

COURSE EVALUATION

Ophthalmology: Modern Ophthalmology in Historic Virginia
Virginia Society of Ophthalmology Annual Scientific Meeting
June 22 – 23, 2007

A. PLEASE CIRCLE A RESPONSE TO THE FOLLOWING QUESTIONS:

1) How did you first hear about this program?

- a) Fax notice (4) b) Colleague (2) c) Postcard (2) d) Brochure (6)
e) VSO Website (2) f) VSO Newsletter (28) g) Other-come every year, planning, board member

2) How long have you been in clinical practice?

- a) Student (0) b) Resident Physician (1) c) 1-4 years (4)
d) 5-9 years (4) e) 10-14 years (3) f) 15-19 years (13) g) 20 years or longer (25)

3) What is your clinical specialty?

- a) Cornea/Refractive (2) b) Cataract/External Diseases (5) c) Retina (5)
d) Neuro-ophthalmology (1) e) Plastics (3) f) Glaucoma (3) g) General Ophthalmology (37)
h) Other, please specify -- low vision, eye pathology, retired (2)

4) How is most of your practice reimbursed?

- a) Fee for service (37) b) Managed Care (9) c) Other, please specify-retired, fed govmt, plastics

B. PLEASE WRITE ANSWERS TO THE FOLLOWING QUESTIONS:

After participating in our annual scientific meeting, participants will be able to:

- Demonstrate understanding of complications of ophthalmic disease and surgery
- List principles of management of ophthalmic complications
- Outline advances in the specialty areas of glaucoma, cornea, cataracts, pediatric ophthalmology, oculoplastics and diseases of the retina.

Specific objectives are also provided for each session of the meeting

1) Did this program succeed in meeting its educational objectives? YES 47 NO 0

Please explain:

Very informative, both surgically & medically; meeting was current & educational; nice presentations in all subspecialties; latest findings/procedures to help patients; better to have fewer speakers per session.

2) As a result of attending this course, will you make any changes in your practice? a) YES 30 b) NO 10

If yes, what will you do differently?

Do more mini-diurnal IOP curves; low tension glaucoma regimens; alternatives in cataract surgical techniques; purchase equipment; increased suturing of wounds w/tisseel; increased pre-op counseling; different approach to LTG; possibly add ECP; importance of diurnal & intervisit IOP difference; new adhesives; multifocal lenses; consider suture fix/IOL; tailor oral supplements w/level of AMD; better assess conjunctive fragmentation; pay more attention to IOP fluctuations; address IOP fluctuations in glaucoma patients; change timing of referral for intervention in orbital fractures; tissue glue; IOL calculations; suture fixative/IOLs; VEGF uses; better informed consent and information for patients; consider ECP treatment and toric IOL; evaluate glaucoma patients using additional criteria; will consider adding ECP; will pay more attention to range of IOP measurements; carefully observe IOP fluctuations; reconsider approach to treatment trials, LTG; new technologies; multifocal lenses; retired; pterygium surgery—try tisseel/amniotic membranes; corneal transplantation; discuss options for advanced design of IOLs in detail with all patients; aggressive referral of vein occlusion to a retinal specialist; change botox sites; manage certain pigmented lesions more aggressively; not push patients as aggressively to take Ocuвите; vitamin supplements – ARMD; conjunctival tumor treatment changes; more serial tonometry.

- 3) Please list two major areas of knowledge and skills that you feel practitioners must address in the next few years?

Anti-VEGF therapy (2)
Cancer treatment/oncology (2)
Cataract (2); Cataract/refractive – lens implants
Continued research – AMD
Cornea/refractive surgery, corneal transplants (3)
Cosmetic procedures – oculoplastics (2)
Dry eye
EMR (2)
Frequency of Lucentis injections
Glaucoma (3) – changing trends, new surgical procedures, risk evaluation
IOL (3) – new technologies, calculations, refractive surgery

Multifocal IOLs (2) -- implementing
Macular degeneration (5) – retinal update
Practice management (2); management efficiency -- improvements
Presbyopia (5) – surgical correction methods, advances in correction; presbyopic IOLs, toric IOLs
Pharmaceutical costs – reduce for patients
Retina (3) – retinal changes, diabetic retinopathy; VEGF, ARMD treatment, etc
Retinal vascular disease – treatment options (VEGF?)
Surgical retina disease

