## John T Paige

List of Publications by Year in descending order

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331670 289244 1,750 76 21 40 h-index citations g-index papers 78 78 78 1513 docs citations times ranked citing authors all docs

#	Article	IF	CITATIONS
1	Conceptualizing a Quantitative Measurement Suite to Evaluate Healthcare Teams. Simulation and Gaming, 2022, 53, 75-92.	1.9	1
2	SAGES Reimagining Education & Learning (REAL) project. Surgical Endoscopy and Other Interventional Techniques, 2022, 36, 1699-1708.	2.4	1
3	813 Histologic Changes of Skin Biopsies After Autologous Skin Cell Suspension. Journal of Burn Care and Research, 2022, 43, S212-S213.	0.4	0
4	What's in a name? Simulation and technology enhanced learning uses and opportunities in the era of COVID-19. BMJ Simulation and Technology Enhanced Learning, 2021, 7, 1-2.	0.7	5
5	Qualitative Analysis of Effective Teamwork in the Operating Room (OR). Journal of Surgical Education, 2021, 78, 967-979.	2.5	12
6	Comprehensive Literature Search to Identify Assessment Tools for Operating Room Nontechnical Skills to Determine Common Critical Components. Medical Science Educator, 2021, 31, 81-89.	1.5	0
7	Brick in the wall? Linking quality of debriefing to participant learning in team training of interprofessional students. BMJ Simulation and Technology Enhanced Learning, 2021, 7, bmjstel-2020-000685.	0.7	1
8	At-home hands-on surgical training during COVID19: proof of concept using a virtual telementoring platform. Surgical Endoscopy and Other Interventional Techniques, 2021, 35, 1963-1969.	2.4	21
9	Improvement in student-led debriefing analysis after simulation-based team training using a revised teamwork assessment tool. Surgery, 2021, 170, 1659-1664.	1.9	6
10	O34 AUTOLOGOUS FENESTRATED CUTIS GRAFTS FOR VENTRAL HERNIA REPAIR IN PATIENTS WITH OBESITY. British Journal of Surgery, 2021, 108, .	0.3	0
11	The Use of Autologous Fenestrated Cutis Grafts in Hernia Repair. American Surgeon, 2020, 86, 819-825.	0.8	1
12	Applications of Simulation-Based Interprofessional Education in Critical Care Settings and Situations: Emergency Room, Trauma, Critical Care, Rapid Response, and Disasters. Comprehensive Healthcare Simulation, 2020, , 271-284.	0.2	0
13	Moving Along: Team Training for Emergency Room Trauma Transfers (T2ERT2). Journal of Surgical Education, 2019, 76, 1402-1412.	2.5	11
14	Modulation of inflammation in wounds of diabetic patients treated with porcine urinary bladder matrix. Regenerative Medicine, 2019, 14, 269-277.	1.7	22
15	Quality with quantity? Evaluating interprofessional faculty prebriefs and debriefs for simulation training using video. Surgery, 2019, 165, 1069-1074.	1.9	6
16	Examining interprofessional learning perceptions among students in a simulation-based operating room team training experience. Journal of Interprofessional Care, 2019, 33, 26-31.	1.7	22
17	Making It Stick: Keys to Effective Feedback and Debriefing in Surgical Education. Comprehensive Healthcare Simulation, 2019, , 131-141.	0.2	1
18	Developing Surgical Teams: Application. Innovation and Change in Professional Education, 2019, , 289-301.	0.2	1

