Post-Workshop Evaluation Summary:
14th Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy & Minimally Invasive Surgery Including TVT and TOT

The following summary was prepared based upon the comments received in response to the following questions:

Please present the observations or thoughts that you want to share about this faculty member:

Out of 14 total responses:
- 100% of all comments were favorable
- 36% mentioned Dr. Pasic, describing him as “incomparable, passionate,” and among three others that were “a cut above the rest”
- 22% mentioned Dr. Nezhat, including him in the “top 3” and describing him as “experienced” and “helpful”
- 21% said all faculty were knowledgeable and extraordinarily talented
- 2 people mentioned Dr. Brill and described him as “phenomenal” and “helpful”
- 2 people mentioned Dr. Janik, including her in the “top 3” with “awesome experience”
- 2 people mentioned Dr. Hudgens, describing him as an “excellent teacher,” “knowledgeable” and “proficient”

What were the strengths of this activity?

Out of 24 total responses:
- 80% said the hands-on cadavers labs, describing them as “well-organized”
- 38% cited the expert instructors, describing them as “experienced,” “honest,” and “approachable”
- 30% said the limited number of participants, which translated into more hands-on lab time for each was a strength
- 13% said the focus on anatomy was valuable
- 1% said the information was “up-to-date” and followed what was advertised

What were the weaknesses of this activity?

Out of 16 total responses:
- 25% stated there were no weaknesses

Out of the remaining 75%:
- 41% said the professors were not always present during the lab and the participants would have liked more guidance
- 30% said they would prefer less time in the didactic portion of the workshop and more time in the lab.
- 16% said they didn't know so much of the course would be focused on anatomy and would have liked to receive a handout prior to the workshop in order to better prepare for that portion
- .08% said he would have liked more time for questions and answers
Does this activity meet its stated objectives?

Out of 28 total responses:
- 100% said it demonstrated knowledge of the surgical anatomy of the female pelvis
- 100% said it performed surgical skills through hands-on dissection of retroperitoneal spaces and pelvic sidewall
- 100% said it analyzed knowledge of the surgical anatomy of the female
- 100% said it reviewed difficulties encountered during laparoscopic suturing and presented different suturing techniques
- 78.6% said it performed cystoscopy and the TVT/TOT procedure

Please specify how this activity did not meet its stated objectives.

Of the 4 total responses:
- 2 said cystoscopy was not demonstrated and one of those said TVT/TOT was discussed but not demonstrated
- 1 said the participants discussed this question and wanted more suturing
- 1 said his group didn’t do the incontinence surgery activity by choice

What future topics would enhance your knowledge?

17 people responded and there were no topics mentioned more than twice so I’ll just list them:
- 2 people said to keep it the same
- More anatomy
- Advanced endometriosis
- Adding an animal lab (third day) to the lab portion of the workshop
- Hysteroscopy
- Laparoscopy
- Energy modalities
- Robotic cadaver dissection
- Sacral colpopexy
- Myomas
- Cadaver dissection with focus on complications
- Bowel, bladder, ureteral complications
- Practice with vascular equipment

Why do you feel the course was not fair and balanced?

No one responded to this question so I guess no one felt the course was unfair.
Skills growth: How has this course helped you to improve your knowledge, skills or clinical relevance as a medical provider?

Out of 25 total responses:
- 50% said the course helped them with anatomy
- 32% stated they improved their laparoscopic skills
- 25% mentioned pelvic sidewall dissection
- 16% mentioned the course increased their confidence
- 1% said they improved their suturing skills

Before this Class, I couldn’t do/didn’t know:

Out of 22 total responses:
- 100% were seeking improvement in one or more skill
- 40% didn’t have a good understanding of retroperitoneal/pelvic sidewall dissection
- 22% said they were experiencing problems with abdominal wall entry, specifically
- 13% lacked ability in laparoscopic suturing/knot tying
- 18% didn’t know about uterosysis, TVT or TOT procedures
- 1% lacked understanding of insufflation and cautery
- 1% sought better understanding of anatomy
- 1% mentioned ureteral dissection

Now I can:

Out of 23 total responses:
- 100% cited improvement in one or more surgical technique
- 26% mentioned suturing and knot tying
- 24% mentioned uterolysis, TVT and TOT
- 17% mentioned pelvic wall dissection
- 17% stated they now have a better understanding of anatomy
- 13% mentioned abdominal wall entry
- 1% mentioned TLH (hysterectomy)
Our mission is to provide you with CME offerings “focused on the ultimate goal of improving patient care in gynecologic medicine. AAGL’s CME programs integrate the latest advances in clinical practice, scientific research, and technical innovation that impact learners by increasing their knowledge, competence, and performance-in-practice.” Do you feel that this mission was met during this CME activity?

