### Was this program informative and clinically relevant to your practice?

| Option | Yes: 336 (98.5%) | No: 5 (1.5%) |

### On a scale of 0 to 5 where 0 means "not at all likely" and 5 means "extremely likely", how likely is it that you would recommend this course to a friend or colleague?

- **Yes**: 376 (97.7%)
- **No**: 9 (2.3%)

### Were the learning objectives stated above met?

- **Yes**: 376 (97.7%)
- **No**: 9 (2.3%)

#### If not, what portion was not covered well enough and how could the objectives have been better met?

- More discussion of anticoagulants and reversal and use and less clinical case studies of zebras.
- The discussion of neurovascular disease was relevant to only one attendee who is a neurovascular specialist.
- The presentations concentrated on few aspects and did not cover the whole spectrum of adenomas as outlined in the title.
- Too much on complicated low grade gliomas and not enough about the more commonly encountered tumors.
- Secreting tumors were only perfunctorily dealt with. An endocrinologist with experience in these would have been helpful, especially as there were several young learners in the audience.

### Overall, how would you rate the Speakers(s)?

<table>
<thead>
<tr>
<th>Score</th>
<th>Count</th>
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<tbody>
<tr>
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<tr>
<td>2</td>
<td>4</td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
<td>138</td>
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<td>5</td>
<td>223</td>
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**Average score**: 4.5

<table>
<thead>
<tr>
<th>Score</th>
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<tr>
<td>1</td>
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<td>9%</td>
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<tr>
<td>4</td>
<td>35%</td>
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<tr>
<td>5</td>
<td>56%</td>
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</table>

### If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:

- Speaker on vasospasm treatment was a no show. Would have liked to ask him questions.
- Dr. Hadley kept the course lively and interesting.
- The first speaker (transphenoidal) was not helpful.
- Hadley and Hurlburt were truly excellent.
- Dr. Hadley and Dr. Theodore are always great speakers.
- Dr. Hadley and Dr. Theodore are always excellent.
- n/a
- Would have been good to see some cage issues (too far/too little) or...
even simple discs etc. is not good outcome but neuro intact a complication?

- Dr. Spinner is one of the best educators on peripheral nerve, and his presentation on peroneal nerve surgery was instructive
- You need a hematologist/ medical/ pharmacy coagulation specialist to give an overview talk
- Didn’t get much out of having the 7 year followup of the Prestige presented in detail. That disc will be off the market soon. Would have liked overview of all current discs and info about contrained, nonconstrained, materials, differences in technique, etc etc.
- NO
- You could put up Issam Awad and let him give is talk, and then field questions. He was very helpful
- Two of the tree speakers didn’t show up. I know there are conflicts, but this is not a good thing
- need to invite a cardiologist to the next meeting so their is an authoritative voice to why these patients are on anticoagulants antiplatelets and how long such patients can “safely” stay off them during their neurosurgical journey
- Although Aman Patel was not there his presentation was much appreciated
- lecture on ulnar nerve (Huang) was disappointing
- great format
- poor moderator
- Dr. Hurlburt could have been a bit more concise
- no
- So-called minimally invasive spine surgery is over-presented and utilized by academic surgeons. Just because you can does not mean you should. So, in many meeting presentations it becomes more of a ‘look what we can do’ technically than it is about the case itself.
- none
- Updating about vasospasm treatment was scarce
- Dr Spinner was excellent
- Dr. Awad moderated the session very well
- Dr. Laws was great as moderator, and Dr. Jim Chandler made an excellent presentation
- Daniel Barrow was excellent
- poor use of the a/v facilities. sometimes hard to hear
- I liked each speaker's case presentations.
- Hunt Batjer wasn't there. Overall, I thought the course was good, but not great.
- Shaffrey is always good.
- Dr Jun-San Yang was a little pressured and fast
- Too much text on powerpoints
- one of the speakers did not even show up. another gave his slides. things happen but we are all neurological surgeons and are busy. don't take call on day you are going to present to your colleagues.

---

Was the educational content free of commercial bias?

- Yes: 413 (98.1%)
- No: 8 (1.9%)

If you felt there was bias presented, please elaborate

- speakers with to much disclosers conflicting with subject presented
- There was discussion of a specific brand of endoscope created by the presenters partner
- everyone is biased
- No.
Will you alter your practice patterns based on the information presented?

| Yes: 249 (59.1%) | No: 172 (40.9%) |

If your practice patterns are not likely to be altered, why not?

- practice (32)
- already (31)
- information (22)
- current (19)
- new (13)
- doing (9)
- presented (8)
- Nothing (8)
- n/a (7)
- guidelines (7)
- change (7)
- retired (6)
- na (6)
- been (6)
- surgery (5)
- same (5)
- review (5)
- course (5)
- Confirmed (5)
- validated (4)
- info (4)
- follow (4)
- data (4)
- because (4)
- surgeon (3)
- sure (3)
- speakers (3)
- similar (3)
- Reinforces (3)
- Reinforced (3)
- presentations (3)
- present (3)
- physician (3)
- peripheral (3)
- pattern (3)
- patient (3)
- nerve (3)
- know (3)
- incorporate (3)
- Good (3)
- feel (3)
- discussed (3)
- described (3)
- consistent (3)
- complex (3)
- which (2)
- vascular (2)
- treatment (2)

(click on a word to view comments)

If your practice patterns are likely to be altered, how so?

- Consider (24)
- better (21)
- new (15)
- treatment (13)
- management (13)
- surgery (12)
- patients (11)
- ICH (10)
- nerve (9)
- information (9)
- understanding (8)
- Less (8)
- approach (8)
- patient (7)
- Apply (7)
- when (6)
- spine (6)
- peripheral (6)
- options (6)
- cervical (6)
- aggressive (6)
- TPA (5)
- techniques (5)
- PCC (5)
- need (5)
- May (5)
- Learned (5)
- evidence (5)
- different (5)
- CT (5)
- awake (5)
- about (5)
- role (4)
- recommendations (4)
- moc (4)
- know (4)
- into (4)
- incorporate (4)
- current (4)
- vasospasm (3)
- vascular (3)
- using (3)
- understand (3)
- tumor (3)
- time (3)
- telemedicine (3)
- TBI (3)
- Take (3)
- study (3)
- steroids (3)

- more awake, maybe star tube use
- Better understanding of treatment indications
- Better understanding of prevalence of brain injury
- very interested in starting endoscopic evacuation for ICH
- I will refine some decision making regarding returning patients to playing sports
- Consider evacuation of select ICH
- improve my management for ICH
- Review evidence
- Will consider more use of gamma knife for TN
I already use these guidelines
personal personal nothing new n/a good results
This course related to decertification only Current standard as discussed. Currently in line with this content I do very little spine The scientific information is the same as my current practice I do mainstream cases n/a I was faculty na nothing new I agree with all said don't use steroids
My use of Arthroplasty is c/w the program Simply because my practice reflects subjects spoken of. It was, however, informative to be validated. Course validated my current practice.
No likely large changes. Information was well presented. I especially liked the peroneal presentation. But, I really liked the review of median and ulnar pathology.
I already do the things described nothing to change, I feel I am satisfied with my protocol No information I did not already know Feel that I am already doing everything as presented. Confirmed what I know Great presentations tho I already do what they do and then some I follow the guidelines I do this already don't agree with the speakers already do Already doing it resource limitations Already doing it Already doing it reaffirmed my current practice reaffirmed my current practice not applicable do not do vascular - but wanted to remain aware of the field consistent with current practice pattern n/a

- mri diffusion
- lumbar drain and close dura
- Use CT alone to "clear" cervical spine in select obtruded patient
  will increase use of MIS And tPA for ICH consider cervical arthroplasty, when indicated
  More aggressive approach to low grade gliomas will consider changing approach to clearing c spine and using steroids I will consider removing cervical collars if the ct scan is clear try to get on to some of the trials
  No more flex/ex Attention Integrate
  more attention to peripheral nerve surgery various ways
  Learned what imaging does and does not need doing in ER more awake craniotomy giving appropriate advise to athletes and parents about concussion in sports
  Do TLIF More accurate Dx. & treatment of entrapment neuropathy I may do more sterotactic aspiration the way Lawton described it more aggressive dural closure if/when durotomy is encountered Alter the role of preop vascular imaging in patient assessment consider new ways to evacuate hematoma Use a smaller approach to peronial entrapment Need to incorp telemedicine. Just dont know where/how consider CFN decompression for post hip replacement neuropathy shall modify my current approach to peripheral nerve surgery PCC use need to re assess role of radiosurgery consider use of novo-7 FOR BETTER RESULTS I now understand the differences between the PCC 3 and 4 and the implications for use of FFP POSITIVELY
  POSITIVELY more use of PCC in spite of hospital not wanting us to do so for acute bleeds. always considered pulmonary and bladder issues with ICP, did not usually consider abdominal pressure unless a shunt was in place. Will also consider abdominal issues.
  Better understanding of value vs. volume based care, good advice on how to approach your first job enhanced ability to cite data
  Learned new telemedicine strategies knowledge of posterior interrosseous nerve palsy in treatment of patients with comorbidities phyloosophical aspects

