Executive Summary

- Our undergraduate program remains one of the strongest and most innovative in the country, and our faculty continues to excel in undergraduate teaching. In December, we received word that the graduating class of 2012 ranked #1 nationally in the Part I LMCC Examination and was also #1 in the discipline of Surgery. This is third year in a row that our students have been #1 in Surgery in Canada.

- Twenty-four of the graduating class of 2012 took up positions in surgical residency training, a rate of approximately 1 in 6.

- Our faculty have continued to deal admirably with the class of 2013, our medical school's largest-ever class, as they have transitioned into Year 4.

- Program evaluation and student achievement data continue to show sustained high performance by our faculty and students. We continue to offer high-quality surgical teaching at 6 hospital sites across Edmonton and in St Albert and Fort Saskatchewan.

- Our undergraduate education team has continued to lead the way and innovate in the use of new teaching technologies. Our clerkships switched to the new curriculum system MedSIS in September 2012 (a year before implementation in other clerkships) and have learned much about the strengths and weaknesses of the new system. In 2013, we will trial the use of logging and assessment on mobile devices such as the iPhone.

- Our series of ‘Surgery 101’ podcasts has continued to attract much attention worldwide. 2012 saw us exceed 100 episodes and 780,000 downloads in over 100 countries (about 1,000 downloads a day). This year, we launched a new Surgery 101 app for the iPhone and a new Surgery 101 website, and partnered with the School of Business to explore the field of online marketing.

- We have continued to embrace the use of technology in education, and our clerkships now have their own Twitter feeds (@Surgery546 and @Surgery556). Our students have also contributed many of their own learning objects to our clerkship websites and to Surgery 101.

- Our program of research in surgical education has continued to grow, with grant-funded research projects, publications, presentations and an increasing number of graduate students pursuing advanced degrees in Education. Our work on wiki website technology was presented at CAGS 2012 and more will be presented at CCME 2013.

- We have established a Summer Studentship in Surgical Education; in 2013, there will be 7 summer students conducting various projects in the field of surgical education.
Mission and Vision

The mission of undergraduate surgical education at the University of Alberta is to:

- Provide undergraduate students with teaching in surgery to prepare them for their future roles as family doctors, hospital specialists or surgeons. The surgical education we provide must be relevant, interesting, effective, efficient and responsive to the changing needs of students and faculty.
- Support, develop and reward our faculty in their roles as surgical educators.
- Utilize educational research to evaluate innovative educational methods for adoption into our curriculum.

Our vision is that undergraduate surgical education at the Department of Surgery will:

- Continue to provide students with knowledge, skills and attitudes to enable them for their future roles as doctors, by engaging them in an undergraduate program which communicates the enthusiasm of our faculty or careers in surgery and for surgical practice in general.
- Deliver more interactive, innovative, enjoyable and effective teaching compared to other departments within the Faculty and to other departments of surgery nationally. Utilize a range of assessment and evaluation tools which have high reliability and validity.
- Develop a faculty whose members are interested in and enthusiastic about undergraduate surgical education, who are keen to improve their skills as surgical educators, and who contribute willingly to a variety of educational activities.
- Provide meaningful reward and recognition to our faculty members for the time they invest in preparing for and delivering surgical education.
- Publish on a variety of surgical education topics.
- Develop and maintain close connections with other Departments of Surgery and surgical educational associations within and beyond North America.

Courses Offered

The Department of Surgery offers the following courses to undergraduate medical students:

- SURG546-General Surgery, Anesthesiology & Pain Medicine clerkship
- SURG556-Speciality Surgery clerkship
- Elective attachments in General Surgery and Speciality Surgery

Our faculty members also contribute to other preclinical courses as tutors in the Discovery Learning and Gilbert Scholars programs, and many also provide lectures and small group teaching sessions in the preclinical blocks.
Student Performance in 2011-2012

SURG 546 General Surgery, Anesthesiology & Pain Medicine
167 of 167 students of the class of 2013 in the mandatory rotation SURG 546 were issued passing grades in General Surgery at the end of the 3rd year of the MD Program in August 2012. Our data suggests that we were able to provide the same level of learning encounters as we have to previous cohorts of learners and maintain a preceptor to student ratio that was also similar to previous years, given the increase in number of students.