Yes 100.0%

<table>
<thead>
<tr>
<th>Value</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>29</td>
<td>100%</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Statistics

Total Responses 29

If no, why not?

Handouts and other written materials were organized and useful to learning?

Very Satisfied 55.2%
Satisfied 31.0%
Neutral 6.9%
Dissatisfied 3.4%
Very Dissatisfied 3.4%

Count Response

<table>
<thead>
<tr>
<th>Count</th>
<th>Response</th>
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<table>
<thead>
<tr>
<th>Value</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>16</td>
<td>55.2%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>9</td>
<td>31.0%</td>
</tr>
<tr>
<td>Neutral</td>
<td>2</td>
<td>6.9%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>1</td>
<td>3.4%</td>
</tr>
<tr>
<td>Very Dissatisfied</td>
<td>1</td>
<td>3.4%</td>
</tr>
</tbody>
</table>
Handouts and other written materials were organized and useful to learning?

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<thead>
<tr>
<th>Value</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Dissatisfied</td>
<td>1</td>
<td>3.4%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>1</td>
<td>3.4%</td>
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<td>9</td>
<td>31%</td>
</tr>
<tr>
<td>Very Satisfied</td>
<td>16</td>
<td>55.2%</td>
</tr>
</tbody>
</table>

Statistics
- Total Responses: 29
- Sum: 125.0
- Avg.: 4.3
- StdDev: 0.99
- Max: 5.0

Were disclosures made at the start of the lecture?

Yes 100.0%

Did you perceive that this course was fair, balanced, and free of commercial bias?

Yes 100.0%

<table>
<thead>
<tr>
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<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>29</td>
<td>100%</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Statistics
- Total Responses: 29
Why do you feel that the course was not fair and balanced?

Skills Growth: How has this course helped you to improve your knowledge, skills, or clinical relevance as a medical provider?

<table>
<thead>
<tr>
<th>Count</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Excellent teaching on energy and skills and complications</td>
</tr>
<tr>
<td>1</td>
<td>Good course to review pelvic side wall dissection and hands on skills.</td>
</tr>
<tr>
<td>1</td>
<td>Has helped me to advance my laparoscopic skills and be more confident with procedures</td>
</tr>
<tr>
<td>1</td>
<td>Helped a lot with anatomy</td>
</tr>
<tr>
<td>1</td>
<td>Helped my Laparoscopy skills definitely</td>
</tr>
<tr>
<td>1</td>
<td>Helped with dealing with complications.</td>
</tr>
<tr>
<td>1</td>
<td>I learned a lot about pelvic anatomy</td>
</tr>
<tr>
<td>1</td>
<td>I now have the confidence to dissect to the normal anatomy, especially to find the ureters.</td>
</tr>
<tr>
<td>1</td>
<td>Improved understanding of retro peritoneal anatomy in pelvis. Ability to perform ureterolysis</td>
</tr>
<tr>
<td>1</td>
<td>It brought me back to the basics.</td>
</tr>
<tr>
<td>1</td>
<td>It helped me with my confidence</td>
</tr>
<tr>
<td>1</td>
<td>Observation of technique and immediate feedback was very helpful during the lab</td>
</tr>
<tr>
<td>1</td>
<td>Suturing</td>
</tr>
<tr>
<td>1</td>
<td>This course helped me in understanding pelvic sidewall anatomy and dissection</td>
</tr>
<tr>
<td>1</td>
<td>With this course, I should feel more confident facing complications if it arises.</td>
</tr>
<tr>
<td>1</td>
<td>Yes, outstanding instructors, clear, competent and patient.</td>
</tr>
<tr>
<td>1</td>
<td>good review of didactic information, good experience in the lab</td>
</tr>
<tr>
<td>1</td>
<td>review of anatomy, review of laparoscopic techniques and learning new procedures.</td>
</tr>
<tr>
<td>1</td>
<td>I am now more aware of the theory and application of various energy sources I have a much better understanding of anatomy relevant to gynaecological laparoscopy. I am better able to do pelvic dissection especially pelvic side wall I am better able to do laparoscopic suturing and knot tying</td>
</tr>
<tr>
<td>1</td>
<td>It has made me more comfortable with dissections in the retroperitoneal space and in evaluating and dissecting the ureters.</td>
</tr>
<tr>
<td>1</td>
<td>It improved my understanding of female pelvic sidewall anatomy and improved my surgical skills in dissecting and handling complications in that area.</td>
</tr>
<tr>
<td>1</td>
<td>First of all it was a very good anatomy review. It was also an excellent clinical experience, being that the laboratory part of the course was fully integrated and and a real surgical setting</td>
</tr>
<tr>
<td>1</td>
<td>The refresher course on pelvic anatomy was great. I really benefited from the laparoscopic lab- I learned a lot.</td>
</tr>
<tr>
<td>1</td>
<td>The course gave me a greater grasp of the pelvic anatomy in the retroperitoneal space and gave me a incentive to improve my laparoscopic suturing skills. The enthusiasm of the staff for minimally invasive surgery was infectious.the</td>
</tr>
<tr>
<td>1</td>
<td>I was able to advance my skills in pelvic sidewall dissection and refresh my understanding of pelvic anatomy</td>
</tr>
</tbody>
</table>

