

Overall Evaluation

Results Exported on August 10, 2017

EVENT SURVEY

EVENT 24th International Meeting on Advanced
Spine Techniques (IMAST)

EVENT DATE July 13, 2017

Report Summary

| | | |
|----------------------|------------------|-------------------|
| Identified Attendees | Survey Responses | Completed Surveys |
| 19 | 41 | 0 |



100.00%
Response Rate

41 of 19 identified attendees
responded to the survey

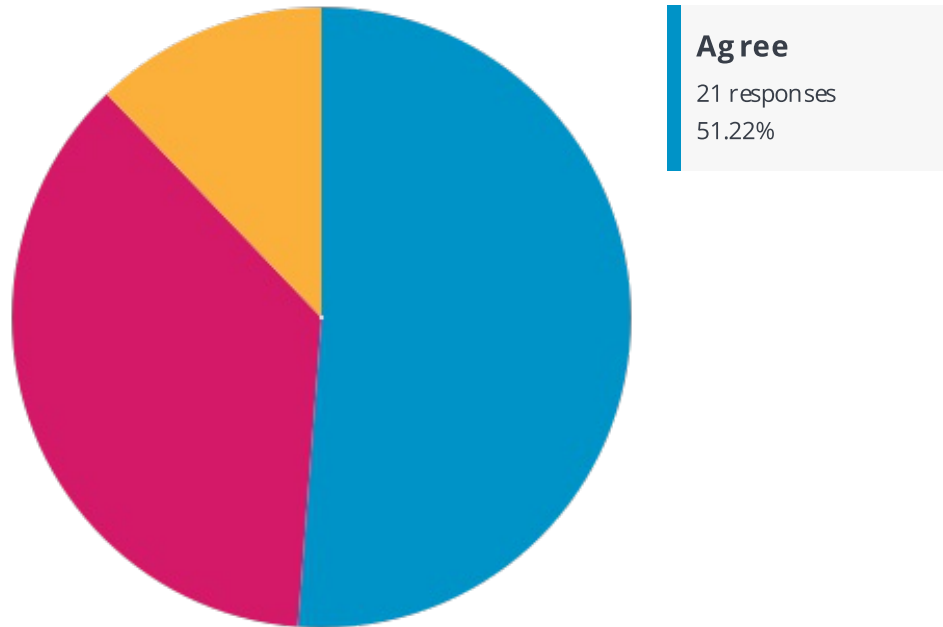


0.00%
Completion Rate

0 of 41 respondents
completed the survey

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

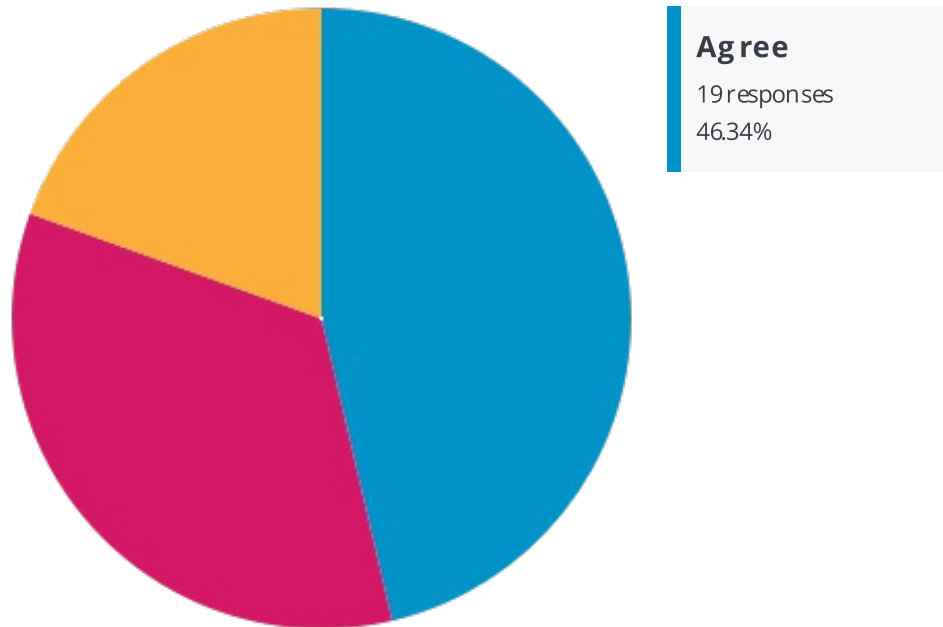
Top Response Options



| Answer Options | Responses | Percentage |
|-------------------|-----------|----------------|
| Agree | 21 | 51.22% |
| Strongly Agree | 15 | 36.59% |
| Neutral | 5 | 12.20% |
| Disagree | 0 | 0.00% |
| Strongly Disagree | 0 | 0.00% |
| Total | 41 | 100.00% |

