

Overall Evaluation

Results Exported on August 06, 2018

EVENT SURVEY

EVENT 25th International Meeting on Advanced
Spine Techniques (IMAST)

EVENT DATE July 11, 2018

Report Summary

Identified Attendees	Survey Responses	Completed Surveys
34	45	8



100.00%
Response Rate

45 of 34 identified attendees
responded to the survey

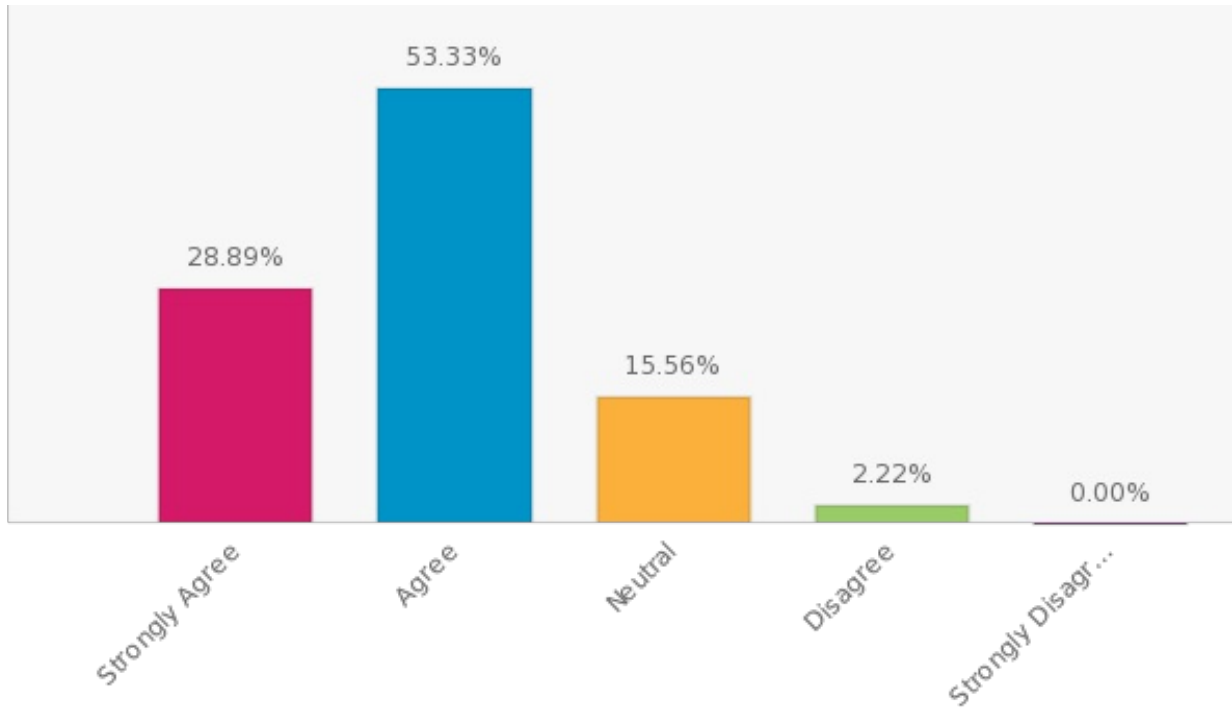


17.78%
Completion Rate

8 of 45 respondents
completed the survey

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

Top Response Options



Answer Options	Responses	Percentage
Strongly Agree	13	28.89%
Agree	24	53.33%
Neutral	7	15.56%
Disagree	1	2.22%
Strongly Disagree	0	0.00%
Total	45	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	NA
Anonymous	Modify surgical planning
Anonymous	I'll start trying tethering
Anonymous	A
Anonymous	No big change but more confident on what I am doing
Anonymous	How to do things particularly helpful.
Anonymous	Idea of fixation and planning
Anonymous	Watanabe paper on disk balance vs horizontalisation of LIV as predictor for adding on. Others are some of the more broader discussions on teams and efficiencies, and pearls from case based discussions
Anonymous	BE more vigilant on DJK
Anonymous	NA
Anonymous	how complications are managed
Anonymous	Evidence based learning
Anonymous	Ok
Anonymous	Alter plan for UIV in AIS cases
Anonymous	Consider skaggs pedicle screw drilling technique
Anonymous	When to fuse c2
Anonymous	Working on modifying PI/LL relationship. Softer landings at top of long fusions.
Anonymous	Decision made on Adult deformity surgery
Anonymous	More pre op planning and proper execution

OVERALL EVALUATION

Anonymous	No specific changes, but many new concepts and possible avenues for study/practice advancement.
Anonymous	I'll try a bit about tethering
Anonymous	a
Anonymous	pay more attention to sagittal balance
Anonymous	I will be more careful and strict when performing the diagnostic evaluation of my patients

