

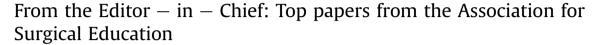
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Editorial





In the February Issue of *The American Journal of Surgery (AJS)* we feature manuscripts from the Association for Surgical Education. I want to thank Society Editor Roy Phitayakorn for assembling a fantastic issue. We are happy to feature the papers from their annual meeting as highlights below:

Motivations and impact of international rotations in lowand middle-income countries for orthopaedic surgery residents: Are we on the same page? Roberts and colleagues examine the impact of international rotations on U.S.-based orthopedic residents and on their counterparts in host sights. The host responses to the survey highlighted positive impacts of these relationships [1] with an editorial from Michael Poulson and Tracey Dechert [2].

How learning preferences and teaching styles influence effectiveness of surgical educators. Dickenson and colleagues utilize frameworks and surveys in the area of education to discern teaching and learning styles of faculty and residents in one general surgery residency program [3]. There is an editorial from James Lau [4].

Development of a peer review of operative teaching process and assessment tool. Torbeck and Dunnington present a theory-based review and coaching process to provide crucial formative feedback to faculty within their Department of Surgery [5]. Surgeons benefited from this formal, expert assessment which garnered departmental leadership support, with an editorial from Kevin Pei [6].

In addition to the Association for Surgical Education articles, we present **Six "My Thoughts/My Surgical Practice" Articles.** The first is the American Board of Surgery Statement on Assessment and Robotic Surgery [7]. I hope this will be the first of many statements from the American Board of Surgery published in AJS. The others include: Female Students Evaluated More Harshly by Female Trainees [8], Multi-institutional virtual mock oral examinations for general surgery residents in the era of COVID-19 [9], Finding a cancer surgeon: How hospital websites make this difficult for their patients [10], Novel Method for Confirming Appropriate Nerve

Integrity Monitor (NIM) Endotracheal Tube Positioning [11], and Using a flipped classroom model to enhance learning for the millennial surgical resident [12].

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