THE FOUNDATION FOR SURGICAL FELLOWSHIPS ENVISIONS A WORLD IN WHICH SURGEONS RECEIVE OPTIMAL EDUCATION AND TRAINING IN ADVANCED SURGICAL TECHNIQUES — WITH THE GOAL OF IMPROVED PATIENT CARE.

Dear FSF Friends and Supporters:

I am honored to serve as President of the Foundation for Surgical Fellowships. Like you, I believe deeply in the importance of fellowships in helping general surgeons master their skills and adopt new life-changing procedures and technology. We share the same end goal of improved patient care – faster, easier recoveries and better outcomes.

In today’s healthcare world, fellowships are increasingly more critical to a new surgeon’s training. The issues in residency are complex and well documented. In short, general surgery residents are simply not receiving the exposure to the complex procedures that they need. For example, during five years of surgical residency, an average resident will do 90 Minimally Invasive Surgery cases, most of which are relatively less complex cases such as cholecystectomy. In contrast, during one year of fellowship training, a surgeon will do, on average, over 275 complex cases in the chosen discipline. Honing their surgical skills for more complex operations, including pre- and post-operative care, is the primary reason that 80% of surgical residents pursue fellowship training. The Foundation for Surgical Fellowships is the primary independent source of funding for these fellowships.

As you read through our 2014-2015 Annual Report, I hope you will take away two main points. First, that fellowships continue to be a driver in the availability of complex surgical procedures that have a tangible financial and quality of life benefit for patients. Second, that we are grateful to you, our donor, for understanding that funding fellowships now depends on the full community of stakeholders doing their part.

On behalf of the Board, staff and grant recipients of the Foundation, thank you for your dedication and generous support of our mission.

Sincerely,

Dennis Fowler, MD
President
WHY SURGICAL FELLOWSHIPS MATTER

Training drives 300% increase in adoption

According to the results of a survey of 268 former MIS fellows, "the integration of a fellowship-trained MIS colleague into a general surgery practice resulted in a 300% increase in the proportion of appendectomies, ventral hernias, inguinal hernias, and colectomies performed laparoscopically." 

1Surgical Endoscopy (2013) 27:1267-1272

$14B in savings

"Minimally Invasive Surgery Could Save $14 Billion," was the headline of one of the articles published on the potential annual cost savings for six minimally invasive general surgery procedures compared to the comparable open approach. The primary factors are shorter hospital stays, lower infection and complication rates and less employee absenteeism.

2JAMA Surgery (2013); 148(7): 641-647

High Quality Surgical Outcomes

Fellowship graduates achieved high-quality surgical outcomes from the very beginning of their post fellowship practices, which are comparable to those of their experienced mentors.

3Surgical Endoscopy (2010) 24:138-144
YOUR SUPPORT MAKES A DIFFERENCE

Since it was founded in 2010, the FSF has...

Funded 669 fellowship positions

# OF FSF FUNDED POSITIONS PER YEAR:

2011/12 2012/13 2013/14 2014/15 2015/16 (planned)

Awarded over $36,260,000 in grants

“The fellowship strengthened my skills which were inadequate following residency. I was able to introduce new procedures in several hospitals.”

– Former FSF funded fellow, Great Falls, MT
FSF AWARD PROCESS

Fellowship programs from across the country apply to the FSF. In a blinded process, the programs are ranked based on the quality of training facilities, methodologies and technologies; the academic, scholarly and innovative activities of faculty and fellows in a given program; and the volume and variety of cases to which fellows are exposed.

