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AAGL *Advancing Minimally Invasive Gynecology Worldwide*

15th Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy & Minimally Invasive Surgery Including Pelvic Floor Reconstruction

May 17-18, 2013

Louisville, Kentucky

EVALUATION RESULTS

Attendance: 30 Response: 27

Educational Grant

AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies: 3-Dmed, American Medical Systems, Bard Medical, Boston Scientific, Coloplast, Conceptus, CooperSurgical, Covidien, Ethicon Endo-Surgery, Inc., Ethicon Women's Health & Urology, Karl Storz Endoscopy-America, Inc.

Post-Workshop Evaluation Summary:
15th Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy & Minimally Invasive Surgery including Pelvic Floor Reconstruction

There were 27 total responses but not all of them answered every question. The following summary was prepared based upon the comments received in response to the following questions:

Did you perceive that this course was fair, balanced, and free of commercial bias?

Out of 26 total responses:

- 100% said yes

Skills growth: How has this course helped you to improve your knowledge, skills or clinical relevance as a medical provider?

Out of 26 total responses:

- 62% said the course helped them improve surgical skills and increase their confidence
- 58% stated they benefitted from the emphasis on anatomy
- 30% mentioned the cadaveric dissection was extremely valuable
- 19% said the lectures were excellent and the videos were great learning tools
- 8% said they learned about new instrumentation and new techniques

Before this Class, I couldn't do/didn't know:

Out of 25 total responses:

- 100% were seeking improvement in one or more skill
- 36% stated dissecting the pelvic wall
- 32% said their suturing skills needed improvement
- 24% said they lacked a good understanding of anatomy in the space of Retzius
- 20% stated the didn't know how to perform ureteroslysis, TVT or TOT
- 8% said the didn't know how to perform total laparoscopic hysterectomy (TLH)

Now I can:

Out of 25 total responses:

- 100% cited improvement in one or more surgical technique
- 40% mentioned their understanding of anatomy in the space of Retzius was improved and they would be able to perform paravaginal repairs as a result
- 36% said they could now perform pelvic wall dissection
- 32% cited improvement in their suturing skill level
- 32% stated their confidence in performing these procedures was improved
- 28% said they could now perform ureterolysis
- 1 person stated he could now go forward with his colleagues in achieving their goal of making their facility a Center of Excellence in laparoscopy

Are there any barriers that you would encounter that would likely prevent you from receiving the intended result of this activity?

Out of 26 total responses:

- 92.3% said no
- 7.7% said yes

What would be some potential ways to overcome these barriers?

Out of 2 total responses:

- Both mentioned the ability to have a preceptor or mentor and one said case selection

Did one faculty member stand out among the group?

Out of 58 total responses:

- 55.6% said yes
- 44.4% said no

Please present the observations or thoughts that you want to share about this faculty member:

Out of 15 total responses:

- 100% of all comments were favorable
- 40% mentioned Dr. Hudgens, describing him as “an amazing instructor,” “patient,” also stating he made good use of the surgical video to aid in instruction
- 27% also mentioned Dr. Biscette, saying she was “incredible, demonstrating vast knowledge and patience in dealing with students”
- 20% mentioned Dr. Pasic, noting his enthusiasm and saying “he gave good instruction and feedback, presenting knowledge that is up to date”
- 20% mentioned Dr. Brill, describing him as “very approachable with common sense knowledge,” and “an excellent preceptor”
- 2 people mentioned Dr. Dassel, describing him as “outstanding” and “engaged in teaching”
- 1 person mentioned Dr. Janik but gave no description
- 1 person mentioned Dr. Warren, describing her as “incredible”
- 1 person mentioned Dr. Shepherd, saying she was “extremely helpful in the cadaveric dissection, providing excellent tips”

What were the strengths of this activity?

Out of 24 total responses:

- 71% said the hands-on lab, with 2 noting the cadavers were well-preserved
- 38% said the faculty
- 33% stated the lectures and videos
- 25% mentioned dissection, specifically
- 13% said the focus on anatomy
- 13% said the workshop was well-organized
- 2 people mentioned they really appreciated the dinner Dr. Pasic held at his home

What were the weaknesses of this activity?

