

COURSE EVALUATION SUMMARY

Ophthalmology: New Technologies...New Treatments
Virginia Society of Ophthalmology Annual Scientific Meeting
June 24 – 25, 2005
58 Respondents

A. PLEASE CIRCLE A RESPONSE TO THE FOLLOWING QUESTIONS:

- 1) How did you first hear about this program?
a) Fax notice=4 b) Colleague=10 c) Postcard=3 d) Brochure=6
e) VSO Website=3 f) VSO Newsletter=29
g) Other=4; AAO website, phone call, invited speaker, program, on committee, board meeting
- 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=9 e) 10-14 years=7
f) 15-19 years=13 g) 20 - 24 years=19 h) 25 years or longer=2
- 3) What is your clinical specialty?
a) Cornea/Refractive=4 b) Cataract/External Diseases=6 c) Retina=5
d) Neuro-ophthalmology=2 e) Plastics=4 f) Glaucoma=5 g) General Ophthalmology=33
h) Other, please specify one - pediatrics
- 4) How is most of your practice reimbursed?
a) Fee for service=39 b) Managed Care=8
c) Other: Medicare=4 Hospital based practice = 1 Stipend=1 Salaried=1 Combination=1

B. PLEASE WRITE ANSWERS TO THE FOLLOWING QUESTIONS:

Upon completion of the conference participants will be able to:

- Demonstrate understanding of complications of ophthalmic disease and surgery
- List principles of management of ophthalmic complications
- Describe advances in diabetic management and antibiotic therapy
- Outline advances in the specialty areas of glaucoma, anterior segment surgery, neuro-ophthalmology, oculoplastics and diseases of the retina.
- Outline best practices in practice management

- 1) Did this program succeed in meeting its educational objectives? YES= 49 NO= 0

Please explain:

- The new and evidenced-based advances in ophthalmology management was outlined
- Good job on topics covered; Clinically oriented well-rounded presentations on every subspecialty block of the program
- Challenged on neuro-peds lecture

- 2) As a result of attending this course, will you make any changes in your practice? a) YES=37 b) NO=6

If yes, what will you do differently?

- Do visual fields more often
- Try no IV w/cataract surgery; Consider not placing IV for cataract surgery
- May try silicone I/A; Try TetraVis when available
- Better understanding of treatment of AMD; Do less surgeries in AMD settings
- Use Macugen more
- Try RAP treatment
- More frequent use of OCT
- Botox; New oculoplastics techniques; add/change some plastics techniques
- AION-Optic Neuritis diagnosis & mgt; How to better handle neuro-ophthalmology problems
- Courses always make me more careful about neuro-ophthalmology
- Refractive surgeries-phakic IOLs, retina - intravit injections
- Glaucoma; Implement the 5 "R's" for glaucoma assessment
- Evaluate optic nerve differently, more critically; Feel more comfortable with optic nerve evaluation for glaucoma
- Try atropine treatment for selected amblyopia patients; Amblyopia later in kids
- Consider new techniques; Changes with surgical techniques; Surgical efficiency: OR efficiency,
- Changes in surgical preparation and patient management in ambulatory surgical centers; Streamline outpatient surgery
- Learned some new plastic, refractive procedures, learned ways to increase efficiency of cataract surgeries; Some changes in cataract surgery techniques
- Improve surgical efficiency, future of canaficolar (Schlemm's) stents
- More things to tell patients

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

years?

- OCT, OCT Standardization
- Continued need for ethics
- Medicare
- Optic Nerve Scanning
- More PPV for DME 3
- Refractive; Refractive lens exchange
- Lasik – 2 replies
- Macular Degeneration (2 replies); Complexity of emerging therapies for AMD; ARMD
- Providing care in era of decreased compensation, indigent care
- Recognize importance of evidence-based medicine
- Recognize increasing importance of cost-effectiveness; Increasing efficiencies in office and in operating room
- Keeping current in ophthalmology outside of specialty
- Glaucoma; Glaucoma treatment; Changes in glaucoma & retina treatments; be more willing to operate on glaucoma pts
- Botox treatments; More – Botox injections
- Topical cataract surgeries; Update – cataract surgery, handling complications of cataract surgery
- Cosmetic desires of patients
- Multi-focal lens implants-accurate calculations, astigmatism control, etc.; Improving IOL accuracy
- Reimbursement, more refractive techniques
- Practice Efficiency; Practice mgt, electronic medical records; Medical records – creation and maintenance of; High technology - EMR
- Privacy
- Advocacy
- Neuro-ophthalmology
- Dry eye

