

Overall Evaluation

Results Exported on August 06, 2019

EVENT SURVEY

EVENT 26th International Meeting on Advanced
Spine Techniques (IMAST)

EVENT DATE July 17, 2019

Report Summary

Identified Attendees	Survey Responses	Completed Surveys
297	104	5



35.02%
Response Rate

104 of 297 identified attendees responded to the survey

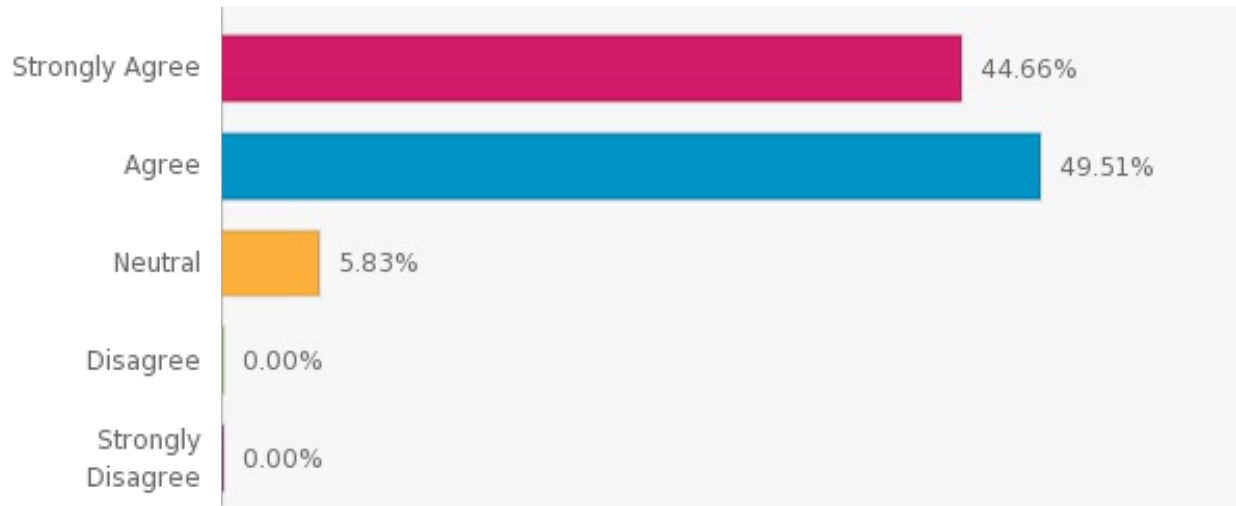


4.81%
Completion Rate

5 of 104 respondents completed the survey

Q. This meeting addressed my most pressing, practice- based questions.

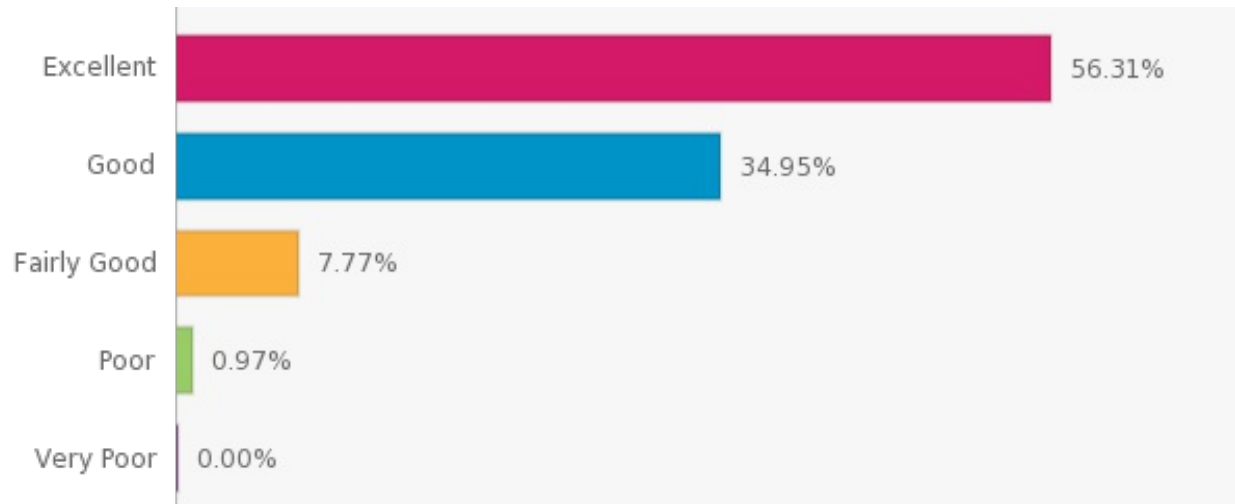
Top Response Options



Answer Options	Responses	Percentage
Strongly Agree	46	44.66%
Agree	51	49.51%
Neutral	6	5.83%
Disagree	0	0.00%
Strongly Disagree	0	0.00%
Total	103	100.00%