OVERALL EVALUATION

Q. Which patients will be affected?

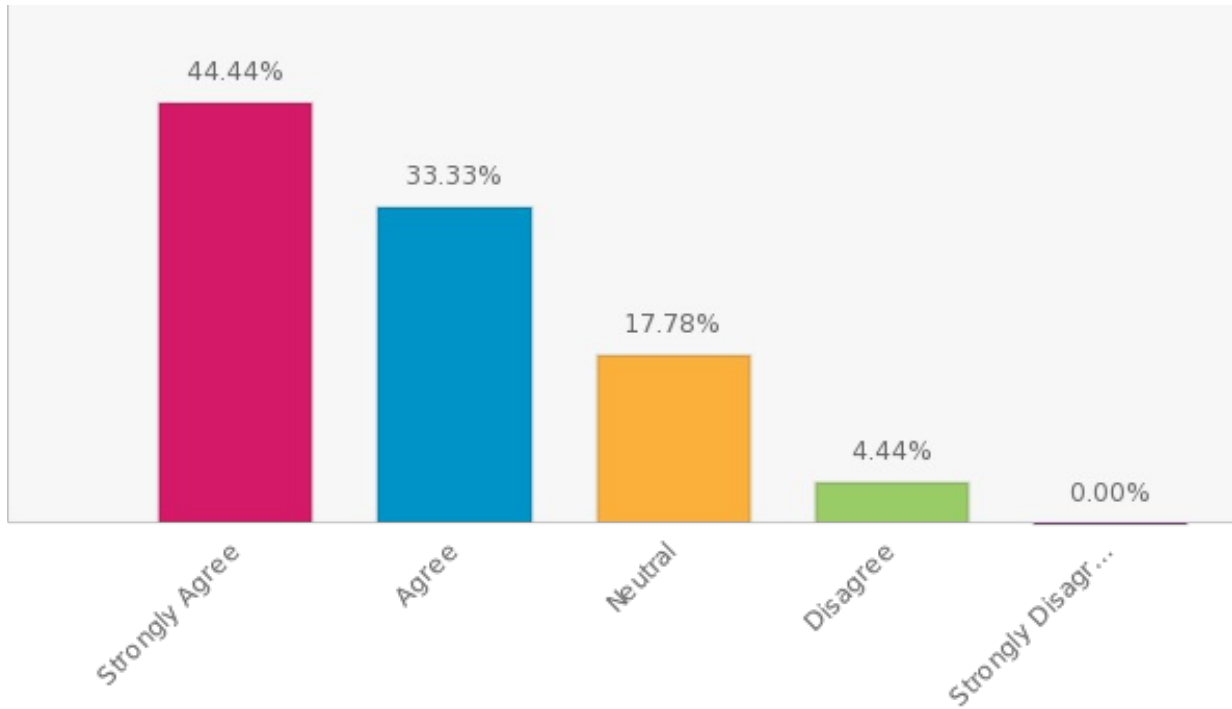
Email	Responses
Anonymous	NA
Anonymous	Adult Deformity
Anonymous	Early onset scoliosis
Anonymous	A
Anonymous	Adult scoliosis patients
Anonymous	Complicated ones
Anonymous	Adult Degenerative Scoliosis
Anonymous	AIS EOS Team Mx
Anonymous	All of my patents as I have a deformity practice
Anonymous	NA
Anonymous	deformity
Anonymous	Inpatient patient undergoing surgery
Anonymous	Ok
Anonymous	AIS patients
Anonymous	early onset
Anonymous	Cervical spondylosis patients
Anonymous	Adult and pediatric populations
Anonymous	ASD and related disease
Anonymous	All
Anonymous	Deformity, Degen
Anonymous	early once and skeletally immature AIS patients
Anonymous	a
Anonymous	all of my patients
Anonymous	will have better results in their treatment and

OVERALL EVALUATION

better post-surgical quality of life

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

Top Response Options



Answer Options	Responses	Percentage
Strongly Agree	20	44.44%
Agree	15	33.33%
Neutral	8	17.78%
Disagree	2	4.44%
Strongly Disagree	0	0.00%
Total	45	100.00%

OVERALL EVALUATION

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

Email	Responses
Anonymous	NA
Anonymous	A
Anonymous	Many new implants and new procedure without strong evidence base was emphasised in few seminars
Anonymous	Ok
Anonymous	It's natural
Anonymous	there was a lot of promotor of devices
Anonymous	a
Anonymous	No

OVERALL EVALUATION

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

Email	Responses
Anonymous	NA
Anonymous	Time and energy
Anonymous	Acces to OTS material
Anonymous	A
Anonymous	Products available
Anonymous	Not much
Anonymous	Financial concerns
Anonymous	Institutional change requires buy in from all levels and departments
Anonymous	NA
Anonymous	limitation of funding
Anonymous	Myself being from underdeveloped country with patient not able to afford expensive implants.
Anonymous	Ok
Anonymous	cost limitations
Anonymous	time to implement and remain consistent
Anonymous	I do not have access to EOS and Robots. I have to make do with "older technology" (eg 3 foot digital xrays).
Anonymous	No specific instruments addressed in the meeting
Anonymous	Expensive tools
Anonymous	access to osteosintesis material
Anonymous	a
Anonymous	time
Anonymous	the high cost of some implants or tools used in

