

**Pacific Coast Reproductive Society
63rd Annual Meeting
March 11 to 15, 2015**

**"Building Connections, Achieving
Excellence"**

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



**Pacific Coast Reproductive Society
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Table of Contents

The Evaluation Process	Page 3
Results Summary	Page 3 - 4
CME Mission Statement	Page 5 - 7
Reconciliation of Goals & Objectives to Documented Results	Page 8
Faculty Ranking	Page 9
Analysis of the Results – Gaps & Needs	Page 10 - 12
Evaluation Detailed Results:	
Overall Program	Page 13
Changes to practice	Page 14 - 15
Patient Outcomes	Page 16 - 17
Program Improvements	Page 18 – 19
Future PCRS events	Page 20
Wednesday March 11	
Attendance and Session Ratings	Page 21
Faculty Ratings	Page 22
Thursday March 12	
Attendance and Session Ratings	Page 23
Faculty Ratings	Page 24
Friday March 13	
Attendance and Session Ratings	Page 25
Faculty Ratings	Page 26
Saturday March 14	
Attendance and Session Ratings	Page 27
Faculty Ratings	Page 28
Pre and Post Test Results	Page 29 - 40

**Pacific Coast Reproductive Society
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The Evaluation Process:

Attendees of the 63rd 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 Program Syllabus)
- 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 63rd Annual Meeting was an extremely successful CME experience.

Our attendees completed 112 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 2015 and to provide data for our 2016 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	112	110	98.2%
I gained knowledge/practice skills/experience that will improve my performance	112	108	96.4%
I gained knowledge/practice skills/experience that will improve patient outcomes	108	103	95.4%

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 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.

PCRS accomplishes these goals through its Annual Meeting, which includes multiple disciplines (in reproductive medicine) in an educational program attracting its **target audience** of regional, national and international participants including but not limited to 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

CME 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 that 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

PCRS VISION STATEMENT

Big Audacious Goal - PCRS aspires to be the premier globally recognized organization that promotes leadership, scientific excellence, best practices and innovation in productive medicine within a collegial, relaxed, and non-competitive environment.

Vivid Descriptions:

- Fellowship program directors will require their fellows to present at the PCRS annual meeting.
- Greater majority of leading reproductive medicine practitioners in the United States will be PCRS members.
- PCRS members will be leaders in all segments of reproductive medicine.
- PCRS will provide the platform for delivery of groundbreaking clinical research.
- PCRS will be a springboard for the future leaders in reproductive medicine.
- Professionals from diverse backgrounds will have unlimited opportunities and desire to champion the art, science and practice of reproductive medicine through PCRS.
- PCRS will be the preferred networking forum for reproductive medicine specialists.
- PCRS will achieve and maintain the highest level of accreditation.

**Pacific Coast Reproductive Society
63rd Annual Meeting, March 11 to 15, 2015
Reconciliation of Goals & Objectives to Documented Results**

Overall	Goals and Objectives	Measurement	Matches to stated objectives for courses:	Documented Results: Evaluation Responses								
	Asses IVF as an example of translational research.	Knowledge Competence	IVF is a Perfect Example of Translational Research, Speaker: Alan H. DeCherney, MD	The session met objectives stated in the program: <table border="1"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>84</td> <td>80</td> <td>4</td> <td>95.2%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	84	80	4	95.2%
Attended	Agree	Disagree	% Agree									
84	80	4	95.2%									
	Discuss chromosomal screening	Knowledge Competence	Update on Evidence-Based Chromosomal Screening, Speaker: Mandy Katz-Jaffe, PhD	The session met objectives stated in the program: <table border="1"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>85</td> <td>83</td> <td>2</td> <td>97.6%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	85	83	2	97.6%
Attended	Agree	Disagree	% Agree									
85	83	2	97.6%									
	Critically evaluate FORT-T Trial study and outcomes, and how we can apply the data to everyday practice.	Knowledge Competence	Treatment Paradigms for Couples with Unexplained Fertility, Speaker: Richard Reindollar, MD	The session met objectives stated in the program: <table border="1"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>91</td> <td>90</td> <td>1</td> <td>98.9%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	91	90	1	98.9%
Attended	Agree	Disagree	% Agree									
91	90	1	98.9%									
	Assess updated evidence based practice of oncofertility including new and better ways to stimulate patients undergoing fertility preservation prior to cancer treatment.	Knowledge Competence	Update on Oncofertility: Update in Protocols Options, Speaker: Mitchell Rosen, MD	The session met objectives stated in the program: <table border="1"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>89</td> <td>86</td> <td>3</td> <td>96.6%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	89	86	3	96.6%
Attended	Agree	Disagree	% Agree									
89	86	3	96.6%									
	Discuss current research and understanding of endometrial receptivity and its role in successful treatment outcomes.	Knowledge Competence	Invasive and Non-invasive Diagnosis of Endometrial Receptivity, Speaker: Carlos Simon, MD, PhD	The session met objectives stated in the program: <table border="1"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>89</td> <td>87</td> <td>2</td> <td>97.8%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	89	87	2	97.8%
Attended	Agree	Disagree	% Agree									
89	87	2	97.8%									
	Discuss current stem cell advances; a look into what's next in stem cell science and its application in reproductive medicine.	Knowledge Competence	Current State of Stem Cell Science and How Advancements in Regenerative Medicine Intersect with the REI Clinical Practice, Speaker: Alan Trounson, MSc, PhD	The session met objectives stated in the program: <table border="1"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>59</td> <td>59</td> <td>0</td> <td>100.0%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	59	59	0	100.0%
Attended	Agree	Disagree	% Agree									
59	59	0	100.0%									
	Asses current practices in counseling couples over 40 Years-of-Age.	Knowledge Competence	Counseling Couples over 40 Years-of-Age, Speaker: Alice Domar, PhD	The session met objectives stated in the program: <table border="1"> <tr> <td>Attended</td> <td>Agree</td> <td>Disagree</td> <td>% Agree</td> </tr> <tr> <td>81</td> <td>80</td> <td>1</td> <td>98.8%</td> </tr> </table>	Attended	Agree	Disagree	% Agree	81	80	1	98.8%
Attended	Agree	Disagree	% Agree									
81	80	1	98.8%									

2015 PCRS Program Evaluation

Would you be interested in hearing this speaker again at a future PCRS activity?