Q. Please rate the program for this meeting:

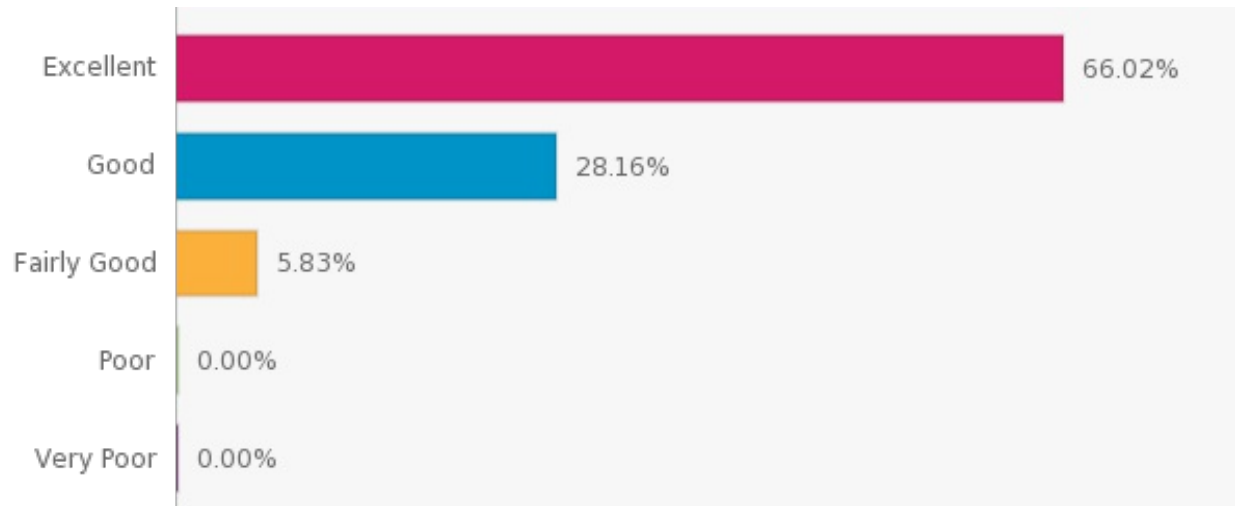
Top Response Options



Answer Options	Responses	Percentage
Excellent	58	56.31%
Good	36	34.95%
Fairly Good	8	7.77%
Poor	1	0.97%
Very Poor	0	0.00%
Total	103	100.00%

Q. Please rate the organization of this meeting:

Top Response Options



Answer Options	Responses	Percentage
Excellent	68	66.02%
Good	29	28.16%
Fairly Good	6	5.83%
Poor	0	0.00%
Very Poor	0	0.00%
Total	103	100.00%

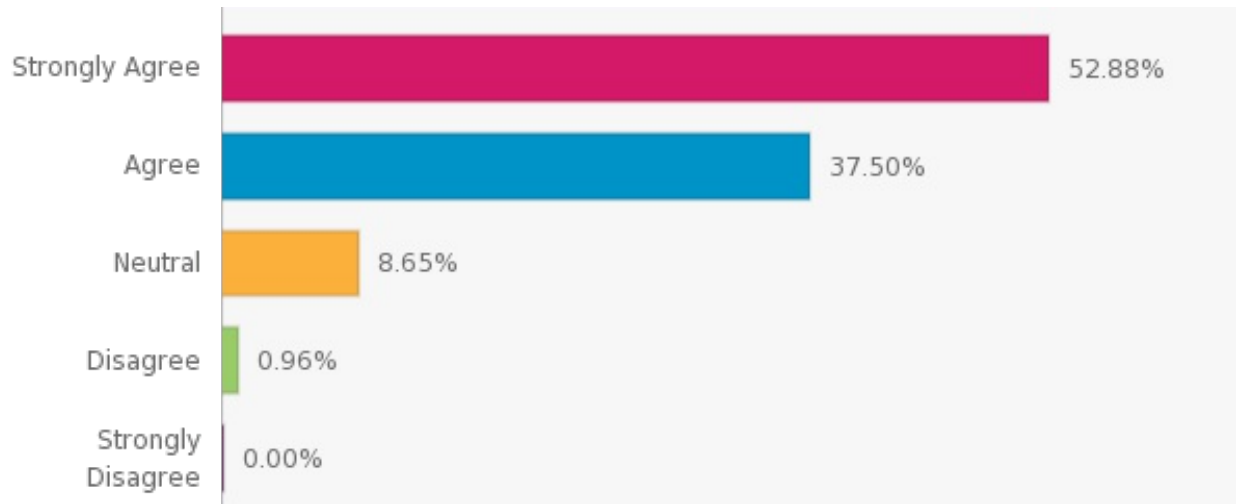
OVERALL EVALUATION

Q. If this meeting was not useful, please explain why:

Email	Responses
Anonymous	-
Anonymous	YES IT Was very useful for me
Anonymous	Meeting is good
jramirez02003@me.com	Some daily questions are not solved
Anonymous	There were few arguments on everyday surgical activity (surgical videos, surgical safety, intra operative neuromonitoring interpretation). On the other hand, there were too many presentations on practically useless techniques like navigation and adult scoliosis tethering. If navigation and tethering are the most recent advances in surgical techniques then I think that our surgical innovation is very poor at the moment.
Anonymous	NA
drnk84@gmail.com	It was very useful to get tips and tricks from great mentors and how they handle the complications ...
Anonymous	Si useful
Anonymous	Si useful
Anonymous	Si useful

Q. The information you learned will be implemented in to your practice.

Top Response Options



Answer Options	Responses	Percentage
Strongly Agree	55	52.88%
Agree	39	37.50%
Neutral	9	8.65%
Disagree	1	0.96%
Strongly Disagree	0	0.00%
Total	104	100.00%

OVERALL EVALUATION

Q. What changes will you make to your practice as a result of what you have learned at the meeting?

Email	Responses
Anonymous	innovation and introduction of new techniques, tips and tricks
Anonymous	-
evalina.burger@ucdenve...	Multiple rods application Rethinking TLIF for fusion
Anonymous	Different approach to osteotomy in severe kyphosis. Vertebral body tethering.
Anonymous	I ll change my p[ractice im complex spine deformity by doing osteotomies
Anonymous	Greater prop planning of Sagittarius balance
Anonymous	Learn difficult case
Anonymous	Treating pjk
nikita_husainov@mail.ru	Would try to start VBT for scoliosis treatment. Would be more pro-active in treatment of syndromic patients with cervical spine pathology. Would start to use power tools for screw placement.
Anonymous	It is very important to consider sagittal and coronal balance in our planning for spine fixation surgery
patrick.knott@rosalindfr...	Measure pelvic incidence
Anonymous	VBT for lumbar curves
Anonymous	Will apply the newly discussed principles to my surgical practice to give more clinical benefit to my patients, especially regarding application of 3/4 rods constructs, better ways of addressing coronal and Sagittal balance.
Anonymous	Evaluation of individual cases
Anonymous	Better assessment of ASD