OVERALL EVALUATION

surgeries and the lack of equipment that still does not reach my country

OVERALL EVALUATION

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

Email	Responses
Anonymous	Printed material (journals)
Anonymous	Reading
Anonymous	iCL
Anonymous	A
Anonymous	Cases
Anonymous	Courses and case discussion
Anonymous	Case based discussions
Anonymous	Panel discussion
Anonymous	Case discussions. Debates. Expert presentations, round tables.
Anonymous	Video demonstration
Anonymous	Mixed
Anonymous	VISUAL LEARNER
Anonymous	peer interaction
Anonymous	conferences with papers and symposia
Anonymous	Case discussions
Anonymous	Ok
Anonymous	case debates
Anonymous	lecture, discussion and observation
Anonymous	interactive small group; not didactic lectures surgical techniques more industry training sessions
Anonymous	Case discussion
Anonymous	ICLs and HOWs
Anonymous	Case based lecture, Surgical demonstration,

OVERALL EVALUATION

	Seminar, Research
Anonymous	Hands on
Anonymous	Abstract forums
Anonymous	cases
Anonymous	a
Anonymous	abstract and lectures
Anonymous	short talks sharing real experiences of the speakers based on methods that have sufficient and proven support

OVERALL EVALUATION

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

Email	Responses
Anonymous	Effective communication
Anonymous	Educational sessions
Anonymous	Case debates where really interesting
Anonymous	A
Anonymous	Debates and courses
Anonymous	Organisation is very good as always
Anonymous	Most all the corse ran smoothly.
Anonymous	Case discussion and Video demonstration
Anonymous	Senior led discussions but I think the panels worked really hard to try and generate discussion
Anonymous	I thought everything was well organized
Anonymous	contact
Anonymous	symposia
Anonymous	Perfect venue Lot of experts with great discussions
Anonymous	Ok
Anonymous	networking
Anonymous	Super faculty
Anonymous	Meet the expert
Anonymous	Hands on
Anonymous	Debates
Anonymous	i really likes the discussions and the polos
Anonymous	a
Anonymous	the Sat morning was phenominal
Anonymous	excellent respect and compliance with the time , extraordinary quality of the speakers and scientific

OVERALL EVALUATION

support of the topics

OVERALL EVALUATION

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

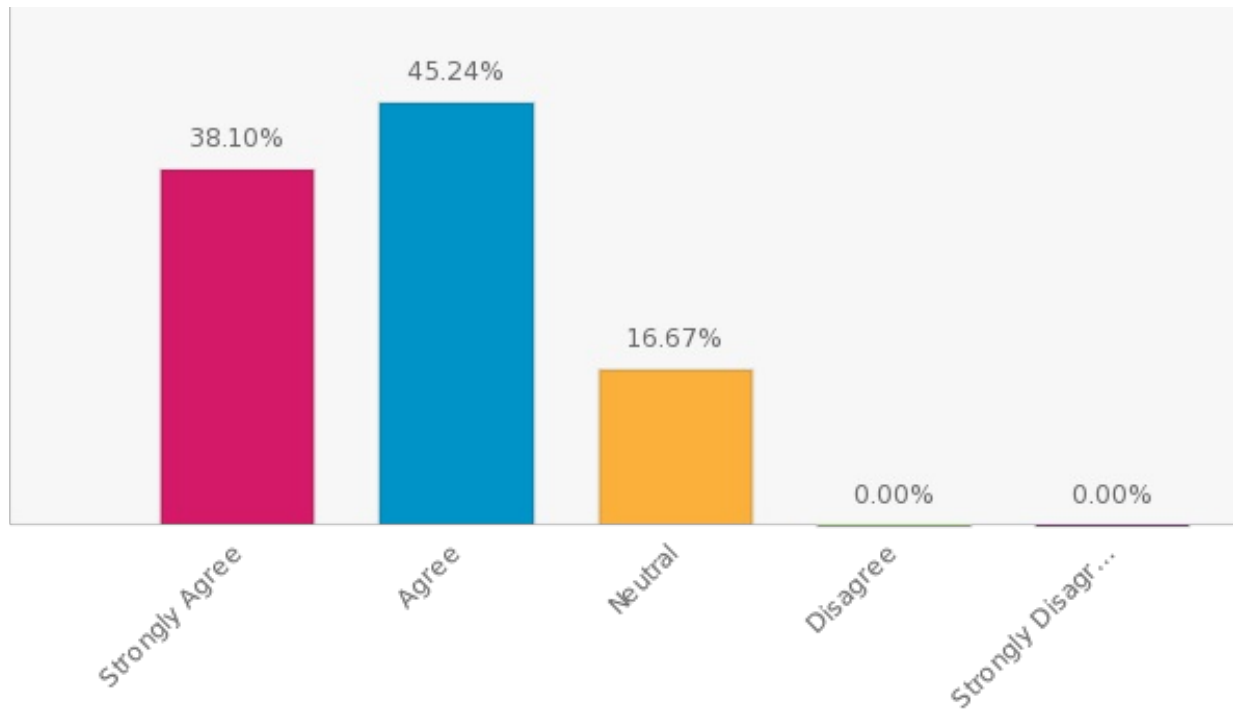
Email	Responses
Anonymous	NA
Anonymous	Biology and genetics
Anonymous	A
Anonymous	Lunch with expert
Anonymous	The location really influences the number of attendees and it really is prohibitive to hold it where travel is particularly difficult. Most of my European colleagues did not come due to the distance needed to travel. You also need more interactive sessions and different topics as it is the same talks and the same speakers every year.
Anonymous	Loved the 9:00 start!
Anonymous	More cutting edge topics. More small group discussions.
Anonymous	How to deal with complication, Spinal Tumor, C spine osteotomy
Anonymous	I'm not sure it was cutting edge and innovative... and the poor overall attendance, whilst multifactorial, was not taken into account with hall size which led to it becoming quite distant/ not conducive to vibrant discussion
Anonymous	More on current technology and not necessarily just 2 year outcomes.
Anonymous	Imast should allow guests(wives) to be present during presentations
Anonymous	none
Anonymous	Food Overseas participation
Anonymous	Ok

