In preparation for this address, I thought, “What could I possibly say to such an impressive group of scholars?” I thought of this organization and what it has come to mean to me in terms of my own academic career. I thought of how much the Association for Surgical Education (ASE) has changed since I first came to a meeting as a clinical clerk. I thought of its evolution as an organization and how it has just wrapped up its first 3-year strategic plan, a strategic plan that set the direction for this organization’s past 3 presidents and Boards of Directors.

As the ASE prepares for its second strategic plan and sets the direction for the next 3 to 5 years, I thought I would share with you my thoughts on reputation: why our reputation is so important, what constitutes our reputation, and how we can further develop and strengthen the ASE’s reputation in the context of the ASE’s upcoming strategic planning process.

My address is entitled “The Anatomy of Reputation: An ASE Priority.” I have used an anatomic metaphor because I want us to dissect and really understand what reputation is. Why an ASE priority? Because the ASE’s reputation as “the go-to organization for all things surgical education and surgical education research” is a distinctive competitive advantage and one that we need to further leverage and capitalize on.
How we are perceived by our peers, colleagues, and students is important to each and every one of us. We want to be known as outstanding surgeons, effective teachers, excellent researchers, and visionary leaders. We do not want a reputation as a bad surgeon, poor teacher, underperforming researcher, or ineffective leader. We are concerned about our reputations and we actively manage how our peers and students see us, whether we know it or care to admit it.

We care about what our peers think of us as surgeons. We track and report on our experiences, new procedures we develop, and awards we receive for service excellence. We care about how our colleagues perceive our research. We track and report on our grants, publications, and peer-reviewed presentations. We care about our image as teachers and educators. We track and report on our teaching effectiveness scores, quality of educational products and services, and the teaching awards we receive. We care about how we are perceived as leaders in our universities, hospitals, and professional organizations. We track and report on our leadership positions, changes we have brought about, and our leadership awards.

We also care about our relationships, with fellow surgeons, educators, researchers, and leaders in our institutions and beyond. We each have built powerful professional social networks. These networks of important relationships form the very foundation of our professional reputations. Increasingly, surgeons are using social media such as LinkedIn, Twitter, and Facebook to communicate to the world who we are, what we do, and why we do it.

Our professional reputations are our most crucial asset. It takes years of hard work to build our own reputations. We also know that our reputations are fragile. We all know of surgeons who, through one act or deed, have damaged their reputations, sometimes irreparably. As such, we guard our reputations carefully.

Like surgeons, organizations also are concerned with how they are perceived by the outside world. In the for-profit sector, large corporations have come to appreciate how important reputation is to their bottom line. In the not-for-profit sector, universities and academic organizations also have come to see how important reputation is to their mission. Universities in particular, now ranked globally on for-profit sector, universities and academic organizations. A strong reputation helps a university attract the best faculty and students. A strong reputation helps a professional organization attract members, partners, and donors. For academic organizations, reputation is a crucial asset, an important differentiator, and should be managed strategically. Academic and professional organizations, which strategically manage their academic reputation, will maintain their competitive advantage.

So then, what is reputation? Simply speaking, reputation is the sum of impressions held by an organization's stakeholders. It is an opinion about that entity held by the entity’s stakeholders. In other words, reputation is “in the eyes of the beholder.” Stakeholder relationships built on trust are the very foundation of any individual’s or organization’s reputation.

So how does any organization, including the ASE, go about further building or strengthening its reputation? We start with the foundation of reputation and ask ourselves who are our stakeholders? Freeman (1984) defines stakeholders as “any group or individual who can affect or is affected by the achievement of the organization’s objective.” Some of the ASE’s stakeholders include our members, students, residents, fellows, member organizations, industry partners, and strategic partner organizations and societies.

There are 3 basic ways people build relationships with organizations: (1) direct experiences, (2) communications from the organization, and (3) third-party communications. All of us are here this week attending the ASE meeting; we are having a direct experience with the ASE as we attend various workshops, meetings, paper presentations, and plenary sessions. Each of us will form an opinion and leave with a perception of the ASE based on these direct experiences. Ideally, we will leave with an image of the ASE as an organization that values excellence in surgical education research. We will leave with an image of the ASE being “the go-to organization for all things surgical education.” The second way stakeholders build a relationship with the ASE is through the communication they receive from the ASE. This includes e-mails, newsletters, our Web site, to name but a few. Through these communications, we impart on our stakeholders a sense of who we are and what we do. Lastly, and I would argue one of the most important ways of building a relationship, is through third-party communications. When each of you returns to your respective organizations and people ask you, “How was your meeting in Orlando?” and you tell them, “It was amazing—the ASE is truly ‘the go-to organization for all things surgical education,’” and as such, you will leave these people with an impression of the ASE. In essence you will have helped further build the ASE's reputation.