OVERALL EVALUATION

Anonymous	Apply sagittal balance parameters, GAP score
jramirez02003@me.com	More strict selection, planning and execution
Anonymous	More casting and less surgery in early onset scoliosis
Anonymous	sagittal balance
Anonymous	Alter deformity corrections
Anonymous	This meeting included updated knowledge concerning spine surgery and technology , also all speakers gave excellent lectures and discussions about different spine diseases , therefore I try to apply these advanced in my clinical applications
Anonymous	The meeting will improve diagnosis , my treatment including surgical procedures & to minimize complications
Anonymous	I will keep data of my work in a better way. I will definitely focus on sagittal parameters and may be try using drill to put pedicle screws.
Anonymous	adjust measures to counteract / prevent PJK / PJF consider tethering in EOS look up spinal cord classification for severe deformities
Anonymous	Continue the same way
Anonymous	better handle the coronal and sagittal malalignment in adults
Anonymous	Will not tether adults
Anonymous	Consider newer ideas like the use of navigation and robotics in the future for some indications
Anonymous	managing scoliosis patients
drnk84@gmail.com	I have learnt from the mentors the things not to be done ...
Anonymous	yes
Anonymous	Better prop planning to prevent pjk

OVERALL EVALUATION

Anonymous	evaluate sagittal plane
Anonymous	More preop planning
Anonymous	Staging in growth,
Anonymous	Beter planning
Anonymous	Inprove my practice
Anonymous	Beter planning
Anonymous	Inprove planning

OVERALL EVALUATION**Q.** Which patients will be affected?

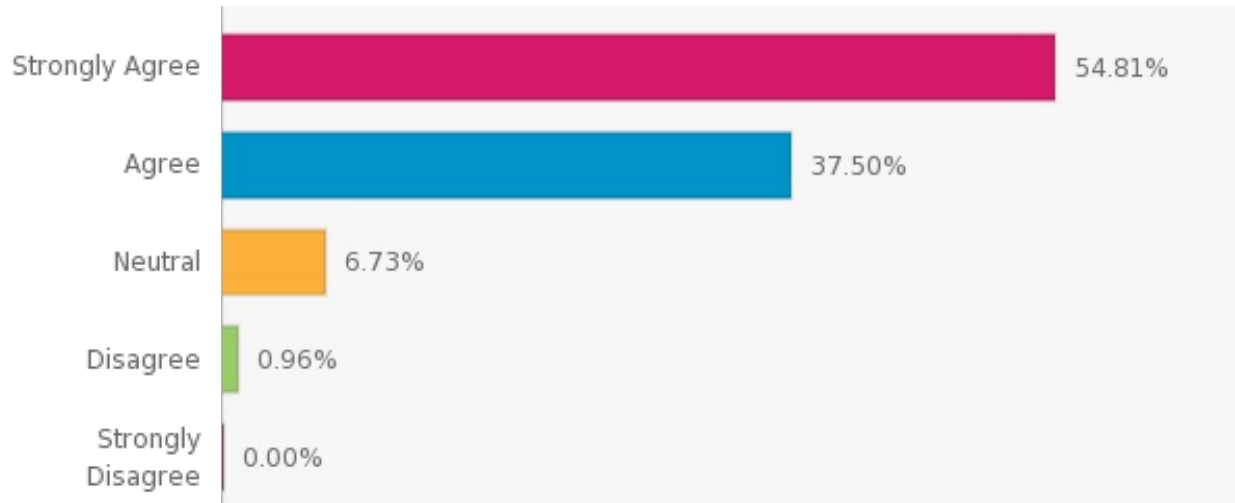
Email	Responses
Anonymous	pediatrics and adults
Anonymous	-
evalina.burger@ucdenve...	Most of my patients as I have an adult deformity practice
Anonymous	Idiopathic and syndromic scoliosis; severe kyphosis
Anonymous	idiopathic scoliosis patients
Anonymous	Degen. Spine
Anonymous	Deformity case
Anonymous	Most patients
nikita_husainov@mail.ru	Immature scoliosis. Syndromic ones with cervical spine pathology.
Anonymous	All patients will spinal deformities and those need spinal fixation surgery
patrick.knott@rosalindfr...	Adult degenerative
Anonymous	AIS
Anonymous	The ones having congenital kyphoscoliosis and the ones with adult deformities.
Anonymous	Adult spinal deformity cases
Anonymous	Adult deformity patients.
jramirez02003@me.com	Patients with more severe or complex deformities
Anonymous	-
Anonymous	Adult scoliosis
Anonymous	adult and pediatric deformity patients
Anonymous	All degenerative patients
Anonymous	AIS

OVERALL EVALUATION

Anonymous	all my patients
Anonymous	Adult patients
Anonymous	Potentially all
drnk84@gmail.com	Patients with degenerative lumbar spine ailments
Anonymous	no
Anonymous	Adult deformity
Anonymous	all
Anonymous	All.
Anonymous	Idiopathic scoliosis patients,
Anonymous	All
Anonymous	All
Anonymous	All
Anonymous	All

OVERALL EVALUATION

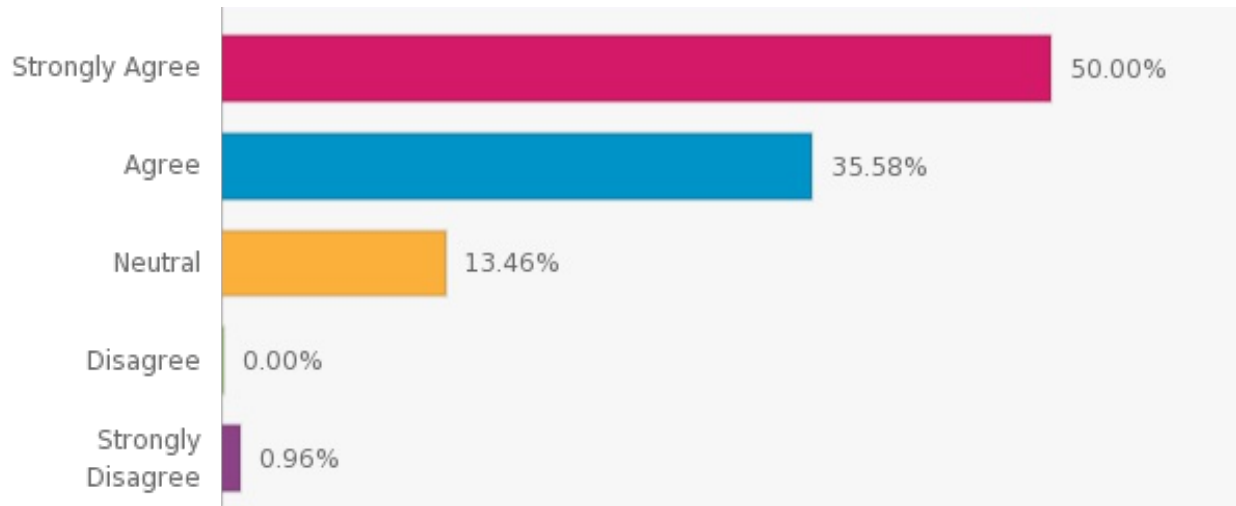
Q. The information presented in CME sessions were well balanced and consistently supported by valid scientific evidence:

Top Response Options

Answer Options	Responses	Percentage
Strongly Agree	57	54.81%
Agree	39	37.50%
Neutral	7	6.73%
Disagree	1	0.96%
Strongly Disagree	0	0.00%
Total	104	100.00%

Q. This meeting was free from Commercial Bias in all CME educational sessions.

Top Response Options



Answer Options	Responses	Percentage
Strongly Agree	52	50.00%
Agree	37	35.58%
Neutral	14	13.46%
Disagree	0	0.00%
Strongly Disagree	1	0.96%
Total	104	100.00%

OVERALL EVALUATION

Q. If you believe the CME content was NOT free from Commercial Bias, please explain why.

Email	Responses
Anonymous	-
Anonymous	-
Anonymous	-
Anonymous	The adult scoliosis PJK session was pathetic. We assisted presentations showing patients treated without interbody cages and wrong fusion levels, just to show that Pjk may be prevented by applying proximal sublaminar bands by a certain manufacturer.
Anonymous	NA
Anonymous	no
Anonymous	I dont think so
Anonymous	I dont think so
Anonymous	I dont think so

OVERALL EVALUATION

Q. What might prevent you from applying what you learned into your practice setting?

Email	Responses
Anonymous	-
Anonymous	Some papers underpowered or not convincing.
Anonymous	--
Anonymous	lack of equipments in my institution
nikita_husainov@mail.ru	Local traditions. Absence of support from "seniors".
Anonymous	Our facilities
Anonymous	Availability of implants
Anonymous	In third world countries, financial constraints of patients may cause this problem.
Anonymous	commercial bias
Anonymous	No full length spine imaging
jramirez02003@me.com	Some difficulties in my Work environment
patrick.knott@rosalindfr...	Nothing
Anonymous	I did not see any real innovation in scoliosis surgical treatment
Anonymous	-
Anonymous	Nothing
Anonymous	I am working in Iraq and still the Hospitals in Iraq are deficient in providing new technology (O - arm CT , Navigation) in spine surgery
Anonymous	I am working in Iraq because still all Hospitals are deficient in new Technology regarding spine surgery
Anonymous	Nothing
Anonymous	Hospital resources

OVERALL EVALUATION

Anonymous	N/A
Anonymous	Technology and culture
drnk84@gmail.com	For some cases the new era of technology like navigation
Anonymous	yes
Anonymous	n/a
Anonymous	Local regulations
Anonymous	Nothing
Anonymous	Nothing
Anonymous	Nothing

OVERALL EVALUATION

Q. What is the most effective (not necessarily preferred) learning format for you?

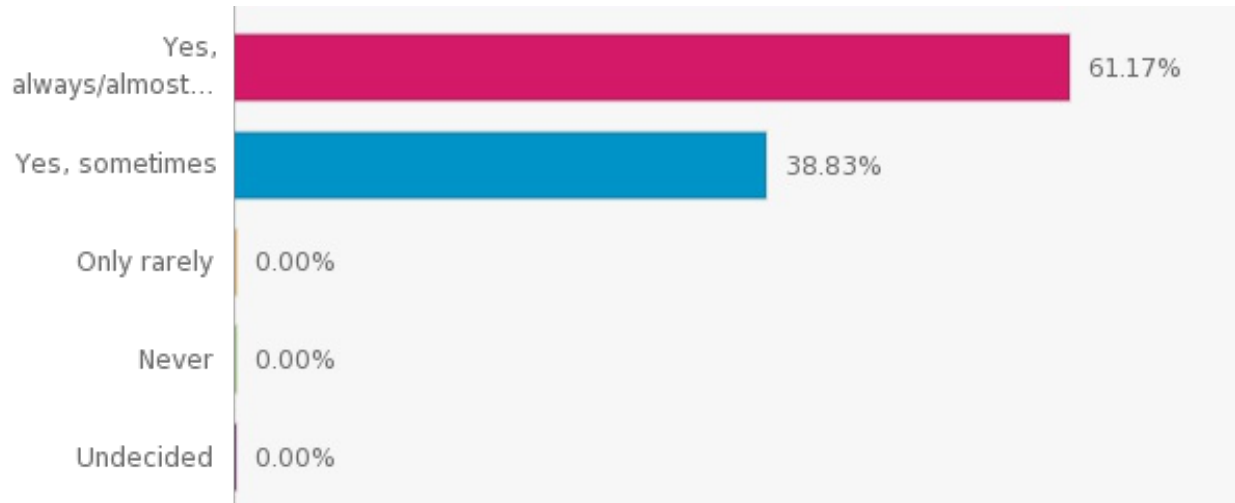
Email	Responses
Anonymous	-
evalina.burger@ucdenve...	Listening and reading
Anonymous	Case presentayion
Anonymous	-
Anonymous	surgery videos
Anonymous	Panel discussion
nikita_husainov@mail.ru	Hands - on workshops.
Anonymous	Planning is very important regarding sagittal and coronal balance
patrick.knott@rosalindfr...	Lecture
Anonymous	Seminars including audience response questions
Anonymous	Case based studies and discussions
Anonymous	Online Webinar
Anonymous	The instructional courses that were held.
Anonymous	discussions
Anonymous	Lecture w/ active discussion
jramirez02003@me.com	Clinical cases Planning, decision, and performance Surgical procedures
Anonymous	-
Anonymous	Case presentations
Anonymous	Workshops on MIS and Endoscopic Surgery & Cadaveric workshop Courses on Spine surgery are more valuable for me
Anonymous	To concentrate on 1- Workshops on different topics in spine surgery 2- include Cadaveric courses in the