Out of 17 total responses:

- 35% stated there were no weaknesses

Out of the remaining 65%:

- 24% said they would have preferred to have the learners grouped by skill level or learning goals as there were varying levels of experience and differing goals each person wanted to accomplish by taking the course
- 24% said the differences between cadavers. Some wanted to practice TLH but their cadaver had had a hysterectomy and therefore didn't have a uterus! One doctor said he was able to find a specimen with a uterus but then the energy sources were gone. Some learners wanted to dwell on the deep spaces and didn't gain anything by doing the TLH on their specimens.
- 2 people said they would have liked more cadaver time
- 1 person stated he would have liked more individual freedom during the dissection
- 1 person mentioned the organization of the shuttles from the hotel was poor
- 1 person said there were no videos available in the syllabus and would have like to have audio tapes or some way of bringing the information home

Does this activity meet its stated objectives?

This question was broken down into sub-categories – please refer to the summary report for specific responses.

Please specify how this activity did not meet its stated objectives.

Of the 7 total responses:

- All said there was no discussion about adhesion prevention
- 1 person said he did improve his laparoscopic suturing skills but did not work with different electro surgery devices

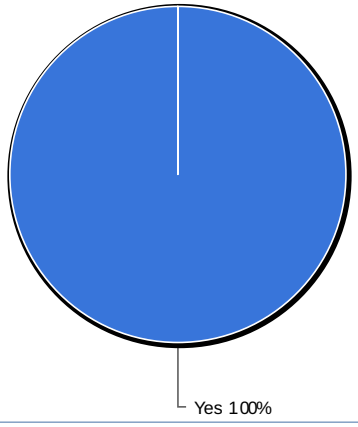
What future topics would enhance your knowledge?

Of the 15 people total responses:

- 40% said they couldn't think of anything to add to the course
- 3 people said they would like more tips on TLH
- 1 person stated morcellation
- 1 person mentioned a comparison to MIS to traditional surgery
- 1 person said adding more anatomy and dissection
- 1 person mentioned complications and repairs
- 1 person said vaginal hysterectomy
- 1 person stated treating endometriosis
- 1 person said nerve-sparing surgery

Summary Report - Auto Run

Survey: 15th Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy & Minimally Invasive Surgery including Pelvic Floor Reconstruction



1. Our mission is to provide you with CME offerings "focused on the ultimate goal of improving patient care in gynecologic medicine. AAGL's CME programs integrate the latest advances in clinical practice, scientific research, and technical innovation that impact learners by increasing their knowledge, competence, and performance-in-practice." Do you feel that this mission was met during this CME activity?

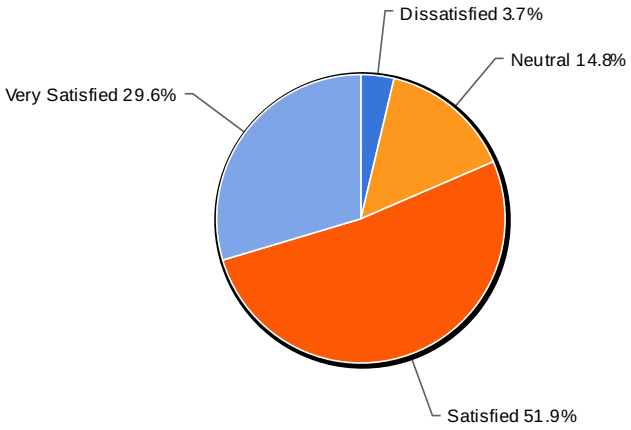
Value	Percent %
Yes	100.0%
No	0.0%

Statistics	
Total Responses	27

2. If no, why not?

Response

3. Handouts and other written materials were organized and useful to learning?

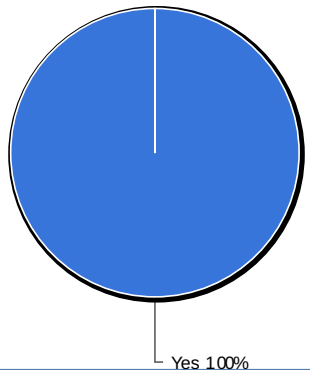


3. Handouts and other written materials were organized and useful to learning?

Value	Percent %
Very Dissatisfied	0.0%
Dissatisfied	3.7%
Neutral	14.8%
Satisfied	51.9%
Very Satisfied	29.6%