OVERALL EVALUATION

Anonymous	na
Anonymous	Mep monitoring C5 palsy
Anonymous	For the amount of time I spent away from my practice, the amount of CME available is small. Concurrent papers given long distance from each other (different floors) made trying to follow two or three tracts impossible. I understand I can watch video later....
Anonymous	More case based lecture, Seminar and surgical Video
Anonymous	More Hans on and swa bone model workshop
Anonymous	Fewer overlapping sessions.
Anonymous	I found myself wanting to go to two sessions that were concurrent several times.
Anonymous	a bit more about genetics and really new techniques and devices that have not been completely proved but are interesting
Anonymous	a
Anonymous	more space to sit down for lunch
Anonymous	implementing a simposium where the issue of innovation in spinal implants is addressed is not always the best as we have seen many new technologies fail, affecting the lives of thousands of people in the world

OVERALL EVALUATION

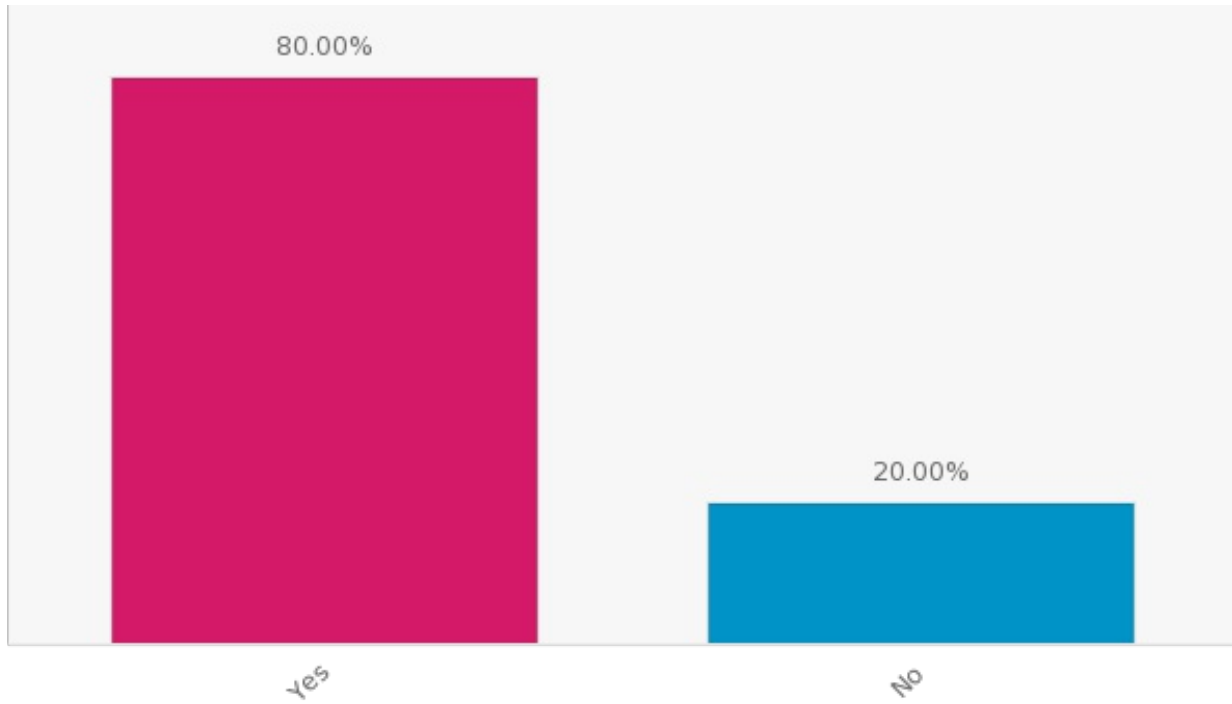
Q. This activity was designed to help strengthen: practice-based learning and improvement, patient care and procedural skills, systems-based practice, and medical knowledge (ACGME/ABMS competencies) . Did this meeting achieve this goal?