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

- Time
- Speakers; great speakers=4
- Enormous teaching value; To learn more; To give my patients the benefit of new advances and knowledge; Learn cutting edge ophthalmology; techniques and recent advances in ophthalmology
- I was speaking (2); I had to as program chairman
- Subject matter on schedule; subjects covered; broad exposure to all areas of ophthalmology
- Combination of cataracts, pediatrics, and neuro-ophthalmology is what I look for
- CME credit = 10; CME credit in ethics
- Location = 9; 3 cited the great location; Close to home= 5
- The Homestead, resort location, Vacation; close to home, good family venue
- Good conference
- “VSO always has excellent faculty of presenters and the Homestead is an excellent place for the meeting.”

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

- Lens exchange techniques in refractive surgery
- Phakic IOLs; Multi-focal IOL's
- Refractive surgery – Howard Fine, Dick Lindstrom, Dan Durrie, Karl Stonecipher
- Cataract – focus on technique – David Chang, Kerry Solomon
- Cataract surgery – handling complications of cataract surgery
- IOL calculations – Warren Hill
- Crystallens versus Restore (careful, honest)
- Avoiding malpractice; Changes in clinical practice; Practice management
- How ophthalmology will evolve over the next one to two decades
- This program was good; Follow the same format; I like updates in all fields
- Botox; More oculoplastics
- Conversion to phaco chop
- Glaucoma/corneal pachymetry
- Wet macular degeneration –Macugen use; ARMD
- Have residents papers submitted earlier; better integrated into program

5) Did you perceive any bias toward commercial supporters of the activity?

Fifteen respondents (15) reported **No** Four respondents (4) reported **Yes**

If so, what bias did you perceive?

- Dr. Lehmann's talk was cited once, but no specifics or additional comments given.
- Dr. Bierly's second talk was cited once as an “advertisement for AMO and not appropriate for the meeting.”
- “Disclosure was made,” but no other specifics – speaker or topic, were provided to further identify the issue
- “Dr. Djafari claimed no commercial interest in his rake on the handout, but his talk did not include this disclosure.”

Please rate each of the presentations. Please circle the appropriate number.

Each presentation should be rated 1 through 5, WITH 5 BEING THE HIGHEST RATING.

TOPIC	SPEAKER	Usefulness of Information	Presentation Skills
-------	---------	---------------------------	---------------------

Friday, June 24, 2005 - Lectures

Cataract:

Objectives:

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

1. Explain Phacoemulsification
2. Outline the management of cataract, glaucoma and dry eye syndrome
3. Describe the management of complicated anterior segment surgery, IOL complications and endophthalmitis
4. Describe advances in corneal transplantation and IOL development

