

**Pacific Coast Reproductive Society
60th Annual Meeting
April 18 to 22, 2012**

"Creating a Patient-Centric Environment"

Results: As Assessed By Attendee Evaluations
Pre- and Post-test Comparative Analysis



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**Pacific Coast Reproductive Society
60th Annual Meeting
April 18 to 22, 2012**

The Evaluation Process:

Attendees of the 60th Annual Meeting were asked to complete evaluation forms to:

- Provide data for PCRS to evaluate the effectiveness of its CME activities in meeting identified educational needs (as detailed in the Final Program and on our website)
- Evaluate the effectiveness of its overall program of CME (see CME Mission Statement and Overall Objectives enclosed).

Through careful analysis of this data, gaps in participant knowledge/competence or performance are identified and needs of physicians, their teams, and allied professionals are assessed and used to plan our future CME activities.

All evaluation forms asked attendees to indicate the degree with which they agreed with specific statements, using a ranking of 1 to 5 (1 representing “Strongly Disagree” and 5 representing “Strongly Agree”). As the following pages demonstrate, our 60th Annual Meeting was an extremely successful CME experience.

Our attendees completed 102 online evaluation surveys that covered the general overall meeting as well as each individual session. The combined forms included specific questions designed to reveal how well our planning targeted the needs of our constituents in 2012 and to provide data for our 2013 identification of gaps and needs assessment process.

Results:

As with all Continuing Medical Education, we have three major benchmarks against which we can measure success. Have we aided in the improvement of (a) competence, (b) performance, and (c) patient outcomes? The results of this evaluation process clearly show PCRS continues to successfully meet its expectations, as set forth in the CME Mission Statement, to enhance the physician’s ability to recognize, diagnose, treat, manage, and/or appropriately refer patients with reproductive disorders or diseases in a timely manner to effectively treat the patient resulting in enhanced outcomes.

	Total Responses	Positive Responses	Percentage
I gained knowledge/practice skills/experience that will increase my competence	104	104	100.0%
I gained knowledge/practice skills/experience that will improve my performance	104	104	100.0%
I gained knowledge/practice skills/experience that will improve patient outcomes	104	97	93.3%

The following pages include detailed analysis of all questions asked of our attendees as well as their comments. Ranking reports have been included that measure the overall quality of our faculty as well as the oral presentation of original scientific research.

**PACIFIC COAST REPRODUCTIVE SOCIETY
(PCRS)**

CME MISSION STATEMENT

Vision

PCRS is a global, interactive organization championing the field of reproductive medicine.

Values: PCRS believes in...

- Support of physicians, their teams, and allied professionals
- Innovation
- Inclusiveness
- Collegiality
- Professional Development

Purpose:

The Pacific Coast Reproductive Society's (PCRS) global commitment to exceptional patient care is embodied in the continuing medical education of physicians, their teams, and allied professionals. Promoting the highest standards of clinical practice, patient safety, and improved patient outcomes, related to the treatment of infertility, is consistent with the principles and goals of PCRS.

The Pacific Coast Reproductive Society's CME program is based on the integration of clinical practice, scientific research, and education in Assisted Reproductive Technologies (ART)

Consistent with these values, the following goals of PCRS/CME are intended to:

1. Cultivate an atmosphere for thinking differently, unconventionally, or from new perspectives
2. Offer thought provoking programming enabling physicians, their teams, and allied health care professionals provide superior medical care for patients
3. Update or reinforce knowledge of current concepts, techniques or practices
4. Promote innovation in clinical practice and research
5. Foster the integration of advances in relevant scientific and clinical research ensuring clinicians access to timely and relevant information
6. Enable clinicians to recognize, practice, discuss, and apply new concepts, technologies, or practices, as they relate to the management of infertility in their specific area of clinical practice or research
7. Further the identification and recognition of ethical, psychological, and cultural patient concerns
8. Provide a forum for clinicians, academicians and other professionals in allied fields to create or renew collegial and collaborative relationships that enhance their effectiveness, promote high standards of clinical practice, patient safety, and improved patient outcomes
9. Facilitate a career-long continuum of medical education.
10. PCRS accomplishes these goals through its Annual Meeting, which includes multiple disciplines (in reproductive medicine) in an educational program attracting regional, national and international participants including but not limited to:

Target Audience

Practicing physicians, physicians in training, and scientists in training in the field of reproductive medicine representing:

- Andrology/Male Infertility

- Reproductive Endocrinology
 - Obstetrics and Gynecology
- Physician team members and allied health professionals representing:
- Complementary Healthcare
 - Mental Health
 - Nursing
 - Reproductive Biologists/Laboratory Specialists
 - Outside Agencies
 - Third Party Agencies
 - Genetic Laboratories

Content Areas

- Clinical Practice
- Basic and Clinical Science
- Advances in Technology
- Legal Issues
- Ethics
- Psychological Impact of Reproductive Conditions/Diseases
- Surgery
- Alternative/Complementary Medicine
- Practice Management
- Managed Care
- Government Regulation

Presentation topics relate to the overall theme of the meeting and are identified through needs assessment and evaluations. Additional or new topics are identified through surveys and evaluations of meeting participants, including current or advancing knowledge in the field of reproductive medicine.

Types of Activities

PCRS/CME blends a variety of learning formats to help meet learners' professional development needs and learning style through personal interaction with guest faculty, clinicians, scientists, clinical scholars, and each other in a collegial, intimate atmosphere. Sessions are designed across the spectrum of learning modalities used by individuals to process information to memory: visual (learning by seeing), auditory (learning by hearing), and kinesthetic (learning by doing).

- **Plenary Sessions** address issues of general interest to all participants.
- **Breakout Sessions** reflect the diversity of participants and include basic to advanced tracks on specific topics of interest.
- **Oral and Poster Sessions** highlight the presentation of papers based on original scientific research. Time is scheduled for Q&A/discussion after each presentation. While there is often rigorous discussion, PCRS prides itself on being a forum for researchers to present their work and develop their presentation skills in a non-threatening environment.
- **Interactive Lectures** address issues and concepts in the general scope of reproductive medicine. Faculties are requested to "talk with rather than at" learners incorporating group discussion, Q&A, and debate opportunities into their presentation.
- **Round Tables/ Forums/Panels/Debates** expose participants to different, conflicting, or

controversial points of view related to specific treatments, procedures or concepts. Small group discussions allow participants to communicate their own thoughts, questions, ideas, or experiences, providing an opportunity for the sharing of information and ideas in an informal, comfortable format.

- **Hand-On-Workshops** provide the opportunity for participants to become familiar with advances in technology and techniques or refine existing skills with the latest equipment and technologies.
- **Collaborative Workshops** provide the opportunity for participants to discuss hot topics, learn from peers, and share information with colleagues about issues they encounter in their daily practice in an intimate, non-threatening environment.

EXPECTED RESULTS

The ultimate goal of the PCRS CME program is to address both the learner's identified needs as well as those needs not self-identified which close gaps in practice that prevent the deliver of consistently high quality healthcare to all patients at all times.