4 of 12
- n/a
- lecture on leadership
- basically validated what we are doing
- Information will be presented to my physician
- Information will be presented to my physician
- Information will be presented to my physician
- no change required
- No change in guidelines
- not sure
- not sure
- No change in guidelines
- not sure
- n/A
- nothing new
- na
- na
- There was a lack of practical information
- Familiarity with current data
- familiarity with current data
- .
- no significant new information noted
- retired
- retired
- retired
- confirmation of what I've been doing
- na
- Not so much change, but I feel my management of return to play decisions was validated somewhat and I was somewhat relieved to see that my decisions have been appropriate based on the information provided.
- Already practicing it.
- already follow the principles.
- I already incorporate this information in my practice.
- I already incorporate this information in my practice.
- I already incorporate this information in my practice.
- Guidelines were already published in the journal
- Unruptured aneurysm treatment involves a complex decision-making process that must be individualized for every single patient
- retired
- retired
- The results have been satisfactory.
- all aspects of the management were not covered
- was not useful
- No
- NO
- Course was an excellent review of current review of the subject.
- knew data
- stent referall
- no more solumedrol
- Patient mgt
- Tbi mgt
- Try to improve my leadership role in order to optimize patient care
- more knowledgeable
- Awake surgery is very important in the current management of glioma
- focus even more on communication
- will know how to study for MOC exam
- Incorporate/consider the different management options discussed
- better understanding or TN2
- Have a much better understanding of head injuries and when I can clear athletes to RTP
- less likely to offer boost radiosurgery when I think that I have done a complete resection on a met.
- use Kcentra more FFP less
- Good presentation of information how ever needs more geared to “real world” applications
- Consider more advanced techniques for managing tumors.
- Better understanding on when to utilize the different technologies.
- better grasp of compartment syndromes
- I have more evidence based information for manage my patients
- Seek for better understanding.
- more restricted return to play after 3 concussions
- stop thinking about lumbar ADR, consider limited role for cervical ADR
- New info
- different dosing
- Potential treatments for a currently undertreated condition
- Guideline updates
- Change in fusion method
- some new techniques
- stop the MP protocol
- too long to discuss
- incorporate guidelines for HI
- outcome information helpful in operative choices
- Latest update on controversy pertaining to aneurysm management options & management of vasospasm
- do more peripheral nerve
- will do more peripheral nerve
- Consider use of tPa in IVH
- Useful information to back up recommendations
- considerations for cost containment
- learn new stuff
- Support for methods
- more extensive bonr removal
- be better
- be better
I am retired from active surgery not a surgeon because my medical practice has been the same for many years ago nothing new presented Already read the guidelines in 2013 send complex cases to peripheral nerve surgeon same standards no new information no new information comfortable with current practice the same I follow guidelines Nothing new or particularly interesting. As above, probably would have been best titled 'what are the limits of what can be done through minimally invasive spine techniques.' confirmed my current practice practice is already similar to seminar objectives not applicable already practicing as stated My practice appears to be similar to that described overall by the speakers. no new information, except from Dr. Shaffrey The same contents information on current techniques just reinforced what I already do, information on potential future use of viral vectors for GDNF and GAD was interesting already incorporated currently refer all aneurysms to a multidisciplinary centre Good review but nothing new n/a it was board review, info. was more relevant in preparing for exam next week do not have the infrastructure and a poorly insured patient population. The course is about certification, not practice we are very advanced in our practice practice consistent with course content my practice pattern is consistent with the information presented. not much to change Information confirmed my practices I was not convinced about all the difference i do not do any peripheral nerve surgery in my practice i do not do peripheral nerve surgery supports our current timing for surgery and intervention Nothing really new The controversy has been present for a long time but not enough.
- objective data available
- Already familiar with principles discussed
- general interest
- Current practice topics.
- Info already incorporated
- Practice in line with recommendations
- reinforced that my current practice patterns regarding TN are relevant
- Good presentations, reinforces what I already am doing
- reinforces what I already know and do
- Already performing the recommended treatment practice
- no new information to change practice.
- I do not do complex vascular case like presentation.
- the information provided is in accordance to my practice patterns
- Because many of the complications in spinal surgery described in the seminar are because of excessive use of fusion. I am very restrictive in its use
- Already implemented
- Prob not. I deal with the return to play Q a few times every Fall as a trauma center. This info is all helpful, but prob not changing what I do as it is similar.
- Already doing most of what was discussed.
- na
- 0
- 0
- 0
- I am doing research only, no practice
- Research staff
- Supported current practice pattern
- cost
- Reinforced that which I already do.
- I don’t treat trauma patients.
- no response
- no response
- Confirmed current practice habits.
- No info presented which would cause me to significantly alter my practice at current.
- Information was not new
- part of practice
- Reinforces current practice.

- was not aware of some of the details of techniques
- Will consider 3d ct for evaluation of fusions
- Will use CT to clear c-spine in obtunded patient (if normal)
- I will approach the exam with a comprehensive study method.
- same concepts
- New concepts
- new recommendations for treatment vasospasm
- It will modify my treatment options and leave the surgery as a last time resource
- In use of arthroplasty for multiple level surgery
- better closure
- arthroplasty
- peroneal release
- To recognize how same pathology can be treated differently
- Better trading and recognizing complications in spine surgery
- more interest in endoscopic ICH treatment
- Not to agressive
- Be carefully with patient selection
- know to counsel adults that 90% with concussions will have symptoms resolve in 7-10 days
- some deep hematomas can be treated surgically
- knowing how to use the lesion quotient to determine tumor vs. radiation necrosis after radiosurgery
- I could see new important aspects of the telemedicine
- Reconsideration of endoscopy
- in patient/family discussions
- 
- will consider evacuation of ICH’s otherwise typically deemed nonoperative due to techniques and research presented
- will employ monitoring/intraoperative angio more freely if felt beneficial
- Management of pediatric chiari
- Vent weaning
- Use of INTRAVENTRICULAR tPA
- New techniques and ideas
- improved care
- Yes, I will no longer use steroids in the management of my acute spinal cord injury patients.
- Not always do duraplasties to on chiaris.
- a
- adafdas
- too old
- updated
- NA
- More aggressive on patients management specially on surgery
- Expanding indications of surgery.
- Better knowledge.
- pain medication post-op and out of work
use of tpa for ivh

i will aim to take the MOC at 7 yrs

consider presented material when evaluating patients with similar
disease states

incorporate some of recommendations esp. related to ventilator
management and anemia management of the TBI patient.

better prepared

more surgery

will use more PCC

more operations, use of labs

would consider stereotactic drainage of hematomas

use guidelines

Follow recommendations

BE MORE AGGRESSIVE IN DEALING WITH PROCOAGULANTS
FORMULATIONS IN CASES OF BRAIN HEMORRHAGES IN
ANTICOAGULATED PATIENTS

implementing new strategies in vascular disease treatment

implementing learned lessons

I learned different options for treating difficult spine problems

Consider more and different options when managing complications in
spine surgery

specifically how to treat peroneal nerve palsy

May consider enrolling in the ICH trial

no

incorporate information into practice

n/a

Take another look at some hitherto coiled difficult aneurysm with
inconsistent coiling results for clipping

More attention to severity of traumatic concussion patients and
avoidance of reinjury

i will expend more time to study comorbidities in critical patients

Better understanding of new tumor Rx.

more endoscopy

less use of retraction

focus on reducing ARDS

in better

be a better leader

May do more sub-muscular transfers of ulnar nerve.

consider stereotactic drainage of some ICH

present studies to the trauma team about ICP monitoring in TBI

I may be a little more liberal operating on patients with INR>1.2
but not much more

more likely to reoperate on failed mvd

Apply knowledge of natural history to decisions

Apply caution in using artificial discs

Selecting better the approach

better stuff

anew methods
More frequent diagnosis of peripheral nerve entrapments
Lectures were helpful for our routine hospital job.
Very helpful informations for my research
Use more PCC
Consider using intraventricular TPA
Always great to have review of peripheral nerve injuries.
understand the current surgical, interventional and medical management of subarachnoid hemorrhage and vasospasm secondary to ruptured intracranial aneurysms and vascular malformations
understood advances in treating neurovascular disease
Spend more time and effort correcting saggital balance
preparation for moc
- Now much more open to possibility of disc replacement under certain circumstances.
Less surgery
- May utilize decompressive craniectomy
need greater accuracy with stereotactic system
Learned some additional considerations in endoscopic TSH.

Do you anticipate any barriers when incorporating the information learned in the course to your practice?

| Yes: 32 (8.9%) | No: 329 (91.1%) |

What are the barriers that you expect?

(click on a word to view comments)

inertia (2) Cost (2)

- hospital and personal inertia
- unavailable
- lack of reimbursement in North Carolina
- cost
- There will be some pushback from other specialists.
- availability of anesthesia and speech staff
- Money, inertia
- Cost
- attorney issues
- medicolegal
- ICU facilities are limited in my region
- For the economical matter
- there are technological and cultural limits to develop the telemedicine
- financial
● Changing fatalistic attitudes towards aneurysm surgery
● will need to have a practitioner trained in neuroendoscopy
● insurance
● equipment purchase

Was the presentation format appropriate to the content?

| Yes: 337 (96.3%) | No: 13 (3.7%) |

Is there a better format that you would prefer/suggest?

(click on a word to view comments)

think (5) time (3) can't (3) appropriate (3) any (3) those (2) their (2)

session (2) presenting (2) presentation (2)

interactive (2) great (2) good (2) format (2)

discussion (2) debate (2) cases (2)

In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.

(click on a word to view comments)

topic (3) BRAIN (3) used (2) tunnel (2)

spine (2) should (2) other (2) often (2)

NOTHING (2) n/a (2) done (2) disease (2)

continue (2) cervical (2) adjacent (2)

● longer, more cases, venue for my complex cases
● I am not sure this needs to be a luncheon session. The information provided really was available online.
● No
● Would like to have access ability to their power point presentation.
● no
● nothing new
● Interactive could have voting too
● No
● no
● n/a
● no
● NO
● NO
● NO
● NO
● NO
● NO
● no
● more entrapments and not CTS
● No
● no, this was good for the theme portrayed
● no
● no
● no. great as is.
● I would have enjoyed more time for Q&A and general discussion as I
think that the audience had a lot of good input but the opportunity for discussion was limited.
- This was great.
- Perhaps a Debate presenting views of those in favor and those conservatives and against aggressive surgical intervention in a future session
- A presenting team of Neurosurgeons (utilizing Microscopes and Endoscopes) together with a Radiotherapist and Endocrinologist would make a better panel to address the topic
- No
- No
- No
- It was not as interactive as expected
- I think that tables must be squarers and with a different distribution
- Webinar
- No
- No
- No
- No
- I would have liked more time spent on reviewing topics
- No
- No
- No
- No
- I would have liked more time spent on reviewing topics
- Should have been more time for questions, answers and debate.
- Can't think of any
- Can't think of any
- Can't think of any
- This format is appropriate
- This format is appropriate
- Some type of outline or handout would be appropriate and may help speakers organize their presentation

- Dynamic surgery Results
- I used to send and receive cellular phone MRI photos and others with the emergency people
- Update on adjuvant therapy for malignant gliomas
- Pediatric tumors
- -
- More cervical spine difficult pathologies
- Cervical spine complications
- Other peripheral neuropathies besides carpal tunnel, peroneal nerve, cubital tunnel
- Is the debate over surgical treatment of ICH a dead horse?
- Controversial topic, macrodecompression works for trigeminal neuralgia versus other modalities are just as effective and less risky
- How often an adjacent level disease develops and what are the contributing factors
- This topic should continue to be debated
- This topic should continue to be presented

If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:

(click on a word to view comments)

Yes (11) N/A (3)

- No
- Questions and TPA pending
- C-spine imaging in ER
- N/A

Course (4) Should (3) Seen (3)

- Neurosurgeons (2) Keep (2) Format (2) ER (2)
- Comments (2) Additional (2)
n/a

Administrative costs etc of setting up program

I asked a question about it.