SURG 556 Speciality Surgery
153 of 153 students of the class of 2012 in the mandatory rotation SURG 556 were issued passing grades in Speciality Surgery at the end of the 4th year of the MD Program in May 2012. The graduating class of 2012 ranked #1 nationally in the Part I LMCC Examination and was also #1 in the discipline of Surgery, for the third year in a row.

Faculty Performance in 2011-2012

Our Department provided a total of 1856 learning encounters for medical students in the academic year 2011-2012 (a ‘learning encounter’ is defined as an educational experience taking place between a student and a teacher). 165 of our 174 Department members (94%) were engaged in formal education of our undergraduate students, which is a slight increase from the previous year (92%). Informal teaching was also provided by the residents in our various Divisions. Program evaluation data for this year has shown continued improvement across all of our undergraduate rotations. (see Appendix 1).

The average number of learning encounters per teaching surgeon per year was 11.2. The median student rating of our preceptors was 4.60 out of 5. Forty-five members of our Department provided a total of 308 teaching hours in our mandatory clerkships with a median student rating of 4.30 out of 5 (these figures do not include sessions in the Gilbert Scholars program, the pre-clinical blocks and Discovery Learning). A summary of the educational activity of our various Divisions is attached in Appendix 2.

Undergraduate education feedback reports were issued to all of our Department members in December 2012. These included student ratings and comments on the educational performance of our members. For each preceptor, an Undergraduate Education Index was calculated to reflect the quality and quantity of their contribution to undergraduate education. 70% of this Index was related to clinical teaching activity, 10% to seminar-giving, 10% to podcast creation and 10% to OSCE participation. Scores ranged from 0 to 4.48 with a Departmental median of 1.0, and preceptors were provided with ranking information within their Division and across the year of the MD program in which they teach.

The Undergraduate Education Index was used to identify the Top 10 Teachers in both General Surgery and Speciality Surgery, and these educators will be honoured with a prize and a special reception at the Department’s annual Awards Dinner in 2013.

### Top 10 Teachers

**General Surgery 2011-2012**
- Dr. Michael Chatenay
- Dr. Kelly Dabbs
- Dr. Kam Fathimani
- Dr. Erika Haase
- Dr. Ghassan Hadi
- Dr. Shahzeer Karmali
- Dr. Dave Olson
- Dr. Cliff Sample
- Dr. James Stewart
- Dr. Walter Yakimets

**Speciality Surgery 2011-2012**
- Dr. Kal Ansari
- Dr. Eric Bedard
- Dr. Eric Estey
- Dr. Richard Fox
- Dr. Jaret Olson
- Dr. Keith Rourke
- Dr. Ken Stewart
- Dr. Gerry Todd
- Dr. Tim Wollin
- Dr. Erin Wright
Course Descriptions

SURG546 General Surgery, Anesthesiology & Pain Medicine

Course Coordinator: Dr Kamran Fathimani
Course Co-Coordinator Anesthesiology: Dr Kathryne Faccenda
Course type: 3rd year, mandatory
Course length: 7 weeks, 6 times per year

SURG546 — Educational Goals

The 3rd year program in General Surgery, Anesthesiology & Pain Medicine is intended to build on students’ knowledge of the structure and function of the body acquired in preclinical education, and to allow them to refine the history-taking and examination skills that they were introduced to in Years 1 and 2.

This program also aims to help the student to develop skills to manage their own learning, along with clinical and practical skills.

SURG546 — Format

Students complete two 3-week rotations, usually rotating between a community hospital (Grey Nuns, Misericordia, Sturgeon or Fort Saskatchewan Hospitals) and a trauma centre (Royal Alexandra or University of Alberta Hospitals).

For each rotation, students are assigned to a team of surgeons and residents; teaching takes place on the wards, in the outpatient clinic and in the operating room, and students are expected to be present for rounds and to take call with their team up to every fourth night. Students are expected to be able to perform a basic history and physical examination on elective and emergency patients and to present their findings to the team. Students also spend a total of 4 days working with an anesthesiologist in the OR.