OVERALL EVALUATION

	meeting
Anonymous	presentations pro-con plus engaged audience discussion
Anonymous	Cases
Anonymous	case discussion
Anonymous	combination of seminars, debates, case presentations
Anonymous	Video sessions
Anonymous	Small groups discussions
drnk84@gmail.com	Case based discussion sessions
Anonymous	no
Anonymous	Symposium
Anonymous	n/a
Anonymous	Meeting and discussing with the experts
Anonymous	Cadaver lab
Anonymous	Cadaver lab
Anonymous	Cadaver lab

Q. Was there adequate time for discussion, questions and answers, and learner engagement?

Top Response Options



Answer Options	Responses	Percentage
Yes, always/almost always	63	61.17%
Yes, sometimes	40	38.83%
Only rarely	0	0.00%
Never	0	0.00%
Undecided	0	0.00%
Total	103	100.00%

OVERALL EVALUATION

Q. Please give examples of what went well during this meeting.

Email	Responses
Anonymous	-
evalina.burger@ucdenve...	Excellent slide visibility and great seating
Anonymous	-
Anonymous	podium presentations workshops video surgery techniques
Anonymous	Video session
nikita_husainov@mail.ru	Organization. Time management. Scientific program.
Anonymous	Everything
patrick.knott@rosalindfr...	Nice venue
Anonymous	Reduced number of rooms
Anonymous	Interactive 'case discussion' based sessions.
Anonymous	Time for discussion
Anonymous	The organization of topics and choice of speakers was excellent.
jramirez02003@me.com	Precision with the time of es each session
Anonymous	-
Anonymous	Case presentations and complications very helpful
Anonymous	General Sessions were excellent
Anonymous	General Sessions were excellent
Anonymous	range of presented cases / treatments was somewhat wider and more innovative than on standard deformity meetings. discussion was lively and useful. "less experienced" and "less prominent" audience apparently did not feel subdued by the high profile speakers and participated in discussion which greatly increased value of meeting

OVERALL EVALUATION

Anonymous	proper timing for lecture and breaks.
Anonymous	Video session on Saturday
Anonymous	Cases and cocktails session was well received. Good discussion
Anonymous	Smooth
drnk84@gmail.com	Discussion of Proximal Junctional kyphosis — Hot topic of discussion
Anonymous	yes
Anonymous	LIVE on Saturday
Anonymous	Multimedia service. Commercial exhibition
Anonymous	Multimedia, timmig
Anonymous	Multimedia. Timming

OVERALL EVALUATION

Q. Please give examples of what could be improved and/or topics you would suggest for future meetings.

Email	Responses
Anonymous	-
evalina.burger@ucdenve...	ICL in infection
mmarks@ssshsg.org	The round table discussions on Wed night did not go well. It would have been better to have a panel discussion or a debate type format for each case presented.
Anonymous	-
Anonymous	videos of surgery techniques
Anonymous	Advanced lecture
nikita_husainov@mail.ru	Natural course of the diseases in surgically treated and untreated patients. Practical tips and tricks from masters.
Anonymous	None
Anonymous	More time slot for ICL, some procedural videos (showing recent and advanced techniques addressed in the meeting) addressing complex deformities.
Anonymous	Outcomes oriented approach
Anonymous	Cases and cocktails was a great idea. Choose fewer cases so more time for discussion next time.
Anonymous	last session was a show off not a true learning from mistakes session
Anonymous	More everyday applied techniques, less theory No mention to specific products.
Anonymous	-
Anonymous	None
Anonymous	To include 1- Workshops on different topics on

OVERALL EVALUATION

	spine surgery 2- Cadaveric workshops to enable surgeons to practice all procedures (e.g Vertebral Osteotomies)
Anonymous	To increase 1- Workshops on different spine pathology & techniques 2- Cadaveric Courses on different Surgical procedures
Anonymous	on certain clearly controversial topics (e.g. tethering as opposed to definitive fusion for AIS) the meeting could benefit from a slightly more preparatory structure. Example: 1. ICL: biomechanical and growth-physiological background of dynamic correction vs. fusion 2. ICL: complications, cost and subjective patient-side consequence of repeat surgeries from the literature 3. ICL: rate and consequence of repeat surgeries in AIS from the literature 4. case series / presentation from key leaders in the field 5. discussion
Anonymous	Fractures
Anonymous	Planning for growth modulation Surgical simulation and planning
Anonymous	Should get people who have different concepts to speak in adult deformity balancing rather than the same views from the same people. People from Asia like from China, Japan, Korea and Singapore will be ideal.
Anonymous	degenerative needs more time
drnk84@gmail.com	Try to have more case based discussions on topics which have always been in a dilemma in decision making !!
Anonymous	yes
Anonymous	Nothing
Anonymous	Nothing