Please list at least one reason you chose to attend this educational activity

CME (15) – Face-to-face
Collegiality (5) – maintain contact w/Virginia ophthalmologists; social contacts with peers; sharing novel ideas w/peers, sharing information
Cost
Education (7), effect on clinical practice; ECP lecture, retina updates; Fundamental/practice oriented courses; updates on advances in ophthalmology, clinical knowledge

Excellent meeting (2); Excellent program
Location (6) – convenient; good venues; setting, city; proximity – close to home, driving distance
OMIC
Support state society (10) – always attend, good meeting; good speakers; worthwhile
“VSO is always varied and excellent”
Time of year

- 4) Please give us any suggestions you have for topics to be presented at next year's conference:

Already every topic is addressed; continue to cover all subspecialties of ophthalmology; don't change a thing
AMD-early results
Anterior segment
Botox; Cosmetic eyelid and eyebrow procedures; mini-invasive
Coffee/Caffeine/Sodas at afternoon breaks
Cornea/external diseases – non surgical
Dilbert or Dilmar?
Dry eye
EMR (3)- presentations, need for it, how to manage the process
Lasik versus surface ablation; PRK versus Lasik
Low vision
Multifocal IOLs (2)
Neuro-protective update – glaucoma
Oculoplastics (2)

Oncology
PQRI, Pay for performance updates (2)
Questions & answers – include more time for debate, Q&A at end of sessions
Refractive
Retina (2) – surgical disease
Revenues – better billing strategies; how to keep revenues up in spite of reimbursements
Surgical – more videos, techniques – cataracts; glaucoma
Trabeculoplasty and shunts; Trabeculoplasty/canaloplasty
glaucoma surgery
Update – new medications and medical disorders as they impact ophthalmology
Uveitis
VEGF

- 5) Did you perceive bias toward any commercial support? 35 No 6 Yes, if so, what bias did you perceive?

Alcon: Wilson, Horn
Toric, progressive lenses; accommodating lenses, especially ReStor
Alcon - bias toward ReStor lens, Acrosol Toric IOL
Jeff Horn – Alcon IOLs, “but reasonable for the topic”; David Hardten – AMD, “but reasonable for the topic.”

C. Please rate each of the presentations. Please circle the appropriate number. Rate each presentation with a 1 through 5, WITH 5 BEING THE HIGHEST RATING.

TOPIC	SPEAKER	Usefulness of Information	Presentation Skills
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Friday, June 22, 2007 - Lectures

Glaucoma:

Objectives:

At the conclusion of the Glaucoma session, successful learners should be able to:

1. Outline the future in imaging techniques for glaucoma assessment and follow-up
2. Describe newer approaches and modulations of glaucoma surgery
3. Identify the roles of ECP and IOP fluctuations in glaucoma management

ECP	Farrell C. Tyson, II, MD	1(0) 2(0) 3 (7) 4 (17) 5 (21) 5 (22)	1 (0) 2 (1) 3 (4) 4 (16)
IOP Fluct - Myths& Realities	Sanjay G. Asrani, MD	1 (0) 2 (0) 3 (3) 4 (11) 5 (31)	1 (0) 2 (0) 3 (4) 4 (12) 5 (28)

Residents and Fellows' Showcase:

Objectives

At the conclusion of the Residents and Fellows' Showcase, participants will be able to:

1. Describe the major causes and indications for needing to change the anti-VEGF agent being used to treat exudative age-related macular degeneration
2. Discuss the clinical features, genetics, and pathophysiology of cavernoma multiplex
3. Discuss the effect of single and multiple posterior sub-Tenon's injections of triamcinolone acetonide on the intraocular pressure of normal and glaucomatous eyes
4. Identify the risk factors for developing intraocular pressure spikes following routine cataract surgery using Healon 5
5. Discuss the short-term results in the treatment of Retinal Angiomatous Proliferation (RAP) lesions with bevacizumab (Avastin™)

Triamcinolone Acetonide Injects/IOP	Golnaz Javey, MD	1(0) 2 (0) 3 (14) 4 (19) 5 (9)/ 5 (10)	1 (0) 2 (0) 3 (12) 4 (20)
Lucentis	Jennifer Galvin, MD	1 (0) 2 (1) 3 (12) 4 (25) 5 (7) <i>Nice voice & presentation rhythm</i>	1 (0) 2 (2) 3 (12) 4 (23) 5 (6)
Case - Cavernoma	Walter A. Sams, MD	1 (0) 2 (3) 3 (15) 4 (21) 5 (6) 5 (9)	1 (0) 2 (0) 3 (6) 4 (27)
ID Risks of IOP Spikes	Michael Fung, MD	1 (0) 2 (2) 3 (10) 4 (22) 5 (11) 5 (12)	1 (0) 2 (1) 3 (5) 4 (25)
Intravitreal Bevacizumab	Nicola Ghazi, MD	1 (0) 2 (0) 3 (9) 4 (24) 5 (13) 5 (15)	1 (0) 2 (0) 3 (6) 4 (23)