Q. This meeting provided new ideas or information I expect to use and will influence my practice of medicine

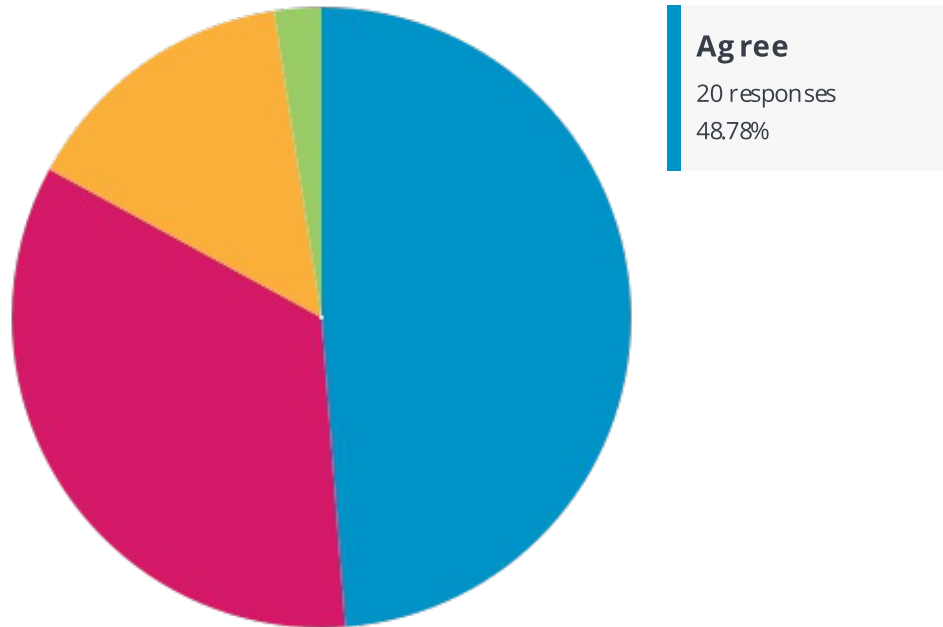
Top Response Options



| Answer Options | Responses | Percentage |
|-------------------|-----------|----------------|
| Agree | 19 | 46.34% |
| Strongly Agree | 14 | 34.15% |
| Neutral | 8 | 19.51% |
| Disagree | 0 | 0.00% |
| Strongly Disagree | 0 | 0.00% |
| Total | 41 | 100.00% |