Statistics	
Total Responses	27
Sum	110.0
Avg.	4.1
StdDev	0.8
Max	5.0

4. Were disclosures made at the start of the lecture?

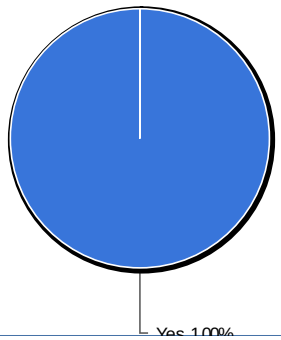


4. Were disclosures made at the start of the lecture?

Value	Percent %
Yes	100.0%
No	0.0%

Statistics	
Total Responses	27

5. Did you perceive that this course was fair, balanced, and free of commercial bias?



5. Did you perceive that this course was fair, balanced, and free of commercial bias?

Value	Percent %
Yes	100.0%
No	0.0%

Statistics	
Total Responses	26

Why do you feel that the course was not fair and balanced?

Response

6. Skills Growth: How has this course helped you to improve your knowledge, skills, or clinical relevance as a medical provider?

Response
Advanced surgical skills, increased confidence
Excellent team, leactures and supervision during cadaveric dissection
Grounded knowledge of anatomy with surgical dissection.
Improve my surgical skills by covering many subjects
Improved confidence with retro peritoneal dissection
Increased understanding of pelvic anatomy landmarks.
It gave an excellent understanding of surgical anatomy for the gynecologist.
It has improved my knowledge of anatomy and my surgical skills.
Learned some new tricks and tips. Really thought the lecture on complications was great
increased anatomic knowledge
increased knowledge of pelvic sidewall
laparoscopic suturing, opening of retroperitoneal space, ureteolysis.
reenforced my knowledge of pelvic anatomy
Reinforced pelvic sidewall anatomy knowledge base as well as providing pearls for dissection on live patients.
Although I was an observer, I feel like I was given good demonstrations of laparoscopic skills that I will be able to use. I was also able to practice with the trainer, which was a tremendous help.
Felt more familiar and comfortable with anatomy. The opportunity for cadaveric dissection is priceless
The course highlited evidenced based knowledge and skils to improve patients outcome. The practical sessions greatly improved my appreciation female pelvic anatomy and new urogynecology proceedures.
My goal was to improve on established laparoscopic skills as well as to get exposure to more advanced laparoscopic surgeries such as Burch and SCP - the course provided this and then some! =)
I feel much more comfortable operating in the retroperitoneal space. I felt this course provided an invaluable review of anatomy. I also found the discussion on Burch procedure very helpful.
Ha sido instructivo para asentar mis conocimientos y encontar algunas observaciones a tratamientos que me ayudaran
Cadaver dissection increased my confidence with dissection of ureter and identification of key vessels on the abdominal wall and pelvic sidewall.Dr.Warren and our fellow Dr.Bissette were incredible.
Good theoretical introduction. Small groups, so there was more than enough time to practise. The teachers, especially professor Pasic, gave good feedback during the practise. The latest equipment was used.
This course gave me the confidence to proceed with ureterolysis in difficult cases where the anatomy is distorted
Great review of anatomy. Learned new dissection techniques. Gained resources and met some new people with new ideas
Video demonstrations of some complicated laparoscopic surgeries were done. So, they are doable in experienced hands.
I become more oriented in how to perform save laparoscopy by having entry port from pulmer point ,enhanced my anatomy knowledge and dissection