NO

NO

NO

no

no

No

No

No

absolutely

Not really, I feel the measures being used at my institution are already ahead of those presented

N/A

yes

no

NO

yes

some bleed situations that before we didn`t know can be approached with surgery

No

yes

incompletely

yes, good review of craniopharyngiomas

a lot, but not easy to explain

yes

yes

yes

Yes, that it is not

yes

No convincing data

yes

yes

Receiving CME for required webinar pre-course would be nice

NOTHING

NO

NO

Should have more of these types of venues

-

keep this course as is!

keep this course!!

The moderators should know some of us finished spine fellowships which were comprehensive long before they did and they don’t have all the answers

Some of the young neurosurgeons need to realize that in private practice we go to the ER and have seen a lot of trauma in our career. They may not have encountered some of the unique things we have seen but to tell us we should write it up in the journals in inappropriate. After Katrina we lost so many neurosurgeons we live in the ER and do not have time for this.

no

No

The course idea was good. I was hoping for a more general update regarding commonly seen tumors

I liked the format of having the audience actively participate in the discussions.

Talk about mannitol vs hypertonic saline

Terrific format. Great discussion and debate. Ellenbogen and Muraszko did a wonderful job leading the session.

none

no

maybe involve new faces with some experience in this area.

no additional comments

no additional comments
Course Evaluation 2014
Congress of Neurological Surgeons
Annual Meeting
Honored Guest Luncheon

M01 Luncheon Seminar
presented 10/20/2014
14 forms submitted

Was this program informative and clinically relevant to your practice?
- Yes: 10 (90.9%)
- No: 1 (9.1%)

On a scale of 0 to 5 where 0 means “not at all likely” and 5 means “extremely likely”, how likely is it that you would recommend this course to a friend or colleague?
- 4.7

Were the learning objectives stated above met?
- Yes: 11 (91.7%)
- No: 1 (8.3%)

Overall, how would you rate the Speakers(s)? (5 = Excellent; 1 = Poor)
- Average score: 4.5

Was the educational content free of commercial bias?
- Yes: 13 (92.9%)
- No: 1 (7.1%)

If you felt there was bias presented, please elaborate:
- 

Will you alter your practice patterns based on the information presented?
- Yes: 11 (78.6%)
- No: 3 (21.4%)

If your practice patterns are not likely to be altered, why not?
- Better understanding of value vs. volume based care, good advice on how to approach your first job
- philosophical aspects
- Try to improve my leadership role in order to optimize patient care
- focus even more on communication
- considerations for cost containment
- The talk definitely provided information that a physician should take into account in becoming a leader.
- Already familiar with principles discussed

If your practice patterns are likely to be altered, how so?
- be a better leader

Do you anticipate any barriers when incorporating the information learned in the course to your practice?
- Yes: 1 (12.5%)
<table>
<thead>
<tr>
<th><strong>Was the presentation format appropriate to the content?</strong></th>
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<tbody>
<tr>
<td>Yes: 7 (87.5%)</td>
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<tr>
<td>No: 1 (12.5%)</td>
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</table>

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<th><strong>Is there a better format that you would prefer/suggest?</strong></th>
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<tr>
<td>No</td>
<td>- communication and leadership</td>
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<tr>
<td>No, this was good for the theme portrayed</td>
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<tr>
<th><strong>Did you learn something in this course that addressed that question or clinical situation?</strong></th>
<th><strong>If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:</strong></th>
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<tbody>
<tr>
<td>Absolutely</td>
<td>- Should have more of these types of venues</td>
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2/2
Course Evaluation  2014  
Congress of Neurological Surgeons  
Annual Meeting  

Athletic Head Injuries: Return To Play  

M02  
Luncheon Seminar  
presented 10/20/2014  
20 forms submitted

Was this program informative and clinically relevant to your practice?  
Yes: 16 (100%)  
No: 0 (0%)

On a scale of 0 to 5 where 0 means “not at all likely” and 5 means “extremely likely”, how likely is it that you would recommend this course to a friend or colleague?  
4.4

Were the learning objectives stated above met?  
Yes: 19 (100%)  
No: 0 (0%)

Overall, how would you rate the Speakers(s)?  
(5 = Excellent; 1 = Poor)

average score 4.4

<table>
<thead>
<tr>
<th>counts, total=18</th>
<th>0</th>
<th>0</th>
<th>10</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>score</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>percent</td>
<td>0%</td>
<td>0%</td>
<td>56%</td>
<td>44%</td>
</tr>
</tbody>
</table>

If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:

- Two of the three speakers didn’t show up. I know there are conflicts, but this is not a good thing.
- Hunt Batjer wasn’t there. Overall, I thought the course was good, but not great.

Was the educational content free of commercial bias?  
Yes: 20 (100%)  
No: 0 (0%)

Will you alter your practice patterns based on the information presented?  
Yes: 12 (60%)  
No: 8 (40%)

If your practice patterns are not likely to be altered, why not?

- n/a
- Not so much change, but I feel my management of return to play decisions was validated somewhat and I was somewhat relieved to see that my decisions have been appropriate based on the information provided.
- Already practicing it.
- Practice consistent with course content
- My practice pattern is consistent with the information presented.
- Information confirmed my practices
- Prob not. I deal with the return to play Q a few times every Fall as a trauma center. This info is all helpful, but prob not changing what I do as it is similar.

If your practice patterns are likely to be altered, how so?

- Better understanding of prevalence of brain injury
- I will refine some decision making regarding returning patients to playing sports
- Review evidence
- Giving appropriate advise to athletes and parents about concussion in sports
- Patient mgt
- More knowledgeable
- Have a much better understanding of head injuries and when I can clear athletes to RTP
- More restricted return to play after 3 concussions
- Reinforces current practice.
- incorporate guidelines for HI
- Useful information to back up recommendations
- know to counsel adults that 90% with concussions will have symptoms resolve in 7-10 days
- in patient/family discussions

<table>
<thead>
<tr>
<th>Do you anticipate any barriers when incorporating the information learned in the course to your practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes: 0 (0%)</td>
</tr>
<tr>
<td>□ No: 19 (100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the presentation format appropriate to the content?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes: 16 (100%)</td>
</tr>
<tr>
<td>□ No: 0 (0%)</td>
</tr>
</tbody>
</table>

- Is there a better format that you would prefer/suggest?
  - no
  - no
  - n/a
  - I would have enjoyed more time for Q&A and general discussion as I think that the audience had a lot of good input, but the opportunity for discussion was limited.
  - no

<table>
<thead>
<tr>
<th>In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ none</td>
</tr>
<tr>
<td>□ n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did you learn something in this course that addressed that question or clinical situation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ n/a</td>
</tr>
<tr>
<td>□ n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ no</td>
</tr>
<tr>
<td>□ n/a</td>
</tr>
</tbody>
</table>
Course Evaluation 2014  
Congress of Neurological Surgeons  
Annual Meeting  
Innovations in the Management of Intracerebral and Intaventricular Hemorrhage  
M03  
Luncheon Seminar  
presented 10/20/2014  
51 forms submitted

Was this program informative and clinically relevant to your practice?  
- Yes: 44 (100%)  
- No: 0 (0%)

On a scale of 0 to 5 where 0 means "not at all likely" and 5 means "extremely likely", how likely is it that you would recommend this course to a friend or colleague?  
- Yes: 49 (100%)  
- No: 0 (0%)

were the learning objectives stated above met?  
- Yes: 49 (100%)  
- No: 0 (0%)

Overall, how would you rate the Speakers(s)?  
(5 = Excellent; 1 = Poor)  
- Average score: 4.5

If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:
- NO
- no
- Dr. Awad moderated the session very well

Was the educational content free of commercial bias?  
- Yes: 50 (98%)  
- No: 1 (2%)

If you felt there was bias presented, please elaborate:
- There was discussion of a specific brand of endoscope created by the presenters partner

Will you alter your practice patterns based on the information presented?  
- Yes: 35 (68.6%)  
- No: 16 (31.4%)

If your practice patterns are not likely to be altered, why not?
- Will wait till studies are complete
- already incorp
- technology unavailable
- personal
- Current standard as discussed.
- nothing to change, I feel I am satisfied with my protocol
- Already doing it
- Information will be presented to my physician
- No change in guidelines
- not sure

If your practice patterns are likely to be altered, how so?
- very interested in starting endoscopic evacuation for ICH
- Consider evacuation of select ICH
- improve my management for ICH
- will increase use of MIS And tPA for ICH
- try to get on to some of the trials
- I may do more stereotactic aspiration the way Lawton described it
- consider new ways to evacuate hematoma
- FOR BETTER RESULTS
- stent referral
- I have more evidence based information for manage my patients
• retired
• na
• because my medical practice has been the same for many years ago
• the same
• cost
• Confirmed current practice habits.

• Potential treatments for a currently undertreated condition
• Consider use of tPa in IVH
• earlier surgical treatment of ICH
• already do it.
• Interested to learn more about minimally invasive endovascular procedures
• Maybe less aggressive with some bleeds
• Management of big ICH
• lower bp to 140 systolic
• I could perhaps become more aggressive in evacuating large hypertensive clots in appropriate cases
• Minimally invasive treatment of basal ganglia ICH.
• STEREOTACTICALLY APPROACHING THE MANAGEMENT OF DEEP PLACED INTRAPARENCHIMAL HAEMORRHAGES
• more interest in endoscopic ICH treatment
• some deep hematomas can be treated surgically
• will consider evacuation of ICH's otherwise typically deemed nonoperative due to techniques and research presented
• Use of INTRAVENTRICULAR tPA
• use of tpa for ivh
• would consider stereotactic drainage of hematomas
• use guidelines
• May consider enrolling in the ICH trial
• consider stereotactic drainage of some ICH
• Apply knowledge of natural history to decisions
• Selecting better the approach
• Lectures were helpful for our routine hospital job.
• Consider using intraventricular tPA
• May utilize decompressive craniectomy

Do you anticipate any barriers when incorporating the information learned in the course to your practice?

| Yes: 4 (8.3%) | No: 44 (91.7%) |

What are the barriers that you expect?

• unavailable
• ICU facilities are limited in my region
• will need to have a practitioner trained in neuroendoscopy

Was the presentation format appropriate to the content?

| Yes: 45 (97.8%) | No: 1 (2.2%) |

Is there a better format that you would prefer/suggest?

• no
• NO
• No
• Perhaps a Debate presenting views of those in favor and those conservatives and against aggressive surgical intervention in a future session
• I think that tables must to be squarer and with a different distribution

In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.