Q. This meeting will help me improve the care I provide to my patients

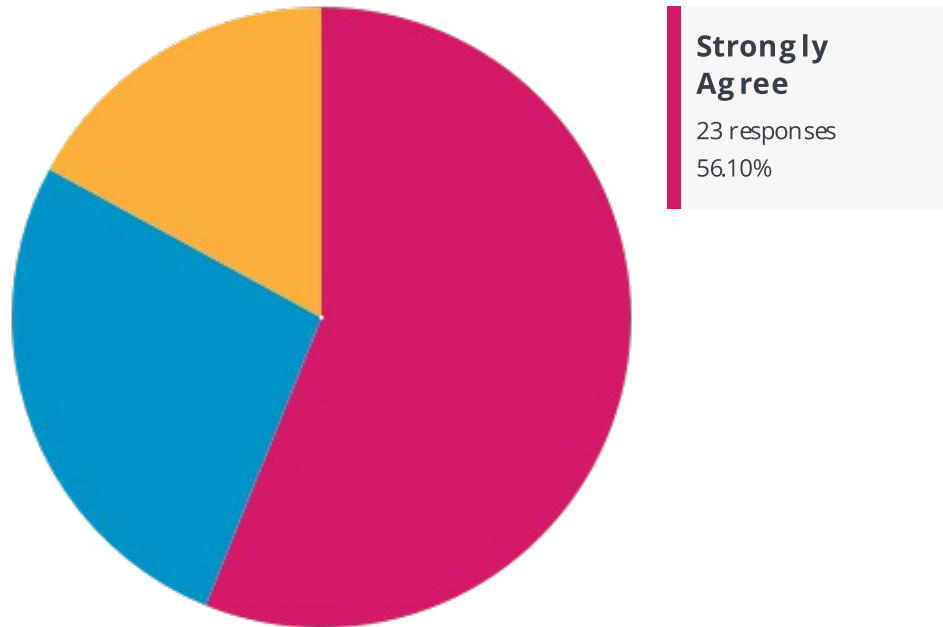
Top Response Options



| Answer Options | Responses | Percentage |
|-------------------|-----------|----------------|
| Agree | 20 | 48.78% |
| Strongly Agree | 14 | 34.15% |
| Neutral | 6 | 14.63% |
| Disagree | 1 | 2.44% |
| Strongly Disagree | 0 | 0.00% |
| Total | 41 | 100.00% |

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

Top Response Options



| Answer Options | Responses | Percentage |
|-------------------|-----------|----------------|
| Strongly Agree | 23 | 56.10% |
| Agree | 11 | 26.83% |
| Neutral | 7 | 17.07% |
| Disagree | 0 | 0.00% |
| Strongly Disagree | 0 | 0.00% |
| Total | 41 | 100.00% |

OVERALL EVALUATION

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

| Email | Responses |
|-----------|---|
| Anonymous | It is difficult to be completely away from commercial influence |
| Anonymous | I believe it was free from commercial bias |
| Anonymous | one can never escape commercial bias of surgeons when they show cases - as long as it is recognised it is not a problem |
| Anonymous | I agree |

OVERALL EVALUATION

Q. What are new diagnostic or therapeutic strategies you will try to apply in your practice setting as a result of what you learned in this meeting?

| Email | Responses |
|-----------|---|
| Anonymous | Tethering for AIS: greater understanding of indications & limitations. |
| Anonymous | Prof Kenneth Cheung's electronic scoliosis scanning device |
| Anonymous | Various surgical techniques, not much new but refining what I already do. |
| Anonymous | Different approaches on sagittal balance assessments |
| Anonymous | More anterior approaches and shorter fusion for adult deformities |
| Anonymous | En block resection of vertebral tumours |
| Anonymous | surgical strategies in spinal deformity correction |
| Anonymous | nothing revelatory |
| Anonymous | I agree |
| Anonymous | Consider additional anterior spinal surgery |
| Anonymous | better saggital evaluations |
| Anonymous | Use of new criteria for selection of fusion levels in AIS. Technical aspects of growth rod surgery. |
| Anonymous | global alignment X-ray to determine the global AP and sagittal alignment use of TXA in complex spinal deformity surgery Use of BMP to enhance spinal fusion |
| Anonymous | Nothing was new, but I was encouraged to Keep my anterior way. |

OVERALL EVALUATION

Q. What barriers did you encounter, if any, to learning or being able to apply what you learned in your practice setting?

| Email | Responses |
|-----------|--|
| Anonymous | None. |
| Anonymous | A lot of research presented were not applicable to my country. Most were based on us database |
| Anonymous | None |
| Anonymous | Nil |
| Anonymous | No barriers |
| Anonymous | More abstracts should be allowed to be presented |
| Anonymous | the lack of commercial input is frustrating - this leads innovation and providing it is balanced is useful |
| Anonymous | none |
| Anonymous | competing sessions |
| Anonymous | I agree |
| Anonymous | None |
| Anonymous | none |
| Anonymous | none |
| Anonymous | patients' budget Availaibility of Neuromonitoring in some hospitals |