OVERALL EVALUATION

Anonymous

Nothing

OVERALL EVALUATION

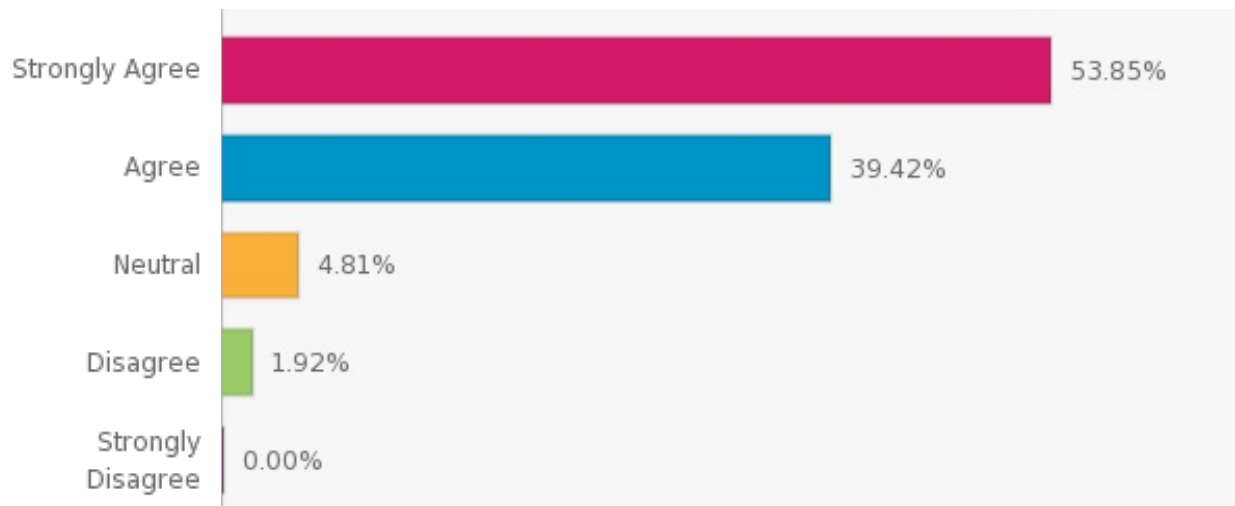
Q. This meeting fulfilled the learning objectives, relevant to my personal goals, outlined in the program:

Top Response Options

Answer Options	Responses	Percentage
Strongly Agree	54	52.43%
Agree	45	43.69%
Neutral	3	2.91%
Disagree	1	0.97%
Strongly Disagree	0	0.00%
Total	103	100.00%

OVERALL EVALUATION

Q. This activity was designed to help strengthen: practice-based learning and improvement, patient care and procedural skills, systems-based practice, and medical knowledge (ACGME/ABMS competencies). Did this meeting achieve this goal?

Top Response Options

Answer Options	Responses	Percentage
Strongly Agree	56	53.85%
Agree	41	39.42%
Neutral	5	4.81%
Disagree	2	1.92%
Strongly Disagree	0	0.00%
Total	104	100.00%

Q. Was the meeting a good value in relation to your time and expense?

Top Response Options



Answer Options	Responses	Percentage
Yes	97	95.10%
No	5	4.90%
Total	102	100.00%

OVERALL EVALUATION**Q.** What was your favorite session?

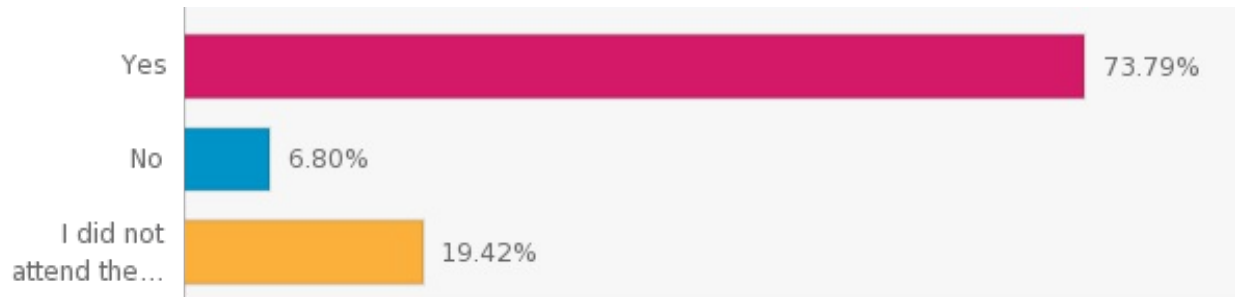
Email	Responses
Anonymous	Degenerative deformities
Anonymous	expert sessions
Anonymous	disc replacement
evalina.burger@ucdenve...	I enjoyed everything as it was divers I attend all adult sessions
Anonymous	Surprisingly, tips for adult spinal deformity.
mmarks@ssshsg.org	Tether flash in the pan
Anonymous	hand on surgery video techniques surgery
Anonymous	VBT
Anonymous	Video session
nikita_husainov@mail.ru	My worst complications - lessons learned.
Anonymous	Concurrent sessions
patrick.knott@rosalindfr...	Cases
Anonymous	VBT
Anonymous	ICL on adult deformities
blakelc@ortho.ufl.edu	7a
Anonymous	The Whitecloud papers; also the section on Sagittal Balance: Angles are not everything.
neilvshahmd@gmail.com	Cases and Cocktails
Anonymous	PJK prevention and my worst complications
jramirez02003@me.com	My worst cases Video Techniques
Anonymous	-
Anonymous	learning from the masters (though not all of the master talks were the same--the video format was quite nice, though I'm sure was not easy to put

OVERALL EVALUATION

	together)
Anonymous	Adult deformity and degeberative spine disease
Anonymous	Complications
Anonymous	Adult deformities & Scoliosis
Anonymous	Scoliosis Session , adult deformity
Anonymous	many
Anonymous	Sagital balance
Anonymous	AIS sessions that discussed strategy
Anonymous	The three sessions on saturday
Anonymous	Sagittal deformities
Anonymous	Video sessions
Anonymous	Adult deformity on PJK
Anonymous	Robotic
drnk84@gmail.com	Case based discussions
Anonymous	no
Anonymous	Preventing pjk
Anonymous	LIVE
Anonymous	4A
Anonymous	I dont have one
Anonymous	All
Anonymous	All