Before this class, I couldn't do/didn't know:

<table>
<thead>
<tr>
<th>Count</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Abdominal wall entry properly</td>
</tr>
<tr>
<td>1</td>
<td>Did not appreciate the left upper quadrant method of entry.</td>
</tr>
<tr>
<td>1</td>
<td>Did not think I could do knots. Did not think I could go into the retroperitoneum</td>
</tr>
<tr>
<td>1</td>
<td>How to approach a full dissection of the pelvic sidewall</td>
</tr>
</tbody>
</table>
I could not competently perform pelvic sidewall dissection, insert tension free vaginal tape.

I did not dare do retroperitoneal dissection, relied on technique and experience.

I was concerned about laparoscopic side wall dissection with ureteral visualization.

I was more uncertain about pelvic sidewall anatomy and dissection.

I was not as comfortable doing above.

Lap suturing

Laparoscopic dissection of pelvic sidewall.

Safe RUQ trocar entry.

Suture laparoscopically.

TOT

TVT, TOT

Uterolysis

advanced pelvic sidewall dissection.

certain methods of insufflation, cautery.

identify water under the bridge in its path close to the cardinal lig once it goes deep.

laparoscopic uterosacral suspension and ureter dissection

never felt comfortable with the pelvic side wall dissection

I did not have a comfortable grasp of the retroperitoneal anatomy. I also learned better techniques for pelvic dissection and developed a better grasp of the various usages of power sources in the pelvis.

I was not as comfortable doing above.

Left upper quadrant entry! I am now consistently using this approach. I became more comfortable with TVT and will now be using this procedure instead of sending to my partner.

Now I can:

<table>
<thead>
<tr>
<th>Count</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Apply what I've learned and some techniques to my surgical practice when needed</td>
</tr>
<tr>
<td>1</td>
<td>Complete TLH completely laparoscopically</td>
</tr>
<tr>
<td>1</td>
<td>Do abdominal wall entry properly</td>
</tr>
<tr>
<td>1</td>
<td>Do extra corporeal knots!!!</td>
</tr>
<tr>
<td>1</td>
<td>Do ureterolysis, my dissection of retroperitoneal structures improved</td>
</tr>
<tr>
<td>1</td>
<td>Do uterolysis</td>
</tr>
<tr>
<td>1</td>
<td>Enter the abdomen via LUQ, find the ureter more safely, secure the uterine arteries.</td>
</tr>
<tr>
<td>1</td>
<td>Feel more confident with laparoscopic hysterectomy.</td>
</tr>
<tr>
<td>1</td>
<td>I will pay more attention to anatomy, take the time.</td>
</tr>
<tr>
<td>1</td>
<td>Improved suturing skills</td>
</tr>
<tr>
<td>1</td>
<td>More confidence in anatomy and how to more safely dissect.</td>
</tr>
<tr>
<td>1</td>
<td>TOT</td>
</tr>
<tr>
<td>1</td>
<td>TVT, TOT</td>
</tr>
<tr>
<td>1</td>
<td>Ureter dissection</td>
</tr>
<tr>
<td>1</td>
<td>With some difficulty, by inhave the approach to intracorporeal onots</td>
</tr>
<tr>
<td>1</td>
<td>as above</td>
</tr>
<tr>
<td>1</td>
<td>as above.</td>
</tr>
<tr>
<td>1</td>
<td>dissect out structures with more confidence; better avoid hazardous anatomical structures</td>
</tr>
<tr>
<td>1</td>
<td>dissect the pelvic side wall</td>
</tr>
<tr>
<td>1</td>
<td>identify water under the bridge and so cinch knot.</td>
</tr>
<tr>
<td>1</td>
<td>more confident with suturing</td>
</tr>
<tr>
<td>1</td>
<td>perform pelvic sidewall dissection insert tension free vaginal tape</td>
</tr>
<tr>
<td>1</td>
<td>Open the side wall and follow the ureter from the pelvic brim to the bladder and identify the vascular structures in this area laparoscopically.</td>
</tr>
</tbody>
</table>
| 1     | Feel more comfortable performing uterolysis and resection of endometriosis in the pelvis. I also will be able to more
This activity is provided to encourage change or to improve your practice of medicine. Are there any barriers that you would encounter that will likely prevent you from receiving the intended result of this activity?