• NOTHING
• Syringe myelin mid-thoracic
• I often feel there is a disconnect between techniques used in academic settings and those feasible in the community setting. When all is said and done it is helpful to provide a practical approach that can be applied until the ongoing research series are completed.
• STANDARD DEVICES TO FACILITATE THE STEREOTACTIC ASPIRATION OF BRAIN HAEMORRHAGES
<table>
<thead>
<tr>
<th>Did you learn something in this course that addressed that question or clinical situation?</th>
<th>If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:</th>
</tr>
</thead>
</table>
| • questions and TPA pending | • NOTHING  
• no |
| • NO  
• No  
• NO  
• yes  
• some bleed situations that before we didn’t know can be approached with surgery  
• Yes, that it is not | • no |
|  |  |
Course Evaluation 2014  
Congress of Neurological Surgeons  
Annual Meeting  
MOC Preparation  
M04  
Luncheon Seminar  
presented 10/20/2014  
11 forms submitted

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this program informative and clinically relevant to your practice?</td>
<td>9 (100%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>On a scale of 0 to 5 where 0 means “not at all likely” and 5 means “extremely likely”, how likely is it that you would recommend this course to a friend or colleague?</td>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>Were the learning objectives stated above met?</td>
<td>11 (100%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

Overall, how would you rate the Speakers(s)? (5 = Excellent; 1 = Poor)

<table>
<thead>
<tr>
<th>Score</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>9</td>
<td>82%</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>18%</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Was the educational content free of commercial bias?

<table>
<thead>
<tr>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 (100%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

Will you alter your practice patterns based on the information presented?

<table>
<thead>
<tr>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 (45.5%)</td>
<td>6 (54.5%)</td>
</tr>
</tbody>
</table>

If your practice patterns are not likely to be altered, why not?

- More of an informative session, not specifically patient related
- This course related to decertification only
- na
- The course is about certification, not practice
- general interest

If your practice patterns are likely to be altered, how so?

- Will know how to study for MOC exam
- Will focus on SANS to prepare for MOC written exam
- I will approach the exam with a comprehensive study method.
- i will aim to take the MOC at 7 yrs
- preparation for moc

Do you anticipate any barriers when incorporating the information learned in the course to your practice?

<table>
<thead>
<tr>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (0%)</td>
<td>10 (100%)</td>
</tr>
</tbody>
</table>

Was the presentation format appropriate to the content?

<table>
<thead>
<tr>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 (100%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>
Is there a better format that you would prefer/suggest?

- I am not sure this needs to be a luncheon session. The information provided really was available online.
- I would have liked more time spent on reviewing topics
Course Evaluation  2014
Congress of Neurological Surgeons
Annual Meeting
Advances in the Management of Trigeminal Neuralgia and Facial Pain
M05 Luncheon Seminar
presented 10/20/2014
22 forms submitted

Was this program informative and clinically relevant to your practice?

- Yes: 15 (100%)
- No: 0 (0%)

On a scale of 0 to 5 where 0 means “not at all likely” and 5 means “extremely likely”, how likely is it that you would recommend this course to a friend or colleague?

average score 4.5

<table>
<thead>
<tr>
<th>Score</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>14</td>
<td>64%</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>4%</td>
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<tr>
<td>3</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Were the learning objectives stated above met?

- Yes: 18 (100%)
- No: 0 (0%)

Overall, how would you rate the Speakers(s)?

(5 = Excellent; 1 = Poor)

average score 4.5

<table>
<thead>
<tr>
<th>Score</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>14</td>
<td>64%</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:

- Too much text on powerpoints

Was the educational content free of commercial bias?

- Yes: 22 (100%)
- No: 0 (0%)

Will you alter your practice patterns based on the information presented?

- Yes: 7 (31.8%)
- No: 15 (68.2%)

If your practice patterns are not likely to be altered, why not?

- the presentations confirmed my present opinions
- I agree with all said
- I follow the guidelines
- reaffirmed my current practice
- n/a
- nothing new
- Familiarity with current data
- I already incorporate this information in my practice.
- no new information
- confirmed my current practice

If your practice patterns are likely to be altered, how so?

- Will consider more use of gamma knife for TN
- Alter the role of preop vascular imaging in patient assessment
- better understanding or TN2
- was not aware of some of the details of techniques
- no
- more likely to reoperate on failed mvd
- Less surgery
### Do you anticipate any barriers when incorporating the information learned in the course to your practice?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 (10%)</td>
<td>18 (90%)</td>
</tr>
</tbody>
</table>

### Was the presentation format appropriate to the content?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 (100%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

### Is there a better format that you would prefer/suggest?

- Should have been more time for questions, answers and debate.
- Can't think of any

### In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.

- Deep brain stimulation for intractable pain
- Controversary topic, macrodecompression works for trigeminal neuralgia versus other modalities are just as effective and less risky

### Did you learn something in this course that addressed that question or clinical situation?

<table>
<thead>
<tr>
<th>N/A</th>
<th>Yes</th>
</tr>
</thead>
</table>

### If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:

- No
# M06 Interactive Lunch: Neurooncology

Course Evaluation 2014  
Congress of Neurological Surgeons  
Annual Meeting  
Interactive Lunch: Neurooncology  
M06  
Luncheon Seminar  
presented 10/20/2014  
18 forms submitted

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this program informative and clinically relevant to your practice?</td>
<td>92.9%</td>
<td>7.1%</td>
</tr>
<tr>
<td>On a scale of 0 to 5 where 0 means “not at all likely” and 5 means “extremely likely”, how likely is it that you would recommend this course to a friend or colleague?</td>
<td>4.1</td>
<td></td>
</tr>
<tr>
<td>Were the learning objectives stated above met?</td>
<td>88.2%</td>
<td>11.8%</td>
</tr>
<tr>
<td>If not, what portion was not covered well enough and how could the objectives have been better met?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
  - too much on complicated low grade gliomas and not enough about the more commonly encountered tumors.  |
| If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments: |  
  - the first speaker (transphenoidal) was not helpful  
  - none  |
| Overall, how would you rate the Speakers(s)? (5 = Excellent; 1 = Poor) | 4.2     |        |
| average score 4.2  
| counts, total=18  
| score 1 2 3 4 5  
| percent 0% 0% 22% 33% 44%  |
| Was the educational content free of commercial bias? | 94.4%   | 5.6%   |
| Will you alter your practice patterns based on the information presented? | 77.8%   | 22.2%  |
| If your practice patterns are not likely to be altered, why not? |  
  - n/a  
  - do not have the infrastructure and a poorly insured patient population.  
  - not much to change  
  - no new information to change practice.  |
| If your practice patterns are likely to be altered, how so? |  
  - more awake, maybe star tube use  
  - mri diffusion  
  - More aggressive approach to low grade gliomas  
  - various ways  
  - more awake craniotomy  
  - Awake surgery is very important in the current management of glioma  
  - Consider more advanced techniques for managing tumors.  
  - learn new stuff  
  - More aggressive treatment of low-grade gliomas  
  - consider awake craniotomy to maximize safe tumor resection.  |

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you anticipate any barriers when incorporating the information learned in the course to your practice?</td>
<td>4 (25%)</td>
<td>12 (75%)</td>
</tr>
<tr>
<td>What are the barriers that you expect?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hospital and personal inertia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>availability of anesthesia and speech staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>financial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the presentation format appropriate to the content?</td>
<td>14 (93.3%)</td>
<td>1 (6.7%)</td>
</tr>
<tr>
<td>Is there a better format that you would prefer/suggest?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>longer, more cases, venue for my complex cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>it was not as interactive as expected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you learn something in this course that addressed that question or clinical situation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>incompletely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a lot, but not easy to explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The course idea was good. I was hoping for a more general update regarding commonly seen tumors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>none</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Guidelines for Diagnosis and Treatment of Degenerative Lumbar Spinal Disease

**M07 Luncheon Seminar**  
Presented 10/20/2014  
29 forms submitted

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this program informative and clinically relevant to your practice?</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>On a scale of 0 to 5 where 0 means “not at all likely” and 5 means “extremely likely”, how likely is it that you would recommend this course to a friend or colleague?</td>
<td>4.4</td>
<td></td>
</tr>
<tr>
<td>Were the learning objectives stated above met?</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>Overall, how would you rate the Speakers(s)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5 = Excellent; 1 = Poor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>average score 4.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>counts, total=27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>score</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>percent</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Was the educational content free of commercial bias?</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td>Will you alter your practice patterns based on the information presented?</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>If your practice patterns are not likely to be altered, why not?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- my practice is evidence based as present by speakers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- I was faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Simply because my practice reflects subjects spoken of. It was, however, informative to be validated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- I already do what they do and then some</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- basically validated what we are doing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- n/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Guidelines were already published in the journal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- retired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If your practice patterns are likely to be altered, how so?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- enhanced ability to cite data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Good presentation of information how ever needs more geared to “real world” applications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Change in fusion method</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- be better</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- incorporate current concepts into my practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- perhaps less instrumentation, looking into joining to N2QOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Will consider 3d ct for evaluation of fusions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I am retired from active surgery not a surgeon I follow guidelines My practice appears to be similar to that described overall by the speakers. I was not convinced about all the difference. The controversy has been present for a long time but not enough objective data available. Reinforced that which I already do.

It will modify my treatment options and leave the surgery as a last time resource. Expanding indications of surgery. Pain medication post-op and out of work incorporate information into practice Spend more time and effort correcting sagittal balance.

Do you anticipate any barriers when incorporating the information learned in the course to your practice?

- Yes: 2 (8.7%)
- No: 21 (91.3%)

What are the barriers that you expect?

- For the economical matter

Was the presentation format appropriate to the content?

- Yes: 21 (95.5%)
- No: 1 (4.5%)

Is there a better format that you would prefer/suggest?

- No
- Webinar

In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.

- It is amazing that nobody seem to have much idea about interspinous plating except the old one(X-stop) that has is no comparison
- How to better manage older patients with early osteoporosis and degenerative lumbar disc and bone disease. Long term failure rate is high.
- How often an adjacent level disease develops and what are the contributing factors.

Did you learn something in this course that addressed that question or clinical situation?