OVERALL EVALUATION

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

| Email | Responses |
|-----------|--|
| Anonymous | Everything |
| Anonymous | Nice conference hall |
| Anonymous | Enjoyed case discussions |
| Anonymous | Excellent catering Easy access |
| Anonymous | Interactive discussions and cases discussions |
| Anonymous | Great convention Center. Less concurrent sessions. Good papers presentations. Superior food & refreshments between sessions. |
| Anonymous | case discussion |
| Anonymous | The presentations were to the point and well spaced out (2-3 maximum) , avoiding stagnation of audience concentration. |
| Anonymous | Discussion with surgeons who showed differently approaches |
| Anonymous | sessions and frequent breaks |
| Anonymous | organisation |
| Anonymous | overall organization |
| Anonymous | AV excellent |
| Anonymous | The point presentations went well. |
| Anonymous | Well organised |
| Anonymous | excellent location, wonderful convention center |
| Anonymous | everything |
| Anonymous | conference center worked well |

OVERALL EVALUATION

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

| Email | Responses |
|-----------|---|
| Anonymous | Not much. Great meeting as usual. |
| Anonymous | More case discussions Video presentation and discussion on surgical techniques |
| Anonymous | Anterior Surgery Techniques, Fully understanding sagittal balance, Degenerative/High grade spondylosisthesis Treatment, State of the art bone grafting techniques, Radiation Exposure to Patients & Surgeons, Spine Infections |
| Anonymous | the newest |
| Anonymous | Presentation of met analyses. |
| Anonymous | Surgeries that can allow shorter fusion for scoliosis |
| Anonymous | More presentation opportunities and video sessions |
| Anonymous | more novel topics for discussion, more novel techniques, more technology - it has 'advanced' in the title - it is not the SRS meeting and needs to be distinct |
| Anonymous | none |
| Anonymous | Travel to location was extremely difficult. Counting flight delays (2 cancellations) and layovers, it took over 100 hours round trip for my trip from the US to South Africa. Foreign locations are great, but someplace more easily accessible in 0-1 connecting flight from a major US city would be great. |
| Anonymous | More on cervical and lumbar spine degenerative pathology |
| Anonymous | Sagittal plane corrections for AIS patients as well as Adult Deformity |
| Anonymous | 2 minute presentations are nuts! |

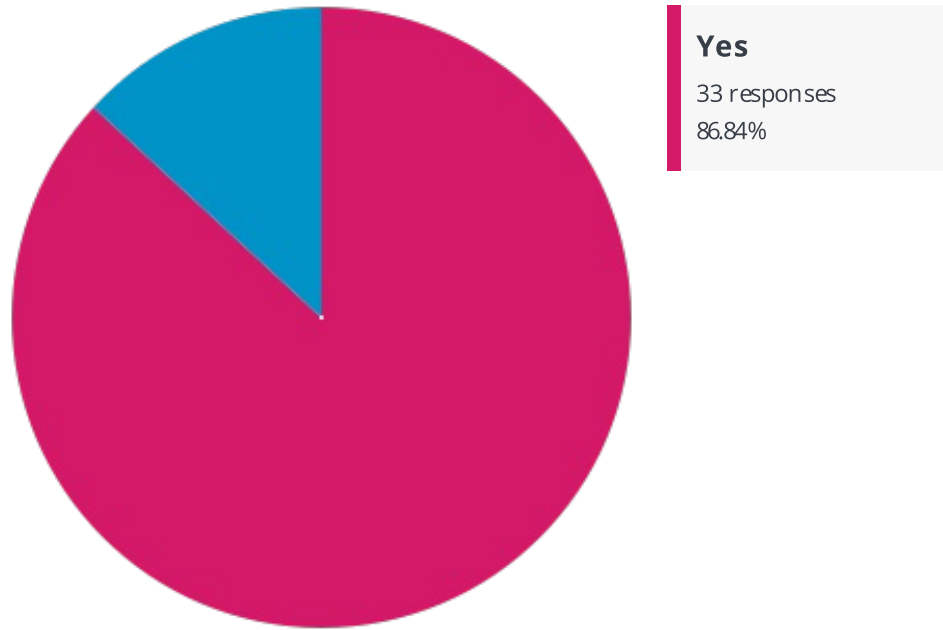
OVERALL EVALUATION

Anonymous

I wondered that the majority of the u.s. spine surgeons describe anterior procedures more complicated than posterior. From my experience (and all other surgeons I know who are engaged in anterior procedures) it's complete contrary: hospital stay, blood loss, infections, pain, etc. are definitely shorter/lower than in similar posterior cases.