<table>
<thead>
<tr>
<th>Value</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3</td>
<td>10.3%</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>89.7%</td>
</tr>
</tbody>
</table>

If yes, what would be some potential ways to overcome these barriers?

<table>
<thead>
<tr>
<th>Count</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I need to practice more diligently my laparoscopic suturing skills on a pelvic trainer.</td>
</tr>
<tr>
<td>1</td>
<td>Plan on buying a pelvic trainer</td>
</tr>
</tbody>
</table>

How would you rate the faculty?

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Dissatisfied</td>
<td>3</td>
<td>3.4%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>4</td>
<td>17.2%</td>
</tr>
<tr>
<td>Very Satisfied</td>
<td>22</td>
<td>79.3%</td>
</tr>
</tbody>
</table>

safely enter into the various retroperitoneal spaces.
### Value Counts

<table>
<thead>
<tr>
<th>Value</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Dissatisfied</td>
<td>1</td>
<td>3.4%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Neutral</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>5</td>
<td>17.2%</td>
</tr>
<tr>
<td>Very Satisfied</td>
<td>23</td>
<td>79.3%</td>
</tr>
</tbody>
</table>

### Statistics

- Total Responses: 29
- Sum: 136.0
- Avg.: 4.7
- StdDev: 0.79
- Max: 5.0

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### Did one faculty member stand out among the group?

<table>
<thead>
<tr>
<th>Value</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
<td>53.6%</td>
</tr>
<tr>
<td>No</td>
<td>13</td>
<td>46.4%</td>
</tr>
</tbody>
</table>

### Did one faculty member stand out among the group?

Please present the observations or thoughts that you want to share about this faculty member (PLEASE NOTE: Your name will be kept confidential)

<table>
<thead>
<tr>
<th>Count</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All were great!! Dr. Brill and DR. Nazhat very helpful.</td>
</tr>
<tr>
<td>1</td>
<td>Dave Levine was an outstanding teacher and coach. Rasic is incomparable</td>
</tr>
<tr>
<td>1</td>
<td>Dr Pasic was very gracious in hosting a reception at his home.</td>
</tr>
<tr>
<td>1</td>
<td>Dr Reinstine was AMAZING to work with in the lab</td>
</tr>
<tr>
<td>1</td>
<td>Dr. Brill is phenomenal.</td>
</tr>
<tr>
<td>1</td>
<td>Dr.Pasic is very good surgeon and very passionate about teaching.</td>
</tr>
<tr>
<td>1</td>
<td>My proctor was amazing!</td>
</tr>
<tr>
<td>1</td>
<td>all faculty were knowledgable</td>
</tr>
<tr>
<td>1</td>
<td>dr. Pasic with his passion and Dr. Nezhat with experience</td>
</tr>
<tr>
<td>1</td>
<td>very useful. would recomend.</td>
</tr>
<tr>
<td>1</td>
<td>Dr. Grace Janik--awesome experience with her. She was very helpful in</td>
</tr>
<tr>
<td></td>
<td>pointing out practical surgical pearls and in sharing her expertise.</td>
</tr>
<tr>
<td>1</td>
<td>All faculty members are great. The person that I interacted with</td>
</tr>
<tr>
<td></td>
<td>personally and performed my cadaver dissection with is Dr. Jay Hudgens,</td>
</tr>
<tr>
<td></td>
<td>he is an excellent teacher, very knowledgable and proficient. I enjoyed</td>
</tr>
<tr>
<td></td>
<td>working with him alot. I am even looking forward to work with him again.</td>
</tr>
<tr>
<td></td>
<td>My name does not have to be confidential for this part.</td>
</tr>
<tr>
<td>1</td>
<td>Dr. Hudgens was my preceptor for the anatomical dissections. He is an</td>
</tr>
<tr>
<td></td>
<td>excellent teacher with great tips and points to think about during the</td>
</tr>
<tr>
<td></td>
<td>lab. He was very patient and helpful throughout the lab</td>
</tr>
<tr>
<td>1</td>
<td>All extraordinarily talented but Dr Pasic, Dr Janik and Dr Nezhat</td>
</tr>
<tr>
<td></td>
<td>represent a cut above the rest of the faculty.</td>
</tr>
</tbody>
</table>
Dr. Brill always has some very insightful recommendations and keen focus on attention to the importance of proper technique.