- No
- No convincing data
**Course Evaluation 2014**  
**Congress of Neurological Surgeons**  
**Annual Meeting**

**Interactive Lunch: Spine**

**M08 Luncheon Seminar**  
Presented 10/20/2014  
18 forms submitted

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this program informative and clinically relevant to your practice?</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>On a scale of 0 to 5 where 0 means &quot;not at all likely&quot; and 5 means &quot;extremely likely&quot;, how likely is it that you would recommend this course to a friend or colleague?</td>
<td>4.7</td>
<td></td>
</tr>
<tr>
<td>Were the learning objectives stated above met?</td>
<td>16</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall, how would you rate the Speakers(s)?</th>
<th></th>
<th>&quot;Excellent&quot; (5)</th>
<th>&quot;Poor&quot; (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>average score</td>
<td>4.6</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>counts, total=18</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>score</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>percent</td>
<td>0%</td>
<td>0%</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:</th>
</tr>
</thead>
</table>
| • Dr Hadley and Dr Theodore are always great speakers  
• So-called minimally invasive spine surgery is over-presented and utilized by academic surgeons. Just because you can does not mean you should. So, in many meeting presentations it becomes more of a 'look what we can do' technically than it is about the case itself. |

<table>
<thead>
<tr>
<th>Was the educational content free of commercial bias?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will you alter your practice patterns based on the information presented?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If your practice patterns are not likely to be altered, why not?</th>
</tr>
</thead>
</table>
| • nothing new  
• I do very little spine  
• I do mainstream cases  
• nothing new presented  
• Nothing new or particularly interesting. As above, probably would have been best titled 'what are the limits of what can be done through minimally invasive spine techniques.'  
• Current practice topics.  
• the information provided is in accordance to my practice patterns |

<table>
<thead>
<tr>
<th>If your practice patterns are likely to be altered, how so?</th>
</tr>
</thead>
</table>
| • Attention  
• in treatment of patients with comorbidities  
• incorporation of the stepwise approach after concussions for return to play  
• Consider MIS options  
• Apply new information  
• To recognize how same pathology can be treated differently  
• Not to agressive  
• consider presented material when evaluating patients with similar disease states  
• I learned different options for treating difficult spine problems |

Do you anticipate any barriers when incorporating the information learned in the course to your practice?

http://cns.planion.com/Planion.Evals/ZZHWBPBUU4Z ACCOUNT=CNS&CONF=CNS14&SCHEDID=112331&FORMID=107224&REPORTID=107224
### Was the presentation format appropriate to the content?

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes: 0 (0%)</th>
<th>No: 16 (100%)</th>
</tr>
</thead>
</table>

### Is there a better format that you would prefer/suggest?

- nothing new
- Interactive could have voting too
- No
- no
- this format is appropriate

### In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.

- more cervical spine difficult pathologies
- this topic should continue to be debated

### Did you learn something in this course that addressed that question or clinical situation?

- yes
- yes

### If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:

- The moderators should know some of us finished spine fellowships which were comprehensive long before they did and they don't have all the answers
- no additional comments
Course Evaluation  2014
Congress of
Neurological Surgeons
Annual Meeting
Multidisciplinary
Management of
Subarachnoid
Hemorrhage and
Vasospasm
M09
Luncheon Seminar
presented 10/20/2014
12 forms submitted

Was this program informative and clinically relevant to your practice?
☐ Yes: 7 (87.5%)
☐ No: 1 (12.5%)

On a scale of 0 to 5 where 0 means "not at all likely" and 5 means "extremely likely", how likely is it that you would recommend this course to a friend or colleague?
3.7

Were the learning objectives stated above met?
☐ Yes: 11 (100%)
☐ No: 0 (0%)

If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:
- Speaker on vasospasm treatment was a no show. Would have liked to ask him questions.
- Although Aman Patel was not there, his presentation was much appreciated.
- Updating about vasospasm treatment was scarce.
- One of the speakers did not even show up, another gave his slides. Things happen but we are all neurological surgeons and we are busy. Don't take call on day you are going to present to your colleagues.

If the educational content was free of commercial bias?
☐ Yes: 12 (100%)
☐ No: 0 (0%)

Will you alter your practice patterns based on the information presented?
☐ Yes: 6 (50%)
☐ No: 6 (50%)

If your practice patterns are not likely to be altered, why not?
- No choice
- Do not do vascular - but wanted to remain aware of the field
- Knew data
- Already practicing as stated
- I am doing research only, no practice
- Information was not new

If your practice patterns are likely to be altered, how so?
- Better understanding of treatment indications
- Latest update on controversy pertaining to aneurysm management options & management of vasospasm
- New recommendations for treatment vasospasm
- Too old
- Understand the current surgical, interventional and medical management of subarachnoid hemorrhage and vasospasm secondary to ruptured aneurysm.

<table>
<thead>
<tr>
<th>Do you anticipate any barriers when incorporating the information learned in the course to your practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes: 0 (0%)</td>
</tr>
<tr>
<td>[ ] No: 10 (100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the presentation format appropriate to the content?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes: 10 (90.9%)</td>
</tr>
<tr>
<td>[ ] No: 1 (9.1%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is there a better format that you would prefer/suggest?</th>
<th>In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Would like to have access ability to their power point presentation.</td>
<td>• -</td>
</tr>
<tr>
<td>• no</td>
<td></td>
</tr>
<tr>
<td>• no</td>
<td></td>
</tr>
<tr>
<td>• some type of outline or handout would be appropriate and may help speakers organize their presentation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did you learn something in this course that addressed that question or clinical situation?</th>
<th>If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• yes</td>
<td>• -</td>
</tr>
</tbody>
</table>
Course Evaluation  2014
Congress of Neurological Surgeons Annual Meeting
Interactive Lunch: Vascular
T10 Luncheon Seminar
presented 10/21/2014
8 forms submitted

Was this program informative and clinically relevant to your practice?
- Yes: 6 (100%)
- No: 0 (0%)

On a scale of 0 to 5 where 0 means "not at all likely" and 5 means "extremely likely", how likely is it that you would recommend this course to a friend or colleague?
- 4.7

Were the learning objectives stated above met?
- Yes: 6 (100%)
- No: 0 (0%)

If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:
- I liked each speaker's case presentations.

Overall, how would you rate the Speakers(s)?
(5 = Excellent; 1 = Poor)

<table>
<thead>
<tr>
<th>score</th>
<th>count</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>14%</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>71%</td>
</tr>
</tbody>
</table>

average score 4.7

Was the educational content free of commercial bias?
- Yes: 8 (100%)
- No: 0 (0%)

Will you alter your practice patterns based on the information presented?
- Yes: 6 (75%)
- No: 2 (25%)

If your practice patterns are not likely to be altered, why not?
- na
- I do not do complex vascular case like presentation.

If your practice patterns are likely to be altered, how so?
- some new techniques
- Apply new information
- Consider complicated case outcomes and apply to my own patients.
- updated
- implementing new strategies in vascular disease treatment
- understood advances in treating neurovascular disease

Do you anticipate any barriers when incorporating the information learned in the course to your practice?
- Yes: 2 (28.6%)
- No: 5 (71.4%)

Was the presentation format appropriate to the content?
Is there a better format that you would prefer/suggest?

- no
- no
### Course Evaluation 2014

**Congress of Neurological Surgeons Annual Meeting**

**Interactive Lunch: Pediatrics**

**T11 Luncheon Seminar**

Presented 10/21/2014

10 forms submitted

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this program informative and clinically relevant to your practice?</td>
<td>☑️</td>
<td></td>
</tr>
<tr>
<td>On a scale of 0 to 5 where 0 means “not at all likely” and 5 means “extremely likely”, how likely is it that you would recommend this course to a friend or colleague?</td>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>Overall, how would you rate the Speaker(s)? (5 = Excellent; 1 = Poor)</td>
<td>☑️</td>
<td></td>
</tr>
<tr>
<td>average score 4.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were the learning objectives stated above met?</td>
<td>☑️</td>
<td></td>
</tr>
<tr>
<td>If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- great format</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the educational content free of commercial bias?</td>
<td>☑️</td>
<td></td>
</tr>
<tr>
<td>Will you alter your practice patterns based on the information presented?</td>
<td>☑️</td>
<td></td>
</tr>
<tr>
<td>If your practice patterns are not likely to be altered, why not?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No information I did not already know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- confirmation of what I've been doing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- retired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Good presentations, reinforces what I already am doing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If your practice patterns are likely to be altered, how so?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Incorporate/consider the different management options discussed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Management of pediatric chiari</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Not always do duraplasties to on charias.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- better stuff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you anticipate any barriers when incorporating the information learned in the course to your practice?</td>
<td>☑️</td>
<td></td>
</tr>
<tr>
<td>Was the presentation format appropriate to the content?</td>
<td>☑️</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is there a better format that you would prefer/suggest?</th>
<th>In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• no</td>
<td>• pediatric tumors</td>
</tr>
<tr>
<td>• can't think of any</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did you learn something in this course that addressed that question or clinical situation?</th>
<th>If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• yes, good review of craniopharyngiomas</td>
<td>• I liked the format of having the audience actively participate in the discussions.</td>
</tr>
<tr>
<td></td>
<td>• Terrific format. Great discussion and debate. Ellenbogen and MurasZco did a wonderful job leading the session.</td>
</tr>
</tbody>
</table>
## Course Evaluation 2014
**Congress of Neurological Surgeons Annual Meeting**

**Cervical Arthroplasty and Lumbar Motion Preservation Technologies**
**T12 Luncheon Seminar**
Presented 10/21/2014
25 forms submitted

<table>
<thead>
<tr>
<th>Was this program informative and clinically relevant to your practice?</th>
<th>On a scale of 0 to 5 where 0 means “not at all likely” and 5 means “extremely likely”, how likely is it that you would recommend this course to a friend or colleague?</th>
<th>Were the learning objectives stated above met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes: 23 (100%)</td>
<td>4.3</td>
<td>Yes: 24 (100%)</td>
</tr>
<tr>
<td>No: 0 (0%)</td>
<td></td>
<td>No: 0 (0%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall, how would you rate the Speakers(s)?</th>
<th>average score 4.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5 = Excellent; 1 = Poor)</td>
<td>Count, total=24</td>
</tr>
<tr>
<td>score</td>
<td>0</td>
</tr>
<tr>
<td>percent</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn’t get much out of having the 7 year followup of the Prestige presented in detail. That disc will be off the market soon. Would have liked overview of all current discs and info about constrained, nonconstrained, materials, differences in technique, etc etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the educational content free of commercial bias?</th>
<th>---</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes: 25 (100%)</td>
<td>---</td>
</tr>
<tr>
<td>No: 0 (0%)</td>
<td>---</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will you alter your practice patterns based on the information presented?</th>
<th>---</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes: 13 (52%)</td>
<td>---</td>
</tr>
<tr>
<td>No: 12 (48%)</td>
<td>---</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If your practice patterns are not likely to be altered, why not?</th>
<th>If your practice patterns are likely to be altered, how so?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The scientific information is the same as my current practice</td>
<td>consider cervical arthroplasty, when indicated</td>
</tr>
<tr>
<td>nothing new</td>
<td>Better understanding on when to utilize the different technologies.</td>
</tr>
<tr>
<td>My use of Arthroplasty is c/w the program</td>
<td>Seek for better understanding.</td>
</tr>
<tr>
<td>Feel that I am already doing everything as presented.</td>
<td>stop thinking about lumbar ADR, consider limited role for cervical ADR</td>
</tr>
<tr>
<td>Information will be presented to my physician</td>
<td>New info</td>
</tr>
<tr>
<td>not sure</td>
<td>outcome information helpful in operative choices</td>
</tr>
<tr>
<td>na</td>
<td>increase use of arthroplasty in young adults, avoid in older spondylotics</td>
</tr>
<tr>
<td>no new information</td>
<td>Indications for cervical arthro.</td>
</tr>
<tr>
<td>not applicable</td>
<td>In use of arthroplasty for multiple level surgery</td>
</tr>
<tr>
<td>The same contents</td>
<td>arthroplasty</td>
</tr>
</tbody>
</table>
- Already implemented
- Part of practice

- Improved care
- Apply caution in using artificial discs
- Now much more open to possibility of disc replacement under certain circumstances.