<p>Liquefaction vs Ultrasound Topic</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>Avg</td></tr> <tr><td>1</td><td>2</td><td>12</td><td>21</td><td>13</td><td>3.88</td></tr> </table>	1	2	3	4	5	Avg	1	2	12	21	13	3.88	<p>Dr. Robert Lehmann</p>	<p>1 2 3 4 5</p> <p>Speaker</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>Avg</td></tr> <tr><td>2</td><td>0</td><td>6</td><td>12</td><td>16</td><td>4.11</td></tr> </table>	1	2	3	4	5	Avg	2	0	6	12	16	4.11	<p>1 2 3 4 5</p>
1	2	3	4	5	Avg																						
1	2	12	21	13	3.88																						
1	2	3	4	5	Avg																						
2	0	6	12	16	4.11																						
<p>Bimanual Phacoemulsification Topic</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>Avg</td></tr> <tr><td>1</td><td>2</td><td>15</td><td>16</td><td>15</td><td>3.86</td></tr> </table>	1	2	3	4	5	Avg	1	2	15	16	15	3.86	<p>Dr. John Bierly</p>	<p>1 2 3 4 5</p> <p>Speaker</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>Avg</td></tr> <tr><td>2</td><td>0</td><td>5</td><td>26</td><td>14</td><td>4.06</td></tr> </table>	1	2	3	4	5	Avg	2	0	5	26	14	4.06	<p>1 2 3 4 5</p>
1	2	3	4	5	Avg																						
1	2	15	16	15	3.86																						
1	2	3	4	5	Avg																						
2	0	5	26	14	4.06																						
<p>Efficient Cataract Surgery Topic</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>Avg</td></tr> <tr><td>1</td><td>4</td><td>3</td><td>15</td><td>26</td><td>4.24</td></tr> </table>	1	2	3	4	5	Avg	1	4	3	15	26	4.24	<p>Dr. Larry Patterson</p>	<p>1 2 3 4 5</p> <p>Speaker</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>Avg</td></tr> <tr><td>2</td><td>0</td><td>4</td><td>17</td><td>22</td><td>4.26</td></tr> </table>	1	2	3	4	5	Avg	2	0	4	17	22	4.26	<p>1 2 3 4 5</p>
1	2	3	4	5	Avg																						
1	4	3	15	26	4.24																						
1	2	3	4	5	Avg																						
2	0	4	17	22	4.26																						
<p>New Tech of Phacoemulsification Topic</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>Avg</td></tr> <tr><td>1</td><td>4</td><td>9</td><td>21</td><td>13</td><td>3.85</td></tr> </table>	1	2	3	4	5	Avg	1	4	9	21	13	3.85	<p>Dr. John Bierly</p>	<p>1 2 3 4 5</p> <p>Speaker</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>Avg</td></tr> <tr><td>2</td><td>0</td><td>5</td><td>25</td><td>12</td><td>4.02</td></tr> </table>	1	2	3	4	5	Avg	2	0	5	25	12	4.02	<p>1 2 3 4 5</p>
1	2	3	4	5	Avg																						
1	4	9	21	13	3.85																						
1	2	3	4	5	Avg																						
2	0	5	25	12	4.02																						

Neuro-ophthalmology and Pediatrics:

Objectives

At the conclusion of the Neuro-ophthalmology and Pediatrics session, successful learners should be able to:

1. Identify the risk factors separating anterior ischemic optic neuropathy, the most common cause of sudden visual loss in older patients from optic neuritis, the most common cause of sudden visual loss in younger patients.
2. Describe the most important diagnostic test for patients with presumed optic neuritis.
3. Demonstrate the implications of the recent studies such as the ONTT and CHAMPS study with respect to changing pattern in care of patients with optic neuritis.
4. Outline the implications of the recent amblyopia studies and the indications for treatment with patching and atropine.
5. Identify the most commonly missed diagnoses in neuro-ophthalmology.
6. Describe the work up for giant cell arteritis in any elderly patient presenting with acute visual loss or intermittent double vision.
7. Describe the importance of visual field testing to avoid missing intracranial compressive lesions.