In summary, like any organization, all of the ASE's stakeholders have opinions, perceptions, or an image of the ASE. The sum of all those images comes from, or is equal
to, how the ASE communicates with all its stakeholders (ie, direct experience, communications from the ASE, and third-party experiences). Also influencing the sum of those images is how the ASE behaves and how it performs in the eyes of its stakeholders. Reputation, then, is the sum of images: it equals communication, plus behavior, plus performance. But there is more. What we communicate, how we behave, and the parameters of performance we share with our stakeholders are influenced by 7 important dimensions of reputation.

So this is the anatomy class of reputation: we are going to dissect the 7 parts of reputation to further understand it, think of what we should be communicating, what behaviors we wish to exhibit, and what parameters of performance we want to share with our stakeholders. The 7 parts of reputation are (1) products and services; (2) innovation; (3) governance; (4) workplace; (5) citizenship; (6) performance; and finally (7) leadership.

**Products and services**

Products and services refer to all the things an organization makes that are of value to its members. This would include workshops, online resources, and annual meetings. The quality of these products and services is very important. Organizations that have high-quality products and services have stronger reputations.

The ASE provides a large array of products and services to its members. The ASE, which has a very diverse membership, needs to ensure that its products and services are of value to all its members. We can ensure this by keeping the needs of our members at the center of all decisions around educational programming and by ensuring breadth and depth, diversity, and uniqueness of all our educational products and service. The quality of our products and services also is integral to the ASE’s reputation as being “the go-to organization for all things surgical education and surgical education research.”

Over the past 3 years, and as part of our strategic plan, we have made significant changes in our educational programming based on our members’ needs. For example, we have changed the annual meeting format to further increase member participation and benefit, we have expanded the awards we offer to our members, and we have developed new programs such as “Troubleshooting Your Clerkship” and “Introduction to Education Research Design and Methodology.” These changes have reaffirmed for our members that we are responsive to their needs and that the ASE creates products and services that are of value. In doing so, we have left our membership with an even stronger image of the ASE being the “the go-to organization for all things surgical education.”

As I look to the future, I see opportunity for the ASE to move away from traditional “bums in seats” programming that are centered on our annual meeting towards embracing and developing online programs and resources that complement and support our traditional educational programs. Online programming will expand our reach so that we can offer our excellent courses on surgical education (eg, “Troubleshooting Your Clerkship”) and surgical education research to a global audience. In addition, we will be in a better position to meet the learning styles of the next generation of surgical educators. This group has learned in an online environment and will expect that opportunity in any organization they join. By positioning the ASE in this regard, we will be better prepared to meet the needs and expectations of up-and-coming members and in doing so ensure we maintain our reputation as “the go-to organization for all things surgical education and surgical education research.”

**Innovation**

For any organization, innovation is the creation of better or more effective products, services, technologies, or ideas. These are then adopted by its stakeholders (ie, members, learners, institutions, and society). Being innovative is core to many organizations’ mission as they work to change their environments. Innovation is synonymous with risk taking. For an organization to be innovative it must not only value innovation but must put resources in place to allow for innovation and therein lies the risk. The risk is both financial and reputational, as not all innovations are successful. That being said, it is only through innovation that organizations create new value for their members. By creating new value, an organization will further strengthen, leverage, and capitalize on its reputation.

Over the past 3 years, we have developed new programs to facilitate faculty and career advancement, and we made innovative use of our affiliation with the *American Journal of Surgery*. These innovations have met the needs of our members both in terms of their professional development and also in terms of their ability to publish the work they create. These modest innovations have created further value for our members and have as such further enhanced the ASE’s reputation as “the go-to organization for all things surgical education and surgical education research.”