### Do you anticipate any barriers when incorporating the information learned in the course to your practice?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2</td>
<td>9.1%</td>
</tr>
<tr>
<td>No</td>
<td>20</td>
<td>90.9%</td>
</tr>
</tbody>
</table>

### What are the barriers that you expect?

- Lack of reimbursement in North Carolina
- Insurance

### Was the presentation format appropriate to the content?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>19</td>
<td>90.5%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>9.5%</td>
</tr>
</tbody>
</table>

### In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.

- Use adjacent to a fusion (off label - but being done)
- Dynamic surgery results

### Did you learn something in this course that addressed that question or clinical situation?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

### If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>
Course Evaluation 2014
Congress of Neurological Surgeons Annual Meeting
Guidelines for the Management of Acute Cervical Spine and Spinal Cord Injuries
T13 Luncheon Seminar presented 10/21/2014
33 forms submitted

Was this program informative and clinically relevant to your practice?
- Yes: 26 (100%)
- No: 0 (0%)

On a scale of 0 to 5 where 0 means "not at all likely" and 5 means "extremely likely", how likely is it that you would recommend this course to a friend or colleague?
- 4.5

Were the learning objectives stated above met?
- Yes: 29 (100%)
- No: 0 (0%)

Overall, how would you rate the Speakers(s)?
(5 = Excellent; 1 = Poor)
- Average score: 4.6

If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:
- Dr. Hadley kept the course lively and interesting
- Hadley and Hurlburt were truly excellent
- Dr Hadley and dr Theodore are always excellent.
- Dr. Hurlburt could have been a bit more concise

Was the educational content free of commercial bias?
- Yes: 32 (97%)
- No: 1 (3%)

If you felt there was bias presented, please elaborate
- everyone is biased

Will you alter your practice patterns based on the information presented?
- Yes: 19 (57.6%)
- No: 14 (42.4%)

If your practice patterns are not likely to be altered, why not?
- Already follow recommendations
- I already use these guidelines
- n/a
- don’t use steroids
- Course validated my current practice.
- Confirmed what I know Great presentations tho
- I do this already
- retired
- Already read the guidelines in 2013

If your practice patterns are likely to be altered, how so?
- Use CT alone to “clear” cervical spine in select obtruded patient
- will consider changing approach to clearing c spine and using steroids
- I will consider removing cervical collars if the ct scan is clear
- No more flex/ex
- Learned what imaging does and does not need doing in ER
- POSITIVELY
- no more solumedrol
- stop the MP protocol
- avoid MRI in awake pt
already incorporated
already follow the research.
supports our current timing for surgery and intervention
less MRIs. No steroids
Already performing the recommended treatment practice
the talks definitely provided a good summary of what treatment protocols are supported with evidence in the literature.
0
If cervical CT is negative in an obtunded patient, no need for flex/ext or MRI
no response
Will use CT to clear c-spine in obtunded patient (if normal)
Yes, I will no longer use steroids in the management of my acute spinal cord injury patients.
Follow recommendations

Do you anticipate any barriers when incorporating the information learned in the course to your practice?

- Yes: 3 (10.3%)
- No: 26 (89.7%)

What are the barriers that you expect?

- There will be some pushback from other specialists.
- attorney issues
- medicolegal

Was the presentation format appropriate to the content?

- Yes: 26 (100%)
- No: 0 (0%)

Is there a better format that you would prefer/suggest?

- No
- NO
- This was great.

In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.

- NO

Did you learn something in this course that addressed that question or clinical situation?

- Cspine imaging in ER
- NO

If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:

- NO
- Some of the young neurosurgeons need to realize that in private practice we go to the ER and have seen a lot of trauma in our career. They may not have encountered some of the unique things we have seen but to tell us we should write it up in the journals in inappropriate. After Katrina we lost so many neurosurgeons we live in the ER and do not have time for this.
Course Evaluation 2014
Congress of Neurological Surgeons
Annual Meeting

Pituitary Adenomas: Operative Nuances and Management Considerations
T14 Luncheon Seminar
presented 10/21/2014
16 forms submitted

Was this program informative and clinically relevant to your practice?

- Yes: 13 (100%)
- No: 0 (0%)

On a scale of 0 to 5 where 0 means "not at all likely" and 5 means "extremely likely", how likely is it that you would recommend this course to a friend or colleague?

- Yes: 12 (85.7%)
- No: 2 (14.3%)

Were the learning objectives stated above met?

If not, what portion was not covered well enough and how could the objectives have been better met?

- the presentations concentrated on few aspects and did not cover the whole spectrum of adenomas as outlined in the title
- Secreting tumours were only perfunctorily dealt with. An endocrinologist with experience in these would have been helpful, especially as there were several young learners in the audience.

Overall, how would you rate the Speaker(s)?

(5 = Excellent; 1 = Poor)

<table>
<thead>
<tr>
<th>Score</th>
<th>Count</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
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</tr>
<tr>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:

- Dr. Laws was great as moderator, and Dr. Jim Chandler made an excellent presentation
- poor use of the a/v facilities. Sometimes hard to hear

Was the educational content free of commercial bias?

- Yes: 15 (93.8%)
- No: 1 (6.2%)

Will you alter your practice patterns based on the information presented?

- Yes: 8 (50%)
- No: 8 (50%)

If your practice patterns are not likely to be altered, why not?

- personal
- Already doing it
- no change required

If your practice patterns are likely to be altered, how so?

- more extensive bonr removal
- better closure
- Reconsideration of endoscopy
<table>
<thead>
<tr>
<th>Do you anticipate any barriers when incorporating the information learned in the course to your practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes: 1 (8.3%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the presentation format appropriate to the content?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes: 13 (100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is there a better format that you would prefer/suggest?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a presenting team of Neurosurgeons (utilizing Microscopes and Endoscopes) together with a Radiotherapist and Endocrinologist would make a better panel to address the topic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detailed radiosurgery options</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did you learn something in this course that addressed that question or clinical situation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:</th>
</tr>
</thead>
<tbody>
<tr>
<td>maybe involve new faces with some experience in this area.</td>
</tr>
</tbody>
</table>
# Course Evaluation 2014
**Congress of Neurological Surgeons Annual Meeting**

## New Frontiers and Innovations in Radiosurgery

### T15 Luncheon Seminar

presented 10/21/2014

12 forms submitted

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<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
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<td>Was this program informative and clinically relevant to your practice?</td>
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<tr>
<td>On a scale of 0 to 5 where 0 means &quot;not at all likely&quot; and 5 means &quot;extremely likely&quot;, how likely is it that you would recommend this course to a friend or colleague?</td>
<td>4.4</td>
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<td>Were the learning objectives stated above met?</td>
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<td>4 = Very Good</td>
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<td>1.5</td>
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<tr>
<td>1 = Poor</td>
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<th>No</th>
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<tr>
<td>Overall, how would you rate the Speakers(s)?</td>
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<td>(5 = Excellent; 1 = Poor)</td>
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<tr>
<th>Question</th>
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<th>No</th>
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<tbody>
<tr>
<td>Was the educational content free of commercial bias?</td>
<td>12</td>
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<tr>
<th>Question</th>
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<tr>
<td>Will you alter your practice patterns based on the information presented?</td>
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<tr>
<th>Question</th>
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<tr>
<td>If your practice patterns are not likely to be altered, why not?</td>
<td></td>
<td></td>
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<tr>
<td>Currently in line with this content</td>
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<tr>
<td>reaffirmed my current practice</td>
<td></td>
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<tr>
<td>consistent with current practice pattern</td>
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<tr>
<td>n/a</td>
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<td></td>
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<tr>
<td>familiarity with current data</td>
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</tr>
<tr>
<td>comfortable with current practice</td>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>If your practice patterns are likely to be altered, how so?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>need to reassess role of radiosurgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>less likely to offer boost radiosurgery when I think that I have done a complete resection on a met.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THINK MORE FREQUENTLY ABOUT APPLICATION OF RADIOSURGERY IN SEVERE CASES OF OCD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>knowing how to use the lesion quotient to determine tumor vs. radiation necrosis after radiosurgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>better prepared</td>
<td></td>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Do you anticipate any barriers when incorporating the information learned in the course to your practice?</td>
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<td></td>
</tr>
<tr>
<td>Yes: 11 (91.7%)</td>
<td>No: 1 (8.3%)</td>
<td></td>
</tr>
</tbody>
</table>

Was the presentation format appropriate to the content?

- Yes: 11 (91.7%)
- No: 1 (8.3%)
Course Evaluation 2014
Congress of Neurological Surgeons
Annual Meeting

Managing Complications In Spinal Surgery
T16 Luncheon Seminar
presented 10/21/2014
16 forms submitted

Was this program informative and clinically relevant to your practice?
- Yes: 13 (100%)
- No: 0 (0%)

On a scale of 0 to 5 where 0 means “not at all likely” and 5 means “extremely likely”, how likely is it that you would recommend this course to a friend or colleague?
0 1 2 3 4 5
- 0
- 1
- 2
- 3
- 4
- 5
- average score 4.3
- Yes: 16 (100%)
- No: 0 (0%)

Were the learning objectives stated above met?
- Yes: 16 (100%)
- No: 0 (0%)

If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:
- would have been good to see some cage issues (too far/too little) or even simple discs etc. is not good outcome but neuro intact a complication?
- Shaffrey is always good.

Overall, how would you rate the Speakers(s)?
(5 = Excellent; 1 = Poor)

<table>
<thead>
<tr>
<th>score</th>
<th>1</th>
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<td>6</td>
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<tr>
<td>percent</td>
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<td>0%</td>
<td>38%</td>
<td>56%</td>
<td>100%</td>
</tr>
</tbody>
</table>

If you felt there was bias presented, please elaborate
- speakers with too much disclosers conflicting with subject presented

Was the educational content free of commercial bias?
- Yes: 15 (93.8%)
- No: 1 (6.2%)

Will you alter your practice patterns based on the information presented?
- Yes: 9 (56.2%)
- No: 7 (43.8%)

If your practice patterns are not likely to be altered, why not?
- good results
- NO
- no new information, except from Dr. Shaffrey
- Practice in line with recommendations
- Because many of the complications in spinal surgery described in the seminar are because of excessive use of fusion. I am very restrictive in its use
- Already doing most of what was discussed.