Optic Neuritis vs Ischemic Optic Neurop.Dr. Nancy Newman

1 2 3 4 5

1 2 3 4 5

Topic

Speaker

1	2	3	4	5	Avg
4	0	1	14	29	4.33

1	2	3	4	5	Avg
2	0	4	12	28	4.39

What I Do Differently

Dr. Sean Donahue

1 2 3 4 5

1 2 3 4 5

Topic

Speaker

1	2	3	4	5	Avg
3	2	3	14	26	4.21

1	2	3	4	5	Avg
2	0	5	14	26	4.32

Peri-operative Visual Loss

Dr. Nancy Newman

1 2 3 4 5

1 2 3 4 5

Topic

Speaker

1	2	3	4	5	Avg
4	0	3	14	27	4.25

1	2	3	4	5	Avg
2	0	5	11	30	4.40

Diagnoses not to Miss

Dr. Steven Newman

1 2 3 4 5

1 2 3 4 5

Topic

Speaker

1	2	3	4	5	Avg
4	1	2	11	30	4.29

1	2	3	4	5	Avg
3	1	7	10	25	4.15

Effects of Parkinson's

Dr. Warren Felton

1 2 3 4 5

1 2 3 4 5

Topic

Speaker

1	2	3	4	5	Avg
2	6	13	17	9	3.54

1	2	3	4	5	Avg
0	4	14	17	10	3.73

Carotid-Cavernous Fistula
Did not present

Dr. Elena Drudy

1 2 3 4 5

1 2 3 4 5

Oculoplastics:

Objectives

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

- List new advances in oculoplastic and facial cosmetic surgery
- List the techniques and identifying the indications for performing a dacryocystectomy
- Explain the management of post blepharoplasty superior sulcus defects
- Outline new advancements to the traditional blepharoplasty technique

Pediatric Vision Screening

Dr. Sean Donahue

1 2 3 4 5

1 2 3 4 5

Topic

Speaker

1	2	3	4	5	Avg
3	0	4	13	21	4.20

1	2	3	4	5	Avg
2	1	5	11	19	4.16

Neurosarcoid

Dr. Krishna Kishor

1 2 3 4 5

1 2 3 4 5

Topic

Speaker

1	2	3	4	5	Avg
1	1	16	14	7	3.64

1	2	3	4	5	Avg
1	1	10	18	8	3.82

Changing Face

Dr. Jill Foster

1 2 3 4 5

1 2 3 4 5

Topic

Speaker

1	2	3	4	5	Avg
2	0	4	16	18	4.2

1	2	3	4	5	Avg
1	1	4	11	22	4.33

Radioactive Iodine Therapy

Dr. Ken Morgenstern

1 2 3 4 5

1 2 3 4 5

Topic

Speaker

1	2	3	4	5	Avg
2	1	11	17	7	3.68

1	2	3	4	5	Avg
1	1	8	18	10	3.92

Corrugator Excision Topic					
1	2	3	4	5	Avg
2	2	12	16	7	3.62

Dr. William Bearden						1	2	3	4	5	
Speaker						1	2	3	4	5	Avg
						2	0	7	20	9	3.89

1 2 3 4 5

Mgt of Superior Sulcus Defect Topic					
1	2	3	4	5	Avg
2	2	7	14	14	3.92

Dr. Jill Foster						1	2	3	4	5	
Speaker						1	2	3	4	5	Avg
						1	1	3	14	20	4.31

1 2 3 4 5

Cornea/Refractive:
Objectives

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

1. Explain the indications, advantages and complications of corneal transplant techniques
2. Explain the indications, advantages and complications of refractive surgery technologies

Keratoprosthetic Devices Topic					
1	2	3	4	5	Avg
2	3	6	15	13	3.87

Dr. Uyen Tran						1	2	3	4	5	
Speaker						1	2	3	4	5	Avg
						0	2	4	13	20	4.31

1 2 3 4 5

A Revolution in Corneal Transplantation Topic					
1	2	3	4	5	Avg
2	1	6	18	12	3.95

Dr. Garth Stevens						1	2	3	4	5	
Speaker						1	2	3	4	5	Avg
						1	2	6	16	14	4.03

1 2 3 4 5

Phakic Intraocular Lenses Topic					
1	2	3	4	5	Avg
1	5	3	16	14	3.95

Dr. David Schneider						1	2	3	4	5	
Speaker						1	2	3	4	5	Avg
						1	2	5	16	14	4.05