What were the strengths of this activity?

<table>
<thead>
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<th>Response</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>All speakers were experts.</td>
</tr>
<tr>
<td>1</td>
<td>Anatomy and technique</td>
</tr>
<tr>
<td>1</td>
<td>Appreciate going back to lab on 2 days</td>
</tr>
<tr>
<td>1</td>
<td>Both the faculty and the provided resources were excellent.</td>
</tr>
<tr>
<td>1</td>
<td>Cadaver course</td>
</tr>
<tr>
<td>1</td>
<td>Didactic and hands-on applications were excellent</td>
</tr>
<tr>
<td>1</td>
<td>Followed what was advertised</td>
</tr>
<tr>
<td>1</td>
<td>Good instructors, lots of time doing hands on training in the lab</td>
</tr>
<tr>
<td>1</td>
<td>Hands on</td>
</tr>
<tr>
<td>1</td>
<td>Hands on actual dissection.</td>
</tr>
<tr>
<td>1</td>
<td>Hands on dissection on cadavers</td>
</tr>
<tr>
<td>1</td>
<td>Hands on experience</td>
</tr>
<tr>
<td>1</td>
<td>Hands on training</td>
</tr>
<tr>
<td>1</td>
<td>Hands on training.</td>
</tr>
<tr>
<td>1</td>
<td>Honest, candid, prepared to show their complications, charismatic.</td>
</tr>
<tr>
<td>1</td>
<td>Lots of time in cadaver lab Hands on</td>
</tr>
<tr>
<td>1</td>
<td>The detail with which the anatomy was covered. The pearls from truly experienced people</td>
</tr>
<tr>
<td>1</td>
<td>Very clinical - hands on, with adequate academics</td>
</tr>
<tr>
<td>1</td>
<td>as I outlined above</td>
</tr>
<tr>
<td>1</td>
<td>lab</td>
</tr>
<tr>
<td>1</td>
<td>very approachable faculty. great lab experience. limited number of participants.</td>
</tr>
<tr>
<td>1</td>
<td>This activity was well organised, and full of relevant and up to date information. Skills were demonstrated in small groups of three to a cadaver which allowed adequate time for each attendant to fully participate. Also having a dedicated faculty member assigned to a group made it very easy to discuss and ask questions.</td>
</tr>
<tr>
<td>1</td>
<td>faculty--quantity and quality. length of time of work with cadavers--most of any cadaver labs that I have attended in the past. I would attend this course again in the future.</td>
</tr>
<tr>
<td>1</td>
<td>Amazing group of the best Gynecologists on Earth giving up their weekend to teach others. The cadaver Lab is very well organised. the small number on each Cadaver is good and keeping the participants rotating every 20 min helped a lot.</td>
</tr>
</tbody>
</table>

What were the weaknesses of this activity?