SURG546 — Instructional Methods

Formal and informal instruction is provided by faculty members and residents. The document “Educational Objectives in Undergraduate Surgical Education” is provided to all students through the clerkship website. This includes sections on Learning Skills, Clinical Skills, Practical Skills and Principles of Surgery, as well as more traditional system-based objectives. Students are given a list of recommended textbooks and online learning resources. Each student is also provided with the ‘Learning Surgery’ document which contains information on the clerkship and answers frequently-asked questions. All of this material is also available on the clerkship website, http://surgeryanesthesia.org.

A class meeting is held at the midpoint of the clerkship to discuss student experiences and to ensure that all students are making satisfactory progress.
SURG 546—Assessment

Assessment methods are directly linked to the learning objectives provided to the students, and students are given examination blueprints and sample marking sheets for all components of their assessment. Students receive formative assessment throughout the clerkship through team-based assessment. All students also receive a summative assessment of their performance on the clerkship, comprising:

- a multiple choice examination (MCQ)
- a 12-station Objective Structure Clinical Examination (OSCE)
- a reflective written or learning/wiki assignment

Team-based assessment provides students with formative feedback on their performance throughout the rotation. Students are given the responsibility of gathering the following assessment forms before the end of the clerkship: 4 assessments by a Surgeon, 2 assessments by an Anesthesiologist, 2 assessments by a Chief Resident, 2 assessments by a Senior Resident, 2 assessments by an Operating Room Nurse, 2 assessments by an Allied Health Professional and 6 assessments by a Patient. In addition, students receive assessments from Peers, and an Administrator from the Undergraduate Office of Surgical Education.

The clerkship director meets with all students at the end of the examination to review their experiences, ensure that all students have been exposed to the core clinical conditions, and to discuss ways in which the clerkship can be improved. Students who have not encountered all of the core conditions are provided with additional targeted opportunities to address this deficiency in the final week of the clerkship.

To be awarded a passing grade, students must obtain:

- at least 50% in the MCQ
- 50% in at least 9 of the 12 OSCE stations, with an overall OSCE mark of at least 60%
- at least 50% in the written or learning/wiki assignment
- no more than two forms with a score of “1” or “2” (out of 5) in MSF assessments

SURG546—Program Evaluation

All students are required to complete a standardized, anonymous online evaluation form on faculty members and residents they have encountered, and also on the clerkship itself. Data from these evaluations is aggregated annually to provide anonymised feedback to individual preceptors, residents and clerkship coordinators.
Course Coordinator: Dr Rob Chan  
Course type: 4th year, mandatory  
Course length: 6 weeks, 4 times per year  
Class size: 36 students

Students complete three 2-week rotations chosen from the following 8 specialities:

- Cardiac Surgery
- Neurosurgery
- Orthopedics
- Otolaryngology/Head and Neck Surgery
- Plastic Surgery
- Thoracic Surgery
- Urology
- Vascular Surgery

For each rotation, students are assigned to a team of surgeons and residents; teaching takes place on the wards, in the outpatient clinic and in the operating room, and students are expected to be present for rounds and to take call with their team up to every fourth night, with no overnight call. Students are expected to perform a basic history and physical examination on elective and emergency patients and to present their findings to the team.

SURG556 — Educational Goals

The 4th year program in Speciality Surgery is intended to build on students’ knowledge of surgical principles and the practice of General Surgery acquired in years 1-3. Students are expected to continue to demonstrate their mastery of learning objectives in the domains of Learning Skills, Clinical Skills, Practical Skills and Principles of Surgery.