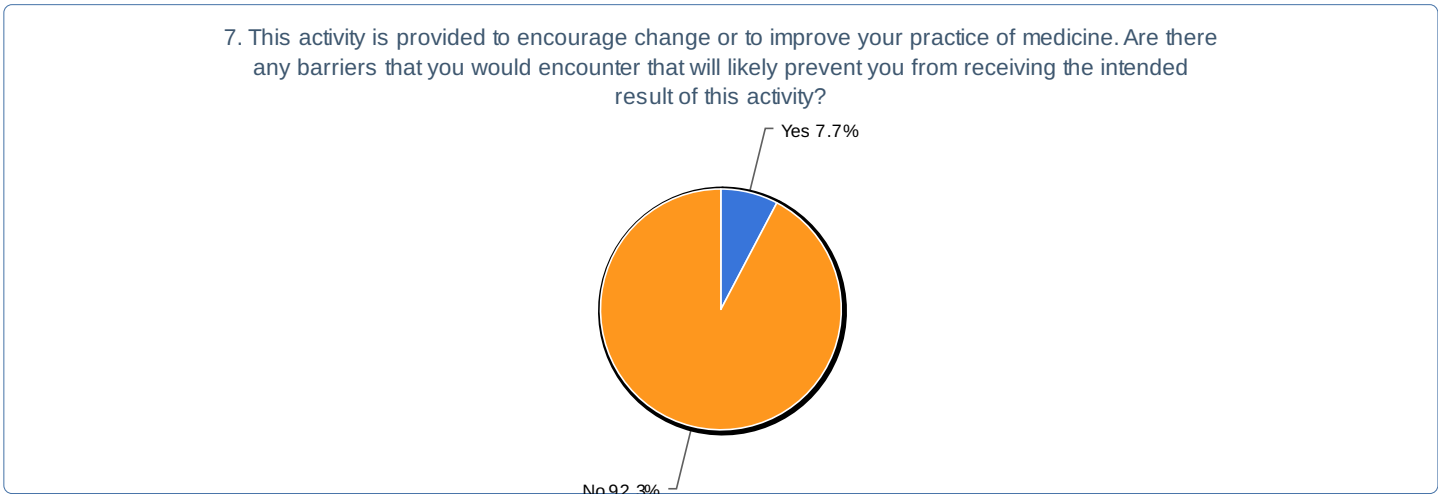
Before this class, I couldn't do/didn't know:

Response
- pelvic side wall dissection
Deep pelvic dissection. Was not good in intracorporeal suturing.
Dissect the retoperitoneum comfortably
How to dissect into the space of Retzius laparoscopically
I was a beginner in laparoscopic hysterectomy
Ipsilateral port placement and surgery in retzius space- paravaginal repairs and Burch
Laparoscopic suturing
Nunca habia visto un BURH
Perform total laproscopic hysterectomy (TLH)
Proper dissection of the pelvic sidewall.
Suturing and dissection
TOT
TVT
dissect ureters and blood vessels
enter space of retzius
retropubic space
ureterolysis straight stick intracorporeal suturing
white line and cooper ligament, retzius space
Different options for coagulation of pedicles(Harmonic ace and ace plus,bipolar instruments,.TVT was performed without difficulty
I struggled with uterine arteries at tlh, gained some helpful tips. Also gained confidence to do laparoscopic ureterolysis, which I had never done. Intracorporeal knots.
Laparoscopic suturing (advanced/deep pelvic anatomy (knew in med school/residency, hadn't focused on since)
Extracorporeal knot tying Use of harmonic scalpel Laparoscopic dissection of retroperitoneal space
I could not do ureterolysis confidently laparoscopically, nor could I even attempt to do lap myomectomies, Burch or SCP.
Two alternate ways to do a high uterosacral suspension and dissect the uterine artery efficiently for ease in difficult endometriosis cases.
Hadn't explored CDS, space of Retzius, or iliac vascular areas so closely. Hadn't done any internal knots.

