

## EVALUATION SUMMARY

Western Section AUA  
 Wednesday, October 29, 2008 - 9:15am-10:30am  
 Calculi

	Scale: = POOR / ADEQUATE / EXCELLENT				
	1	2	3	4	5
PROGRAM OBJECTIVES	Total Pts	# Returned	Total Ave Score		
Describe the indications and methods of metabolic analysis for stone forming patients.	879	194	4.53		
List treatment options and outcomes for the medical management of stone-forming patients.	874	194	4.51		
Contrast the advantages and disadvantages of urologist acquired percutaneous access.	868	194	4.47		

### OVERALL EVALUATION

Increased Awareness of Subject	879	194	4.53
Will Influence How I Practice	836	194	4.31
Helped Me Improve Patient Care	863	194	4.45
Was Educationally Sound and Scientifically Balanced	904	194	4.66
Avoided Commercial Bias or Influence	925	194	4.77

#### Points that will influence the way I will practice:

Decisions regarding who place the neph tube.  
 Patient education.  
 Orange juice better than lemonade.  
 Orange juice.  
 Advise orange juice, I used to advise lemonade.  
 Management of recurrent stone formers.  
 Orange juice increased citrate better than lemonade.  
 Stratify patients.  
 Lack of effect of cranberry juice.  
 I will continue placing my own perc access.  
 I will improve my use of KT-citrate.  
 Better understanding of diet and stone formation to better advise patients.  
 24 hour urinary volume in stone formers.  
 Will attempt more of my own PCNL access.  
 Orange juice better than lemonade.  
 Coffee not as strong as once thought to be a stone maker.  
 Use of orange juice for citrate enhancement.  
 Recurrent stone formers.  
 Appropriate use of K citrate  
 Do metabolic evaluation in stone patients.  
 Medical management of money.  
 Metabolic work-up.  
 Role of calcium supplement in stone formers.  
 Use more K citrate for stone prevention.  
 K citrate is useful in hyper calcurius.

**Points that will influence the way I will practice: (CONTINUED)**

Coffee does not increase stone events.  
Consider giving patients test strips to monitor urine dilution.  
Dietary and pharmacologic stone prophylaxis understanding.  
Diet changes effect stone disease.  
Do a better evaluation of treatment for renal calculi.  
Push for more fluid intake and citrus. Avoid tea in stone formers.  
I need to do more PCML.  
Will direct radiologist in placement of Perc.  
Appreciate risk factors for stone formation metabolic stone management.  
Treatment of hypercalcuria.  
Consider ca. supplementation for recurrent stone formers and normocalcuria.  
Increase hydration alone might not be as protective as I thought.  
Try again to do my own access.  
OJ better than lemonade in providing akalai need in urine for stone prevention.  
Decrease role of lemonade in hypocalcurius.  
Treatment for metabolic stones.  
3-D imaging of staghorn - we can do that now and will help with PCNL's.  
Increase use of K citrate.  
Perc. Access is critical.  
Renal access by urologist important.  
Using broad dietary modification for stone patients.  
Urologist vs. radiologist for access is an emotional issue. Communication is key.  
Dietary advise. Coffee/colas not as bad as I thought. OJ better than lemonade.

**Margaret Pearle, M.D. - State of the Art**

The speaker demonstrated current knowledge of the topic.	947	194	4.88
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**Moderators**

The moderators guided and enhanced this session.	830	194	4.28
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**Comments about moderators:**

Valuable discussion.  
Dr. Pearle is exceptionally articulate and qualified.  
They bogged down a little, then recovered.  
Excellent.  
Dr. Pearle has a lot to say - most of it good.  
Excellent choices: a high powered guest and a junior member of the WSAUA.  
Margaret Pearle talked way too much and kept repeating herself. This caused session to run overtime and limited audience participation.  
Little concept of time. Session was 11 minutes overtime.  
Dr. Pearle excellent.  
Moderators "SHOULD" keep the allotted time as expected. Dr. Pearle should be aware that her time took away from audience discussion time and is regrettable.  
Good questions.  
Very good.  
Excellent.

**Comments about moderators: (CONTINUED)**

Excellent presentation.

Good commentary.

Excellent job.

Good.

Let things run overtime.

Did not keep us on time.

Good choice.

Good questions.

Dr. Pearle is fantastic speaker and moderator.

Excellent.

Very good.

Slower.

Excellent moderators.

Moderators should keep to allotted time as expected.

Great papers in that urologists able to do their own renal access.

Ran behind due to unnecessary discussion about access.

Dietary changes.

Very frank regarding IR access.

Great comments and interactive. Admire both Dr. Baldwin and Dr. Pearle.

Comments at end of podium presentation were too long.

**Comments about speakers/course content:**

Clear.

Great session.

Peggy Pearle was excellent as always.

Access talks not high quality.

Dr. Pearle is fabulous.

Superb discussion.

Pearle - good keynote lecture but not so good moderator.

The term "stone free" needs to be replaced by "stone undetected".

Difficult subject.

Outstanding presentation by Dr. Pearle.

Dr. Pearle's talk was outstanding.

Succinct talks.

Peggy Pearle's presentation was fabulous.

Excellent.

More in-section speakers.

Dr. Pearle is excellent and good presentation.

Excellent talk by Dr. Pearle.

Dr. Pearle is a very good investigator and speaker.

Excellent.

So much info - slower would be better.

Dr. Pearle excellent.

Too much time spent on radiologist vs. urologist percs and not enough time on metabolic arrangement.

Excellent talk by speaker on metabolic stone treatments.

Dr. Pearle did excellent job in her presentation.

Excellent metabolic stone lecture by Dr. Pearle! This was best state of the art lecture at this meeting.

**Comments about speakers/course content: (CONTINUED)**

Would have loved a handout from state of the art lectures.

Excellent state of the art lecture.

Too many papers on PCNL. Need more variety.

Too many papers on access.

**Recommended topics for future meetings:**

Need wider range of stone prevention talks next year.

State of the industry - lithotripters.

Find a pro management speaker.

Time management.

Metabolic stones.

Can't think of anything but slower.

Metabolic stone disease.

Metabolic issue of stone disease - practical info.

More metabolic stone treatment.

Use of access sheaths, stone baskets and statistics.

ESWL