1 2 3 4 5

Advances in CK Topic					
1	2	3	4	5	Avg
0	4	6	19	9	3.87

Dr. Demi Dang						1	2	3	4	5	
Speaker						1	2	3	4	5	Avg
						1	1	11	16	9	3.82

1 2 3 4 5

Refractive Lens Exchange Topic					
1	2	3	4	5	Avg
1	2	4	16	14	4.08

Dr. Robert Lehmann						1	2	3	4	5	
Speaker						1	2	3	4	5	Avg
						1	0	6	18	12	4.08

1 2 3 4 5

Therapy of Dry Eye Syndrome Topic					
1	2	3	4	5	Avg
1	1	8	10	16	4.08

Dr. Garth Stevens						1	2	3	4	5	
Speaker						1	2	3	4	5	Avg
						2	1	6	14	12	3.94

1 2 3 4 5

Atypical Dry Eye & Corneal Ulceration Topic					
1	2	3	4	5	Avg
0	3	6	18	8	3.89

Dr. Dan Simon						1	2	3	4	5	
Speaker						1	2	3	4	5	Avg
						1	2	6	19	7	3.83

1 2 3 4 5

Saturday, June 25, 2005- Lectures

Retina:
Objectives

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

1. Describe the emerging diagnostic and therapeutic strategies for commonly encountered retinal disorders, and the indications, complications, and limitations of each strategy.
2. Outline the investigational techniques involving pharmacological, laser, and surgical modalities.

Retinal Vascular Changes

Topic

1	2	3	4	5	Avg
1	2	3	4	5	3.75
2	1	11	17	9	3.75

Dr. John Thompson

1 2 3 4 5

1 2 3 4 5

Speaker

1	2	3	4	5	Avg
1	2	3	4	5	3.82
2	0	8	22	7	3.82

OCT Characteristics/Diabetic Macular Edema

Topic

1	2	3	4	5	Avg
1	2	3	4	5	4.12
2	0	6	18	17	4.12

Dr. Nicola Ghazi

1 2 3 4 5

1 2 3 4 5

Speaker

1	2	3	4	5	Avg
1	2	3	4	5	4.12
1	0	7	18	15	4.12

Neovascular Macular Degeneration

Topic

1	2	3	4	5	Avg
1	2	3	4	5	4.14
2	1	7	12	21	4.14

Dr. Robert Murphy

1 2 3 4 5

1 2 3 4 5

Speaker

1	2	3	4	5	Avg
1	2	3	4	5	4.13
2	0	6	15	17	4.13

Novel Flexible Rake

Topic

1	2	3	4	5	Avg
1	2	3	4	5	3.44
2	4	18	14	7	3.44

Dr. Valla Djafari

1 2 3 4 5

1 2 3 4 5

Speaker

1	2	3	4	5	Avg
1	2	3	4	5	3.84
0	5	7	21	10	3.84

Treatments for Macular Degeneration

Topic

1	2	3	4	5	Avg
1	2	3	4	5	4.42
4	0	1	10	33	4.42

Dr. Donald D'Amico

1 2 3 4 5

1 2 3 4 5

Speaker

1	2	3	4	5	Avg
1	2	3	4	5	4.42
2	0	4	10	29	4.42

Ocular Melanoma Update

Topic

1	2	3	4	5	Avg
1	2	3	4	5	3.93
2	1	10	18	15	3.93

Dr. Brian Conway

1 2 3 4 5

1 2 3 4 5

Speaker

1	2	3	4	5	Avg
1	2	3	4	5	3.91
0	4	9	18	13	3.91

25 Gauge Vitrectomy Techniques

Topic

1	2	3	4	5	Avg
1	2	3	4	5	3.80
2	1	14	15	13	3.80

Dr. Manfred von Fricken

1 2 3 4 5

1 2 3 4 5

Speaker

1	2	3	4	5	Avg
1	2	3	4	5	3.98
3	0	6	20	14	3.98

Macugen for CRVO

Topic

1	2	3	4	5	Avg
1	2	3	4	5	3.82
2	2	8	22	10	3.82

Dr. Richard Garfinkel

1 2 3 4 5

1 2 3 4 5

Speaker

1	2	3	4	5	Avg
1	2	3	4	5	3.79
2	2	9	19	10	3.79

Ocular Coherence Tomography

Topic

1	2	3	4	5	Avg
1	2	3	4	5	4.14
0	1	6	21	14	4.14

Dr. George Sanborn

1 2 3 4 5

1 2 3 4 5

Speaker

1	2	3	4	5	Avg
1	2	3	4	5	4.05
1	0	9	17	14	4.05

Glaucoma Session

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
2. Describe the mechanisms and advantages of Selective Laser Trabeculoplasty as an alternative laser technique
3. Describe newer approaches and modulations of glaucoma surgery