Now I can:

Response
All three!
Continue to work on laparoscopic suturing
Dissect a ureter with confidence.
Dissect the retroperitoneum comfortably
Do ureterolysis and proper dissection of the pelvic sidewall.
Espero poder realizarla a la siguiente paciente que presente una patologia adecuada
Go forward with my partners in achieving our goal of a center of excellence in laparoscopy.
Go into space of Retzius. Not sure if I will do Burch, but will definitely do paravaginal repairs
I can do suturing
Perform Extracorporeal knot tying,dissect ureter,ready for TLH once instruments are procured...
Perform TLH
TOT, TVT, Burch, Repair of Bowel and bladder, free ureter

TVT
Ureterolysis Intracorporeal knot tying
approach L/S with an increased anatomic knowledge base, increasing patient safety
be more comfortable with the anatomy and dissections
enter space f retzius, tie cinch knot, dissect uterine from hypogastric a
fell comfortable in the retropubic space
know where to find ureters and how to trace it
Preform laparoscopic surgery with more self-confidence. This especially thanks to professor Pasic, who gave good advise and feedback which I can now apply in my daily practice
And have done ureterolysis at a recent complicated surgery. I plan to book some other more difficult surgeries laparoscopically and will be inviting an experienced colleague to join me for the first couple.
Do deep pelvic dissection on a cadaver (I continue to work on cadavers; I need to improve more). I am more practical in suturing (need to further improve).
I have a better understanding of pelvic anatomy, disection and surgical approaches to complex problems.
I can begin to suture laparoscopically, feel more comfortably in deeper discections and around the ureter, uterosacral ligaments and vessels.
I can confidently improve on my laparoscopic pelvic surgeries especially as it relates to severe pelvic endometriosis
Have an alternate approach to a high uterosacral ligament suspension. Feel comfortable dissecting uterine artery down to the level of ureteric crossing and identifying branches of the anterior branch of the internal iliac artery with confidence.



7. This activity is provided to encourage change or to improve your practice of medicine. Are there any barriers that you would encounter that will likely prevent you from receiving the intended result of this activity?

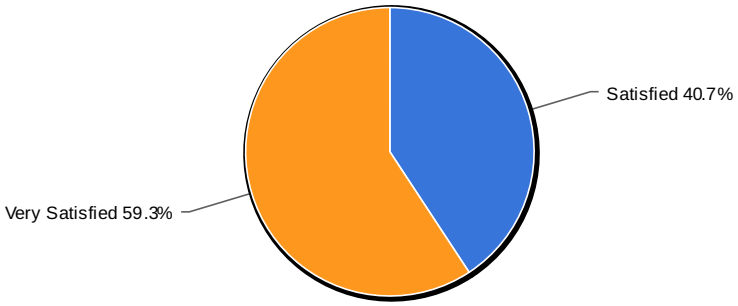
Value	Percent %
Yes	7.7%
No	92.3%

Statistics	
Total Responses	26

If yes, what would be some potential ways to overcome these barriers?

Response
Ability to have a preceptor until comfort level is met.
case selection and mentoring

8. How would you rate the faculty?

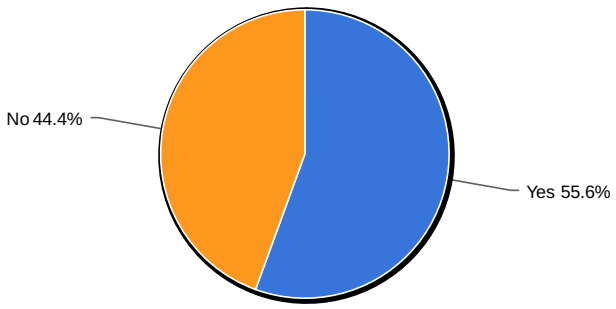


8. How would you rate the faculty?

Value	Percent %
Very Dissatisfied	0.0%
Dissatisfied	0.0%
Neutral	0.0%
Satisfied	40.7%
Very Satisfied	59.3%

Statistics	
Total Responses	27
Sum	124.0
Avg.	4.6
StdDev	0.5
Max	5.0

9. Did one faculty member stand out among the group?



9. Did one faculty member stand out among the group?

Value	Percent %
Yes	55.6%
No	44.4%

Statistics	
Total Responses	27

Please present the observations or thoughts that you want to share about this faculty member (PLEASE NOTE: Your name will be kept confidential)