Top Response Options

Answer Options	Responses	Percentage
Strongly Agree	16	38.10%
Agree	19	45.24%
Neutral	7	16.67%
Disagree	0	0.00%
Strongly Disagree	0	0.00%
Total	42	100.00%

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

Top Response Options



Answer Options	Responses	Percentage
Yes	32	80.00%
No	8	20.00%
Total	40	100.00%

25TH INTERNATIONAL MEETING ON ADVANCED SPINE TECHNIQUES (IMAST)
OVERALL EVALUATION

Q. What was your favorite session?

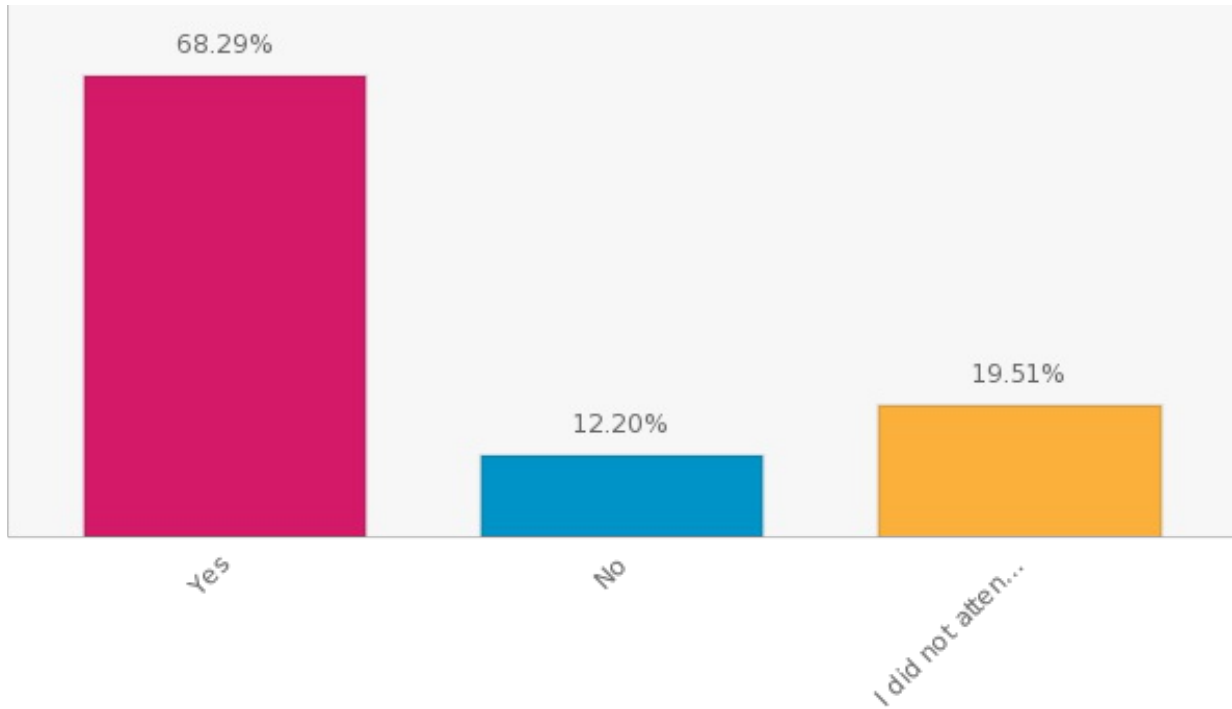
Email	Responses
Anonymous	Discussions
Anonymous	The growing spine
Anonymous	A
Anonymous	Adult deformity
Anonymous	Case discussions
Anonymous	Saturday ones.
Anonymous	Meet the expert
Anonymous	Lunch with experts
Anonymous	Saturday morning!
Anonymous	outcomes
Anonymous	videos
Anonymous	Anterior procedure discussions
Anonymous	Scoliosis congenital
Anonymous	na
Anonymous	Cervical
Anonymous	Meet the expert, Debated
Anonymous	Morning and prelunch workshop
Anonymous	Debates
Anonymous	Infection, Complications
Anonymous	11A
Anonymous	alle
Anonymous	Saturday session was tops
Anonymous	those on wednesday that were about how to form a hospital and a center of excellence in the care of the spine as a team to work for the benefit of our

OVERALL EVALUATION

patients in fact I feel that impact my professional life in a positive way to implement several things what I learned

