees, and soon we will add Twitter.

Lastly, I would like to thank Susan Kepner for compiling the 2014 Annual Report. We have a vibrant society and it's quite the task to capture everything and everyone. This year we were able to add web links and more color photos to our online 2014 Annual Report. As our Executive Director since 1990, Susan is the mother of the ASE family, and we all thank her for her stewardship and devotion to the organization.

Daniel B. Jones, MD, MS
ASE President

2014-2015

FORSE

Continued from page 6

continued to be a great success under the excellent leadership of Dr. Kimberly Schenarts who will step down this year. The ASE Foundation recognizes the many years of outstanding dedicated work and leadership provided by Kimberly and we look forward to having her join the Foundation to work with the SERF Alumni in expanding support for the SERF program. We had 20 fellows from 18 separate institutions this year to bring our total number of fellows to over 200 from many national and international institutions. The Foundation is committed to actively support and develop the SERF program with discussions about providing a hybrid learning experience using both on line and in the classroom components. We acknowledge the continued SERF support provided by Ethicon. The ASE Foundation strategic plan is focused on evolving as a global leader in funding surgical education research through development of a sustainable financial plan linked to relationships with surgical societies, foundations, industry and philanthropy. A key to our long term success is the financial support that members of the board and particularly the members of ASE provide. Our goal is 100% of the Foundation Board and 100% ASE Board to support the Foundation. We eventually want close to 100% of the ASE membership to support the Foundation with donations big or small. The

Foundation tried an aggressive campaign this past year to increase the level of membership support but with limited success. This persistent problem of limited ASE membership support is now being investigated though a working group/committee of the Foundation. To expand our ability to fund education research and to broaden the influence of the ASE we have explored working with other societies. The Association for Surgical Education (ASE) and The Plastic Surgery Foundation (PSF) have partnered together to offer the ASE/PSF Combined Research Grant. Both organizations believe it is important to foster research that will advance the scientific knowledge and aim to develop and validate new methods of surgical care. The applications for a research grant from the ASE and the PSF of up to \$15,000 will provide seed funding to allow a plastic surgery researcher to conduct preliminary studies that set the stage for future applications to external funding sources.

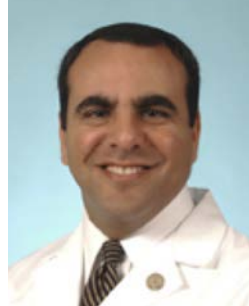
Your ASE Foundation is dedicated to the mission of funding the ASE. The past year has been a year of change and some success. The ASE Board is now expanded, re-engineered and enthusiastic. We are looking toward an even more productive year supporting the ASE. Your support, particularly your donation is greatly appreciated.

Armour Forse, MD
ASE Foundation President

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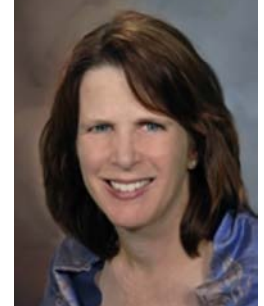
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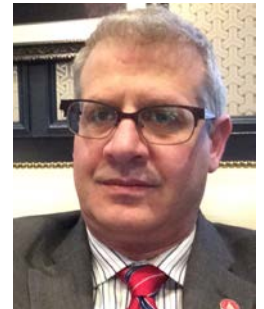
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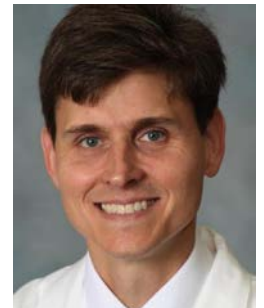
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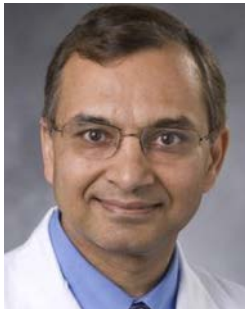
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