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19	All in: expansion of the acquisition of data for outcomes and procedure transfer (ADOPT) program to an entire SAGES annual meeting hands-on hernia course. Surgical Endoscopy and Other Interventional Techniques, 2018, 32, 4491-4497.	2.4	11
20	Leaders by example: Best practices and advice on establishing a state-of-the art surgical simulation center that optimizes available resources. American Journal of Surgery, 2018, 215, 259-265.	1.8	11
21	gastrointestinal and endoscopic surgery on program content for the Annual Meeting of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) (2011–2016): a report from the SAGES Continuing Education Committee (CEC). Surgical Endoscopy and Other Interventional Techniques,	2.4	0
22	eAssessment: development of an electronic version of the Objective Structured Assessment of Debriefing tool to streamline evaluation of video recorded debriefings. Journal of the American Medical Informatics Association: JAMIA, 2018, 25, 1284-1291.	4.4	7
23	Priorities Related to Improving Healthcare Safety Through Simulation. Simulation in Healthcare, 2018, 13, S41-S50.	1.2	32
24	Introductions During Time-outs: Do Surgical Team Members Know One Another's Names?. Joint Commission Journal on Quality and Patient Safety, 2017, 43, 284-288.	0.7	12
25	SAGE(S) advice: application of a standardized train the trainer model for faculty involved in a Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) hands-on course. Surgical Endoscopy and Other Interventional Techniques, 2017, 31, 2017-2022.	2.4	11
26	SAGES framework for Continuing Professional Development (CPD) courses for practicing surgeons: the new SAGES course endorsement system. Surgical Endoscopy and Other Interventional Techniques, 2017, 31, 3827-3835.	2.4	2
27	Learning how to "teach one― A needs assessment of the state of faculty development within the Consortium of the American College of Surgeons Accredited Education Institutes. Surgery, 2017, 162, 1140-1147.	1.9	7
28	Hands-on 2.0: improving transfer of training via the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) Acquisition of Data for Outcomes and Procedure Transfer (ADOPT) program. Surgical Endoscopy and Other Interventional Techniques, 2017, 31, 3326-3332.	2.4	18
29	All for knots: evaluating the effectiveness of a proficiency-driven, simulation-based knot tying and suturing curriculum for medical students during their third-year surgery clerkship. American Journal of Surgery, 2017, 213, 362-370.	1.8	17
30	Team Training of Inter-Professional Students (TTIPS) for improving teamwork. BMJ Simulation and Technology Enhanced Learning, 2017, 3, 127-134.	0.7	13
31	Simulation-Based Selection of Surgical Trainees: Considerations, Challenges, and Opportunities. Journal of the American College of Surgeons, 2016, 223, 530-536.	0.5	18
32	Putting the MeaT into TeaM Training: Development, Delivery, and Evaluation of a Surgical Team-Training Workshop. Journal of Surgical Education, 2016, 73, 136-142.	2.5	5
33	An overview of research priorities in surgical simulation: what the literature shows has been achieved during the 21st century and what remains. American Journal of Surgery, 2016, 211, 214-225.	1.8	52
34	Using Simulation in Interprofessional Education. Surgical Clinics of North America, 2015, 95, 751-766.	1.5	49
35	Simulation in Surgery. Annals of Surgery, 2015, 261, 846-853.	4.2	177
36	Thinking it Through: Mental Rehearsal and Performance on 2 Types of Laparoscopic Cholecystectomy Simulators. Journal of Surgical Education, 2015, 72, 740-748.	2.5	18

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37	Preface. Surgical Clinics of North America, 2015, 95, xvii-xviii.	1.5	2
38	Ongoing evolution of practice gaps in gastrointestinal and endoscopic surgery: 2014 report from the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) Continuing Education Committee. Surgical Endoscopy and Other Interventional Techniques, 2015, 29, 3017-3029.	2.4	7
39	Debriefing 101: training faculty to promote learning in simulation-based training. American Journal of Surgery, 2015, 209, 126-131.	1.8	66
40	What is the future of training in surgery? Needs assessment of national stakeholders. Surgery, 2014, 156, 707-717.	1.9	32
41	Getting a Head Start: High-Fidelity, Simulation-Based Operating Room Team Training of Interprofessional Students. Journal of the American College of Surgeons, 2014, 218, 140-149.	0.5	131
42	Sustaining a Culture of Safety: Are We One Step Forward or Three Steps Back?. AORN Journal, 2013, 98, 634-646.	0.3	1
43	The American College of Surgeons/Association of Program Directors in Surgery National Skills Curriculum: Adoption rate, challenges and strategies for effective implementation into surgical residency programs. Surgery, 2013, 154, 13-20.	1.9	51
44	Evolution of practice gaps in gastrointestinal and endoscopic surgery: 2012 report from the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) Continuing Education Committee. Surgical Endoscopy and Other Interventional Techniques, 2013, 27, 4429-4438.	2.4	9
45	Creating new realities in healthcare: the status of simulation-based training as a patient safety improvement strategy. BMJ Quality and Safety, 2013, 22, 449-452.	3.7	58
46	Interprofessional Teamwork Among Students in Simulated Codes: A Quasi-Experimental Study. Nursing Education Perspectives, 2013, 34, 339-344.	0.7	4
47	The Effect of Simulation-Based Crew Resource Management Training on Measurable Teamwork and Communication Among Interprofessional Teams Caring for Postoperative Patients. Journal of Continuing Education in Nursing, 2013, 44, 516-524.	0.6	39
48	Interprofessional Teamwork Among Students in Simulated Codes: A Quasi-Experimental Study. Nursing Education Perspectives, 2013, 34, 339-344.	0.7	54
49	Objective Structured Assessment of Debriefing. Annals of Surgery, 2012, 256, 982-988.	4.2	149
50	Identifying best practice guidelines for debriefing in surgery: a tri-continental study. American Journal of Surgery, 2012, 203, 523-529.	1.8	90
51	Practice gaps in gastrointestinal and endoscopic surgery (2011): a report from the Society of Gastrointestinal and Endoscopic Surgeons (SAGES) Continuing Education Committee. Surgical Endoscopy and Other Interventional Techniques, 2012, 26, 3367-3381.	2.4	5
52	Effectiveness of teamwork and communication education using an interprofessional high-fidelity human patient simulation critical care code. Journal of Nursing Education and Practice, 2012, 3, .	0.2	11
53	Principles of Simulation. , 2012, , 3-14.		1
54	Building and Incorporating Simulation into a Radiology Residency Program Curriculum., 2012,, 80-89.		0