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

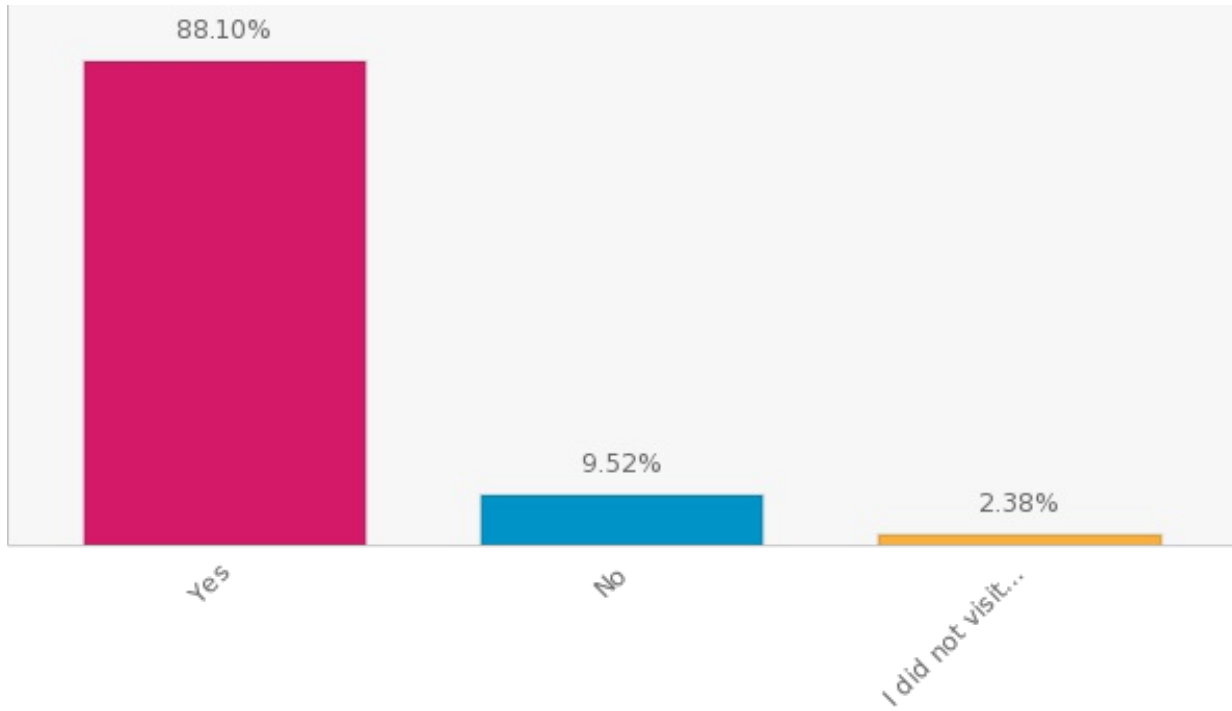
Top Response Options



Answer Options	Responses	Percentage
Yes	28	68.29%
No	5	12.20%
I did not attend the Hands-On Workshops	8	19.51%
Total	41	100.00%

Q. Was it useful to visit the exhibit hall?

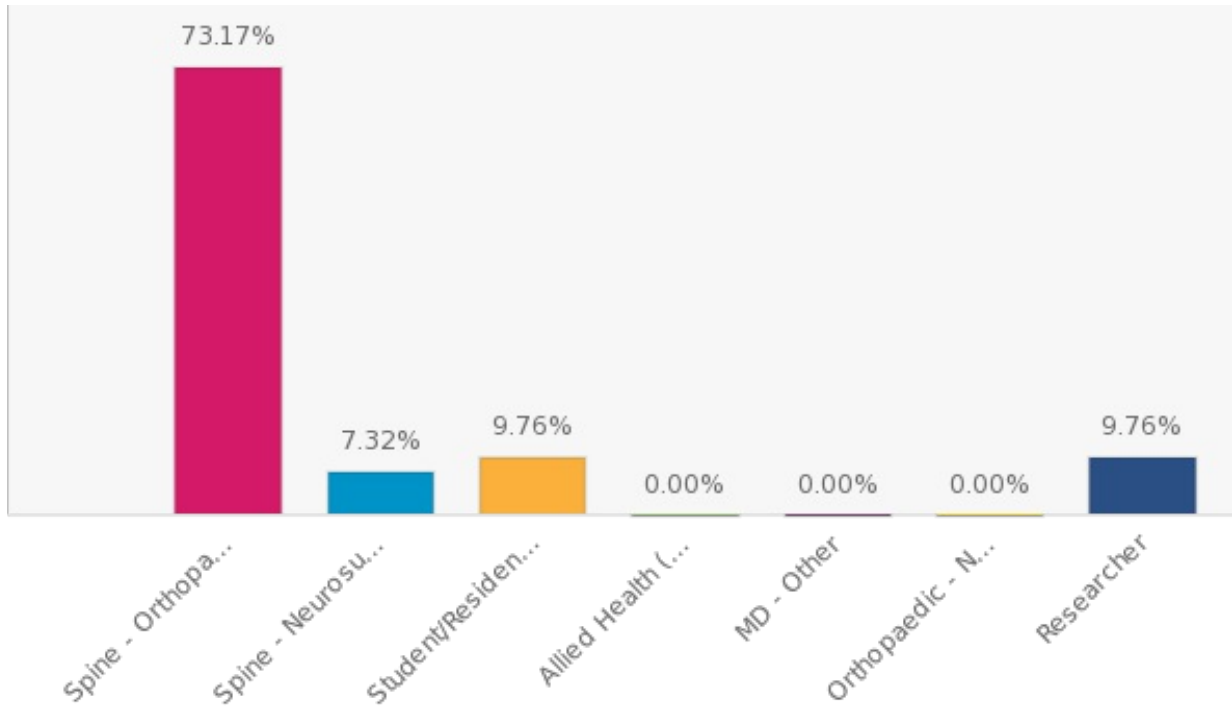
Top Response Options



Answer Options	Responses	Percentage
Yes	37	88.10%
No	4	9.52%
I did not visit the exhibits	1	2.38%
Total	42	100.00%