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

Top Response Options



| Answer Options | Responses | Percentage |
|----------------|-----------|----------------|
| Yes | 33 | 86.84% |
| No | 5 | 13.16% |
| Total | 38 | 100.00% |

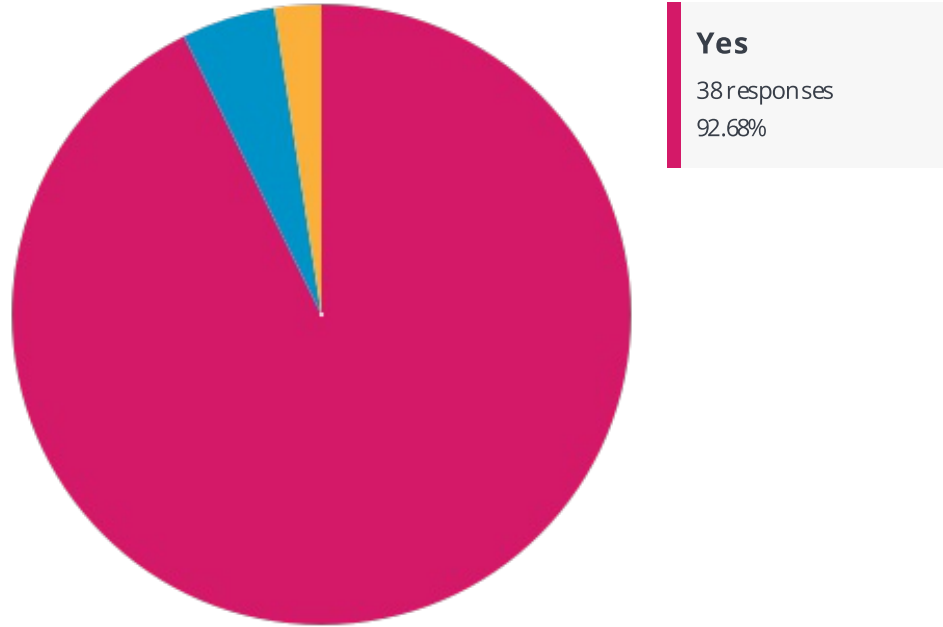
24TH INTERNATIONAL MEETING ON ADVANCED SPINE TECHNIQUES (IMAST)
OVERALL EVALUATION

Q. Comments

| Email | Responses |
|-----------|---|
| Anonymous | The meeting ran very well with a variety of educational experiences. The convention center was particularly ergonomic. |
| Anonymous | I like the possibility to show new techniques or ways to solve problems |
| Anonymous | Excellent learning opportunity |
| Anonymous | indifferent. |
| Anonymous | A long travel time from North America but a beautiful city. |
| Anonymous | except for the plane fare expense. |
| Anonymous | good enough |
| Anonymous | Too far to travel |
| Anonymous | 26 hours flight time there, and missed a day due to a storm in Atlanta. Capetown is a lovely city, but just not practical for travel to a meeting |

Q. Was it useful to visit the exhibit hall?

Top Response Options



| Answer Options | Responses | Percentage |
|------------------------------|-----------|----------------|
| Yes | 38 | 92.68% |
| No | 2 | 4.88% |
| I did not visit the exhibits | 1 | 2.44% |
| Total | 41 | 100.00% |

