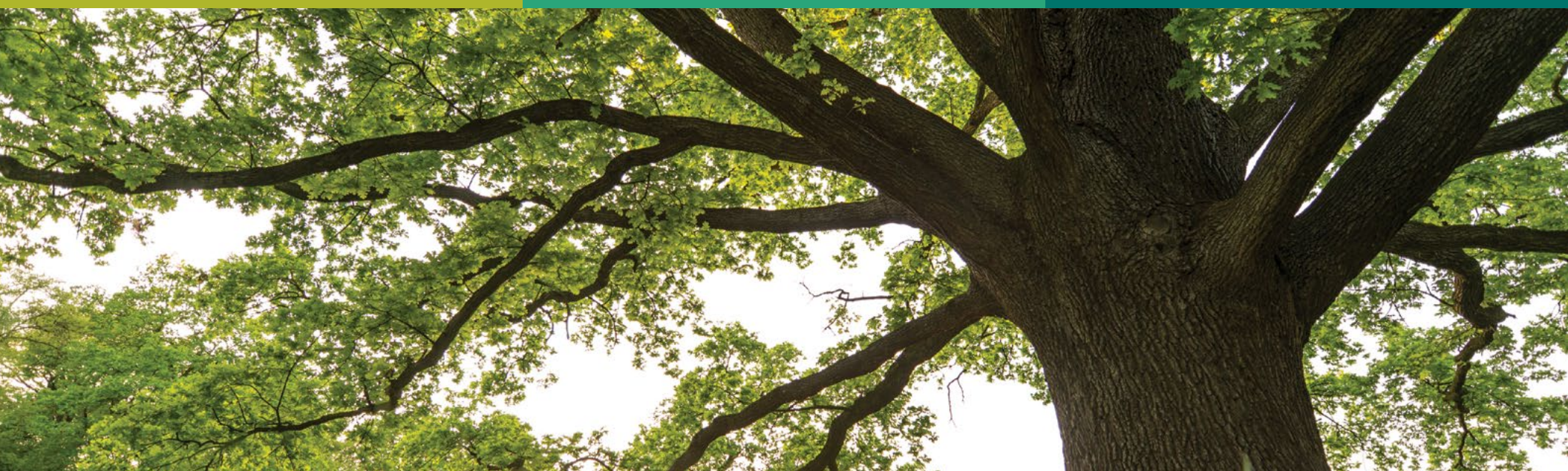




FOUNDATION FOR SURGICAL FELLOWSHIPS

2016-2017 **Annual Report**



Dear Colleagues and Friends,

It has been my privilege to serve as the Chair of the Foundation for Surgical Fellowships for the past 4 years and as a Board Director since the foundation was founded in 2010. As my term comes to an end I reflect on the creation of the FSF which ushered in a new funding model for general surgery fellowships. At the outset it was unclear what impact the foundation would make, but now, 7 years later the significance of the FSF is evident.

484 – *the average number of cases performed per fellow during their fellowship year (based on Fellowship Council data)*

786 – *the number of fellowships we have supported*

\$42,821,250 – *the total amount of funding the FSF has dispersed*

These numbers add up to one thing – **patient care**. Hundreds of thousands of patients have received surgical care from fellows trained at FSF supported programs from coast to coast. The number of those treated by these fellows continues to grow exponentially as we press on with our mission, one that is realized with the support of the surgical community.

Each member of the community plays a crucial role in sustaining this important work. Our industry partners, the member societies of the Fellowship Council and individual donors all come together under the umbrella of the Foundation to ensure this vital training remains available. Your generosity makes it possible – for programs to receive support – for fellows to be trained – for patients to be served.

If you have not given to the Foundation recently, I urge you to consider donating now. And, if you generously donated in 2016, please consider another gift at this time. Together we can build on the success of the Foundation and the advancement of surgical care.

Sincerely,
Dennis Fowler, MD
President, Foundation for Surgical Fellowships



OUR MISSION

The mission of the Foundation for Surgical Fellowships (FSF) is to provide essential financial support for sustaining advanced general surgery fellowships not funded by the ACGME.



DENNIS FOWLER, MD

80% of Residents Seek Fellowships

"The fraction of residents finishing general surgical residency who continue their training with a post-residency specialty or subspecialty fellowship has been steadily increasing for the last 3 decades, and at this time it exceeds 80%."

– LEWIS AND KLINGENSMITH¹

General Surgery Residents seek additional training in the form of fellowship for a variety of reasons, including feeling unprepared to perform complex procedures independently. Research data, Fellowship Council case log information, and exit feedback from the FSF, document the benefit of this additional training.