If your practice patterns are likely to be altered, how so?
- Lumbar drain and close dura
- Do TLIF
- More aggressive dural closure if/when durotomy is encountered
- Support for methods
- More consideration of surgeries near the thoracolumbar junction
- Better trading and recognizing complications in spine surgery
- Be careful with patient selection
- Consider more and different options when managing complications in spine surgery

Do you anticipate any barriers when incorporating the information learned in the course to your practice?
<table>
<thead>
<tr>
<th>Was the presentation format appropriate to the content?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes: 15 (93.8%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is there a better format that you would prefer/suggest?</th>
<th>In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td>cervical spine complications</td>
</tr>
<tr>
<td>this format is appropriate</td>
<td>this topic should continue to be presented</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Did you learn something in this course that addressed that question or clinical situation?</th>
<th>If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>no additional comments</td>
</tr>
<tr>
<td>yes</td>
<td>no additional comments</td>
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# Course Evaluation 2014

## Congress of Neurological Surgeons

### Annual Meeting

## Guidelines for Neurocritical Care Management for Patients with Severe Traumatic Brain Injury

### T17

#### Luncheon Seminar

presented 10/21/2014

23 forms submitted

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<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td><strong>Was this program informative and clinically relevant to your practice?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes: 19 (100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No: 0 (0%)</td>
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<td></td>
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<th>Question</th>
<th>Average Score</th>
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<tbody>
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<td><strong>On a scale of 0 to 5 where 0 means “not at all likely” and 5 means “extremely likely”, how likely is it that you would recommend this course to a friend or colleague?</strong></td>
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<table>
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<th>Question</th>
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<tbody>
<tr>
<td><strong>Were the learning objectives stated above met?</strong></td>
<td></td>
<td></td>
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<tr>
<td>Yes: 21 (100%)</td>
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<td>No: 0 (0%)</td>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall, how would you rate the Speakers(s)? (5 = Excellent; 1 = Poor)</strong></td>
<td>4.1</td>
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<table>
<thead>
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<table>
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<tr>
<th>Question</th>
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<tbody>
<tr>
<td><strong>Was the educational content free of commercial bias?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes: 23 (100%)</td>
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<td></td>
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<tr>
<td>No: 0 (0%)</td>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Will you alter your practice patterns based on the information presented?</strong></td>
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<td></td>
</tr>
<tr>
<td>Yes: 19 (82.6%)</td>
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<td>No: 4 (17.4%)</td>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Why not?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If your practice patterns are not likely to be altered, why not?</td>
<td>resource limitations</td>
</tr>
<tr>
<td>Course was an excellent review of current review of the subject.</td>
<td></td>
</tr>
<tr>
<td>same standards</td>
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</tr>
<tr>
<td>I don’t treat trauma patients.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>How so?</th>
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<tbody>
<tr>
<td>If your practice patterns are likely to be altered, how so?</td>
<td></td>
</tr>
<tr>
<td>Integrate</td>
<td></td>
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<tr>
<td>always considered pulmonary and bladder issues with ICP, did not usually consider abdominal pressure unless a shunt was in place. Will also consider abdominal issues.</td>
<td></td>
</tr>
<tr>
<td>Tbi mgt</td>
<td></td>
</tr>
<tr>
<td>better grasp of compartment syndromes</td>
<td></td>
</tr>
<tr>
<td>Guideline updates</td>
<td></td>
</tr>
<tr>
<td>be better</td>
<td></td>
</tr>
<tr>
<td>use of hypertonic saline</td>
<td></td>
</tr>
<tr>
<td>same concepts</td>
<td></td>
</tr>
</tbody>
</table>

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- Vent weaning
- New techniques and ideas
- More aggressive on patients management specially on surgery
- Incorporate some of recommendations esp. related to ventilator management and anemia management of the TBI patient.
- More attention to severity of traumatic concussion patients and avoidance of reinjury
- I will expend more time to study comorbidities in critical patients
- Focus on reducing ARDS
- In better
- Present studies to the trauma team about ICP monitoring in TBI
- Anew methods

### Do you anticipate any barriers when incorporating the information learned in the course to your practice?

<table>
<thead>
<tr>
<th></th>
<th>Yes: 2  (11.8%)</th>
<th>No: 15  (88.2%)</th>
</tr>
</thead>
</table>

### What are the barriers that you expect?

- cost

### Was the presentation format appropriate to the content?

<table>
<thead>
<tr>
<th></th>
<th>Yes: 15  (93.8%)</th>
<th>No: 1  (6.2%)</th>
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</thead>
</table>

### Is there a better format that you would prefer/suggest?

- No

### In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.

- Brain oxygen monitoring, temperature control and ICP

### Did you learn something in this course that addressed that question or clinical situation?

- No

### If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:

- Talk about mannitol vs hypertonic saline
**Course Evaluation 2014**  
**Congress of Neurological Surgeons Annual Meeting**  
**Peripheral Nerve Board Review**  
**T18 Luncheon Seminar**  
Presented 10/21/2014  
10 forms submitted

<table>
<thead>
<tr>
<th>Was this program informative and clinically relevant to your practice?</th>
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<tbody>
<tr>
<td><strong>Yes:</strong> 8 (100%)</td>
</tr>
<tr>
<td><strong>No:</strong> 0 (0%)</td>
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<table>
<thead>
<tr>
<th>On a scale of 0 to 5 where 0 means &quot;not at all likely&quot; and 5 means &quot;extremely likely&quot;, how likely is it that you would recommend this course to a friend or colleague?</th>
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<tbody>
<tr>
<td><strong>Average score 4.8</strong></td>
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<th>Were the learning objectives stated above met?</th>
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<td><strong>Yes:</strong> 10 (100%)</td>
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<tr>
<td><strong>No:</strong> 0 (0%)</td>
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<table>
<thead>
<tr>
<th>Overall, how would you rate the Speakers(s)? (5 = Excellent; 1 = Poor)</th>
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<tbody>
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<td><strong>Yes:</strong> 10 (100%)</td>
</tr>
<tr>
<td><strong>No:</strong> 0 (0%)</td>
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<table>
<thead>
<tr>
<th>Will you alter your practice patterns based on the information presented?</th>
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</thead>
<tbody>
<tr>
<td><strong>Yes:</strong> 7 (70%)</td>
</tr>
<tr>
<td><strong>No:</strong> 3 (30%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If your practice patterns are not likely to be altered, why not?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• n/a</td>
</tr>
<tr>
<td>• It was board review, info. was more relevant in preparing for exam next week</td>
</tr>
<tr>
<td>• I do not do any peripheral nerve surgery in my practice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If your practice patterns are likely to be altered, how so?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Knowledge of posterior interosseous nerve palsy</td>
</tr>
<tr>
<td>• Do more peripheral nerve surgery</td>
</tr>
<tr>
<td>• I will likely be able to continue practicing neurosurgery if I pass the boards</td>
</tr>
<tr>
<td>• Better evidence</td>
</tr>
<tr>
<td>• More frequent diagnosis of peripheral nerve entrapments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you anticipate any barriers when incorporating the information learned in the course to your practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes:</strong> 0 (0%)</td>
</tr>
<tr>
<td><strong>No:</strong> 7 (100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the presentation format appropriate to the content?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No:</strong> 7 (100%)</td>
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<td></td>
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</tbody>
</table>

If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:

- keep this course as is!
## Course Evaluation 2014
### Congress of Neurological Surgeons
### Annual Meeting

### Incorporating Telemedicine into Your Practice

**W19 Luncheon Seminar**

Presented 10/22/2014

9 forms submitted

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this program informative and clinically relevant to your practice?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>On a scale of 0 to 5 where 0 means &quot;not at all likely&quot; and 5 means &quot;extremely likely&quot;, how likely is it that you would recommend this course to a friend or colleague?</td>
<td>4.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall, how would you rate the Speakers(s)? (5 = Excellent; 1 = Poor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were the learning objectives stated above met?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Was the educational content free of commercial bias?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Will you alter your practice patterns based on the information presented?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If your practice patterns are not likely to be altered, why not?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If your practice patterns are likely to be altered, how so?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you anticipate any barriers when incorporating the information learned in the course to your practice?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
What are the barriers that you expect?

- Money, inertia
- Cost
- There are technological and cultural limits to develop the telemedicine

Was the presentation format appropriate to the content?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>7</td>
<td>0</td>
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</tbody>
</table>

(100%)

0%)

Is there a better format that you would prefer/suggest?

- No

In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.

- I used to send and receive cellular phone MRI photos and others with the emergency people

Did you learn something in this course that addressed that question or clinical situation?

- Administrative costs etc of setting up program
- Yes
### Course Evaluation 2014

**Congress of Neurological Surgeons Annual Meeting**

**Lessons Learned: Avoidance and Management of Complications of Aneurysm Surgery**

**W20 Luncheon Seminar**

Presented 10/22/2014

9 forms submitted

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<table>
<thead>
<tr>
<th>Was this program informative and clinically relevant to your practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes:</strong> 6 (100%)</td>
</tr>
<tr>
<td><strong>No:</strong> 0 (0%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>On a scale of 0 to 5 where 0 means “not at all likely” and 5 means “extremely likely”, how likely is it that you would recommend this course to a friend or colleague?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.2</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Were the learning objectives stated above met?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes:</strong> 8 (100%)</td>
</tr>
<tr>
<td><strong>No:</strong> 0 (0%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall, how would you rate the Speakers(s)?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>average score 4.4</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>counts, total=8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<table>
<thead>
<tr>
<th>score</th>
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<table>
<thead>
<tr>
<th>percent</th>
</tr>
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<tbody>
<tr>
<td>0%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• poor moderator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the educational content free of commercial bias?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes:</strong> 8 (88.9%)</td>
</tr>
<tr>
<td><strong>No:</strong> 1 (11.1%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will you alter your practice patterns based on the information presented?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes:</strong> 7 (77.8%)</td>
</tr>
<tr>
<td><strong>No:</strong> 2 (22.2%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If your practice patterns are not likely to be altered, why not?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• already follow the principles.</td>
</tr>
<tr>
<td>• was not useful</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If your practice patterns are likely to be altered, how so?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Better evidence</td>
</tr>
<tr>
<td>• increase use of endovascular treatment for some aneurysms</td>
</tr>
<tr>
<td>• will employ monitoring/intraoperative angio more freely if felt beneficial</td>
</tr>
<tr>
<td>• implementing learned lessons</td>
</tr>
<tr>
<td>• n/a</td>
</tr>
<tr>
<td>• less use of retraction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you anticipate any barriers when incorporating the information learned in the course to your practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes:</strong> 1 (14.3%)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the presentation format appropriate to the content?</td>
<td>7 (100%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Is there a better format that you would prefer/suggest?</td>
<td>no</td>
<td></td>
</tr>
</tbody>
</table>
Course Evaluation 2014  
Congress of Neurological Surgeons  
Annual Meeting  