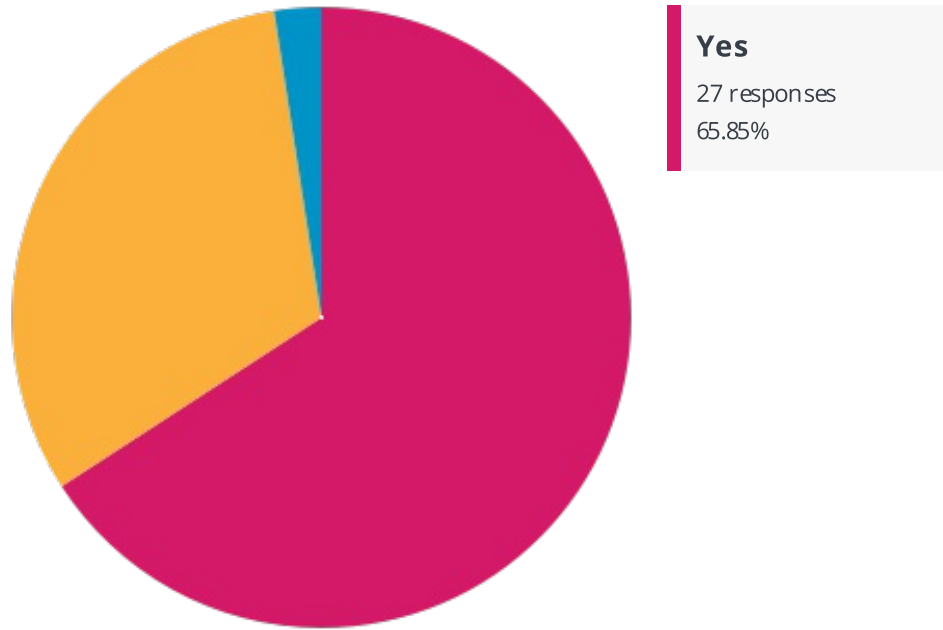
OVERALL EVALUATION

Q. Please provide comments on how your experience can be improved

| Email | Responses |
|-----------|---|
| Anonymous | best discussions |
| Anonymous | Was a good meeting - little could be improved. |
| Anonymous | To get in contact with surgeons and share cases with them and also with the companies |
| Anonymous | Running Video demonstration. |
| Anonymous | I looked at posters - some of which were good |
| Anonymous | no suggestions. Had a good experience |
| Anonymous | See above. Meeting was great overall, just required cancellation of over 1 week of practice for a few days of attendance due to difficulty getting there. |
| Anonymous | not enough time to visit exhibit hall |
| Anonymous | to see new technologies that lead to change in patient outcomes |
| Anonymous | use of navigating system to improve the accuracy intraoperatively |

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

Top Response Options



| Answer Options | Responses | Percentage |
|---|-----------|----------------|
| Yes | 27 | 65.85% |
| I did not attend the Hands-On Workshops | 13 | 31.71% |
| No | 1 | 2.44% |
| Total | 41 | 100.00% |

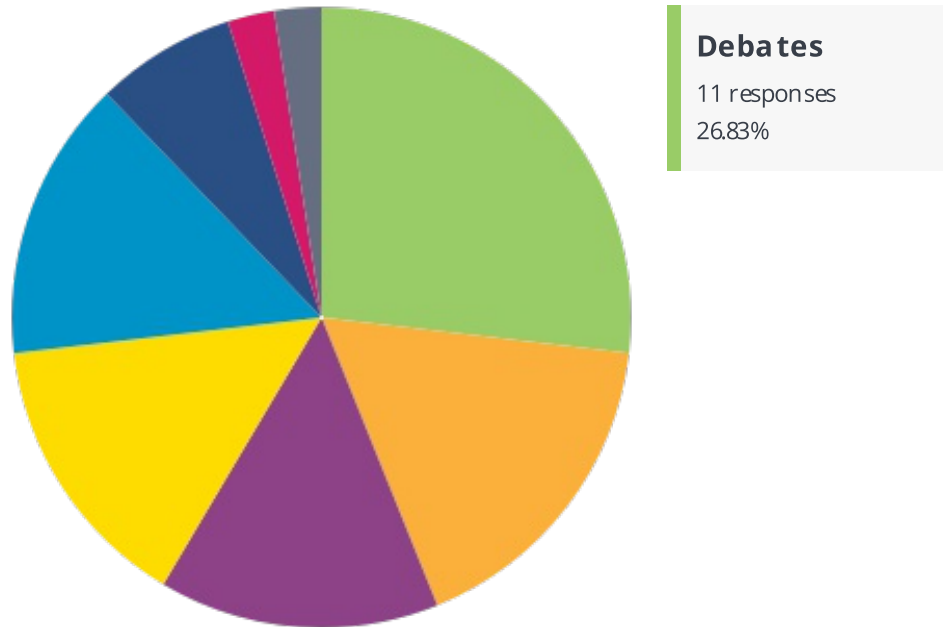
24TH INTERNATIONAL MEETING ON ADVANCED SPINE TECHNIQUES (IMAST)
OVERALL EVALUATION