Pediatrics:

Objectives

At the conclusion of the Pediatrics session, participants will be able to:

1. Recognize common pediatric ophthalmology problems and initiate a work-up
2. Identify common pediatric ophthalmology problems in their office
3. Recall the indications and contraindications of pediatric cataract surgery and IOLs
4. Identify how to provide appropriate treatment or referrals for pediatric ophthalmic conditions
5. List the differences between Phakic IOLs and Custom Intralase, and identify when to perform each procedure.

Ped Cataract Surgery	M. Edward Wilson, Jr., MD	1 (0) 2 (0) 3 (5) 4 (19) 5 (24) / 5 (38)	1 (0) 2 (0) 3 (1) 4 (7)
IOL Implantation	M. Edward Wilson, Jr., MD	1 (0) 2 (0) 3 (6) 4 (16) 5 (25) / 5 (26)	1 (0) 2 (0) 3 (1) 4 (8)

PIFIS	M. Edward Wilson, Jr., MD	1 (0) 2 (2) 3 (8) 4 (16) 5 (21) /	1 (0) 2 (0) 3 (1) 4 (10) 5 (34)
Phakic IOLs/Custom Intralase	Vivek Jain, MD	1 (0) 2 (7) 3 (14) 4 (20) 5 (6) /	1 (0) 2 (3) 3 (20) 4 (16) 5 (6) <i>“Way too much time”</i>
Posterior Lamellar Keratoplasty	Garth Stevens, MD	1 (0) 2 (0) 3 (7) 4 (23) 5 (16) /	1 (0) 2 (2) 3 (3) 4 (17) 5 (23) <i>“Way too much time”</i>

Oculoplastics:

Objectives

At the conclusion of the Oculoplastics session, successful learners should be able to:

1. Interpret the soft-tissue findings in orbital fracture imaging
2. Explain the indications and timing of surgical repair
3. Identify the indications and results for late fracture reconstruction
4. Review the ophthalmic and facial uses for Botox and will review dosing regimens

Melanocytic Lesions/Conjunctiva	Nicola Ghazi, MD	1(0) 2 (0) 3 (3) 4 (14) 5 (31)/	1 (0) 2 (0) 3 (4) 4 (13) 5 (30)
Botox: Clinical Applications 5 (33)	Steven A. Newman, MD	1 (0) 2 (0) 3 (2) 4 (25) 5 (22)/	1 (0) 2 (0) 3 (3) 4 (12)
Aspiration of Orbital Lesions 4 (9) 5 (34)	Steven A. Newman, MD	1 (0) 2 (1) 3 (7) 4 (18) 5 (22) /	1 (0) 2 (0) 3 (4)
Orbital Fractures	Marc D. Shields, MD	1(0) 2 (0) 3 (8) 4 (20) 5 (17) /	1 (0) 2 (2) 3 (9) 4 (16) 5 (16)

Cornea/Refractive:

Objectives

At the conclusion of the Cornea/Refractive session, successful learners should be able to:

1. Discuss the indications and contraindications of tissue adhesives
2. Identify the indications and contraindications for endothelial transplantation
3. Describe advances in corneal transplantation and IOL technology.
4. Discuss the advantages and disadvantages of new approaches to corneal surgery

Astigmatism & Cataracts	Jeff Horn, MD	1(0) 2 (0) 3 (2) 4 (14) 5 (29) /	1 (0) 2 (0) 3 (1) 4 (14) 5 (29)
Presbyopic IOLs	Jeff Horn, MD	1(0) 2 (0) 3 (2) 4 (14) 5 (30) /	1 (0) 2 (0) 3 (3) 4 (16) 5(26)
Endothelial Transplantation 5 (28)	Sadeer Hannush, MD	1 (0) 2 (0) 3 (3) 4 (13) 5 (24) /	1 (0) 2 (0) 3 (3) 4 (8)
Tissue Adhesives 5 (25)	Sadeer Hannush, MD	1 (0) 2 (0) 3 (6) 4 (11) 5 (22)/	1 (0) 2 (0) 3 (3) 4 (10)
Fabry's Disease (8) 4 (14) 5 (13)	Theresa Meehan, RN	1 (0) 2 (1) 3 (11) 4 (13) 5 (12)/	1(0) 2 (1) 3