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55	Interprofessional Team-Based Training. , 2012, , 129-144.		O
56	Simulation in Emergency Radiology and Workload Management. , 2012, , 166-170.		0
57	Role of Instruction Method in Novices' Acquisition of Minimally Invasive Surgical Basic Skills. Journal of Laparoendoscopic and Advanced Surgical Techniques - Part A, 2011, 21, 711-715.	1.0	1
58	Hand-Eye Dominance and Depth Perception Effects in Performance on a Basic Laparoscopic Skills Set. Journal of the Society of Laparoendoscopic Surgeons, 2010, 14, 35-40.	1.1	21
59	Louisiana State University, Health Sciences Center, New Orleans (LSUHSC-NO) Learning Center, An American College of Surgeons (ACS) Accredited, Comprehensive Education Institute. Journal of Surgical Education, 2010, 67, 464-467.	2.5	1
60	Surgical Team Training: Promoting High Reliability with Nontechnical Skills. Surgical Clinics of North America, 2010, 90, 569-581.	1.5	42
61	Attitudinal Changes Resulting from Repetitive Training of Operating Room Personnel Using High-Fidelity Simulation at the Point of Care. American Surgeon, 2009, 75, 584-591.	0.8	41
62	High-fidelity, simulation-based, interdisciplinary operating room team training at the point of care. Surgery, 2009, 145, 138-146.	1.9	132
63	Improved Operating Room Teamwork via SAFETY Prep: A Rural Community Hospital's Experience. World Journal of Surgery, 2009, 33, 1181-1187.	1.6	31
64	Attitudinal changes resulting from repetitive training of operating room personnel using of high-fidelity simulation at the point of care. American Surgeon, 2009, 75, 584-90; discussion 590-1.	0.8	22
65	High fidelity, simulation-based training at the point-of-care improves teamwork in the operating room. Journal of the American College of Surgeons, 2008, 207, S87-S88.	0.5	7
66	Transforming the Operating Room Team Through Simulation Training. Seminars in Colon and Rectal Surgery, 2008, 19, 98-107.	0.3	5
67	Implementation of a Preoperative Briefing Protocol Improves Accuracy of Teamwork Assessment in the Operating Room. American Surgeon, 2008, 74, 817-823.	0.8	37
68	Initial implementation of mixed reality simulation targeting teamwork and patient safety. Studies in Health Technology and Informatics, 2008, 132, 216-21.	0.3	5
69	Implementation of a preoperative briefing protocol improves accuracy of teamwork assessment in the operating room. American Surgeon, 2008, 74, 817-23.	0.8	16
70	From the Flight Deck to the Operating Room: An Initial Pilot Study of the Feasibility and Potential Impact of True Interdisciplinary Team Training using High-Fidelity Simulation. Journal of Surgical Education, 2007, 64, 369-377.	2.5	58
71	No correlation between anti-factor Xa levels, low-molecular-weight heparin, and bleeding after gastric bypass. Surgery for Obesity and Related Diseases, 2007, 3, 469-475.	1.2	18
72	Perioperative Management of the Bariatric Surgery Patient. , 2007, , 119-130.		1

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73	Impact of socioeconomic deprivation and primary pathology on rate of reversal of Hartmann's procedure. American Journal of Surgery, 2003, 186, 154-157.	1.8	30
74	Technical Skills Training and Simulation. , 0, , 228-240.		0
75	Team Training for Interprofessional Insight, Networking and Guidance (T <sup>2</sup> IPING) points: a study protocol., 0,,.		1
76	Team Training for Interprofessional Insight, Networking and Guidance (T <sup>2</sup> IPING) points: a study protocol. , 0, , .		0