An objective scoring process is utilized. Each fellowship program is evaluated and scored in each of three domains: clinical experience, accreditation, and scholarly activity. Programs must be accredited by either the Fellowship Council or the ACGME and achieve a threshold score to be eligible for funding by the FSF.
2014-2015 YEAR IN REVIEW

Fellowship positions applied for: **158**
Fellowship positions awarded: **113**

Current and Former FSF-Funded Fellows, FSF Reception, April 2015

FSF 2014/2015 ALLOCATION BY SUBSPECIALITY

- Robotics: 3%
- Bariatric: 21%
- Bariatric Minimally Invasive Surgery: 24%
- Thoracic: 11%
- Hepato-Pancreato-Biliary: 10%
- Minimally Invasive Surgery: 25%
- Colorectal: 6%
2014-2015 PROGRAM AWARD RECIPIENTS

Abington Memorial Hospital
Advocate Lutheran General Hospital
Albany Medical Center
Alta Bates Summit Medical Center
Atlanta Medical Center
Baystate Medical Center
Beth Israel Deaconess Medical Center
Brigham & Women’s Hospital
Carolinas Medical Center
Cedars Sinai Medical Center
Cleveland Clinic
Cleveland Clinic Florida
Colon & Rectal Clinic of Orlando/Orlando Health
Cuyuna Regional Medical Center
Duke University
East Carolina University BSOM
Emory University Hospital
Fox Chase Cancer Center
Geisinger Medical Center
George Washington University Medical Center
Greenville Hospital System University Medical Center
Gundersen Lutheran Medical Foundation
Hackensack University Medical Center
Icahn School of Medicine at Mount Sinai
Indiana University
Inova Fairfax Hospital
Jackson South Community Hospital
Lahey Hospital and Medical Center
Lankenau Medical Center
Massachusetts General Hospital
Mayo Clinic Florida
Medical College of Wisconsin
Medical University of South Carolina
Methodist Health System
Methodist Hospital
Montefiore Medical Center
North Shore University Hospital
Northwest Hospital
Ohio State University Wexner Medical Center
Oregon Health & Science University
Orlando Health
Penn State Hershey Medical Center
Providence Portland Medical Center
Rhode Island Hospital
St Francis Hospital and Medical Center
Stanford University
Stony Brook University
Summa Health System
Surgix Minimally Invasive Surgery Institute
Swedish Medical Center
Texas Endosurgery Institute
Thomas Jefferson University Hospital
Tufts Medical Center
University Hospitals Case Medical Center
University Medical Centers at Princeton (UMCP)
University of Alabama at Birmingham
University of Arizona College of Medicine
University of California Davis
University of California Fresno
University of California Irvine
University of California San Diego
University of California San Francisco
University of Florida
University of Florida College of Medicine – Jacksonville
University of Iowa Hospitals and Clinics
University of Kentucky
University of Louisville/James Graham Brown Cancer Center
University of Massachusetts Medical School
University of Miami Miller School of Medicine
University of Michigan
University of Missouri
University of Nebraska Medical Center
University of North Carolina at Chapel Hill
University of Pittsburgh Medical Center
University of South Florida
University of Tennessee College of Medicine
University of Texas Health Science Center – Houston
University of Texas HSC Houston – MIST San Antonio
University of Texas Medical School at Houston
University of Texas Southwestern Medical Center
University of Virginia Hospital
University of Washington
Vanderbilt University
Virginia Commonwealth University School of Medicine
Wake Forest University Health Sciences
Washington University
Westchester Medical Center
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Our Donor List is Growing!
OUR WORK CONTINUES

For the FSF, our past success is as great as our future challenges. Demand for surgical fellowships continues to exceed available positions. In the last three years, nearly 25% of all certified applicants could not obtain a fellowship position. This is in part because of insufficient funding to support fellowship positions.

While demand remains high, funding for these fellowships is at a crossroads. In prior years, nearly 100% of the Foundation's support came from just a few key industry donors. Those donors have cut back for economic and political reasons, and the FSF has had to make hard choices in terms of the size and scope of our awards. For the 2014-15 academic year, our maximum grant award dropped 20%, from $62,500 to $50,000.

Funding fellowships is no longer the purview of just a few large companies, it is the concern of the surgical community as a whole. Industry, societies, foundations as well as individual donors have given their support for which we are truly grateful.

As we continue to seek out and engage new funders, your sustained commitment and generosity are critical to keeping the Foundation strong. Together we can continue to advance surgical care.

Source: Fellowship Council Match Statistics
*2014 decrease in applicants due to change in match schedule.
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