PCRS understands physicians may not engage in self-assessment on a regular basis, hence, the need for CME planners to identify and assess new or updated protocols, treatments, theories, and tools for consistently patient-centric education. While individual physicians may not be familiar with or want to address topical social issues, PCRS believes in CME which promotes changes in attitude, competence, performance, and positive patient outcomes that enhance and increase the learner's ability to:

- ✚ Recognize
- ✚ Diagnose
- ✚ Treat,
- ✚ Manage, and/or
- ✚ Appropriately refer patients with reproductive disorders or diseases in a timely manner

Revised: May 2011

**Pacific Coast Reproductive Society
60th Annual Meeting, April 18 to 22, 2012
Reconciliation of Goals & Objectives to Documented Results**

Overall	Goals and Objectives	Measurement	Matches to stated objectives for courses:	Documented Results: Evaluation Responses								
	Recognize the pathophysiology of ovarian response during ART stimulation	Knowledge Competence	Imaging and Ovarian Function Acoustic Waves and Imagination, Speaker: Roger Pierson, PhD, MS, FEAS, FCAHS	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>88</td> <td>87</td> <td>1</td> <td>98.9%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	88	87	1	98.9%
Attended	Agree	Disagree	% Agree									
88	87	1	98.9%									
	How best to incorporate oocyte cryopreservation into clinical practice	Knowledge Competence	Oocyte Cryopreservation: Current Application in the USA, Speaker: Nicole L. Noyes, MD	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>82</td> <td>80</td> <td>2</td> <td>97.6%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	82	80	2	97.6%
Attended	Agree	Disagree	% Agree									
82	80	2	97.6%									
	Discuss the most current literature and clinical successes using ovarian tissue cryopreservation and transplantation	Knowledge Competence	Ovary Freezing and Transplantation for Cancer Patients, Speaker: Sherman J. Silber, MD	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>82</td> <td>80</td> <td>2</td> <td>97.6%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	82	80	2	97.6%
Attended	Agree	Disagree	% Agree									
82	80	2	97.6%									
	Discuss novel and innovative ovarian stimulation protocols that enhance the success of individual patients	Knowledge Competence	Novel Stimulation Protocols for Difficult Cases, Speaker: Angeline N. Beltsos, MD	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>95</td> <td>94</td> <td>1</td> <td>98.9%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	95	94	1	98.9%
Attended	Agree	Disagree	% Agree									
95	94	1	98.9%									
	Identify the best current techniques for freezing eggs and embryos in the ART lab	Knowledge Competence	Hand-On Vitrification Workshop, Speakers: Barry Behr, PhD, HCLD, Joe Conaghan, PhD, HCLD, and Juergen Lieberman, PhD, HCLD	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>21</td> <td>19</td> <td>2</td> <td>90.5%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	21	19	2	90.5%
Attended	Agree	Disagree	% Agree									
21	19	2	90.5%									
	Describe obesity as a policy issue	Knowledge Competence	Obesity and Medical Management Challenges in the Infertility Patient, Speaker: Angeline N. Beltsos, MD	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>15</td> <td>14</td> <td>1</td> <td>93.3%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	15	14	1	93.3%
Attended	Agree	Disagree	% Agree									
15	14	1	93.3%									
	Recognize the psychological, legal, and ethical aspects of using ART for non-normative families	Knowledge Competence	ART for LGBTQ.....and Other Acronyms!, Speaker: Gail Knudsen, MD, FRCPC	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>88</td> <td>86</td> <td>2</td> <td>97.7%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	88	86	2	97.7%
Attended	Agree	Disagree	% Agree									
88	86	2	97.7%									
	Discuss the recent breakthroughs in the ART and how genetics and epigenetics will improve pregnancy outcomes	Knowledge Competence	Genetic and Epigenetic Analysis of Human Embryo Development, Speaker: Renee Reijo Pera, PhD	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>89</td> <td>88</td> <td>1</td> <td>98.9%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	89	88	1	98.9%
Attended	Agree	Disagree	% Agree									
89	88	1	98.9%									
	Discuss the FDA regulations and requirements, as well as legal issues for patients and clinics involved with third party reproduction	Knowledge Competence	Third-Party Reproduction, Speakers: Melissa B. Brisman, JD, Gail Knudson, MD, FRCPC, and David B. Smotrich, MD, FACOG	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>70</td> <td>67</td> <td>3</td> <td>95.7%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	70	67	3	95.7%
Attended	Agree	Disagree	% Agree									
70	67	3	95.7%									
	Discuss the Affordable Care Act's implications for reproductive health	Knowledge Competence	The Affordable Care Act: Implications & Road Ahead, Speaker: Rogan Kersh, PhD	The session met objectives stated in the program: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>95</td> <td>92</td> <td>3</td> <td>96.8%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	95	92	3	96.8%
Attended	Agree	Disagree	% Agree									
95	92	3	96.8%									

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60th Annual Meeting, April 18 to 22, 2012
Reconciliation of Goals & Objectives to Documented Results**

Overall

Goals and Objectives	Measurement	Matches to stated objectives for courses:	Documented Results: Evaluation Responses			
Identify new advances in IVF stimulation, luteal support, genetic screening, and fertility preservation	Knowledge	ART Best Clinical Practices, Speakers: Angeline N. Beltsos, MD and Kevin J. Doody, MD	The session met objectives stated in the program:			
	Competence		Attended 84	Agree 78	Disagree 6	% Agree 92.9%
Discuss the range of choices patients make involved with reproductive tourism	Knowledge	Reproductive Tourism – An Emerging Global Phenomenon, Speaker: David B. Smotrich, MD, FACOG	The session met objectives stated in the program:			
	Competence		Attended 95	Agree 92	Disagree 3	% Agree 96.8%
Identify and describe how to ensure the patients receive the best possible care, focus on patient's safety and at the same time assure efficient operations	Knowledge	What Does it Take to Be Successful at Managing an RE Practice?, Speaker: Robert Strickland, MEd	The session met objectives stated in the program:			
	Competence		Attended 83	Agree 80	Disagree 3	% Agree 96.4%

**Pacific Coast Reproductive Society
58th Annual Meeting
April 14 - 18, 2010**

Faculty: Sorted by Highest Score from Attendee Evaluations:

Attendees were asked if they would be interested in hearing the speaker again at a future PCRS activity

Course/Title	Evaluations Submitted by Attendees	Percentage Responded Yes	Faculty Member
Fri Debate	89	98.9%	Catherine Racowsky, PhD, HCLD
Wed Workshop	71	98.6%	Joe Conaghan, PhD, HCLD
Fri Plenary Session IV	87	97.7%	Renee Reijo Pera, PhD
Sat Plenary Session V	83	97.6%	Ruth B. Lathi, MD
Fri Debate	81	97.5%	Thomas B. Pool, PhD, HCLD
Wed Workshop	75	97.3%	Barry Behr, PhD, HCLD
Fri Plenary Session III	73	97.3%	Rogan Kersh, PhD
Thr Breakout 1	82	96.3%	Catherine Racowsky, PhD, HCLD
Thr Plenary Session I	81	96.3%	Nicole L. Noyes, MD
Thr Plenary Session I	80	96.3%	Joe Conaghan, PhD, HCLD
Thr Breakout 1	74	95.9%	Thomas B. Pool, PhD, HCLD
Fri Plenary Session IV	87	95.4%	Sherman J. Silber, MD
Sat Plenary Session V	77	94.8%	Roger Pierson, PhD, MS, FEAS, FCAHS
Thr Plenary Session I	87	94.3%	Sherman J. Silber, MD
Thr Debate	78	93.6%	Kevin J. Doody, MD
Thr Plenary Session II	76	93.4%	Delores J. Lamb, PhD
Wed Workshop	55	92.7%	Juergen Lieberman, PhD, HCLD
Thr Breakout II	66	92.4%	Melissa B. Brisman, JD
Fri Plenary Session III	83	91.6%	Angeline Beltsos, MD
The Debate	80	91.3%	Angeline Beltsos, MD
Wed Nursing Practicum	65	90.8%	Angeline Beltsos, MD
Wed Nursing Practicum	36	88.9%	Carol Lesser, MSN, NP
Wed Nursing Practicum	43	88.4%	Rogan Kersh, PhD
Fri Plenary Session III	79	84.8%	David B. Smotrich, MD, FACOG
Thr Breakout II	73	83.6%	David B. Smotrich, MD, FACOG
Thr Plenary Session II	65	80.0%	Robert Strickland, MD
Sat Plenary Session V	71	77.5%	Gail Knudson, MD, FRCPC
Thr Breakout II	65	75.4%	Gail Knudson, MD, FRCPC

**Pacific Coast Reproductive Society
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Results Analysis:

PCRS uses multiple sources of data to identify practice gaps and assess needs including:

- Evaluations of previous PCRS CME activities
- Anecdotal comments from meeting participants and society members
- Expert and peer input
- New technology developments
- Pre and post activity surveys

Our 2012 Program Chairs John L. Frattarelli, MD and Juergen Liebermann, PhD, HCLD and our 2012 President Barry Behr, PhD, HCLD are recognized experts in the field of Reproductive Medicine. Based on their review of the data collected from the sources above, the following practice gaps have been identified:

- **Advances in medicine**

Practitioners may lack current knowledge and skills in the use of emerging technologies in reproductive medicine and evolving treatment options applicable to successful patient outcomes.