Saturday, June 23, 2007- Lectures

Retina:

Objectives

At the conclusion of the Retina session, the participant should be able to:

1. Describe the clinical features, diagnostic considerations, treatment and complications of macular degeneration
2. Describe evolving trends in retinal imaging
3. Describe the current and emerging treatment modalities for exudative and non-exudative age-related macular degeneration
4. Explain the impact of recent studies on the management of macular degeneration

5. Describe the advances in vitrectomy surgery.

AREDS Update	Neil Bressler, MD	1(0)	2(0)	3(1)	4(10)	5(35)	1(0)	2(0)	3(1)	4(8)	5(36)
Retinal Imaging	Elias Reichel, MD	1(0)	2(0)	3(1)	4(18)	5(27)	1(0)	2(0)	3(0)	4(15)	5(30)
Choroidal Neovascularization	Neil Bressler, M	1(0)	2(0)	3(0)	4(12)	5(34)/	1(0)	2(0)	3(0)	4(9)	5(36)
Venous Occlusive Disease	Alan Wagner, MD	1(0)	2(0)	3(5)	4(17)	5(24)/	1(0)	2(0)	3(6)	4(14)	5(25)

Cataract Session

Objectives

After participating in the Cataract Session, the participant will be able to:

1. Demonstrate understanding of advances in cataract surgery.
2. Demonstrate understanding of cataract surgery/IOL complications.
3. List principles of management of cataract surgery/IOL complications
4. Demonstrate understanding of and list principles of IOL calculations and cataract surgery in the post-refractive surgery patient.
5. Demonstrate understanding of new IOL technologies and multifocal IOL options.
6. List pearls for success with presbyopia correcting IOL's.

Adv. in Cataract Surgery	Walter J. Stark, MD	1 (0) 2 (0) 3 (1) 4 (6) 5 (35) /	1(0) 2 (0) 3 (0) 4 (5)
5 (36)			
Mgmt. of IOL Comps	Walter J. Stark, MD	1 (0) 2 (0) 3 (0) 4 (7) 5 (35) /	1 (0) 2 (0) 3 (0) 4 (5) 5 (36)
Fuchs' Dystrophy, DSAEK	Walter J. Stark, MD	1 (0) 2 (0) 3 (1) 4 (12) 5 (29) /	1 (0) 2 (0) 3 (0) 4 (7)
5 (34)			
IOL Calcs/Refractive Surgery	David R. Hardten, MD	1 (0) 2 (0) 3 (3) 4 (10) 5 (24) /	1 (0) 2 (0) 3 (1) 4 (13)
5 (22)			
New IOL Technologies	David R. Hardten, MD	1 (0) 2 (0) 3 (2) 4 (13) 5 (21) /	1 (0) 2 (0) 3
(1) 4 (14) 5 (20)			

Saturday, June 23, 2007- Workshops

Medical Ethics	Basil M. Rowland, MSW, LCSW	1 (2) 2 (3) 3 (3) 4 (11) 5 (6) /	1 (1) 2 (5) 3 (5) 4 (8) 5 (6)
OMIC	Anne M. Menke, R.N., Ph.D.	1 (0) 2 (0) 3 (1) 4 (5) 5 (13) /	1 (0) 2 (0) 3 (1) 4 (3) 5 (15)

- D. Please write any comments, suggestions, improvements, etc., that you may have concerning the conference format, facilities, faculty or staff.**

See last page for feedback

Planning for Future Scientific Meetings

- E. Please circle during what months you prefer to attend scientific meetings or conferences**

Jan (2) Feb (2) March (3) April (9) May (18) June (29)
July (5) August (2) September (4) October (3) November (0) December (0)

- F. Do you prefer to have your conferences during the week (2) or over a weekend? (28)**

- G. Do you prefer to have half-day, one-day (3), or two-day (33) educational programs?**

10 prefer the current Friday-Saturday schedule; one recommendation to leave some afternoon time for entertainment

- H. Please list any preferred locations, facilities or conference centers at which you would like to attend future conferences**

Virginia Beach (11); NoVA (8); Homestead (11); Williamsburg (10) – Kingsmill Marriott; Greenbrier (2); Norfolk; Charlottesville (3) – Keswick?; Wintergreen; Tides Inn; Richmond (4); Eastern Shore; Duke University; Roanoke
“The Williamsburg Lodge is an excellent facility.”