As I look to the future, I see opportunity for the ASE to innovate by making greater use of educational technology. The next generation of surgical educators will be very sophisticated in the use of educational technology (ie, apps, MOOCs [massive open online courses], online courses) also known as “tech-ed.” They will have grown up in a world of surgical apps, using their smart phones and tablets in clinics and classrooms, and have done much of their learning online. As such, the ASE needs to now move into and invest in the growing world of “tech-ed.” By investing in and developing this organizational capacity, the ASE will be able to meet the needs of its new technology-sophisticated members. Another benefit of this opportunity is that through the use of education technology, the ASE will be able reach a global audience and further share (and sell) the ASE’s wealth of expertise and knowledge. By
investing in and innovating with educational technology, the ASE will continue to be “the go-to organization for all things surgical education and surgical education research.”

**Governance**

The word *governance* derives from Latin origins that suggest the notion of “steering.” Governance relates to decisions that define expectations, grant power, or verify performance. Governance includes the framework of rules and practices by which a Board of Directors ensures accountability, fairness, and transparency in an organization’s relationship with its stakeholders. Typically, most boards have several major roles that include fiduciary responsibility and strategic oversight.

We know that organizations that are governed well perform well. Well-governed organizations are strategic, goal- and opportunity-driven. They value and invest in innovation; they track and report performance, and they are financially robust. Given this set of descriptors, I can assure you, the ASE is well governed.

As part of our strategic plan, we developed new financial policies that formalized and enhanced the transparency of ASE’s Board of Directors’ financial decision making. We broadly communicated these changes, ensuring each member understood how our financial resources are put to strategic use. We also carried out a full governance review, identifying opportunities to improve the ASE’s overall governance and the effectiveness of the ASE board and its directors. As a result, the ASE appears well governed to its members.

As I look to the future, I see opportunity for the ASE in the area of governance to radically restructure its subcommittees. Though there have been some changes over the years, it remains essentially the same since the organization’s inception in 1980. We all know that surgical education has changed significantly in 34 years. More importantly, surgical education will continue to change in the next 20 years, and we need to be positioned to drive and lead those changes. I encourage the ASE membership to take the opportunity with this next strategic planning process to closely evaluate and, I would argue, transform the committee structure to mirror future opportunities: to move into the tech-ed world, to expand our reach globally, and to share this organization’s wealth of knowledge and expertise. Lastly, I would encourage the Board of Directors to regularly evaluate the ASE’s relationship with all stakeholders to ensure we are, and remain, accountable, fair, and transparent in all our stakeholder relationships. Through excellence in governance we will ensure continues excellence in performance. Both are important to this organization’s reputation.

**Workplace**

This dimension of reputation refers to traditional workplaces: offices, hospitals, and other physical locations where employees would convene to do organizational work. Having a workplace that supports the workforce is important to any organization’s reputation. A workforce that feels supported and has all the resources it needs to do their work is a happy, engaged workforce. An organization’s workforce is the keeper of reputation, as they typically have contact with stakeholders, and what they say and how they behave can influence an organization’s reputation.

The ASE does not have a traditional workplace. We do not have an office where we convene to do the work of the organization. Nor do we have a traditional workforce. Our members’ work—what they create, how they communicate, how they perform and behave—are important contributors to the ASE’s reputation.

The ASE is and will continue to be welcoming, engaging, and open. The ASE, unlike many organizations, has a huge diversity in membership. With that comes cognitive diversity, an important competitive advantage and reputation differentiator. There are few organizations that include all surgical subspecialties, education specialists and scientists, surgical nurse educators, and education administration. Our diversity is a distinctive feature that gives us a competitive advantage over other organizations. This diversity also reinforces our reputation as “the go-to organization for all things surgical education and surgical education research” for all surgical specialties and disciplines.

As I look to the future, we need to continue to work to broaden our membership diversity. By expanding our membership to include all the surgical subspecialties, we secure our future as the home for all surgical education researchers. The ASE needs to be “the go-to organization for all things surgical education and surgical education research” for all surgical specialties.

Finally, I would encourage further expansion and development of our capacity to do work in a virtual space, going beyond the teleconference. Our members live around the world, and I expect that this will only continue to grow into the future. As such, we need to create and provide them with the tools and technology to ensure their success, to enable them to connect with one another, to facilitate the innovations they are so capable of. By enabling our members to connect, we both directly and indirectly influence our reputation.