- **Social change and legislative upheaval**

Wide spread changes in societal attitudes toward the GLBT community as well as government regulation of the reproductive process have resulted in physicians and their teams not knowing how to integrate effective options in reproductive medicine to best serve the needs of all their patients.

- **Not taught in medical school**

The realities of finding a job and running a practice from a management standpoint are not taught in medical school, leaving recent grads and long time practicing physicians with major deficits in job seeking and management skills.

Our analysis of the data collected during the evaluation of the 2011 Annual Meeting identified the following items to be addressed in future activity planning. Changes implemented for the 2012 meeting are detailed in [Blue](#).

- Attendee comments documented in the open ended text questions included dissatisfaction with faculty members who fail to get their material to the publisher in time for inclusion in the printed syllabus.

PCRS will review policy related to Faculty Honoraria to determine if changes can be made that would provide a monetary inducement to

meet stated deadlines (reduce or eliminate honoraria for those who fail to meet the publication deadline for the syllabus).

Signed Faculty Agreements were required from all faculty members which included the statement “I agree to provide PCRS with adequate content material (e.g. slides, detailed outline, syllabus, etc.) in compliance with the following deadlines to enable an independent review by PCRS to ensure content will meet stated learning objectives.” Result: Syllabus material was published for all faculty presentations.

- The Great Debates sessions were well attended and received many positive comments in the open ended text sections of the evaluations.

Future Program Chairs and planners will be encouraged to retain the debate format and identify appropriate debate topics.

Two debates were included in the 2012 schedule. Attendee evaluations indicate that both were well received.

Our analysis of the data collected during the evaluation of the 2012 Annual Meeting identified the following items to be addressed in future activity planning:

- Attendee comments documented in the open ended text questions included a request for more time devoted to Q&A.

Future Program Chairs and planners will be encouraged to schedule Q&A time and work with faculty to stay on schedule.

- Attendee comments documented in the open ended text questions included a request for more audience participation using the remote audience response system.

Future faculty will be encouraged to expand the use of the audience response system.

- Several comments on the debates reflected a need for participants to actively defend a point a view, specifically designated to take either the “pro” or “con” position.

Future Program Chairs and planners will be encouraged to structure the debates in a more traditional format.

2012 PCRS Program Evaluation - Overall Program

As a result of attending the PCRS 2012 program I have gained knowledge/practical skills/experiences that will improve my performance.

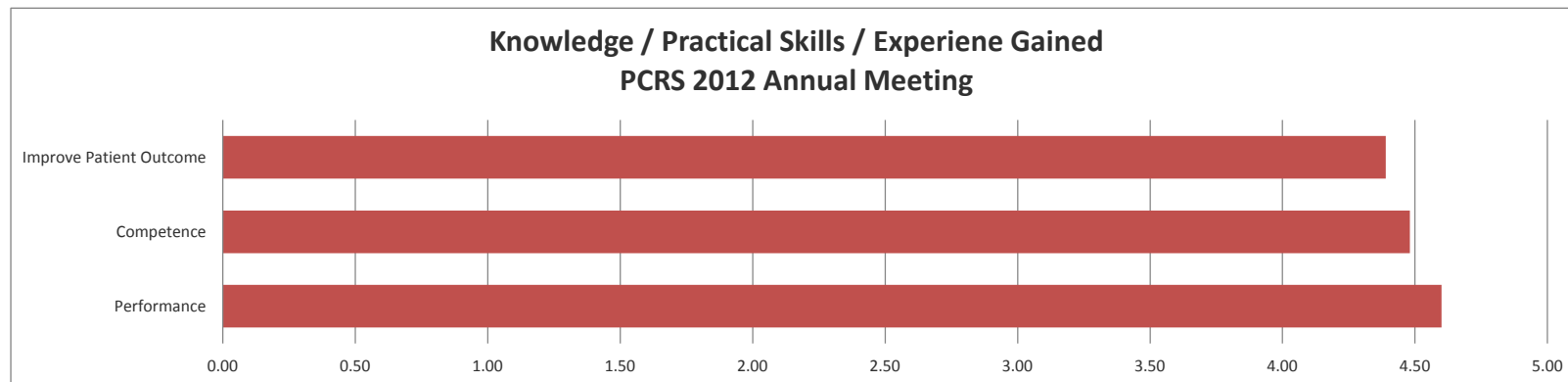
Answer Options	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	N/A	Rating Average	Response Count
Check one	0	0	0	41	62	1	4.60	104
<i>answered question</i>								104
<i>skipped question</i>								0

As a result of attending the PCRS 2012 program I have gained knowledge/practical skills/experiences that will increase my competence.

Answer Options	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	N/A	Rating Average	Response Count
Check One	0	0	0	52	48	4	4.48	104
<i>answered question</i>								104
<i>skipped question</i>								0

As a result of attending the PCRS 2012 program I have gained knowledge/practical skills/experiences that will improve patient outcomes.

Answer Options	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	N/A	Rating Average	Response Count
Check one	0	0	7	47	46	4	4.39	104
<i>answered question</i>								104
<i>skipped question</i>								0



2012 PCRS Program Evaluation - Overall Program

Please indicate any changes you plan to make in your practice as a result of information you received from the sessions and lectures you attended at this meeting that will enhance the care and well-being of your patients:

Response Count

63

work up for pregnancy loss. strategies for stimulation

Adding FSH injection on the day of hCG to improve IVF outcome. Consider using 1/16 of male dosage of testosterone enanthate or cypionate to improve follicular response in poor responders

Always float products of conception prior to submission for chromosome analysis for patients with recurrent preg loss.

As a medical device company which develops quantitative point-of-care rapid tests monitoring FSH, LH and hCG level in blood, we can add AMH, Estradiol to our developing list to fit the doctors and patients' needs.

Better able to advise patients about some of the more unusual ART methods that are now available to certain minority groups who tend not to receive understanding from many of our colleagues.

Better vitrification skills, oocyte freezing, ovarian tissue freezing

Checking if that lab collapses the blastocysts before freezing.

Consider freezing all embryos with elevated P4 on day of hcg

More liberal use of agonist trigger in high risk patients

Consider GnRH trigger for patients at risk of OHSS

Consideration for HCG administration at time of ET to improve implantation rates

Consideration for androgen supplementation in poor responders prior to IVF to improve pregnancy rate

Consideration of ovarian cortical strip cryopreservation for fertility preservation in oncofertility cases

Considering trying a one step culture system, counseling for RPL patients

Decompressing expanded Blasts before we vitrify

Encourage mgmt to add nutritionist to team; or at least refer to one more often.

Recognize more complicated cases, involving out of state/country clients and staff accordingly

Enhanced management methods for lab employees; stronger QC documentation.

Evaluate ultrasound and embryo images differently.

Explanation and counseling of patients with recurrent pregnancy loss

Good discussion of decreasing OHSS using Antag trigger and people's experience with this. Reproductive tourism section was very interesting.

great guidelines in addressing obesity and its affect on fertility

Have a better understanding of CGH arrays when discussing with my patients.

Have more knowledge particularly about recurrent pregnancy loss.

hyperstim prevention egg freezing protocols

i have a much better ability to discuss the ivf component of the care plan for my male infertility couples. I plan to look more closely into ovarian freezing

I may try to learn Dr Silbers technique of freezing ovarian tissue for cancer patients. I may eliminate some tests that really are not indicated for patients w recurrent loss. I may pretreat patients with coQ10 and or DHEA pre-IVF. I may use the lupron trigger for egg donors.