SURG556 — Format

Students complete three 2-week rotations chosen from the following 8 specialities:

- Cardiac Surgery
- Neurosurgery
- Orthopedics
- Otolaryngology/Head and Neck Surgery
- Plastic Surgery
- Thoracic Surgery
- Urology
- Vascular Surgery

SURG556 — Instructional Methods

Students are expected to cover objectives from all 8 specialities available, not just the 3 they rotate through. Formal and informal instruction is provided by preceptors and residents. The document “Educational Objectives in Undergraduate Surgical Education” is provided to all students; this document contains specific learning objectives relating to Speciality Surgery.
Students are given a list of recommended textbooks and online learning resources. Each student is also provided with the ‘Learning Surgery’ document which contains information on the clerkship and answers frequently-asked questions. Students are also required to complete an online patient encounter log during their 3 attachments. All of this material is also available on the clerkship website http://specialitysurgery.org. A series of Speciality Surgery seminars is also provided in a weekly academic half day:

- Cardiac Surgery
- Burns
- The Hand
- Head Injury
- Spinal Injury
- Cerebral Vascular disease
- Laryngology
- Head and Neck cancer
- Diseases of the Ear
- Rhinology
- Pediatric Urology
- Genitourinary Imaging
- Clinical Orthopedic Radiology
- Osteoarthritis
- Disorders of the Knee
- Disorders of the Shoulder
- Disorders of the Spine
- Application of plaster casts
- Orthopedic Emergencies
- Thoracic Surgery
- Vascular Surgery

Assessment methods are directly linked to the learning objectives provided to the students, and students are given examination blueprints and sample marking sheets for all components of their assessment. Students receive formative assessment throughout the clerkship through team-based assessment. All students also receive a summative assessment of their performance on the clerkship, comprising:

- a multiple choice examination (MCQ)
- a reflective written or learning/wiki assignment

Team-based assessment provides students with formative feedback on their performance throughout the rotation. Students are given the responsibility of gathering the following assessment forms before the end of the clerkship: 6 assessments by a Surgeon, 2 assessments by a Resident, 2 assessments by an Allied Health Professional and 6 assessments by a Patient. In addition, students receive an assessment from an Administrator from the Undergraduate Office of Surgical Education.

The multiple choice examination is usually held in the last week of the rotation. The clerkship director usually meets with all students at the end of the clerkship to review their experiences, and to discuss ways in which the clerkship can be improved. To be awarded a passing grade, students must obtain:

- no more than one “2” rating per preceptor assessment (averaged across 3 assessments)
- at least 50% in the MCQ
- at least 50% in the written or learning/wiki assignment.

All students are required to complete a standardized, anonymous online evaluation form on the preceptors and residents they have encountered, and also on the clerkship itself. Data from these evaluations is aggregated annually to provide feedback to individual surgeons, residents and clerkship coordinators.
Elective Attachments

232 students chose to carry out elective attachments in Surgery in 2011-2012.

We offer a “12-hour elective” program in the first and second years of the MD degree, designed to provide pre-clinical students with an introductory experience to surgical practice. Typically, students accompany a consultant surgeon for 2-3 days, spending 4-5 hours per day in endoscopy, outpatients, minor operations and the operating room. Students are expected to observe normal practice and assist with procedures, but are not required to be on call or provide direct clinical care. There are no learning objectives specified for the experience, although preceptors do complete a brief assessment of the student’s behaviour during the elective. Student feedback for these sessions has been very positive, and many members of our Department are engaged in the program.

We also offer longer elective attachments in General and Speciality Surgery to students across the country who are in the clinical years of their MD Degree. Typically these are offered to students considering entry into a Surgical Residency Training Program, and those seeking more experience in a specific field of Surgery. Students are assigned to a single preceptor for a 2-3 week period and join a surgical team for the duration of their rotation. Teaching takes place on the wards, in the outpatient clinic and in the operating room, and students are expected to be present for rounds and to take call with their team up to every fourth night. Students are expected to perform a basic history and physical examination on elective and emergency patients and to present their findings to the team. Given the diversity of students’ educational needs during these elective attachments, no learning objectives are specified for the experience, although preceptors do complete an assessment of the student’s performance during the elective, as dictated by the medical school to which they belong.

All elective students are required to complete a standardized, anonymous online evaluation form in the same way as students in the mandatory clerkships, and data from these evaluations is included in the annual program evaluation.