Multidisciplinary Management Strategies for Unruptured Aneurysms  
W21  
Luncheon Seminar  
presented 10/22/2014  
8 forms submitted

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this program informative and clinically relevant to your practice?</td>
<td>4 (66.7%)</td>
<td>2 (33.3%)</td>
</tr>
<tr>
<td>On a scale of 0 to 5 where 0 means &quot;not at all likely&quot; and 5 means &quot;extremely likely&quot;, how likely is it that you would recommend this course to a friend or colleague?</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>Were the learning objectives stated above met?</td>
<td>6 (75%)</td>
<td>2 (25%)</td>
</tr>
<tr>
<td>Overall, how would you rate the Speakers(s)? (5 = Excellent; 1 = Poor)</td>
<td>average score 4.0</td>
<td>counts, total=8</td>
</tr>
<tr>
<td>score</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>percent</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ \text{Daniel Barrow was excellent} ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the educational content free of commercial bias?</td>
<td>Yes: 8 (100%)</td>
<td>No: 0 (0%)</td>
</tr>
<tr>
<td>Will you alter your practice patterns based on the information presented?</td>
<td>Yes: 1 (12.5%)</td>
<td>No: 7 (87.5%)</td>
</tr>
<tr>
<td>If your practice patterns are not likely to be altered, why not?</td>
<td>Information will be presented to my physician</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unruptured aneurysm treatment involves a complex decision-making process that must be individualized for every single patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>practice is already similar to seminar objectives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>currently refer all aneurysms to a multidisciplinary centre</td>
<td></td>
</tr>
<tr>
<td></td>
<td>no response</td>
<td></td>
</tr>
<tr>
<td>If your practice patterns are likely to be altered, how so?</td>
<td>Take another look at some hitherto coiled difficult aneurysm with inconsistent coiling results for clipping</td>
<td></td>
</tr>
<tr>
<td>Do you anticipate any barriers when incorporating the information learned in the course to your practice?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### What are the barriers that you expect?
- Changing fatalistic attitudes towards aneurysm surgery

### Was the presentation format appropriate to the content?
- Yes: 4 (80%)
- No: 1 (20%)

### In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.
- future role of flow divertors
Course Evaluation 2014
Congress of
Neurological Surgeons
Annual Meeting

Update on
Movement
Disorders: Novel
Targets, 
Indications, and
Approaches
W22
Luncheon Seminar
presented 10/22/2014
10 forms submitted

Was this program informative and clinically relevant to your practice?

Yes: 9 (100%)
No: 0 (0%)

On a scale of 0 to 5 where 0 means "not at all likely" and 5 means "extremely likely", how likely is it that you would recommend this course to a friend or colleague?

4.7

Were the learning objectives stated above met?

Yes: 8 (100%)
No: 0 (0%)

Overall, how would you rate the Speakers(s)? (5 = Excellent; 1 = Poor)

average score 4.7

<table>
<thead>
<tr>
<th>score</th>
<th>count</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>9</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
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</tr>
<tr>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

percent: 0% 0% 33% 67%

Was the educational content free of commercial bias?

Yes: 9 (90%)
No: 1 (10%)

If you felt there was bias presented, please elaborate

- No.

Will you alter your practice patterns based on the information presented?

Yes: 3 (30%)
No: 7 (70%)

If your practice patterns are not likely to be altered, why not?

- not applicable
- na
- retired
- The results have been satisfactory.
- information on current techniques just reinforced what I already do, information on potential future use of viral vectors for GDNF and GAD was interesting
- we are very advanced in our practice
- reinforces what I already know and do

If your practice patterns are likely to be altered, how so?

- POSITIVELY
- need greater accuracy with stereotactic system

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you anticipate any barriers when incorporating the information learned in the course to your practice?</td>
<td>1 (14.3%)</td>
<td>6 (85.7%)</td>
</tr>
<tr>
<td>What are the barriers that you expect?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• equipment purchase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the presentation format appropriate to the content?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes: 7 (100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• No: 0 (0%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a better format that you would prefer/suggest?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• can't think of any</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• NOTHING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you learn something in this course that addressed that question or clinical situation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• NO</td>
<td></td>
<td></td>
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</tbody>
</table>
Course Evaluation  2014  
Congress of  
Neurological Surgeons  
Annual Meeting  
Hematology and  
Coagulation for  
Neurosurgeons:  
Dangers and  
Solutions  
W23  
Luncheon Seminar  
presented 10/22/2014  
19 forms submitted

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this program informative and clinically relevant to your practice?</td>
<td>18 (100%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
<tr>
<td>On a scale of 0 to 5 where 0 means &quot;not at all likely&quot; and 5 means &quot;extremely likely&quot;, how likely is it that you would recommend this course to a friend or colleague?</td>
<td>4.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Were the learning objectives stated above met?                           | 15 (88.2%) | 2 (11.8%) | - more discussion of anticoagulants and reversal and use and less clinical case studies of zebras  
- the discussion of neurovascular disease was relevant to only one attendee who is a neurovascular specialist |
| If not, what portion was not covered well enough and how could the objectives have been better met? |          |        |                                                                           |
| If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments: |          |        | - You need a hematologist/ medical/ pharmacy coagulation specialist to give an overview talk  
- You could put up Issam Awad and let him give is talk, and then field questions. He was very helpful  
- need to invite a cardiologist to the next meeting so their is an authoritative voice to why these patients are on anticoagulants antiplatelets and how long such patients can "safety" stay off them during their neurosurgical journey |
| Overall, how would you rate the Speakers(s)? (5 = Excellent; 1 = Poor)  | 4.5     |        |                                                                           |
|             average score 4.5                                               |          |        |                                                                           |
|             counts, total=17                                                | 10       |        |                                                                           |
|             score 1 2 3 4 5                                                 |          |        |                                                                           |
|             percent 0% 0% 12% 29% 59%                                     |          |        |                                                                           |
| Was the educational content free of commercial bias?                     | 19 (100%) | 0 (0%) |                                                                           |
| Will you alter your practice patterns based on the information presented? | 13 (68.4%) | 6 (31.6%) |                                                                           |
| If your practice patterns are not likely to be altered, why not?          |          |        | - I already do the things described  
- don't agree with the speakers  
- There was a lack of practical information |
| If your practice patterns are likely to be altered, how so?               |          |        | - PCC use  
- consider use of novo-7  
- I now understand the differences between the PCC 3 and 4 and the implications for use of FFP |

I already incorporate this information in my practice.
No info presented which would cause me to significantly alter my practice at current.

- more use of PCC in spite of hospital not wanting us to do so for acute bleeds.
- use Kcentra more FFP less
- different dosing
- too long to discuss
- Less FFP, I still can't understand why we all give Platelets for Plavix and don't know why we do it!
- Treatment of anticoagulant issues esp involving the new anticoagulants and emergent surgery.
- will use more PCC
- BE MORE AGGRESSIVE IN DEALING WITH PROCOAGULANTS FORMULATIONS IN CASES OF BRAIN HEMORRHAGES IN ANTICOAGULATED PATIENTS
- I may be a little more liberal operating on patients with INR>1.2 but not much more
- Use more PCC

Do you anticipate any barriers when incorporating the information learned in the course to your practice?

- Yes: 0 (0%)
- No: 18 (100%)

Was the presentation format appropriate to the content?

- Yes: 17 (94.4%)
- No: 1 (5.6%)

Is there a better format that you would prefer/suggest?

- No

Did you learn something in this course that addressed that question or clinical situation?

- Not really, I feel the measures being used at my institution are already ahead of those presented

If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:

- Receiving CME for required webinar pre-course would be nice
Course Evaluation 2014
Congress of Neurological Surgeons
Annual Meeting
Peripheral Nerve Entrapment Syndromes: Diagnosis and Management
W24 Luncheon Seminar
presented 10/22/2014
18 forms submitted

Was this program informative and clinically relevant to your practice?
- Yes: 15 (100%)
- No: 0 (0%)

On a scale of 0 to 5 where 0 means "not at all likely" and 5 means "extremely likely", how likely is it that you would recommend this course to a friend or colleague?
- 4.6

Were the learning objectives stated above met?
- Yes: 16 (100%)
- No: 0 (0%)

If there is any specific feedback regarding a speaker (or speakers) you would like us to note, please feel free to provide your comments:
- Dr. Spinner is one of the best educators on peripheral nerve, and his presentation on peroneal nerve surgery was instructive
- Lecture on ulnar nerve (Huang) was disappointing
- Dr. Spinner was excellent
- Dr. Jun-San Yang was a little pressured and fast

Was the educational content free of commercial bias?
- Yes: 18 (100%)
- No: 0 (0%)

Will you alter your practice patterns based on the information presented?
- Yes: 12 (66.7%)
- No: 6 (33.3%)

If your practice patterns are not likely to be altered, why not?
- No likely large changes. Information was well presented. I especially liked the peroneal presentation. But, I really liked the review of median and ulnar pathology.
- Already do
- Already doing it
- No significant new information noted
- Send complex cases to peripheral nerve surgeon
- I do not do peripheral nerve surgery

If your practice patterns are likely to be altered, how so?
- More attention to peripheral nerve surgery
- More accurate Dx. & treatment of entrapment neuropathy
- Use a smaller approach to peroneal entrapment
- Consider CFN decompression for post hip replacement neuropathy
- Shall modify my current approach to peripheral nerve surgery
- Will do more peripheral nerve
- Apply new information
- Peroneal release
- Better knowledge.
Do you anticipate any barriers when incorporating the information learned in the course to your practice?

| Yes: 2 (12.5%) | No: 14 (87.5%) |

Was the presentation format appropriate to the content?

| Yes: 16 (100%) | No: 0 (0%) |

Is there a better format that you would prefer/suggest?

- more entrapments and not CTS
- no, great as is.
- no

In an effort to assist us in planning future programs, please describe at least one question or clinical situation (whether related to this lecture or otherwise) that you have encountered in your practice which you would like to learn about how to more successfully address.

- other peripheral neuropathies besides carpal tunnel, peroneal nerve, cubital tunnel

Did you learn something in this course that addressed that question or clinical situation?

| No | yes |

If you have any other comments or suggestions regarding this course that you would like the CNS to note, please feel free to provide here:

- keep this course!!