

# Summary

#### 13<sup>th</sup> Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy & Minimally Invasive Surgery

Program Evaluation	1-Strongly Disagree	2- Disagree	3-Neutral	4-Agree	5-Strongly Agree	Average Mean
Was this activity free of commercial bias?	0%	0%	4.55%	27.27%	63.64%	4.27
How would you rate the overall educational quality of this activity?	0%	0%	0%	13.64%	86.36%	4.86
Were the course materials helpful and will they be useful references in the future?	0%	0%	0%	18.18%	81.82%	4.82

Program Learning Objectives How well did this activity prepare you to	1-Strongly Disagree	2- Disagree	3-Neutral	4-Agree	5-Strongly Agree	Average Mean
Demonstrate knowledge of the surgical anatomy of the female pelvis?	0%	0%	4.55%	9.09%	86.36%	4.82
Perform surgical skills through hands on dissection of retroperitoneal spaces and pelvic sidewall?	0%	0%	0%	13.64%	86.36%	4.86
Analysis anatomic knowledge and laparoscopic skills in performing advanced operative laparoscopic procedures?	0%	0%	4.55%	18.18%	72.73%	4.50
Confront difficulties encountered during laparoscopic suturing and presents different suturing techniques?	0%	0%	9.09%	22.73%	68.18%	4.59

What is the likelihood that you will make gradual or long-term changes in your clinical practice as a result of this activity? Please specify.

#### Course was excellent!

Excellent!

I will be able to perform pelvic sidewall of the ureter more confidently, as well as, perform laparoscopic suturing skillfully.

Moving to TLH

It will take time to practice all the skill we learn from the workshop.

Very high likelihood; improved my confidence of retroperitoneal anatomy and laparoscopic suturing. Outstanding

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### Summary

Feel confident with dissection of retroperitoneal to identify ureter and keep out of harm's way. Sidewall dissection; unilateral 2 ports - will begin to operate this way.

Scrubs should be provided.

Yes, armed with more surgical confidence due to understanding the pelvic anatomy better. I will do more of my hysterectomies to a laparoscopic approach.

CME Faculty Evaluation	1-Strongly Disagree	2- Disagree	3-Neutral	4-Agree	5-Strongly Agree	Average Mean		
Did faculty: 1) Possess expertise of subject; 2) present information clearly; 3) provide appropriate educational aids; 4) disclose conflicts of interest; and 5) present materials free of bias.								
Resad P. Pasic, M.D., Ph.D.	4.55%	0%	0%	13.64%	72.73%	4.23		
Andrew I. Brill, M.D.	0%	0%	0%	4.55%	90.91%	4.73		
Shan Biscette, M.D.	0%	0%	4.55%	9.09%	54.55%	3.23		
Alexandra Blinchevsky, M.D.	0%	0%	4.55%	9.09%	54.55%	3.23		
Larry R. Glazerman, M.D.	0%	0%	4.55%	13.64%	63.64%	3.87		
Joseph (Jay) L. Hudgens, M.D.	4.55%	0%	4.55%	13.64%	59.09%	3.68		
Grace M. Janik, M.D.	0%	0%	4.55%	9.09%	81.82%	4.59		
Ronald L. Levine, M.D.	0%	0%	0%	13.64%	68.18%	3.96		
Jonathan H. Reinstine, M.D.	4.55%	0%	0%	18.18%	40.91%	2.82		
Jessica A. Shepherd, M.D.	0%	0%	4.55%	9.09%	59.09%	3.46		
James M. Shwayder, M.D., J.D.	4.55%	0%	4.55%	9.09%	36.36%	2.37		
Sara Diaz-Valentin, M.D.	4.55%	0%	9.09%	18.18%	59.09%	4.0		
Lori L. Warren, M.D.	4.55%	0%	0%	13.64%	45.45%	2.87		

#### Comments (Please print clearly so that we can resolve any concerns)

Very good course; suitable for moderate to advanced physicians.

Drs. Shepherd and Biscette were very good!

Excellent Course; Dr. Shwayder was above and beyond.

Disappointed that the videos were not working day 2 (Sat.)

1) Remind attendees to silent phones; 2) It would be helpful to have anatomic charts of the pelvis geared toward OB/GYNS; 3) It would be great to be able to download the videos presented in the lecture.

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# **Summary**

Please give us your suggestions for future CME activities or provide additional comments.

Split up the lab time.

Use common courtesy for paid attendees. If conversation needs to occur, whisper or leave the room. This was very disruptive while the attendees are tying to pay attention.

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