Number of electives per Division 2011/2012

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number</th>
</tr>
</thead>
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</tr>
<tr>
<td>General Surgery</td>
<td>54</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>9</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>38</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>30</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>45</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>3</td>
</tr>
<tr>
<td>Urology</td>
<td>29</td>
</tr>
<tr>
<td>Vascular</td>
<td>9</td>
</tr>
</tbody>
</table>

Curriculum Governance

Curriculum governance is provided by the Senior Director of Undergraduate Surgical Education with the assistance of the members of the UGME Committee of the Department of Surgery listed in Appendix 3.
2011-12 was another year of growth and progress for undergraduate surgical education at the University of Alberta. Our program remains one of the strongest and most innovative in the country, and our faculty continues to excel in undergraduate teaching. Our clerkships and electives programs remain strong, and our faculty have coped admirably with the arrival of our medical school’s largest-ever class in Year 4. Team-based education is now established in both of our clerkships at six teaching hospital sites across Northern Alberta, with high-quality surgical teaching being offered in Edmonton, St Albert and Fort Saskatchewan.

Program evaluation and student assessment data demonstrate continued high achievement; 1 in 6 of the graduating class of 2012 chose to take up a career in Surgery, the third most popular choice after Family Medicine and Internal Medicine.

Our series of ‘Surgery 101’ podcasts continues to go from strength to strength. By December 2012, downloads of our 120 episodes had exceeded 750,000 in over 100 countries; we are now producing a new episode every week, with more than 1,000 downloads per day. The first 80 episodes of Surgery 101 have also been published as peer-reviewed learning resources on MedEdPortal. The podcasts are available for free from www.surgery101.org and the iTunes Music Store. We launched a new Surgery 101 app for the iPhone and a new Surgery 101 website, and partnered with the School of Business to explore the field of online marketing.

In summer 2012, our team conducted a strategic planning retreat, in which we reviewed the progress made over the last 5 years of change, and to set out a plan for the next 5 years to 2017. A number of new ideas were discussed here; our team proceeded to create Twitter accounts for each clerkship (@Surgery546 and @Surgery556), and in the coming year will explore the use of video and virtual patients in undergraduate surgical education.

Our online education initiative has also continued to grow, and the surgery clerkship wiki websites now contain multiple learning resources, videos and reflective submissions written by our own students. The wikis are available at surgeryanesthesia.org and specialitysurgery.org (log in required).

Our undergraduate education team has developed a strong reputation for leadership and innovation in our school and we lead the way in the use of new teaching technologies. In September 2012, our clerkships switched to the new curriculum system MedSIS, a year before implementation in other clerkships, and have learned much about the strengths and weaknesses of the new system. In 2013, we will trial the use of logging and assessment on mobile devices such as the iPhone.

Our program of research in surgical education has also continued to grow, with multiple manuscripts submitted and presentations given at national and international meetings. We have published two papers on our findings on the use of team-based education and assessment (supported by the Edmonton Civic Employees Fund). Our work on wiki website technology was presented at CAGS 2012. All of the work our team submitted to the 2013 Canadian Conference on Medical Education was accepted for presentation; members of our team will be involved in a total of 9 oral presentations and 4 posters. Details of our presentations and publications are given in the Appendix.
Highlights of the Year

2012 also saw the establishment of the Summer Studentship in Surgical Education program. In 2013, there will be a total of 7 summer students conducting various projects in the field of surgical education.

The number of residents enrolled in the new Masters in Health Sciences Education has continued to increase, and we hope this will facilitate further expansion of our education research program. This year our successful annual Teacher-Training Workshop for residents in Core Surgery will enter its sixth year.

The year was capped by the arrival of the news that the graduating class of 2012 ranked #1 nationally in the Part I LMCC Examination and was also #1 in the discipline of Surgery for an unprecedented third year in a row. There are 17 medical schools in Canada, and the schools at the top are usually very close together, so it’s great that our students have maintained their position as the best in the country three years in a row, especially at a time of curriculum change and medical school expansion. We should all be very proud of this great achievement, and we would like to offer our sincere thanks and deepest appreciation to all our Department members for their commitment and dedication to teaching our students about Surgery.

In summary, our investment in undergraduate surgical education is paying off, and our prospects are exciting. I would like to thank all of our faculty for their continuing engagement and support of undergraduate surgical education.

Dr Jonathan White
Associate Professor & Tom Williams Chair in Surgical Education
Department of Surgery, University of Alberta
The UOSE team has had a fantastic year working together tweaking an already well performing system and achieved great results. We look forward to the challenges that the 2012-2013 year will bring us.