Fellowships:

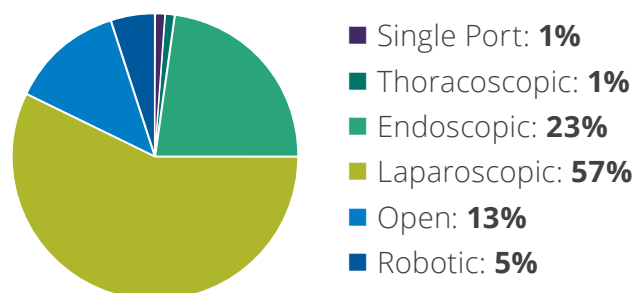
- ✓ Provide training for fellows to acquire expertise in complex technical skills such as MIS.
- ✓ Provide training for fellows to acquire expertise in management of complex surgical conditions.
- ✓ Create a teaching culture that increases adoption of these skills institution-wide.

Provides Expertise in Minimally Invasive Surgery

"The highlight of my fellowship was seeing how my laparoscopic skills improved throughout my year of fellowship."

– FORMER FELLOW, MILWAUKEE, WI

In five years of residency, an average resident will do 90 advanced Minimally Invasive Surgery cases.² In contrast, during the 2015-2016 academic year, fellows in the programs accredited by the Fellowship Council (FC), many of which are supported by the FSF, logged nearly 94,000 cases, an average of 484 cases per fellow. Of the total, 87% of the cases were performed using minimally invasive techniques:



Source: Fellowship Council Case Logs, 2015-16 academic year

Fellowship-trained surgeons step into their practice with a skill set that allows them to perform at a level commensurate with senior physicians. They have lower complication rates and fewer conversions from laparoscopic to open surgery.³ This training allows surgeons to ascend the learning curve more quickly, and achieve high-quality surgical outcomes from the outset of their post fellowship practices.^{3,4}

Increases Institution-Wide MIS Adoption

"Fellowship strengthened my skills and enabled me to introduce new procedures in several hospitals."

– FORMER FELLOW, GREAT FALLS, MT

The establishment of a MIS fellowship program has positive effects at an institutional level. An examination of outcomes across New York State found meaningful increases in bariatric outcomes among institutions with fellowships.⁵ Another study demonstrated a significant increase in the number of complex MIS cases performed by residents at an institution with a MIS fellowship program.⁶

Furthermore, the introduction of an MIS-trained fellow into an established practice increases the rate of adoption of laparoscopic procedures within that practice. One study focused on a practice with five surgeons who did not complete a fellowship. With the introduction of a 6th fellowship-trained surgeon, the percentage of total cases performed laparoscopically rose from 12.1% to 48.3% over a four-year period.⁷ The end result was a 300% increase in the number of cases performed using MIS techniques by the other (5) members of the practice.⁸

The presence of a fellowship-trained surgeon at a community hospital increases adoption rates and may expand the services available to the patient community.³ In feedback received from 2015-2016 fellows from programs supported by the FSF, 40% responded they were going into community practice. One surgeon in particular noted that at the community hospital at which she currently serves, patients used to have to travel 3.5 hours to get the surgical care she is able to offer. Another 42% of fellows indicated that they were headed to academic/teaching institutions where they are sharing their skills and experience with colleagues and trainees.

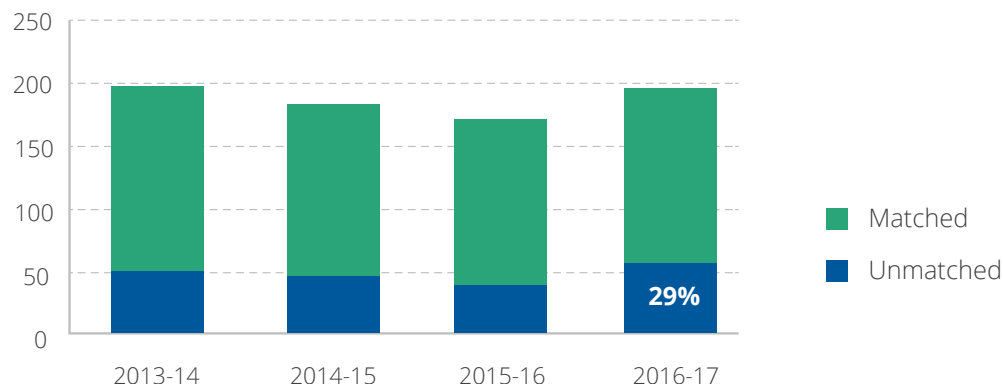
*"The highlight of my fellowship year was **learning to be a teacher surgeon, not just a surgeon.**"*

– FORMER FELLOW, HUNTSVILLE, AL



The discrepancy between the demand for fellowship positions and the availability of both positions and funding continues to grow.