I was really happy to know that many practitioners, scientists and embryologists became aware of the risk of extended in vitro culture in ART.

I will check progesterone levels more frequently prior to administration of HCG for egg retrieval and plan to do more embryo freezing when progesterone levels are over 1.5 ng/ml. May consider using growth hormone for poor responders.

2012 PCRS Program Evaluation - Overall Program

Please indicate any changes you plan to make in your practice as a result of information you received from the sessions and lectures you attended at this meeting that will enhance the care and well-being of your patients:

I will encourage more participation by all members and employees at the practice to work more closely together to enhance a more team environment

if have cancer patients needing to start stimulation right away, will do antagonist x 5 days, then FSH

Improved counseling

Improved stimulation protocols

Incorporate AMH testing in evaluation of ovarian reserve

Individualize protocol, Novel protocols, HCG infusion

Lupron trigger

It gave me a broader view of the overall complexity of the reproductive process. I will pay more attention to detail.

Lab- QA processes for when suspect a problem.

Egg Freezing

SART reporting of shared maternity cycles

Terminology for transgender patients

Poor stimulators

lab, clinical, management areas will be updated

Learn more about ovarian cryopreservation. Try giving intrauterine hCG and try testosterone in poor responders.

More communication between teams

Ovulation induction in poor responders

pay closer attention to weight, pcos, and fertility in higher bmi patients

Per #3 above, I have revised my laboratory's vitrification protocols which I expect to enhance patient care. In addition, we have begun a trial to assess the relative efficacy of various protein supplements - again, based on discussions and presentations on this subject at the meeting.

Plan to change how we deal with repeated pregnancy loss conversation, work-up and treatment

Questioning when to add P4 after VOR, trying to initiate a weight loss program in our center

Review in greater detail the association of SHOX gene and infertility

Round tables too noisy - separate more

RPL work up

Staff vigilance about obesity and treating preconceptionally

Stimulation protocols

Talk to the lab people more and pay much more attention to the ovaries during stim cycles

The MD I work with is discussing lab related info with our embryologist and lab director. Any changes TBD

The use of testosterone to increase antral follicles.

Think about more oocyte cryo for patients with more than 12 eggs retrieved, and performing an additional P4 blood draw to determine pre and post ER levels.

To change one of my surgical approaches to an operation.

Too many to list

Use GnRh agonist trigger

Uterine Contraction information gained at the Round Table discussion, I assist in running our programs third party donor program, the lectures were great

Vitrification (technique)

vitrification of oocytes

2012 PCRS Program Evaluation - Overall Program

Please indicate any changes you plan to make in your practice as a result of information you received from the sessions and lectures you attended at this meeting that will enhance the care and well-being of your patients:

vitrification workshop was outstanding hands-on opportunity for us clinicians. Silber gave me a lot of food for thought on some secondary research I am doing. Vitrification lectures - intend to discuss our methods with our lab director...not sure what his thoughts are regarding pre-cryo embryo collapse...Rene lectures gave me an idea for timing embryo assesment/regrouping...we may trial this but need to d/w lab director...many more

We will make changes enhancements to our cryoperservation program

Will change approach to recurrent pregnancy loss slightly in terms of testing.

Will try to use testosterone in poor responding patients.

Will try to get all male factor patients on anti-oxidants.

Will consider expanded screening for common genetic diseases.

2012 PCRS Program Evaluation - Overall Program

How do you think these changes will affect patient outcomes?

Response Count

60

Better communication leads to better patient care and interaction

Better informed information to patients.

Better pregnancy rates

Better results

both can contribute to higher success and in the latter case, a safer prognosis

decrease patient emotional stress

Don't know yet. Hopefully improve pregnancy rates.

Everybody involved in ART will shift blastocyst ET to cleavage ET

fertility preservation

higher pregnancy rates and fewer multiple births

hope to improve

Hopefully an improvement in Ivf success, if we gain more knowledge about decreasing uterine contractions in the properly chosen patient

hopefully guide them in a positive motive to achieve their goal of parenthood

Hopefully increase pregnancy rates

Hopefully will increase pregnancy rates.

Hopefully will increase the number of eggs obtained with use of T.

Increase sperm viability with use of anti-oxidants.

Will not miss diagnosing carriers for Fragile X and SMA.

I am hoping to improve success rates.

I am unsure but willing to give it a try

I don't know until I try

I hope they will improve pregnancy rates.

Identify better candidates for egg donation

Improve

Improve our outcome with RPL

improve outcome, improve sensitivity and compassion

Improve outcomes

Improve outcomes and general health of the patient

improve outcomes of fertility preservation

improve pregnancy rates, pregnancy outcomes

Improve the consistency of treatment.

improved

Improved pregnancy rates

Improvements

Increase pregnancy rates

Increase success of giving them answers based on true data

It should improve outcomes.

It would indefinitely engender a stronger relationship between our practice and patients allowing the patients to feel more confident in going through the process of IVF

Less OHSS

Lessen the incidence of OHSS

may or may not...time will tell

minimize OHSS

2012 PCRS Program Evaluation - Overall Program

How do you think these changes will affect patient outcomes?

more cost effective

more options with stimulation

Patients will be able to make more careful decisions based on my counseling

Patients will receive better care regarding RPL.

Positively

Positively

Provide better options for the usage of eggs/embryos, and make sure we are transferring embryos into a proper uterine environment.

Quantitative point-of-care tests only need a or two drops of blood from patients to measure and monitor the level of FSH, LH, hCG, AMH and Estradiol in patients after the stimulation treatment or in the pretreatment study. The data is available in 30 minutes after testing and doctors might use the results to adjust the dosage for treatment right away.

Reassure patients. Use less invasive procedures to help patients minimizing side effects

reduce OHSS

safer patient outcomes

satisfaction and outcomes...

They will understand better their medical diagnosis and treatment.

Using evidence based data

Vitrification: Improved survival of warmed oocytes and embryos. Proteint supplementation: Improved implantation rates following both fresh and cryo transfers

yes

2012 PCRS Program Evaluation - Overall Program

Please provide general comments regarding this program and suggest how it might be improved.

Response Count

58

Appreciate the thought put into a coherent program

Beautiful program

Continue your current course in program development.

Difficult to improve. Perhaps a little more time devoted to Q&A time - perhaps at the end of each session. Much more information can be derived from a well chaired discussion session.

Enjoyed the concepts of the "great debate" however I wish that these sessions were more of a debate between two stances. Also, I would have preferred more audience participation using the remotes.

Even in debate/interactive sessions, speakers should be encouraged to have slides.

excellent

Excellent - I would not alter a winning formula.

Excellent as always!

Excellent location

Get rid of the dates that coincide with concert

Excellent meeting. Please keep it up. I plan on coming back in the future.

Excellent program

Excellent program!

Felt it was pretty good and liked the topics that were covered

Give Dr Magarelli a big present... he is a really nice guy

Good conference. Continue to include ivf protocol, best practice information to directly relate to clinical practice.

Great no comment

Great program

Great program, the only lecture that didn't live up to the rest was the Transgender talk...

Have accurate times for presentations and stay on time.

I enjoyed the program. Improvements would include further audience response interaction and increased controversy in the debate section. Poster presentations would be nice if time ever allowed

I found this a splendid experience for my first conference Everyone was so approachable and I got to see what were the hot topics in the field right now.

I have been satisfied with the way the program is set up and frequently is just depends on the organizers on whether they choose key note topics that would be of interest to myself but there are so many other people that i don't have a way to suggest how to determine which topics should be given I think they have done a good job so far

I like the present agenda

I think the program was organized and presented a variety of subjects of interest to most everyone.

I think this was one of the best scientific sessions in recent years. The lectures were both interesting and informative.