Q. Were the commercially supported Hands-On Workshops useful?

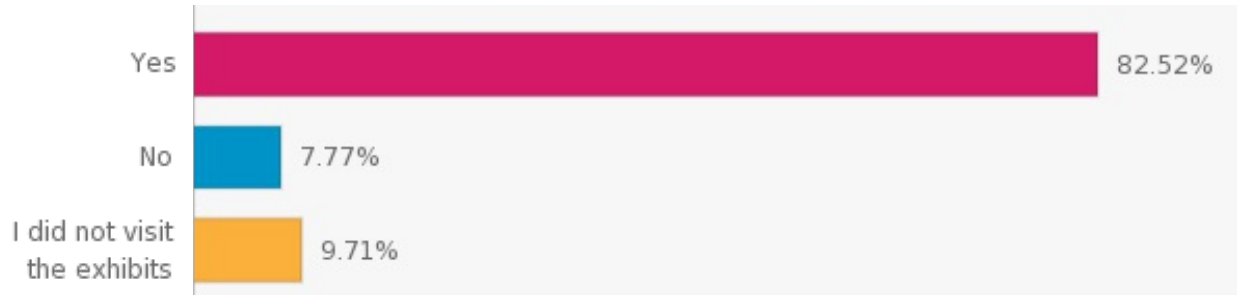
Top Response Options



Answer Options	Responses	Percentage
Yes	76	73.79%
No	7	6.80%
I did not attend the Hands-On workshops	20	19.42%
Total	103	100.00%

Q. Was it useful to visit the exhibit hall?

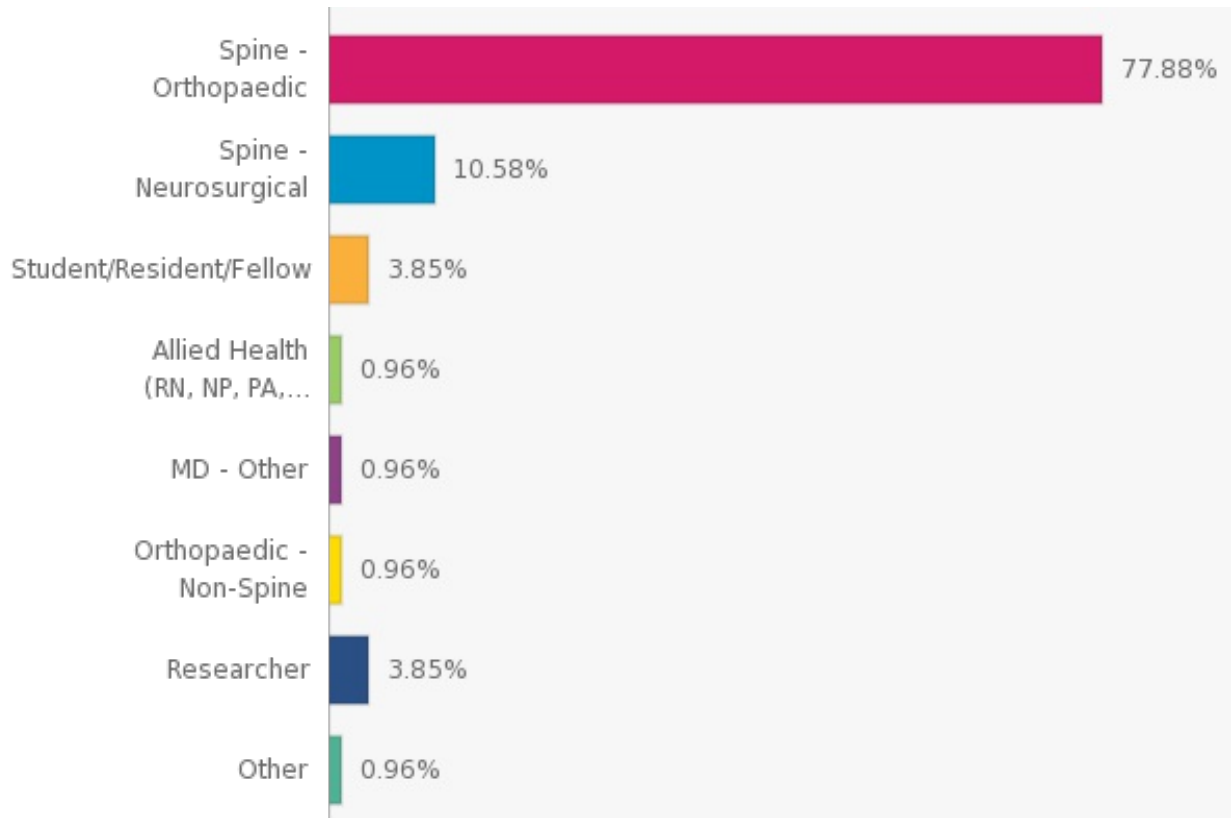
Top Response Options



Answer Options	Responses	Percentage
Yes	85	82.52%
No	8	7.77%
I did not visit the exhibits	10	9.71%
Total	103	100.00%

Q. What is your specialty?

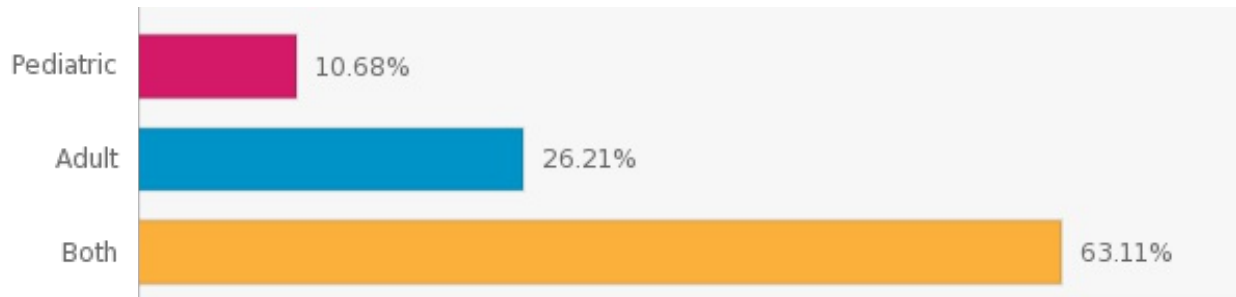
Top Response Options



Answer Options	Responses	Percentage
Spine - Orthopaedic	81	77.88%
Spine - Neurosurgical	11	10.58%
Student/Resident/Fellow	4	3.85%
Allied Health (RN, NP, PA, PT, etc)	1	0.96%
MD - Other	1	0.96%
Orthopaedic - Non-Spine	1	0.96%
Researcher	4	3.85%
Other	1	0.96%
Total	104	100.00%