- I. Do you prefer to attend conferences**
a. Alone (4).

- b. with a significant other/spouse (32)**
- c. with your children (12)**

- J. What sorts of recreational activities, if any, do you prefer to participate in while attending future meetings or conferences:**
- a. Golf (11) b. Tennis (4) c. Swimming (12) d. Sightseeing (19)
- e. Shopping (18) f. Attending a concert or play (6)
- g. Other, please specify historical; museums; fishing (2)
- K. What factors do you use to determine whether you will attend an educational program? Please circle all that apply:**
- a. Number of CME credits offered (34)
- b. Type of CME credits offered (16)
- c. Social activities available in conjunction with the program (14)
- d. Meeting location (36)
- e. Cost to attend meeting/obtain CME credits (21)
- f. Cost of lodging (14)
- g. Other, please specify: (2) – time of year; interaction w/personal schedule

What types of topics, programs or speakers would you like to see offered at future meetings? Please share with us any feedback or suggestions you have that will enable us to provide the highest quality educational opportunities to meet your needs.

D. Added Comments/Suggestions

Great meeting!

Make sure conference center offers coffee w/creamer with all food

Very nice – need more hotel rooms

More seating for lunch

Move to April or May

I would prefer to attend with my spouse if there were a “spouse program.”

I would do a one-day program if drivable; two-day if it's a longer distance

Great meeting! Thanks for all of your hard work!

Prefer family-friendly venues – I usually bring my spouse and children

We loved the meeting at the Homestead – numerous activities. We also enjoyed Chantilly – w/family, going into DC on the train

I like it when school is out

Back to the Homestead!

All but Chantilly have been great for the last ten years!

Accommodations at the Williamsburg Lodge were fair at best

Why can't we sit for lunch?

Wintergreen – maybe March – skiing, golf, tennis all available

Nice to have meeting facilities within walking distance to the hotel – unlike Virginia Beach

Make the medical ethics workshop after the OMIC workshop

Very warm – air conditioner was overwhelmed

Don't schedule a full day each day

Excellent meeting

Overall went well – some issues w/functioning of remote controls (or user abilities)

Where to park, waiver of restrictions (spa only; Lodge guests only, etc) need to be clarified if we return to the Lodge in the future

Not a resort destination – rather a destination independent of a conference center is preferred

Need to have a destination with family activities

K. Additional Comments/Topics

“Excellent speakers at this year's event.”

“How about Dr. Karickhoff in NoVA – only MD worldwide that treats floaters with lasers?”

“I always like to see nationally recognized speakers such as Stark at meetings at this level.”

“I like to see newest/latest/greatest coverage of anterior segment and posterior segment areas at meeting – This meeting met this very well.”

“The same quality as this year – this was perfect.”

“Would like to see bigger names for glaucoma – Asrani was great”

“Your Duke speakers are always top notch and share new info.”

All presenters must provide their notes to attendees to take home

Basic oculoplastic techniques – current technologies in bleph.; ELA, EN, ectropian

Botox

Cataract, cataract complications (3)

Consider joint meetings with contiguous state societies: WVA, MD, DC, NC

Cornea/Refractive surgery

Cosmetic oculoplastics workshops (2)

Doctors with no financial gain speaking on ReStor/ReZoom/Crystalens – Gail Martin in Southern Pines, NC?

EMR Specialists – how to get started

Glaucoma; More emphasis on glaucoma – 3 or 4 speakers

Low Vision

Macular degeneration

Medical retina

No personal computers for AV

Not refractive surgery

Oculoplastics

Ophthalmic oncology, ocular oncology -- Shields

Pay for Performance Updates

Please make all social and dinner events open to office staff and technicians

Political Updates

Refractive

Skills transfer courses

Speakers must get powerpoint slides in book or no honorarium

Surface laser proponents – Marguerite McDonald

Surgical pearls – cataract & refractive, w/videos

The mix is important – 1 or 2 speakers per session

Turn off/vibrate cell phones

Varied topics – like this meeting

Would pull in some more doctors with big name speakers