Q. What is your specialty?

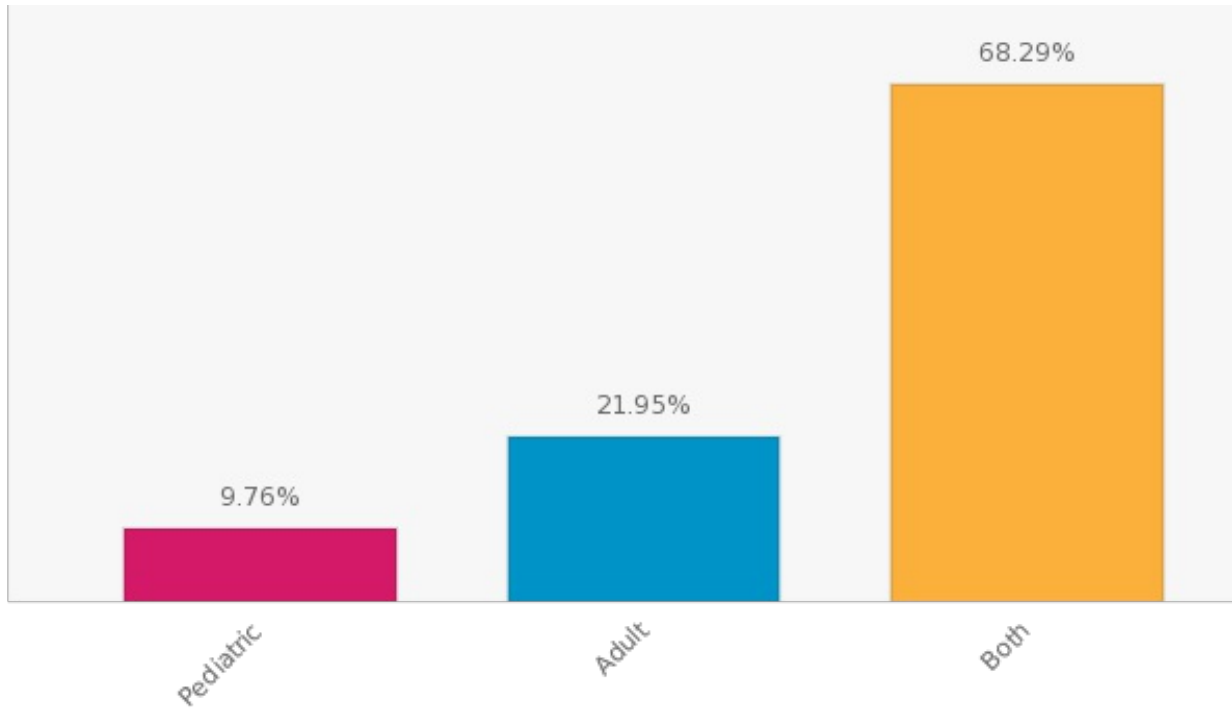
Top Response Options



Answer Options	Responses	Percentage
Spine - Orthopaedic	30	73.17%
Spine - Neurosurgical	3	7.32%
Student/Resident/Fellow	4	9.76%
Allied Health (RN, NP, PA, PT, etc)	0	0.00%
MD - Other	0	0.00%
Orthopaedic - Non-Spine	0	0.00%
Researcher	4	9.76%
Total	41	100.00%