Q. What types of patients do you treat?

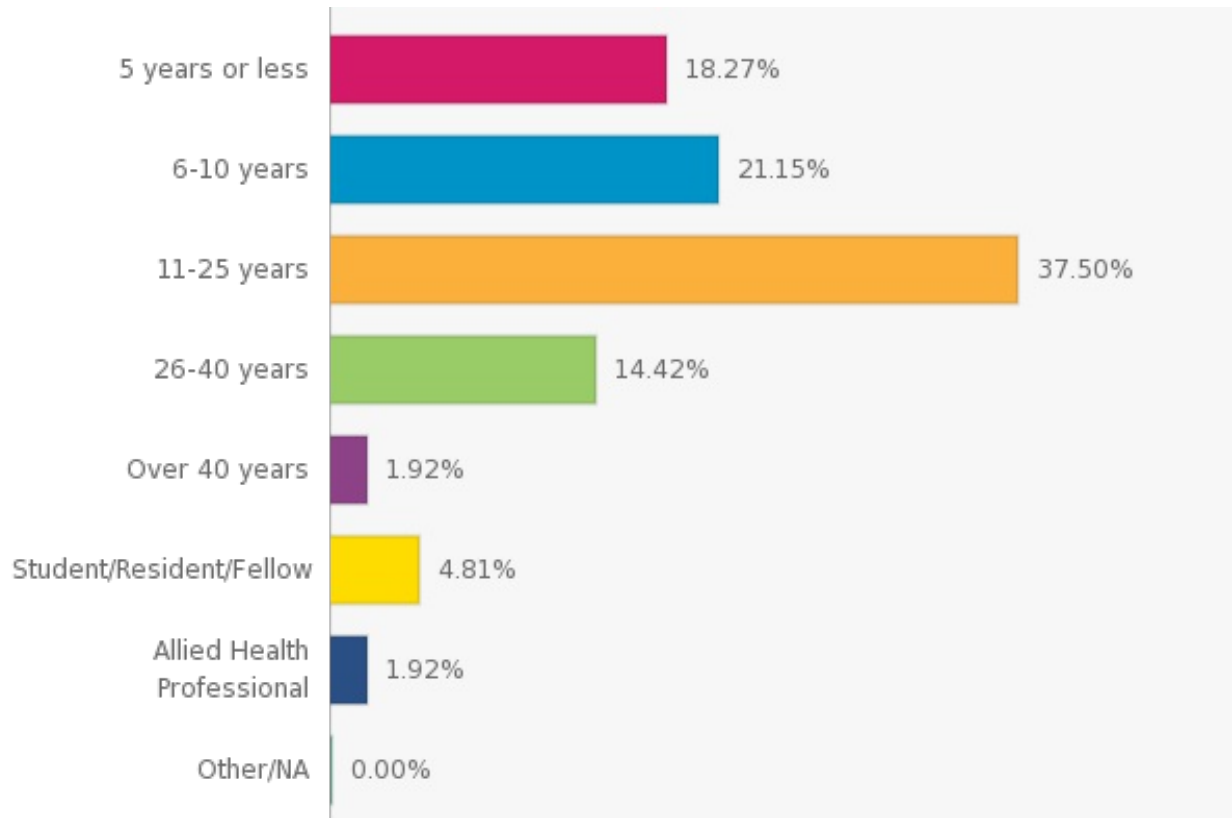
Top Response Options



Answer Options	Responses	Percentage
Pediatric	11	10.68%
Adult	27	26.21%
Both	65	63.11%
Total	103	100.00%

Q. How long have you been in practice?

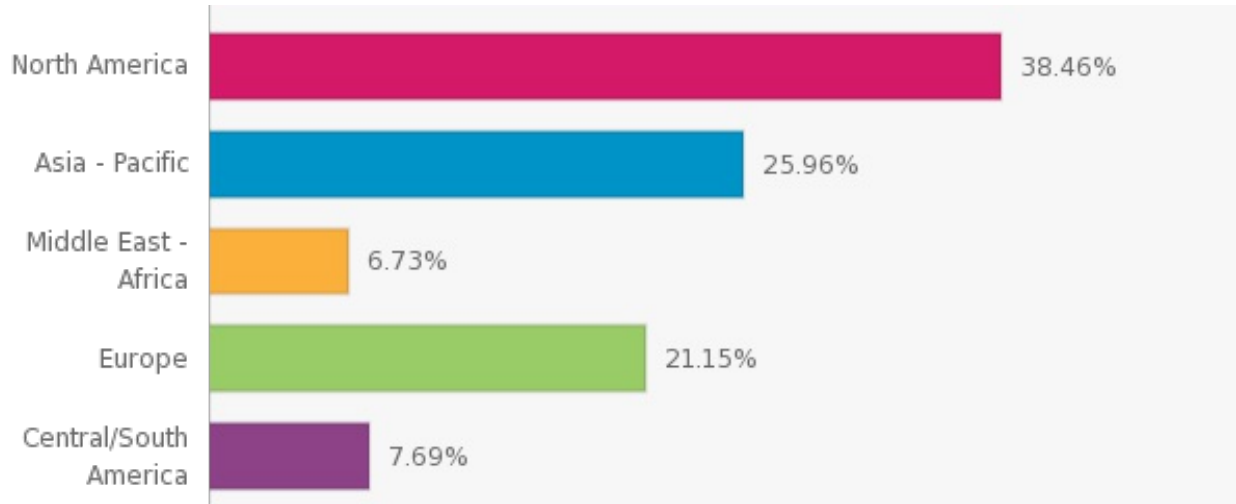
Top Response Options



Answer Options	Responses	Percentage
5 years or less	19	18.27%
6-10 years	22	21.15%
11-25 years	39	37.50%
26-40 years	15	14.42%
Over 40 years	2	1.92%
Student/Resident/Fellow	5	4.81%
Allied Health Professional	2	1.92%
Other/NA	0	0.00%
Total	104	100.00%

Q. What region do you live in?

Top Response Options



Answer Options	Responses	Percentage
North America	40	38.46%
Asia - Pacific	27	25.96%
Middle East - Africa	7	6.73%
Europe	22	21.15%
Central/South America	8	7.69%
Total	104	100.00%