I thought the program was very good. At times, I felt several of the physician commentators did let their personal biases be expressed. It was somewhat inappropriate.

I thought this was an exceptional program, both scientifically and clinically. The number and caliber of the sessions was just right. My only suggestions would be to ensure that each of the speakers participating in the Debates are specifically designated to take either the "pro" or "con" position on the topic to be debated.

It was a good meeting. i would love more clinical lectures and less science.

2012 PCRS Program Evaluation - Overall Program

Please provide general comments regarding this program and suggest how it might be improved.

It was so nice this year. I really appreciate the juxtaposition of some of the lectures. The plenary speakers were out of this world (Thanks to Dr Shipe, Dr Noyes, Dr Lathi, etc)

More audience participation in the "great debates"

More clinical forums

More involvement of younger MDs and PhDs. □

Selection of leaders in the field as president of PCRS in order to attract others to the meeting

More male infertility.

More specific lectures on clinical practice in regards to rei

More time for Q&A

Much more attendants should be gathered!!

Need more about Pre-implantation Genetics and how it is being integrated into clinical practice.

Nicely balanced and good faculty

No duplication of lectures! Nice job with the room temperature this year.

Nothing to comment for now. Great meeting!

One can tell that a great amount of work went into the planning for this outstanding program. Most speakers were good. I think you should take off the password on the PDF handouts. Especially when they are downloaded, to have to continue to use this password is highly inconvenient. Also, I think too much information was put into the program. Going from 7-8 am to 5-6 pm is way too long. If you were to have top quality lectures or audience interaction presentations from 9 am to 4 pm - this would be more desirable. Also, you have so much on IVF and genetics, which is important, but the way we care for patients is often left out or assumed that we do a pretty good job with out bedside manner - which in many cases we don't. Pepper a few lectures on how to care for the grieving patient who didn't get pregnant or who lost her pregnancy would be helpful. For example the history of IVF and particularly Edwards which highly outstanding that added perspective to what we are doing - well done here - just need more of this. How well are we doing with our IQ is only part - need to include presentations on how well we are doing with our EQ (emotional intelligence) with our patients, our staff, and each other!

One idea would be to include an pre exam study group workshop for those embryologists taking the ABB certification exams the next month at the ABB meeting.

Program overall was excellent, especially the combination of papers, workshops, abstracts, etc. which gave different ways to learn.

Some of the lectures were repetative and overlapping in content.

Stress to speakers to prepare thoroughly. Most talks were prepared well and very good. Some of the debates could have been better prepared

The conference was focused around challenges that the REI practitioners face on a regular basis and I found that good.

The debates are an excellent idea. They would have been more stimulating if they had been true debates (rather than discussions), with each participant actively defending the point of view they were assigned and refuting points made by the other person. Perhaps there could be a moderator, who would indicate when each person is to speak.

The program is fine to me.

The scientific program was very well selected and presented. In future, I would enjoy seeing the conference direct more attention to non-IVF care of patients with infertility and to reproductive endocrinopathies

This was an amazing conference, as a first time attendee I certainly enjoyed the collegiate feel of the conference. I have no comments for improvement.

This was my first attendance at PCRS and I loved it. One of the best conferences I have ever attended. I particularly enjoyed the relaxed and collegial atmosphere.

Very strong program

Well organized and well-done

2012 PCRS Program Evaluation - Overall Program

Please provide general comments regarding this program and suggest how it might be improved.

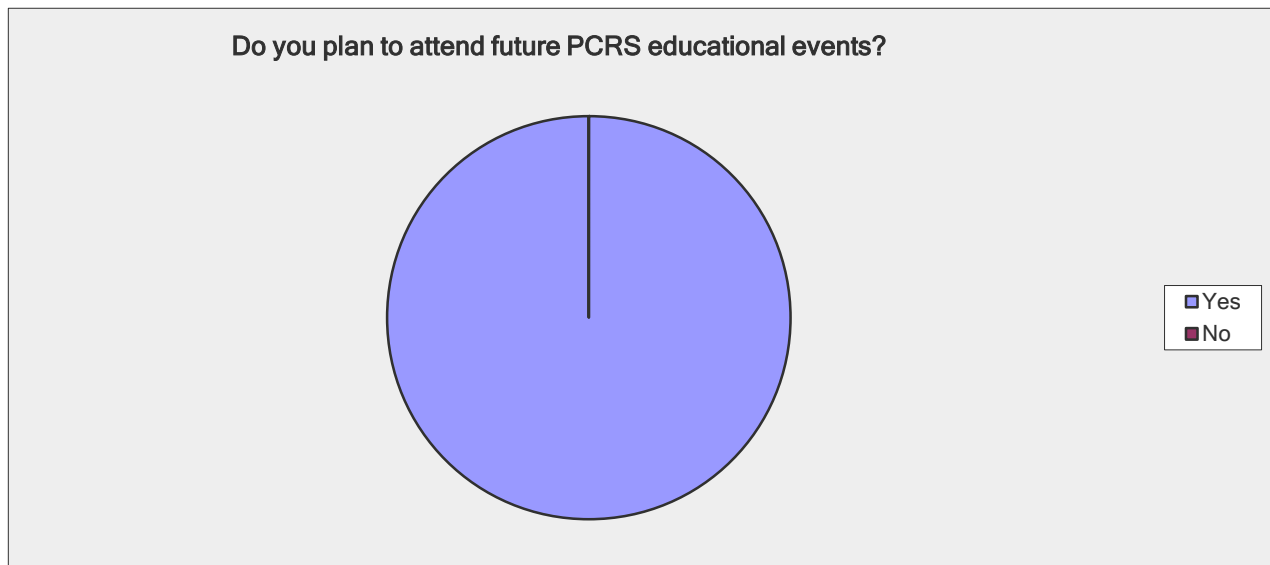
Well organized, thought-provoking topics, relaxed atmosphere

Would make no changes, it was perfect

You do a great job of making clinically relevant talks. Keep it up

2012 PCRS Program Evaluation - Overall Program

Do you plan to attend future PCRS educational events?		
Answer Options	Response Percent	Response Count
Yes	100.0%	100
No	0.0%	0
Other (please specify)		2
<i>answered question</i>		100
<i>skipped question</i>		4



Comments:

How about a new topic: Do IVF teams need team development and leadership coaching?

2012 PCRS Program Evaluation - Wednesday April 18

Please indicate which sessions you attended on Wednesday, April 18:

Answer Options	Attended	Did Not Attend	Response Count
Nursing Practicum - Focus on Fertility: Obesity - Complication, Counseling, and Public Policy	15	83	98
Hands-On Vitrification Workshop	21	75	96

Percentage of attendees who agreed:: Legend- The session: A - Was well presented B - Was a valuable learning experience C - Matched my scope of current/potential professional activities D - Will influence my practice of medicine E - Presented a balanced view of therapeutic options F - Was free of commercial bias G - Met objectives stated in program

Answer Options	A	B	C	D	E	F	G
Obesity and Medical Management Challenges in the Infertility Patient (Angeline N. Beltsos, MD)	73.3%	93.3%	100.0%	100.0%	100.0%	100.0%	93.3%
PCOS: Nursing Considerations and Counseling Options (Carol B. Lesser, NP, NAACOG, NCC)	73.3%	93.3%	93.3%	100.0%	100.0%	100.0%	93.3%
Addressing the Obesity Epidemic: Challenges & Solutions (Rogan Kersh, PhD)	73.3%	93.3%	100.0%	100.0%	100.0%	100.0%	93.3%
Hands-On Vitrification Workshop (Barry Behr, PhD, HCLD, Joe Conaghan, PhD, HCLD, and Juergen Lieberman, PhD, HCLD)	90.5%	85.7%	95.2%	95.2%	95.2%	90.5%	90.5%

Comments

needed more microscopes at each station
good
Very well presented

2012 PCRS Program Evaluation - Wednesday April 18

Would you be interested in hearing this speaker again at a future PCRS activity?				
Answer Options	Yes	No	No Opinion	Response Count
Angeline N. Beltsos, MD	60	6	38	104
Carol B. Lesser, NP, NAACOG, NCC	32	4	68	104
Rogan Kersh, PhD	38	5	61	104
Barry Behr, PhD, HCLD	74	2	28	104
Joe Conaghan, PhD, HCLD	70	1	33	104
Juergen Lieberman, PhD, HCLD	51	4	49	104
<i>answered question</i>				104
<i>skipped question</i>				0

Rogan Kersh was phenomenal. Carol Lesser and Angeline Beltsos were also excellent.