Q. Please provide comments on how your experience can be improved

| Email | Responses |
|-----------|---|
| Anonymous | Some room , som speaker don't use a microphone. Hard to hearing. |
| Anonymous | Concentrate in the AM till noon |
| Anonymous | best discussions |
| Anonymous | The same |
| Anonymous | More video representation |
| Anonymous | as above - 'advanced spinal techniques' |
| Anonymous | no suggestions. |

Q. What is your preferred learning format (Please choose one)

Top Response Options



| Answer Options | Responses | Percentage |
|-------------------------------|-----------|----------------|
| Debates | 11 | 26.83% |
| Long Lectures (10+ minutes) | 7 | 17.07% |
| Case Studies | 6 | 14.63% |
| Panel Discussions | 6 | 14.63% |
| Short Lectures (5-10 minutes) | 6 | 14.63% |
| Small Group Discussions | 3 | 7.32% |
| Abstracts | 1 | 2.44% |
| Other | 1 | 2.44% |
| Online Education Formats | 0 | 0.00% |
| Total | 41 | 100.00% |

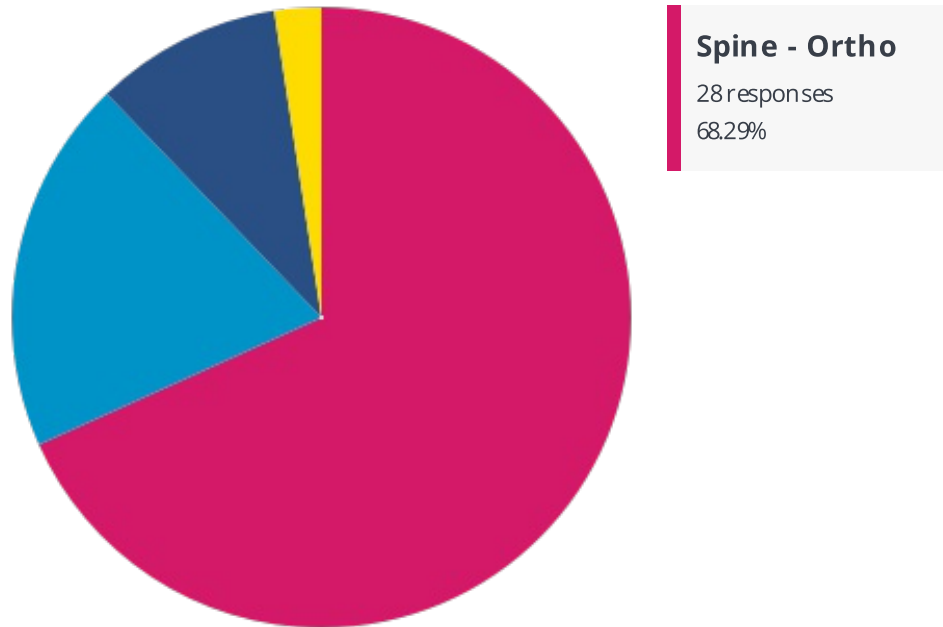
Q. If you selected Other, please specify



You have not received any responses to this question.