**Citizenship**

The concepts of citizenship and social responsibility come from the for-profit sector, whose focus is on growth and wealth generation for the company and its shareholders. They have come to see the value of corporate social responsibility as a strategic priority. Being socially responsible resonates with their employees, the communities they work in, and with all their stakeholders. Being socially responsible enhance the companies’ public profile and their reputation. Not-for-profit organizations exist to create benefit for society through their mission. Being socially responsible is inherent in the organization’s
Leadership

Performance

This part of reputation is all about measuring, acting upon, and reporting on how we are doing. Key performance indicators are measures that stakeholders see and use to form an opinion about how well an organization is doing. Is the ASE strategic? Is it strong? Is it financially robust? Is it fulfilling mission?

Over the past 3 years, much of the ASE attention has been on its financial performance. We have also invested time and energy on membership metrics. These are important performance metrics, and I would argue we have the capacity to measure and report on more.

Going forward as the organization plans for the next 3 to 5 years, we need to give thought to and define our key performance indicators (KPI) that come out of our new strategic priorities. Use these KPI to communicate with our stakeholders: show them and show the world how well the ASE is doing. For example, we should measure and report on our membership’s diversity, new online educational programming, innovations developed by our membership, metrics around citizenship, to name but a few. By communicating and leveraging our performance excellence will further enhance and strengthen our reputation.

Leadership

This organization has had the benefit of excellent leadership through the years: leaders that have exemplified openness, transparency, integrity, responsibility, credibility and trustworthiness. Our reputation is strong thanks to their character and the direction that they have given this organization.

As we plan for the next 3 to 5 years, we will need to make difficult decisions. The decisions about what not to do will be relatively easy. The decisions about what not to do and what to divest of will be difficult. The leadership team will need to make these difficult decisions.

One of the most important tasks given to the ASE’s leadership focuses on cultivating and strengthening the ASE’s relationships with other professional societies. As we move forward, we will need to put more thought and energy into our strategic relationships with organizations that touch and relate to our mission. Because we are a small organization, we need to leverage our diverse membership and arm this group of ambassadors with the information and tools so that they may each represent the ASE at their respective organizations.

To summarize, the ASE’s reputation is derived from these 7 parts or dimensions that determine what we communicate, how we behave, and what we report in terms of our performance. Our stakeholders experience, hear and see, and develop perceptions through what we communicate, our behaviors, and our performance. The sum of images our stakeholders have constitutes the ASE’s reputation.

As we prepare to embark on our second strategic plan, I see the opportunity for the ASE to further strengthen, leverage, and capitalize on its reputation as the “go-to organization for all things surgical education and surgical education research” by considering the following: (1) products and services: develop new programs based on members’ needs and create online applications; (2) innovation: get into the Tech-Ed space and reach a global audience; (3) governance: restructure our subcommittees and expand our strategic relationships; (4) workplace: diversify membership and create a virtual workplace for our members; (5) citizenship: profile our members’ innovations and expand our surgical education outreach; (6) performance: define our key performance indicators, measure, and report on them; and (7) leadership: create an army of ambassadors to help strengthen strategic relationships.

The ASE has a strong reputation. Our reputation is our most crucial asset. The ASE’s reputation differentiates us from all other organizations. It is worth managing and can be further strengthened, leveraged, and capitalized by incorporating the opportunities identified for each of the 7 dimensions of reputation into our thoughts and actions in the upcoming ASE strategic plan.

Finally, I would like to take a moment to say thank you to the following: the Board of Directors and the ASE executive team for their commitment and dedication to this organization and for all their assistance during the past year. To Dr Debra DeRosa, for the opportunities you have given me over the years. Our time together as faculty for the American College of Surgeons’ Surgeons as Educators Course has reinforced for me the impact that education has on the lives of those whom we are privileged to teach. To Dr Richard Reznick: thank for being my mentor, champion,
colleague, and my good friend. To my wife Catherine and children Jamie and Emily: thank you for your support and love throughout the years. I could not do what I do without you. And finally, to the ASE members, thank you for your dedication and commitment to this organization. You are the foundation of the ASE’s strong reputation. You make the ASE the “go-to organization for all things surgical education and surgical education research.” Thank you for allowing me to opportunity to serve as ASE president.

References