<table>
<thead>
<tr>
<th>Count</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>During the dissection the professors were not always present to guide us</td>
</tr>
<tr>
<td>1</td>
<td>I can't think any.</td>
</tr>
<tr>
<td>4</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>may be a fraction better breakfast.</td>
</tr>
<tr>
<td>4</td>
<td>none</td>
</tr>
<tr>
<td>1</td>
<td>would have liked more time for questions.</td>
</tr>
<tr>
<td>1</td>
<td>The one weakness was that the final three hours seemed less organised and therefore there was less oppurtunity to maximise on the time to perform skills on the cadavers. Overall I do think it was an excellent activity</td>
</tr>
<tr>
<td>1</td>
<td>Being that the lab was cadaver dissection, it felt as real as possible without being in the OR, but possibly extending the course one more day with an animal lab might help perfecting the operative techniques where hemostasis is more important</td>
</tr>
</tbody>
</table>
length of time of work with cadavers—could have used more time but appreciate the amount that was allotted in this conference.

Did not get to work as much as I could, as one individual in the group had definitely more experience and he got to work more...

I would have linked slightly shorter burst of time with the lectures as our concentration span is about 18 minutes according to TED. 45 mins is not necessary. My butt got sore.

I would have appreciated more guided activities. We did not follow the recommended plan and I felt we did not get to take advantage of the activity as much as we could have.

None. I came for the second time and I am glad I did. I will recommend this course to our residents and my colleagues.

I wish I had reviewed my pelvic sidewall, floor and anterior abdominal wall anatomy before I went to the course.

Having to rotate at the table and not enough preceptor direct guidance to help with individual weaknesses.

**Did this activity meet its stated objectives?**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes (100.0%)</th>
<th>No (0.0%)</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate knowledge of the surgical anatomy of the female pelvis</td>
<td>28</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Perform surgical skills through hands on dissection of retroperitoneal</td>
<td>28</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>spaces and pelvic sidewall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analyze knowledge of the surgical anatomy of the female pelvis</td>
<td>28</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Review difficulties encountered during laparoscopic suturing and present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>different suturing techniques</td>
<td>28</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Perform cystoscopy and the TVT/TOT procedure</td>
<td>22</td>
<td>6</td>
<td>28</td>
</tr>
<tr>
<td>78.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please specify how this activity did not meet its stated objectives.

<table>
<thead>
<tr>
<th>Count</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>It was decided among us we wanted more exposure to suturing</td>
</tr>
<tr>
<td>1</td>
<td>No cystoscopy was demonstrated</td>
</tr>
<tr>
<td>1</td>
<td>Our group did not do the incontinence surgery activity by choice</td>
</tr>
<tr>
<td>1</td>
<td>Cystoscopy was not specifically addressed during the program but it did</td>
</tr>
<tr>
<td></td>
<td>not concern me because I already had experience doing cystoscopy.</td>
</tr>
<tr>
<td></td>
<td>Perform tvt/tot was discussed but never really demonstrated.</td>
</tr>
</tbody>
</table>

What future topics would enhance your knowledge?

<table>
<thead>
<tr>
<th>Count</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A hands on course of advanced endometriosis</td>
</tr>
<tr>
<td>1</td>
<td>As stated above, animal lab to further laparoscopic skills</td>
</tr>
<tr>
<td>1</td>
<td>Continue the same venue.</td>
</tr>
<tr>
<td>1</td>
<td>Hysteroscopic techniques</td>
</tr>
<tr>
<td>1</td>
<td>I will likely return for same next year.</td>
</tr>
<tr>
<td>1</td>
<td>More detail on energy sources and side effects</td>
</tr>
<tr>
<td>1</td>
<td>Probably any laparoscopy topics</td>
</tr>
<tr>
<td>1</td>
<td>Robotic cadaver dissection</td>
</tr>
<tr>
<td>1</td>
<td>Sacral colpopexy</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td><strong>Suprapubic TVT</strong></td>
</tr>
<tr>
<td></td>
<td><strong>minimally invasive management of myomas.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>more and more pelvic anatomy</strong></td>
</tr>
<tr>
<td></td>
<td><strong>robotic surgery</strong></td>
</tr>
<tr>
<td></td>
<td><strong>more practice, didactics in bowel, bladder, ureteral complications from Urologists and General Surgeons/Gyn Oncologists.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>cadaver dissection sessions with good mentoring (as above) would always be a great activity that would help surgeons tackle their weaknesses in surgery and perhaps manage complications better.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>I think that more time can be spent on discussing and demonstrating the different energy modalities</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Sacrocolpopexy and uterosacral ligament suspension -- anatomy and technique. Advanced hysteroscopy.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Practice with vascular equipment so that I know what to ask for in the OR if I have an emergency and need to wait for the vascular surgeon</strong></td>
</tr>
</tbody>
</table>