

EVALUATION SUMMARY

Western Section AUA
 Wednesday, Oct. 28, 2009, 3:30pm - 5:30pm
 Kidney & Laparoscopy

Scale: = POOR / ADEQUATE / EXCELLENT

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	1	2	3	4	5
PROGRAM OBJECTIVES	Total Pts	# Returned	Total Ave Score		
Discuss the advances, complications and unique challenges of NOTES and LESS.	655	145	4.52		
Compare the outcomes of open partial neohrectomy, laparoscopic partial nephrectomy, cryotherapy and radio frequency ablation for renal masses.	670	145	4.62		
Describe the mechanisms and rationale for Sunitinib for renal cell carcinoma.	655	145	4.52		

OVERALL EVALUATION

Increased My Awareness/Understanding of the Subject	669	145	4.61		
Will Influence How I Practice	626	145	4.32		
Helped Me Improve Patient Care	631	145	4.35		
Was Educationally Sound and Scientifically Balanced	666	145	4.59		
Avoided Commercial Bias or Influence	678	145	4.68		

Points that will influence the way I will practice:

LESS is more.

I will counsel patients against RARP.

Avoid renal cryo in younger patients-Do more node dissection in bladder cancer.

Single port advances.

Consider chemotherapy more for cancer kidney patients.

PLESS looks very difficult.

Use of Cryotherapy vs. partial nephrectomy for renal cancer.

Renal cancer and kidney function-follow up after nephrectomy.

More laparoscopy for patients.

Cryotherapy is becoming a very effective treatment for small renal masses.

The advancement of laparoscopic nephrectomy/partial if open.

Learned about ten year outcomes for radical nephrectomy-laparoscopic.

Nephron sparing surgery is standard of urology.

Feasibility of NOTES.

Will try to incorporate cryoablation.

Eager to provide new approaches to my patients.

Trial of LESS in "simple" nephrectomies.

Learned more about LESS.

Consideration of neoadjuvant sunitinib in renal cell carcinoma.

Always emphasize surgical anatomy and disease process in the approach to operation.

Minimally invasive approaches are still under investigation.

Renal cell needs continual follow up.

Points that will influence the way I will practice: (Continued)

15-305od small renal masses are still benign.

It would be difficult for community physician. to do NOTES.

Inderbir S. Gill, M.D. - State of the Art			
The presenter demonstrated current knowledge of the topic.	695	145	4.79

Moderators :Part I-Dr. Michael Nguyen & Dr. Ithaar Derweesh Part II-Dr. Duane Baldwin & Dr. Inderbir Gill			
The moderators guided and enhanced this session.	678	145	4.68

Comments about moderators:

Dr. Nguyen asked excellent questions.

Good.

Excellent.

Good.

Managed the speakers well.

Knowledgeable.

Excellent.

Excellent job of managing time and program.

Excellent.

1st moderators were good but need to keep people on track. 2nd moderators,excellent kept presentations on track.

Tried to stay on time.

Nice guys.

Appropriate.

Excellent discussion.

Excellent.

Good job.

Excellent.

Good.The moderating was more incisive than most.

They were able to place the papers in perspective.

Comments about speakers/course content:

Almost useless for a general urologist in a clinical setting. No take home pearls.

Dr. Gill gave a very nice lecture.

I wish Dr. Gill gave more presentations.

Good.

Very good course.

Very good.

Well done.

Knowledgeable.

Excellent.

Fantastic as always.

Well spoken-Dr. Berger's slides too hard to see for #261-Dr. Berger did NOT know data!

Good presentations/good discussion.

Dr. Berger's slides were too busy.

Not much NEW/USEFUL information.

Very good.

Comments about speakers/course content: (Continued)

Good job.

Incredible presentation.

Audio visual was suboptimal. Side screens too far apart and pointer not effective. Sound irregular.

The technical support people were very good.

Dr. Gill only glanced at the question of whether all the small renal masses should be subjected to excision.

Great State of the Art Lecture!

Good presentations.

Recommended topics for future meetings:

Cryoablation

Continue same course.

Urethral trauma.

Observation of small renal masses.