Response
Dr.Warren,Shan Bissette I interacted with primarily and they were incredible.
Grace Janick
Jay was a great teacher.
Pasic's openness with surgical injuries
Professor Pasic is very enthousiastic about the laparoscopic surgery and knows how to give good and usefull feedback. He took time to evaluate everybody's preformance individually. His knowledge is up to date.
Dr Jay Hudgens was straight forward and honest in his approach using his learning techniques to teach and reinforce our ability to develop our skills in the same manner - very helpbul.
Joseph Hudgens was our proctor in the cadaver lab the first day and he was an amazing instructor. We enjoyed working with him a tapping into his incredible fund of knowledge. We had the opportunity to work with Shan Biscette the second day and she really worked with me on laparoscopic tying and was able to break it down into steps that I could really understand.
Dr. Shan Biscette demonstrated vast knowledge and patience in dealing with her student. Dr. Briselle was excellent in teaching anatomy.
she was very polite and friendly but she was leaving us form time to time , when we were not performing well she was taking over and start doing it herself except for few times where she hold our hand and showed us how to move
Dr. Brill was excellent - very approachable, had common sense information to share and allowed our group to focus on our own objectives
Dr Brill is an excellent preceptor. Dr. hudgens as well. Dr Pasic is cuorageous and generus in sharing his complications with us.
Jay was of great assistance in the cadaver lab. His knowledge, patience and ability to explain the same thing in different ways was extremely helpful. He also made great use of his computer and reviewing relavent portions of surgical video to help aid in dissection and learning.
Both Fellows were outstanding. Mark and Jay. The attending assigned to our table was distracted and was also watching another table.
Both Markus and J were very engaged with teaching and actually cared about what we wanted to learn
Jessica was extremely helpful in the cadavres. Patient. Excellent tips. Can see she has excellent experience, was a great resource.

10. What were the strengths of this activity?

Response
Cadaver dissection
Cadaveric dissection and focus on anatomy
Excellent lectures and supervision in the cadaveric lab
Excellent summarize review
Good faculty and extensive hands on
Hands on and felt like one to one training.
Hands-on cadaveric disection in the presence of laparoscopic experts.
La diseccion y reconocimiento de estructuras
Lectures combined with hands-on application
Pelvic anatomy and understanding electricity in laparoscopy.
The faculties' patience and teaching abilities.
Top presenters and preceptors Time with cadavres and small groups.
Well preserved female cadavers and some outstanding apropriate preceptors.
combination of hands on experience and lectures
hands on
hands on , anatomy dissection

hands on experience
workshop
Small groups and therefor enough time to practice Good organisation Good feedback Good theoretical background Excellent diner at professor Pasic's house
The hands on experience operating on cadavers, accompanied by surgeons who are experts in their fields to help guide and provide suggestions.
Excellent didactic presentations with ample videos to illustrate the points made. Excellent application once in the lab.
Hands on experience was invaluable. Pearls from everyone--super! Sense of shared endeavor. Demystified this process--we all have the same struggles and insecurities. Overall, very amazing guidance and teaching around dissecting/anatomy. Also very pleasant! Not intimidating. Fantastic learning environment. Great presentations. Might help a bit if presentations matched materials provided. Will we get updated presentation material? Beautiful and hospitable dinner on the Friday night. THANKS!
Excellent organization. Lectures were pertinent and well worth every minute. Cadaver lab was invaluable improving skills and knowledge.
Great surgeons Good presentations Also focused on complications and repairs Organization was excellent
well-organized comprehensive excellent specimens This was the finest practical anatomy course I have experienced in my 25 year career.