According to the most recent statistical data from the Fellowship Council, the total number of MIS/GI fellowship positions dropped 11% between the 2013-14 and 2016-17 academic years. In the US alone, 29% of certified applicants for the 2016-17 fellowship year were unmatched to a position, up from 22% the prior year.



Similarly, the number of applications the FSF receives outstrip the available funding. For the 2017-18 academic year, the FSF left 19% of **all** requested positions unfunded. For MIS/Bariatric and MIS fellowship programs, the number of requested positions remaining unfunded rose to 21% and 22% respectively.



FOOTNOTES

- ¹ *Issues in General Surgery Residency Training* – 2012, Frank R. Lewis, MD and Mary E. Klingensmith, MD
- ² Source: Fellowship Council – The Case for Fellowship – Training in MIS Surgery General Surgery B. Schirmer
- ³ Impact of Fellowship-trained Laparoscopic Surgeons on Rates of Open and Laparoscopic Operations at a Community Hospital – Garth H Ballantyne, MD, MBA, Eric A Sommner, MD, Heidi Elliott, MD. Lawrence and Memorial Hospital.
- ⁴ Validation that a 1-year fellowship in minimally invasive and bariatric surgery can eliminate the learning curve for laparoscopic gastric bypass. – Ali MR¹, Tichansky DS, Kothari SN, McBride CL, Fernandez AZ Jr, Sugerman HJ, Kellum JM, Wolfe LG, DeMaria EJ.
- ⁵ Bariatric outcomes are significantly improved in hospitals with fellowship council-accredited bariatric fellowships. – Kim PS¹, Telem DA, Altieri MS, Talamini M, Yang J, Zhang Q, Pryor AD.
- ⁶ Effect of minimally invasive surgery fellowship on residents' operative experience. – Altieri MS¹, Frenkel C², Scriven R², Thornton D², Halbert C², Talamini M², Telem DA², Pryor AD². Surg Endosc. 2016 Apr 29. [Epub ahead of print]
- ⁷ Fellowship trained fellow drives adoption – Surg Endosc. 2013 Apr;27(4):1267-72. doi: 10.1007/s00464-012-2594-8. Epub 2012 Dec 12.
- ⁸ Minimally invasive surgery adoption into an established surgical practice: impact of a fellowship-trained colleague. – Dominguez EP¹, Barrat C, Shaffer L, Gruner R, Whisler D, Taylor P.
- ⁹ Fellowship Council Match Statistics <https://fellowshipcouncil.org/fellowship-programs/matching-process-statistics>

Total Number of Individual Institutions that applied: **97**

Total Number of Applications: **118**

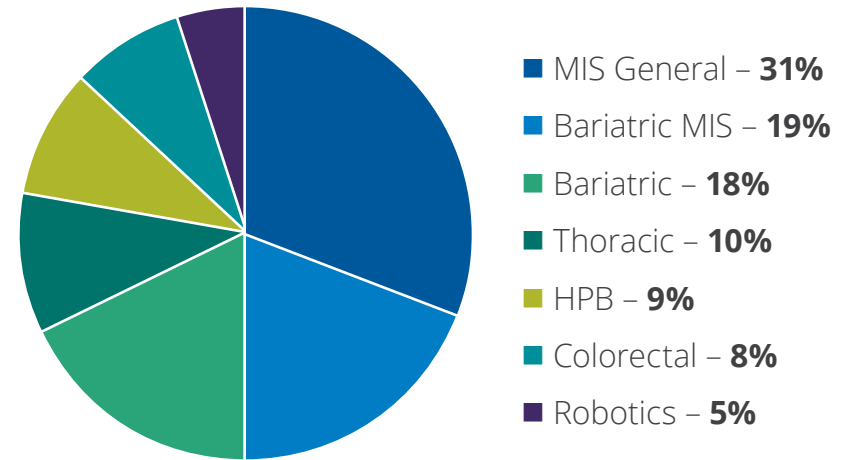
Total Fellowship positions applied for: **159**

Total Fellowship positions awarded: **131**

Total amount awarded: **\$2,560,000**

Average Award: **\$20,000**

Allocation by sub-specialty:



FSF fellows celebrate at the annual reception.