Glaucoma Surgery: A New Era

Topic

1	2	3	4	5	Avg
1	2	3	4	5	4.27
2	0	3	18	21	4.27

Dr. Richard Lewis

1 2 3 4 5

1 2 3 4 5

Speaker

1	2	3	4	5	Avg
1	2	3	4	5	4.41
1	1	4	11	27	4.41

Glaucomatocyclitic Crisis

Topic

1	2	3	4	5	Avg
1	2	3	4	5	3.93
1	1	9	20	11	3.93

Dr. Paul Phillips

1 2 3 4 5

1 2 3 4 5

Speaker

1	2	3	4	5	Avg
1	2	3	4	5	3.98
0	2	10	16	13	3.98

Topic					
1	2	3	4	5	Avg
1	2	3	4	5	Avg
2	0	3	8	30	4.49

Speaker					
1	2	3	4	5	Avg
1	2	3	4	5	Avg
2	0	3	7	31	4.51

Saturday, June 25, 2005- Workshops

Workshops:

Ethical Ophthalmology

Dr. Elliot Finkelstein

1 2 3 4 5

1 2 3 4 5

Topic

Speaker

1	2	3	4	5	Avg
1	1	2	3	6	3.92

1	2	3	4	5	Avg
1	1	4	3	5	3.71

Individual Retirement Planning

William C. Gilbert

1 2 3 4 5

1 2 3 4 5

Topic

Speaker

1	2	3	4	5	Avg
0	0	1	0	3	4.5

1	2	3	4	5	Avg
0	0	1	1	3	4.4

OMIC: Unanticipated Outcomes

Holzer & Roeber

1 2 3 4 5

1 2 3 4 5

Topic

Speaker

1	2	3	4	5	Avg
2	0	1	2	9	4.14

1	2	3	4	5	Avg
2	0	2	3	8	4.0

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

- Friday night dinner was awful; had heard some comments from three MD's and two drug reps. Dinner was bad and speeches should have been limited to 5-10 minutes. I was ready to write a check but was so turned off by presentations and pompous attitudes of presenters that I decided not to.
- Dinner was substandard at Commonwealth Club
- Spoke to someone about Friday dinner – chicken was dried up, service was slow, was never offered drinks, service was slow –spoke to someone at the Homestead-little assistance provided.
- For \$60 per person for the dinner meal, wine should have been included
- Very disappointed in banquet – poor quality of food for the price; speakers way too long. No need for speaker after dinner; Too late of a night with the next morning starting at 7:30am
- Banquet was very disappointing – I would have much rather donate money and have a pleasant dinner – the food was substandard, the talks were too long after an entire day of lectures. It would have to be great to convince me to go again.
- I was disappointed with the facilities. It appeared they had more people at the resort than they could take care of. We were unable to find reservations for Thursday night and ate at Subway. We were also unable to get dinner reservations on Saturday. This is unacceptable as there are no options in the area immediately near the resort.
- The resort/city hosting the meeting should be able to accommodate all the participants' dining needs at a reasonable hour. The Homestead/Hot Springs are unable to do so.
- The Homestead is wonderful but it's pricey. I'd prefer another very nice place, but less \$\$\$
- Info on corneal transplantation not given
- Dr. Steve Newman speaks too fast, is difficult to understand
- Dr. Foster was excellent
- Dr. Conway –no handouts!
- Dr. von Fricken – great video!
- Dr. Sanborn – no handout!
- Dr. Lewis: Poor A-video, no handouts
- Dr. Finkelstein should have used a microphone for his talk
- An excellent meeting!