11. What were the weaknesses of this activity?

Response
?
I hope that we should be allowed to work with Cadaver after 5 pm in Day I.
Need to have a checklist of tasks to be completed for the cadavers to help guide the trainees
No real weakness; I'd love to continue dissections for another day.
None
None really. Perhaps there should be only two physicians to a table.
Not enough handouts
People of different skills or objectives grouped together
Too short - would love spending more time learning techniques and practicing.
can't think of any
cant think of any.
group members occasionally had different agendas
organization of shuttles from/to the hotel
Our cadaver had a hysterectomy and we were wanting to practice TLH. At the start, groups should be assigned a little better as to what their goals are. The group next to us would have preferred our cadaver.
Differences between cadavres Groups having individuals with specific needs driving the dissection. I suggest group by a list of learning goals rather than skill level?
Syllabus did not include videos(only still shots of videos.Would also be nice if an audiotape of the lectures were available for purchase or au gratis
I had two very aggressive and intense individuals at my cadaver station which made it very difficult to achieve consensus on our goals. Neither was interested in my thoughts and disregarded my opinions in terms of dissection or identification of anatomy. I was able to achieve my goals, however, thanks to very strong intervention from Dr. Pasic and Dr. Francis.
A little more freedom with respect to the cadaver dissection would be appreciated. Particularly on the first day, we were chastised for moving on to skills that we would actually use in our every day practice without having completed an extensive dissection bilaterally. This dissection, while improving skills certainly, is not something we would ever do in our practice and so it would have been more helpful to have the freedom to spend the time on usable skills.
I came very specifically because I am on the cusp of starting to do TLHs on my own. I wanted to be able to do the anatomy

identification coupled with the process of colpotomy and doing those aspects of the procedure. Sadly, our specimen didn't have a uterus! There were many groups who had no interest in this and who would have rather dwelled in the deep spaces and they didn't gain anything by doing the TLHs on their specimens. I did work out finding a specimen with a uterus but then the energy sources were gone. That said, I did tons of fantastic dissection. Perhaps a simple screening question about task specific goals at the beginning might help with groupings. This isn't really a weakness as much as a barrier to meeting needs. By the time a few of us worked out how to change things up, time ran out. I noticed that on the second day the announcements of change over time got a bit lax. Shouldn't be such a big deal with adult learners but I think there were a number of us who heard about a lot of selfishness among the group members. It's not necessarily the easiest place for people who are polite.

12. Did this activity meet its stated objectives?

	Yes	No
Appraise skills learned to relevant pelvic anatomy and apply them for surgery including laparoscopic hysterectomy and pelvic floor surgery	**100.0%**	**0.0%**
Apply skills learned to pelvic side wall dissection and illustrate retroperitoneal structures.	**100.0%**	**0.0%**
Explain the ergonomics, theory and rationale for reproducible laparoscopic suturing.	**100.0%**	**0.0%**
Demonstrate measurable improvement in laparoscopic suturing skills; apply principles of electro surgery to fresh tissue cadaver and discriminate between different tissue sealing devices.	**96.2%**	**3.8%**
Identify risk factors for laparoscopic complications and manage treatment of such.	**100.0%**	**0.0%**
Distinguish methods for adhesion prevention.	**65.4%**	**34.6%**

Please specify how this activity did not meet its stated objectives.

Response
I do not believe we discussed this nor was this covered.
I do not remember discussions regarding adhesion prevention.Perhaps it is in the syllabus
I don't feel this was covered in much depth,
Not discussed
The adhesion prevention topic was not discussed or touched in the lectures
We did not discuss adhesion prevention which would be a welcome addition.
1- I was able to practice laparoscopic suturing and did have improvement as I had no prior skills. We did not, however, work with different electro surgery devices. 2- We did not discuss adhesion prevention.

13. What future topics would enhance your knowledge?

Response
La reparacion de complicaciones
More focus on pelvic floor anatomy/dissection
Nerve sparing surgery in gynaecology.
None
None really.
Same
Total vaginal hysterectomy
cant think of any
more hands on workshop

not sure
total laparoscopic hysterectomy in endometriumcarcinoma
Practice would improve my surgery. Also, watching and assisting good surgeons in complicated surgeries would improve my skills. Knowledge requires reading as well. The course was superb. As medical techniques develop the course will be revised. However, for today's practice it was superb. I wanted to learn laparoscpic hysterectomy and severe endometriosis treatment and these were adequately showed in this 2-day-course.
Would appreciate updates on literature comparing MIS with more traditional methods. Otherwise, great the way it is!
Morcellation and individual pursuits.During the last cadaver session I had no interest in TVT training and my time would have been more productively spent if I could have spent more time with the cadaver
Better copy of the syllabus so that we could take notes for those of us who aren't purely electronic.
Even more tips on laparoscopic hysterectomy- examples of places we all run into challenges and tips / tricks to help you.