Q. What is your specialty

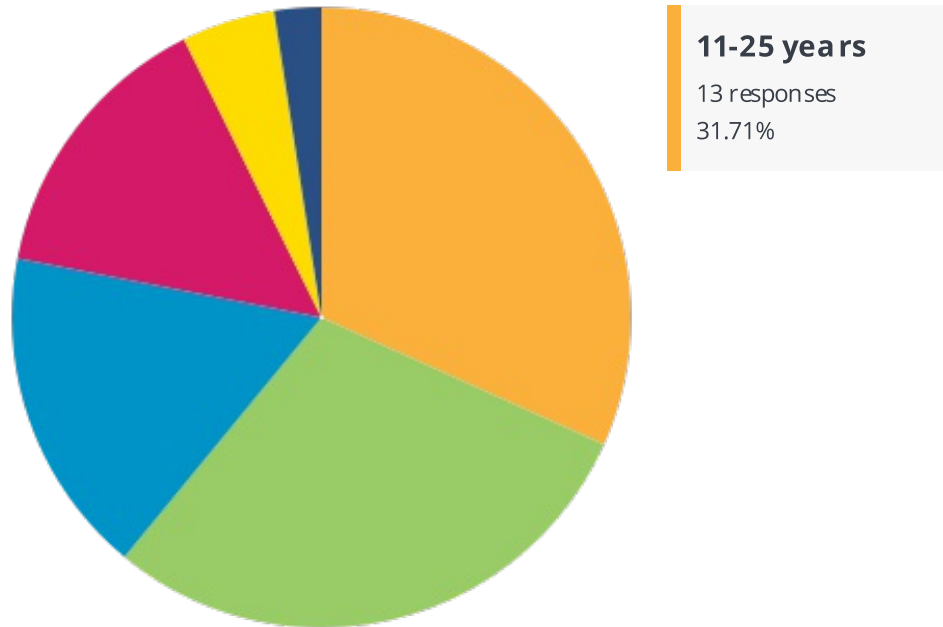
Top Response Options



| Answer Options | Responses | Percentage |
|-------------------------------------|-----------|----------------|
| Spine - Ortho | 28 | 68.29% |
| Spine - Neuro | 8 | 19.51% |
| Student/Resident/Fellow | 4 | 9.76% |
| Allied Health (RN, NP, PA, PT, etc) | 1 | 2.44% |
| MD - other | 0 | 0.00% |
| Ortho - non-spine | 0 | 0.00% |
| Other | 0 | 0.00% |
| Researcher | 0 | 0.00% |
| Total | 41 | 100.00% |

Q. How long have you been in practice?

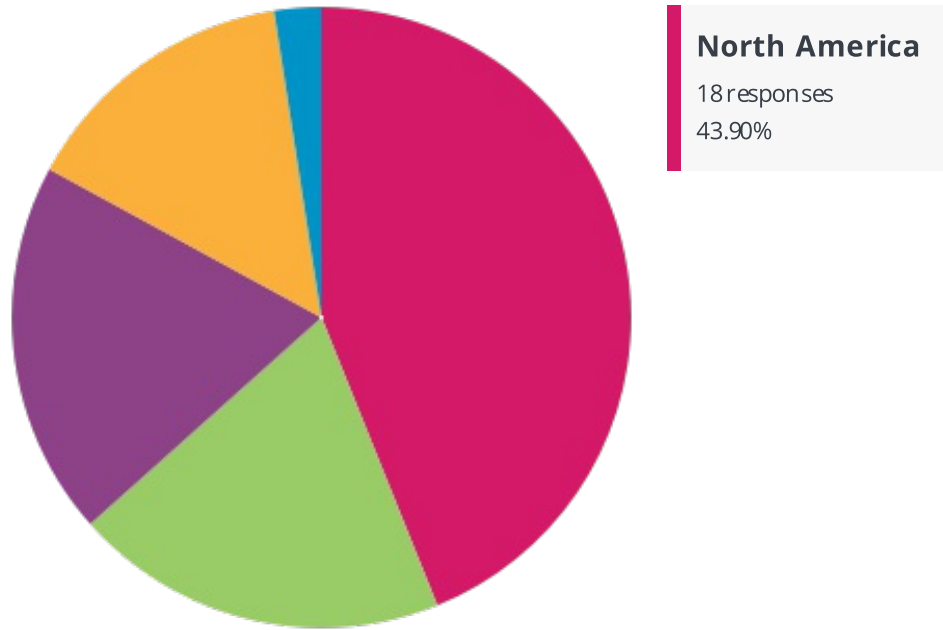
Top Response Options



| Answer Options | Responses | Percentage |
|---------------------------------|-----------|----------------|
| 11-25 years | 13 | 31.71% |
| 26-40 years | 12 | 29.27% |
| 6-10 years | 7 | 17.07% |
| 5 years or less | 6 | 14.63% |
| Medical student/resident/fellow | 2 | 4.88% |
| Allied Health Professional | 1 | 2.44% |
| Other/NA | 0 | 0.00% |
| Over 40 years | 0 | 0.00% |
| Total | 41 | 100.00% |

Q. What is your Region?

Top Response Options



| Answer Options | Responses | Percentage |
|-----------------------|-----------|----------------|
| North America | 18 | 43.90% |
| Asia - Pacific | 8 | 19.51% |
| Middle East - Africa | 8 | 19.51% |
| Europe | 6 | 14.63% |
| Central/South America | 1 | 2.44% |
| Total | 41 | 100.00% |