I unfortunately came late to the conference. I have heard Beltsos speak before and thought that she did a great job.

2012 PCRS Program Evaluation - Thursday April 19, 2012

Please indicate which sessions you attended on Thursday, April 19:

Answer Options	Attended	Did Not Attend	Response Count
Plenary Session I - Mini Symposium (Ovary Freezing, Oocyte Cryopreservation, Vitrification)	83	16	99
Plenary Session II (Y-Chromosome, Practice Management)	84	13	97
Afternoon Breakout Session I - IVF Laboratory: State of the Art	61	24	85
Afternoon Breakout Session II - Third Party Reproduction	71	18	89
Great Debate Part 1	84	13	97

Percentage of attendees who agreed:: Legend- The session: A - Was well presented B - Was a valuable learning experience C - Matched my scope of current/potential professional activities D - Will influence my practice of medicine E - Presented a balanced view of therapeutic options F - Was free of commercial bias G - Met objectives stated in program

Answer Options	A	B	C	D	E	F	G
Ovary Freezing and Transplantation for Cancer Patients (Sherman J. Silber, MD)	95.2%	95.2%	95.2%	95.2%	97.6%	100.0%	100.0%
Oocyte Cryopreservation: Current Application in the USA (Nicole L. Noyes, MD)	95.2%	97.6%	95.2%	96.4%	98.8%	100.0%	100.0%
Vitrification and Trophectoderm Biopsy: State of the ART From a Laboratory Perspective (Joe Conaghan, PhD)	92.8%	97.6%	95.2%	97.6%	98.8%	98.8%	98.8%
The Y-Chromosome and Submicroscopic Chromosomal Gains or Losses (Delores J. Lamb, PhD)	94.0%	96.4%	96.4%	94.0%	97.6%	98.8%	98.8%
What Does it Take to Be Successful at Managing an RE Practice? (Robert Strickland, MEd)	94.0%	96.4%	97.6%	96.4%	97.6%	100.0%	97.6%
IVF Laboratory: State of the ART (Catherine Racowsky, PhD, HCLD and Thomas B. Pool, PhD, HCLD)	91.8%	96.7%	93.4%	95.1%	95.1%	100.0%	96.7%
Third-Party Reproduction (Melissa B. Brisman, JD, Gail Knudson, MD, FRCPC, and David B. Smotrich, MD, FACOG)	91.5%	95.8%	93.0%	95.8%	97.2%	98.6%	97.2%
Great Debate Part 1: ART Best Clinical Practices (Angeline N. Beltsos, MD and Kevin J. Doody, MD)	86.9%	95.2%	96.4%	94.0%	96.4%	100.0%	94.0%

Comments

Great debate part 1. would have been better if it were a true debate

2012 PCRS Program Evaluation - Thursday April 19, 2012

Would you be interested in hearing this speaker again at a future PCRS activity?				
Answer Options	Yes	No	No Opinion	Response Count
Sherman J. Silber, MD	83	5	14	102
Nicole L. Noyes, MD	79	3	20	102
Joe Conaghan, PhD, HCLD	78	3	21	102
Delores J. Lamb, PhD	72	5	25	102
Robert Strickland, MD	53	13	36	102
Catherine Racowsky, PhD, HCLD	80	3	19	102
Thomas B. Pool, PhD, HCLD	72	3	27	102
Melissa B. Brisman, JD	62	5	35	102
Gail Knudson, MD, FRCPC	50	16	36	102
David B. Smotrich, MD, FACOG	62	12	28	102
Angeline N. Beltsos, MD	74	7	21	102
Kevin J. Doody, MD	74	5	23	102
			<i>answered question</i>	102
			<i>skipped question</i>	2

Great debates would have been better as debate rather than slide presentation.

All were great speakers! Especially Melissa Brisman and Robert Strickland

Dr. Silber is wonderful!

I really liked hearing from Melissa Brisman. I think she provided a lot of information that many physicians may not know.

2012 PCRS Program Evaluation - Friday April 20, 2012

Please indicate which sessions you attended on Friday, April 20:

Answer Options	Attended	Did Not Attend	Response Count
Plenary Session III (Affordable Care Act, Novel Stimulation Protocols, Reproductive Tourism)	96	5	101
Plenary Session IV (Genetic & Epigenetic Analysis, Y Chromosome-SpermCount)	90	8	98
Great Debate Part 2 - ART Best Practices	89	9	98

Percentage of attendees who agreed:: Legend- The session: A - Was well presented B - Was a valuable learning experience C - Matched my scope of current/potential professional activities D - Will influence my practice of medicine E - Presented a balanced view of therapeutic options F - Was free of commercial bias G - Met objectives stated in program

Answer Options	A	B	C	D	E	F	G
The Affordable Care Act: Implications & Road Ahead (Rogan Kersh, PhD)	96.9%	94.8%	99.0%	94.8%	95.8%	99.0%	96.9%
Novel Stimulation Protocols for Difficult Cases (Angeline N. Beltsos, MD)	92.7%	96.9%	96.9%	99.0%	97.9%	100.0%	99.0%
Reproductive Tourism - An Emerging Global Phenomenon (David B. Smotrich, MD, FACOG)	95.8%	94.8%	95.8%	96.9%	95.8%	97.9%	96.9%
Genetic and Epigenetic Analysis of Human Embryo Development (Renee Reijo Pera, PhD)	96.7%	95.6%	97.8%	97.8%	98.9%	98.9%	98.9%
The Y Chromosome : Discovering the Genes Which Interact to Determine Sperm Count (Sherman J. Silber, PhD)	95.6%	93.3%	96.7%	96.7%	96.7%	98.9%	96.7%
ART Best Practices, Improving Embryo Development and Outcomes in the Laboratory (Thomas B. Pool, PhD, HCLD and Catherine Racowsky, PhD, HCLD)	93.3%	96.6%	97.8%	97.8%	97.8%	98.9%	98.9%

Comments

Dr Kersh was an excellent speaker...very knowledgeable
I enjoyed Rogan's lecture and thought the give and take was good.

2012 PCRS Program Evaluation - Friday April 20, 2012

Would you be interested in hearing this speaker again at a future PCRS activity?				
Answer Options	Yes	No	No Opinion	Response Count
Rogan Kersh, PhD	72	2	28	102
Angeline N. Beltsos, MD	77	7	18	102
David B. Smotrich, MD, FACOG	68	12	22	102
Renee Reijo Pera, PhD	86	2	14	102
Sherman J. Silber, MD	84	4	14	102
Thomas B. Pool, PhD, HCLD	80	2	20	102
Catherine Racowsky, PhD, HCLD	89	1	12	102
<i>answered question</i>				102
<i>skipped question</i>				2

2012 PCRS Program Evaluation - Saturday April 21, 2012

Please indicate which sessions you attended on Saturday, April 21:			
Answer Options	Attended	Did Not Attend	Response Count
Fellows' Breakfast - We've Been There. Ask Us	18	69	87
Plenary Session V (Recurrent Pregnancy Loss, ART for LGBTQ, Imaging and Ovarian Function Acoustic Waves)	89	12	101
Round Table Discussions	60	36	96

Percentage of attendees who agreed:: Legend- The session: A - Was well presented B - Was a valuable learning experience C - Matched my scope of current/potential professional activities D - Will influence my practice of medicine E - Presented a balanced view of therapeutic options F - Was free of commercial bias G - Met objectives stated in program

Answer Options	A	B	C	D	E	F	G
Fellows' Breakfast - We've Been There. Ask Us.	100.0%	94.4%	100.0%	100.0%	100.0%	100.0%	100.0%
Recurrent Pregnancy Loss: Maternal and Fetal Causes (Ruth B. Lathi, MD)	94.4%	94.4%	98.9%	96.6%	97.8%	98.9%	98.9%
ART for LGBTQ.....and Other Acronyms! (Gail Knudsen, MD, FRCPC)	94.4%	94.4%	97.8%	97.8%	98.9%	100.0%	97.8%
Imaging and Ovarian Function Acoustic Waves and Imagination (Roger Pierson, PhD, MS, FEAS, FCAHS)	93.3%	97.8%	97.8%	98.9%	98.9%	98.9%	98.9%
Round Table Discussions	96.7%	96.7%	100.0%	100.0%	100.0%	100.0%	100.0%

Comments

Too much on third party reproduction. Round tables were a disaster - no one even showed up at my table. Many had to join other tables. Lots of wasted food as well!