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tel: 780.735.5455
fax: 780.735.5459
## APPENDIX 1: SUMMARY OF PROGRAM EVALUATION DATA

### Undergraduate Surgery Programs 2006-2007 to 2011-2012

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<tr>
<td>Sturgeon Community Hospital (new 2010)</td>
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<td>-</td>
<td>-</td>
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<td>4.1</td>
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<td>4</td>
<td>4.2</td>
</tr>
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<td>Neurosurgery</td>
<td>4</td>
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## APPENDIX 2: EDUCATIONAL ACTIVITY IN UNDERGRADUATE SURGICAL EDUCATION IN 2011-2012

### Departmental Figures

<table>
<thead>
<tr>
<th>Metric</th>
<th>Total number of students educated from August 2011 to August 2012</th>
<th>Total number of surgical educators from August 2011 to August 2012</th>
<th>% of members teaching a student in this period</th>
<th>Median teaching rating</th>
<th>Median seminar rating</th>
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<td>1856</td>
<td>165</td>
<td>94.0%</td>
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### Divisional Data

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<td>Teachers</td>
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<td>11</td>
<td>40</td>
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<td>% taking a student in 2010-2011</td>
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<td>98</td>
<td>92</td>
<td>89</td>
<td>93</td>
<td>100</td>
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<td>100</td>
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<td>Students per Division</td>
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<td>105</td>
<td>211</td>
<td>144</td>
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<td># Students per Ranking</td>
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<td>Students per surgeon</td>
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APPENDIX 3: UNDERGRADUATE SURGICAL EDUCATION COMMITTEE 2011-2012 MEMBERSHIP

General Surgery Site Coordinators
Grey Nuns Hospital     Dr Ghassan Hadi
Misericordia Hospital  Dr James Stewart
University of Alberta Hospital  Dr Kam Fathimani
Royal Alexandra Hospital  Dr Shahzeer Karmali

Anesthesia & Pain Medicine Site Coordinators
Grey Nuns Hospital     Dr Adam Freed
Misericordia Hospital  Dr Will Flexer
Royal Alexandra Hospital  Dr Jeff Popoff

Speciality Surgery Coordinators
Cardiac Surgery   Dr Steven Meyer
Neurosurgery     Dr Richard Fox
Orthopaedics     Dr Aleem Lalani
Otolaryngology  Dr Kal Ansari
Plastic Surgery  Dr James Wolfli
Thoracic Surgery Dr Eric Bedard
Urology         Dr Niels Jacobsen
Vascular Surgery Dr Harold Chyczij

Student Representatives
Year 1    Vimarsha Swami
Year 2    Nhi T. Dang
Year 3     Nathan Hoy
Year 4    Jason Coughlin

Resident Representatives
General Surgery       Dr Joseph LaBossiere
Specialist Surgery    Dr Tara Stewart (Plastic Surgery)

Administrative Staff
Senior Director of Undergraduate Surgical Education
Dr Jonathan White

Administrative Assistant to Senior Director
Tracy Smereka

SURG546 GSAPM Clerkship Director
Dr. Kam Fathimani

SURG 556 Specialty Surgery Clerkship Director
Dr. Rob Chan

Undergraduate Surgery Team Lead
Shannon Erichsen

Program Administrator General Surgery
Jenni Marshall

Program Administrator Specialty Surgery
Katrina Pederson

Chair, Department of Surgery
Dr Doug Hedden
APPENDIX 4: PUBLICATIONS AND PRESENTATIONS 2011-2012

Peer Reviewed Original Work


Peer Reviewed Abstracts

2. The Use Of Reflective Writing In An Undergraduate Surgical Clerkship. J White, N Sharma. Medical Education 2012; 46 (Suppl. 1): 27
4. Facebook Use By Healthcare Students And Faculty: Do We Need Guidelines For Online Professionalism? P Kirwan, J White, S Ross. Medical Education 2012; 46 (Suppl. 1): 53
APPENDIX 4: PUBLICATIONS AND PRESENTATIONS 2011-2012

Peer Reviewed Podcasts

Presentations and Posters