Q. What types of patients do you treat?

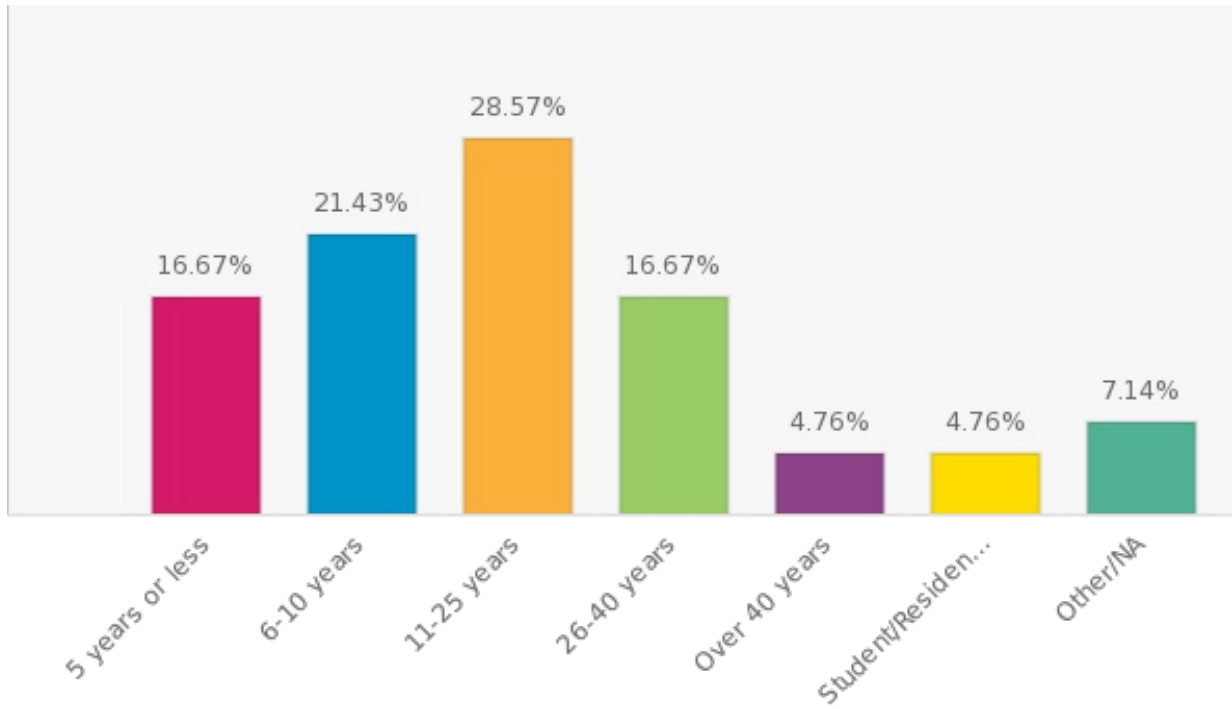
Top Response Options



Answer Options	Responses	Percentage
Pediatric	4	9.76%
Adult	9	21.95%
Both	28	68.29%
Total	41	100.00%

Q. How long have you been in practice?

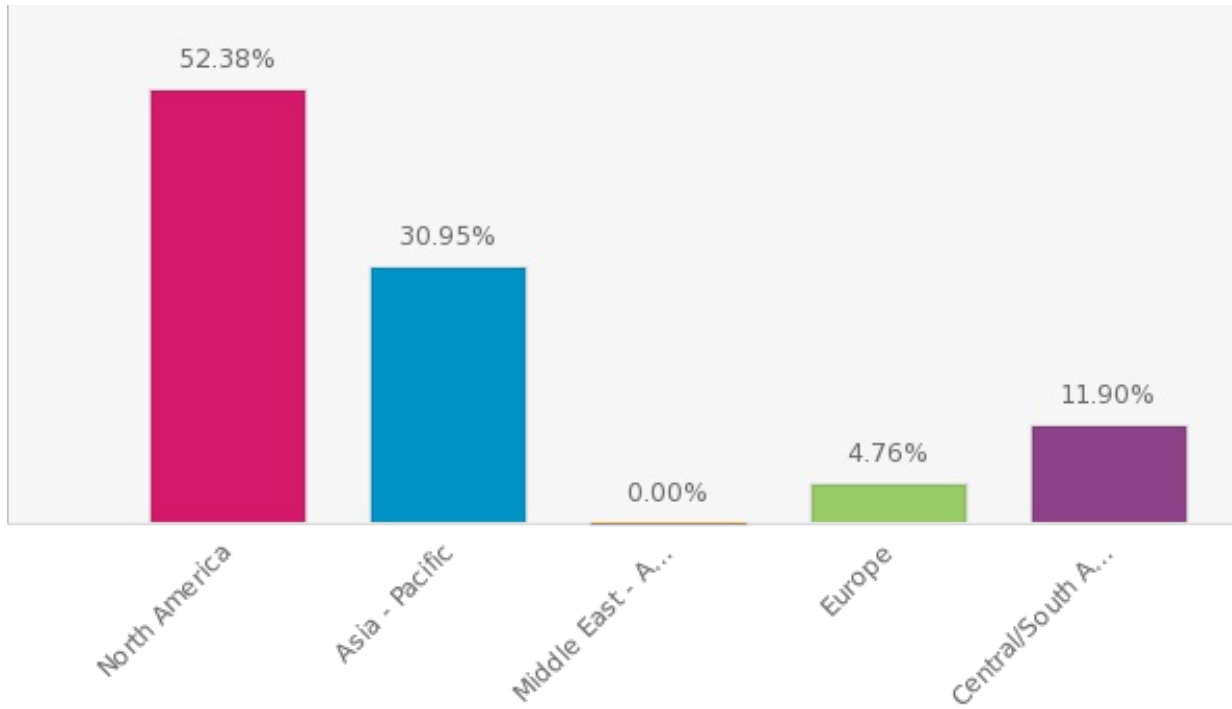
Top Response Options



Answer Options	Responses	Percentage
5 years or less	7	16.67%
6-10 years	9	21.43%
11-25 years	12	28.57%
26-40 years	7	16.67%
Over 40 years	2	4.76%
Student/Resident/Fellow	2	4.76%
Allied Health Professional	0	0.00%
Other/NA	3	7.14%
Total	42	100.00%

Q. What region do you live in?

Top Response Options



Answer Options	Responses	Percentage
North America	22	52.38%
Asia - Pacific	13	30.95%
Middle East - Africa	0	0.00%
Europe	2	4.76%
Central/South America	5	11.90%
Total	42	100.00%