Roger Pierson was great

For round table discussion, might want to put groups in separate room since we had a big group in a big room a lot time could not hear what people said from the other end of table.

Round tables should be held earlier in the conference...not well attended. This might improve if held on first day.

Round tables were noisy.

2012 PCRS Program Evaluation - Saturday April 21, 2012

Would you be interested in hearing this speaker again at a future PCRS activity?				
Answer Options	Yes	No	No Opinion	Response Count
Ruth B. Lathi, MD	83	5	14	102
Gail Knudsen, MD, FRCPC	79	3	20	102
Roger Pierson, PhD, MS, FEAS, FCAHS	78	3	21	102
			<i>answered question</i>	102
			<i>skipped question</i>	2

Bring Roger back - outstanding speaker with new message! Gail did wonderful on an old problem!

heck, yeah, but I'm biased

Dr. Lathi gave an excellent, informative presentation on recurrent pregnancy loss and Dr. Pierson's novel research is very exciting and was very well presented.

Lathi was a good speaker but topic less desirable

Focus on Fertility: Obesity - Complications, Counseling, and Public Policy

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Obesity is a problem for at least one third of Americans and being overweight is a concern for 50% of American women.				
Correct	True	100.0%	100.0%	0.0%
	False	0.0%	0.0%	
Obesity can cause an increased risk of what in pregnancy? Check all that apply.				
	Cleft lip or palate	46.2%	25.0%	
Correct	Cardiac Defects	92.3%	75.0%	-17.3%
Glucose is a hormone secreted into the blood by the pancreas in response to the rise in insulin in the blood after ingesting a meal rich in carbohydrates.				
	True	38.5%	25.0%	
Correct	False	61.5%	75.0%	13.5%
Obesity negatively impacts ART success rates in which of the following ways?				
	Difficulty with oocyte retrieval	15.4%	0.0%	
	Decreased oocyte and embryo quality	0.0%	0.0%	
	Decreased uterine receptivity	0.0%	0.0%	
	Decreased IR and PR	0.0%	0.0%	
Correct	All of the above	84.6%	100.0%	15.4%
PCOS patients who achieve a 5-10% drop in their weight:				
	Show no improvement in their ART outcome	0.0%	0.0%	
Correct	May see a decrease in insulin resistance and hyperandrogenism	100.0%	100.0%	0.0%
	Show no improvement in their rate of spontaneous ovulation	0.0%	0.0%	
	Have an increased risk of progressing to Type 2 Diabetes	0.0%	0.0%	

Hands-On Vitrification Workshop

		Percentage with Correct Response		
		Pre Test	Post Test	Change
For vitrification to work optimally, what is the ideal relationship between the cooling rate and the warming rate?				
	The cooling rate should be faster than the warming rate	36.8%	12.5%	
	The cooling and warming rates should be about the same	47.4%	43.8%	
Correct	The warming rate should be faster than the cooling rate	5.3%	43.8%	38.5%
	The cooling and warming rates are not related	10.5%	0.0%	
A protocol that works well for vitrifying human blastocysts can be expected to work equally well for which of the following?				
	Oocytes	10.5%	18.8%	
	Zygotes but not day 2 or day 3 embryos	5.3%	0.0%	
	Day 2 or day 3 embryos but not zygotes	47.4%	6.3%	
Correct	Zygotes, day 2 and day 3 embryos	36.8%	75.0%	38.2%

Ovary Freezing and Transplantation for Cancer Patients

		Percentage with Correct Response		
		Pre Test	Post Test	Change
What is the advantage of ovary tissue freezing versus egg freezing for cancer patients? What are the essential two problems with successful preservation of fertility with ovary freezing:				
	Slow freezing is preferable to vitrification.	8.0%	3.6%	
	Slow freezing destroys 70% of the eggs.	30.7%	28.6%	
	Vitrification destroys too many eggs.	5.3%	7.1%	
	Ischemia time must be avoided by doing a whole intact ovary transplant.	29.3%	17.9%	
Correct	It takes two months before the primordial follicles reach the Graafian stage.	14.7%	23.2%	8.5%
	It takes 4 months before the primordial follicles reach the Graafian stage.	12.0%	19.6%	
For vitrification of ovarian tissue or eggs, the rate of temperature drop must be:				
	-0.3°C/second.	6.7%	16.1%	
	-0.3°C/minute.	17.3%	14.3%	
	10°C/minute.	25.3%	23.2%	
	-1,000°C/minute.	30.7%	23.2%	
Correct	-23,000°C/minute.	20.0%	23.2%	3.2%

Oocyte Cryopreservation: Current Application in the USA

	Percentage with Correct Response		
	Pre Test	Post Test	Change
Which factors likely contributed to difficulties early with the efficiency of oocyte cryopreservation?			
Large cell size of the oocyte	5.3%	0.0%	
High aqueous content of oocyte	10.7%	3.6%	
Meiotic spindle susceptible to ice crystal damage	9.3%	1.8%	
Hardening of zona pellucida due to cortical granule release	0.0%	0.0%	
Correct All of the above	74.7%	94.5%	19.8%

In cancer patients desiring oocyte cryopreservation, it is necessary to await the start of menses before initiating ovarian stimulation.			
True	20.0%	10.9%	
Correct False	80.0%	89.1%	9.1%

Vitrification and Trophectoderm Biopsy: State of the ART from a Laboratory Perspective

	Percentage with Correct Response		
	Pre Test	Post Test	Change
Based on mouse embryo studies, allocation of cells to the trophectoderm and inner cell mass is thought to be completed by the...?			
16-cell stage	28.4%	22.2%	
Correct 32-cell stage	27.0%	44.4%	17.4%
64-cell stage	29.7%	18.5%	
128-cell stage	14.9%	14.8%	

In a typical solution used to vitrify human blastocysts, what is the concentration by volume of cryoprotectants?			
5%	18.9%	7.4%	
12%	32.4%	29.6%	
Correct 22%	20.3%	31.5%	11.2%
30%	28.4%	31.5%	

When proficiency testing is performed with videos of human zygotes, what percentage of embryologists can correctly identify an oocyte with 2 pronuclei ?			
100%	12.2%	1.9%	
98%	37.8%	18.5%	
90%	33.8%	35.2%	
Correct 80%	16.2%	44.4%	28.2%

The Y-Chromosome and Submicroscopic Chromosomal Gains or Losses

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Will men and women who are genetically programmed to produce abnormal gametes conceive children who will be infertile?				
Correct	Yes	45.9%	62.1%	16.2%
	No	54.1%	37.9%	
Do the genes that cause poor fertility cause other systemic problems later in life?				
Correct	Yes	67.6%	81.0%	13.4%
	No	32.4%	19.0%	

What Does it Take to Be Successful at Managing an RE Practice?