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Medtronic
Further, Together

GOLD LEVEL

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PART OF THE *Johnson & Johnson* FAMILY OF COMPANIES

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Give the Gift of an Honorarium

Giving the gift of an honorarium is an easy way to support the FSF. If you are asked to speak at a conference, or to provide your expert opinion on new medical products, write articles, or participate in surveys and focus groups, we hope you will consider making the gift of your honorarium to the FSF.

If you are interested in donating your honorarium(s) to the Foundation for Surgical Fellowships, simply request the paying entity to send a donation to the Foundation in lieu of an honorarium and notify the Foundation office of your charitable intent. To learn more about how you can contribute to the Foundation for Surgical Fellowships, email Colleen@surgicalfellowships.org.



"My level of technical and clinical ability has improved dramatically; while I enjoyed a strong clinical general surgery education with heavy clinical volume, I was surprised at the additional depth and breadth of operative training my fellowship afforded. I am a completely different surgeon now than I was a year ago."

– ABHISEK PARMAR

American Hepato-Pancreato-Biliary Association (AHPBA)

American Society of Colon and Rectal Surgeons (ASCRS)

Fellowship Council

Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)

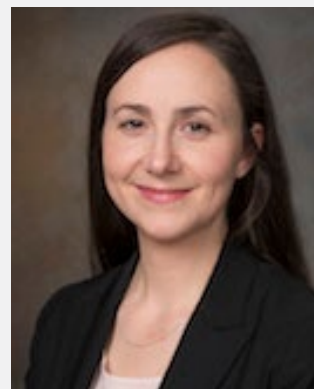
SAGES Foundation

Society for Surgery of the Alimentary Tract (SSAT)



"As a result of the fellowship, I have a skill set that is much needed in the community where I will be practicing. There was no foregut surgeon and bariatrics were on the decline. I will be able to provide those services plus a less invasive treatment for GERD in a community that didn't have any of them."

– EMANUEL NEARING II



"I didn't expect to learn robotics but this practice was introduced to my fellowship institution during my fellowship year. This experience was unique and taught me the importance of the commitment to life-long learning. It also showed me how to safely introduce a novel practice to an institution."

– STEPHANIE WOOD

Michael Brunt, MD

Ravi Chari, MD

Eugene Cho, MD

Thomas D'Amico, MD

Mohamed Elgamal, MD

Edward Felix, MD

Kenneth Forde, MD

Dennis Fowler, MD

Carlos Galvani

Muhammad Jawad, MD

Jeffrey Lee, MD

David Margolin, MD

Sean Orenstein, MD

Adrian Park, MD

Jeffrey Ponsky, MD

Aurora Pryor, MD

Michele Riordon, MD

Donald, Risucci, MD

Richard Satava, MD

Bruce Schirmer, MD

Michael Schweitzer, MD

Greg Stiegmann, MD

Lee Swanstrom, MD

Ajay Upadhyay, MD

Carl Westcott, MD



Board member Dr. Ed Felix with Tim Nolan and Gary Tegan from ConMed, an FSF supporting company.



Make Your Annual Donation Now

We are so grateful to our donors for their generosity on which we rely to realize our mission. We encourage you to make your annual gift today. You can do so via our secure website: **www.surgicalfellowships.org/donate-now**.

Checks can be made out to the Foundation for Surgical Fellowships and mailed to: FSF, 11300 W. Olympic Blvd., Ste 600, Los Angeles, CA 90064.

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Atlanta Medical Center

Dr. Titus Duncan

Carolinas Medical Center

Dr. Timothy Kuwada

Cleveland Clinic

Dr. Stacy Brethauer

Cleveland Clinic Florida

Dr. Samuel Szomstein

Inova Fairfax Hospital

Dr. Amir Moazzez

Johns Hopkins University SOM

Dr. Michael Schweitzer

Lahey Hospital and Medical Center

Dr. Dmitry Nepomnyashy

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Alta Bates Summit Medical Center

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Brigham & Women's Hospital

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Cedars-Sinai Medical Center

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Montefiore Medical Center

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Mount Sinai St. Luke's

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Orlando Health

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Penn State Hershey Medical Center

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Providence Portland Medical Center

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University of Louisville/James Graham Brown Cancer Center

Dr. Robert Martin

Virginia Mason Medical Center

Dr. Adnan Alseidi

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Duke University

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Fox Chase Cancer Center

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Providence Portland Medical Center

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Stanford University

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