Planning for Future Scientific Meetings

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

Jan= 1

Feb= 1

March= 2

April= 6

May=14

June=32

July=5

August=3

September=3

October=6

November=1

December=0

F. Do you prefer to have your conferences during the week or over a weekend? _____

Weekend=39

Week=2

Fri/Sat=5

Thurs/Fri/Sat=1

“Best to keep Sunday off”

- G. Do you prefer to have half-day, one-day, or two-day educational programs? _____**
One day=4 Two day=29 Half-day=5 (“as my brain gets full”)
Two half days, 2 or 3 half day sessions=3 votes
Two and one half days=1 One and one half days=2 Sat, plus half day on Sun=1

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

- Wintergreen (3 votes) Wintergreen in January.
- Charlottesville (3 votes) -- for fall foliage.
- Roanoke would be closer for me (3 votes); Hotel Roanoke
- Tidewater, Virginia Beach area (with golf at Kingsmill?); Virginia Beach anytime; Virginia Beach (7 votes)
- Norfolk
- Williamsburg (9 votes) -- Williamsburg Inn
- Tides Inn
- Northern Virginia (3 votes); Tyson’s Corner, Alexandria, Chantilly (Westfields)
- Homestead (8 votes); Homestead in summer
- Greenbrier (3 votes)
- Annapolis
- Location where there are activities for the family members – Homestead is great; Wonderful venue.
- DC metro, Tidewater, Richmond
- I would have four meeting sites in rotation so that all ophthalmologists can attend with ease:
 - Northern Virginia
 - Williamsburg
 - Roanoke
 - Charlottesville

Places like the Homestead are very far away to be convenient for lots of physicians.

I. Do you prefer to attend conferences

- a. Alone = 7
- b. With a significant other/spouse = 36
- 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 (15) b. Tennis (5) c. Swimming (17) d. Sightseeing (28)
- e. Shopping (13) f. Attending a concert or play (9)
- g. Other, please specify: Outdoor activities, cultural, good eating, fishing, concert or play if it’s really good

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 (29)
- b. Type of CME credits offered (15)
- c. Social activities available in conjunction with the program (11)
- d. Meeting location (37)
- e. Cost to attend meeting/obtain CME credits (20)
- f. Cost of lodging (12)
- g. Other, please specify: What courses and speakers are offered; who’s attending; how it fits my schedule and other commitments; social activities, family activities – I always bring my husband and two daughter.

What types of topics, programs or speakers would you like to see offered at future meetings?

- Would like workshops running concurrently with lectures (like ASCRS), so could work on surgical skills during that time instead of attending lectures when I don’t have an interest in them.
- Hands on skills workshops; practice management
- Research questions, pathology
- Always a good and respected national speaker on advances in cataract surgery and refractive surgery
- Practice management integrated into clinical discussion
- Current topics
- More plastics; Botox injections
- Updates on cataract surgery/complications
- Glaucoma/retina update

- More “How I Do It” presentations/practices
- More mainstream cataract talks
- General ophthalmology topics good – something for everyone
- Same as this one

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.

- Better speakers, More current technology. Mold meeting after ASCRS. More workshops. Example – Restore lens is the biggest topic right now, but only 20 minutes allocated to it. Should have allocated 4-8 hours to it and brought in best speakers in the country on it; would have had much better attendance.
- Audio-video and computer technology should work – no excuse for presenter not being able to show his videos
- Need a better laser pointer – green
- Larger print on name badges and include city and/or practice name
- Retina and neuro-ophthalmology sections are great
- The speakers did a good job staying on time. Please continue to emphasize this. The scheduling, with different topics by half day, is good; it allowed me to choose a half-day to cut so I could play golf.
- All was great! Thanks! Nice job!

**THANK YOU FOR YOUR COMMENTS
PLEASE RETURN YOUR COMPLETED FORM TO THE CONFERENCE
REGISTRATION DESK.**