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Competencies are essential themes that serve to form the foundation for a successful RE Manager. The most important competency skill set contributing to the performance of a successful RE Manager is:				
	Professionalism	0.0%	0.0%	
	Leadership	1.4%	0.0%	
	Communication Skills	1.4%	1.7%	
	Critical Thinking Skills	4.1%	0.0%	
Correct	All of the above	93.2%	98.3%	5.1%
Management contains a body of knowledge organized into major areas of responsibility. Choose the most important set of knowledge areas which are essential task required to accomplish the job of an RE Manager:				
	Business Operations Management and Financial Management.	0.0%	0.0%	
	Human Resource Management and Information Management.	4.1%	0.0%	
	Organizational Governance Management and Patient Care System Management.	5.5%	0.0%	
	Quality Management and Risk Management.	1.4%	1.8%	
Correct	All of the above.	89.0%	98.2%	9.2%

Debate - IVF Laboratory: State of the ART

	Percentage with Correct Response		
	Pre Test	Post Test	Change
Which of the following is associated with the highest risk of monozygotic twins?			
Day 2 ET	14.0%	2.9%	-11.1%
Day 3 ET	6.0%	11.8%	5.8%
Day 5 ET	80.0%	85.3%	5.3%
Should elective single embryo transfer be applied for all IVF/ICSI patients?			
Yes	20.0%	32.4%	12.4%
No	80.0%	67.6%	-12.4%
The standard microdrop system used for culturing embryos provides:			
A 3-dimensional system	12.0%	14.7%	2.7%
A system that closely mimics the environment of the reproductive tract	26.0%	29.4%	3.4%
A system useful for tracking individual embryos	62.0%	55.9%	-6.1%

Third-Party Reproduction

	Percentage with Correct Response		
	Pre Test	Post Test	Change
It is legally advisable for same-sex male couples to use the services of a traditional surrogate rather than a gestational carrier.			
True	24.6%	14.0%	
Correct False	75.4%	86.0%	10.6%
The biological father of a child born to a gestational carrier will never experience problems obtaining legal parentage over that child.			
True	14.0%	16.3%	
Correct False	80.0%	83.7%	3.7%
When searching for a gestational carrier, same-sex male couples need to consider the availability of a pre-birth order in the state where their carrier lives or intends to deliver.			
Correct True	98.2%	97.7%	-0.5%
False	1.8%	2.3%	

Novel Stimulation Protocols for Difficult Cases

		Percentage with Correct Response		
		Pre Test	Post Test	Change
The use of birth control pills as pre-stimulation treatment may cause the need for MORE gonadotropins during stimulation.				
Correct	True	66.7%	63.2%	-3.5%
	False	33.3%	36.8%	
What is the correct patient scenario to consider lupron trigger?				
	40 yo with history of excessive exercise, anorexia and irregular cycles and antral follicle count of 30	11.5%	10.5%	
Correct	PCOs patient with antral follicle count of 40	88.5%	89.5%	1.0%

Reproductive Tourism: An Emerging Global Phenomenon

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Why is Reproductive Tourism an Emerging Phenomenon?				
	Increased Government Regulation	5.1%	3.5%	
	Increased Need For Third Party Reproduction	2.6%	0.0%	
	Desire for Family Creation	1.3%	0.0%	
Correct	All of the Above	91.0%	96.5%	5.5%
What Implications does Reproductive Tourism have on Donors & Surrogates?				
	Increased Opportunity	7.7%	5.4%	
	Increased Risk of Physical Harm	1.3%	0.0%	
	Exploitation	3.8%	1.8%	
Correct	All of the Above	87.2%	92.9%	5.7%
What is the most accepted approach to reform in Reproductive Tourism?				
	Universal Harmonization	27.3%	30.9%	
	Prohibition	0.0%	0.0%	
	Coerced Conformity	2.6%	0.0%	
Correct	Harm Minimization	70.1%	69.1%	-1.0%

Genetic and Epigenetic Analysis of Human Embryo Development

		Percentage with Correct Response		
		Pre Test	Post Test	Change
The major wave of activation of the embryonic genome (EGA) occurs on:				
	Day 1	18.2%	25.0%	
Correct	Day 3	68.8%	69.6%	0.8%
	Day 5	13.0%	5.4%	
Assessment of fragmentation in order to predict embryo potential is:				
	Mostly valid if done on Day 3 by a competent embryologist	33.8%	25.0%	
Correct	Most valid if done by cumulative assessment of fragmentation	46.8%	42.9%	-3.9%
	Never valid or none of the above	19.5%	32.1%	

The Y Chromosome: Discovering the Genes Which Interact to Determine Sperm Count

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Long intrachromosomal repetitive sequences (amplicons) is a problem when sequencing and mapping the Y chromosome				
Correct	True	91.9%	91.1%	-0.8%
	False	8.1%	8.9%	
Every man's sperm count is fixed by his gene dosage and copy number				
Correct	True	14.9%	34.5%	19.6%
	False	85.1%	65.5%	

Debate - ART Best Practices, Improving Embryo Development and Outcomes in the Laboratory

	Percentage with Correct Response		
	Pre Test	Post Test	Change
Contemporary monoculture avoids the abnormal epigenetic events seen with sequential culture systems in animal models.			
True	27.6%	38.5%	
False	72.4%	61.5%	
Alpha and beta globulins as culture additives enhance embryo development and viability because:			
these fractions contain growth factors	5.2%	0.0%	
they mimic the physical properties of glycoproteins of the reproductive tract.	12.1%	7.9%	
they provide carbohydrates needed for efficient intermediary metabolism.	0.0%	2.6%	
all of the above	58.6%	63.2%	
unknown	24.1%	26.3%	
Development in vitro to the blastocyst stage is best predicted by the number of high quality 8-cell embryos on day three of culture.			
True	75.9%	92.1%	
False	24.1%	7.9%	

Recurrent Pregnancy Loss: Maternal and Fetal Causes

	Percentage with Correct Response		
	Pre Test	Post Test	Change
Which of the following tests are part of the RPL evaluation after 3 unexplained miscarriages?			
Correct anti-beta 2 glycoprotein 1 Ab	20.0%	36.0%	16.0%
factor V leiden	20.0%	4.0%	
anti phosphatidyl serine	1.5%	2.0%	
none of the above	9.2%	8.0%	
all of the above	49.2%	50.0%	
Alpha and beta globulins as culture additives enhance embryo development and viability because:			
30%	10.0%	10.0%	
50%	40.0%	16.0%	
Correct 75%	33.8%	56.0%	22.2%
90%	15.4%	18.0%	

ART for LGBTQ . . . and other acronyms!

		Percentage with Correct Response		
		Pre Test	Post Test	Change
FDA eligibility determination is required for the gestational carrier carrying embryos created from a donor oocyte and semen from a male partner in a same-sex relationship.				
	True	70.8%	56.0%	
Correct	False	29.2%	44.0%	14.8%
A minimum of 6 months' quarantine is required for the semen of the male partner in a same-sex relationship that is utilized in a donor oocyte-gestational carrier cycle.				
	True	67.7%	52.0%	
Correct	False	32.3%	48.0%	15.7%

Imaging and Ovarian Function Acoustic Waves and Imagination

		Percentage with Correct Response		
		Pre Test	Post Test	Change
How many waves of developing follicles do women exhibit during their menstrual cycles?				
	1, just like I learned in medical school.	12.3%	4.0%	
Correct	2 or 3 different waves in most normal women.	73.8%	92.0%	18.2%
	None, I don't believe any of this stuff or its all continuous.	13.8%	4.0%	
What do healthy follicles with healthy oocytes look like on US?				
	Thin walls and really dark follicular fluid.	52.3%	44.0%	
	The walls don't matter, but I like to see lots of echoes in central part of the follicle.	7.7%	2.0%	
Correct	Thick, fluffy walls and clear fluid in the middle.	40.0%	54.0%	14.0%

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