Answer Options	Yes	No	% With Opinion Valued Yes	No Opinion	Response Count
Marc Kalan, MD	51	0	100.0%	49	100
Richard Reindollar, MD	224	0	100.0%	62	286
Tamara Tobias, MSN, RNP	33	1	97.1%	57	91
Richard Scott, HCLD, MD	162	5	97.0%	27	194
Alan Trounson, MSc, PhD	52	2	96.3%	37	91
Peter Uzelac, MD	49	2	96.1%	49	100
Mitchell Rosen, MD	204	9	95.8%	73	286
Lora Shahine, MD	45	2	95.7%	53	100
Mandy Katz-Jaffe, PhD	79	4	95.2%	12	95
Alice Domar, PhD	126	7	94.7%	52	185
Carlos Simon, MD, PhD	143	9	94.1%	32	184
Catherine Welch	21	2	91.3%	68	91
Thomas Walsh, MD, MSc	71	7	91.0%	17	95
Mary Francis, BA, ELD, TS	19	2	90.5%	70	91
Kelly Ketterson	18	2	90.0%	70	90
Michael Abeyta, BSc, TS	17	2	89.5%	72	91
Tyl Taylor, MSc	16	2	88.9%	73	91
Sonya Kashyap, MD	44	6	88.0%	50	100
Shoukhrat Mitalipov, PhD	96	14	87.3%	72	182
Alan H. DeCherney, MD	213	34	86.2%	9	289
Aimee Eyvazzadeh, MD, MPH	58	19	75.3%	17	94

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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 2015 Program Chair Julie Lamb, MD is a recognized expert in the field of Reproductive Medicine. Based on her review of the data collected from the sources above, the following practice gaps have been identified:

- **Advances in reproductive medicine**

The field of reproductive medicine is evolving and changing faster than most fields in medicine with big advances in both clinical and basic science. A strong understanding of these advances is required to apply them to medical practice and deliver optimal patient care. Gaps in the advancing knowledge base must be filled through CME activities.

- **Evidence based best practices in foundational care**

Health care providers need to integrate best practice research into common practices in treating common reproductive medical conditions. Such foundational care needs to be integrated with evidence based care as a means of moving to best practices. Ongoing education in basic reproductive medicine aims to eliminate antiquated practice patterns.

- **Interactive Team Approach and Collaboration**

Busy clinicians, embryologists and basic science researchers frequently lack opportunities to learn from each other. CME activities should encourage interaction as a means of generating new ideas and collaboration, research directives and creative solutions to common problems.

Our analysis of the data collected during the evaluation of the 2014 Annual Meeting identified the following items to be addressed in future activity planning. Changes implemented for the 2015 meeting are detailed in [Blue](#).

- Attendee comments documented in the open ended text questions included several requests related to sessions designed specifically for non physician team members and continuing education credits.

PCRS prides itself in our long standing commitment to educating medical professionals as “teams.” Educational activities that include various team members and/or educate the individuals in ways that increase their effectiveness as a team have been a significant part of our overall approach for more than two decades.

We find the comments made by our attendees to be a strong vote in favor of this approach.

PCRS will endeavor to provide all session participants, regardless of professional position, the documentation required to apply for appropriate credit. By expanding our ability to provide CME credit to physicians to include continuing educational credits for research scientists, nurses, bio-analysts, physician’s assistants, mental health professionals, etc., we can improve the educational experience for all.

In additional AMA PRA Category 1 credits PCRS was an approved provider of continuing education by the California Board of Registered Nursing and the American Board of Bioanalysis. The initial steps have been taken to apply to the National Society of Genetic Counselors as a provider for the 2016 Annual Meeting.

- The 2014 conference schedule included 25 individual sessions, many scheduled for 40 minutes that were to be 25-30 minute presentations or lectures and a 10-15 minute period for questions and answers. Many of these sessions went over their allotted time slots, primarily due to exciting topics and enthusiastic audience participation.

Future Program Chairs will be encouraged to expand time slots where possible to allow for appropriate question and answer periods, and keep the conference on schedule.

The 2015 conference schedule was reduced to 20 individual sessions. Four sessions were scheduled for 40 minutes (25-30 minutes presentations or lectures and a 10 – 15 minute period for questions and answers). The remaining sessions were scheduled for 50 to 60 minutes.

The Program Chair did an extensive outreach campaign with all faculty members designed to assist them with time management

techniques. This included a slide by slide review to ensure all relevant data could be covered in the time allotted.

The meeting was well paced, sessions ended timely and no complaints were noted in the 2015 Evaluation Report related to sessions running overtime.

Our analysis of the data collected during the evaluation of the 2015 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 to include more oral abstract presentations by physicians currently in fellowship programs in reproductive medicine. This request was also voiced on site by several attendees.

Future Program Chairs will be encouraged to expand the number of oral presentations if it can be done without lowering the selection criteria.

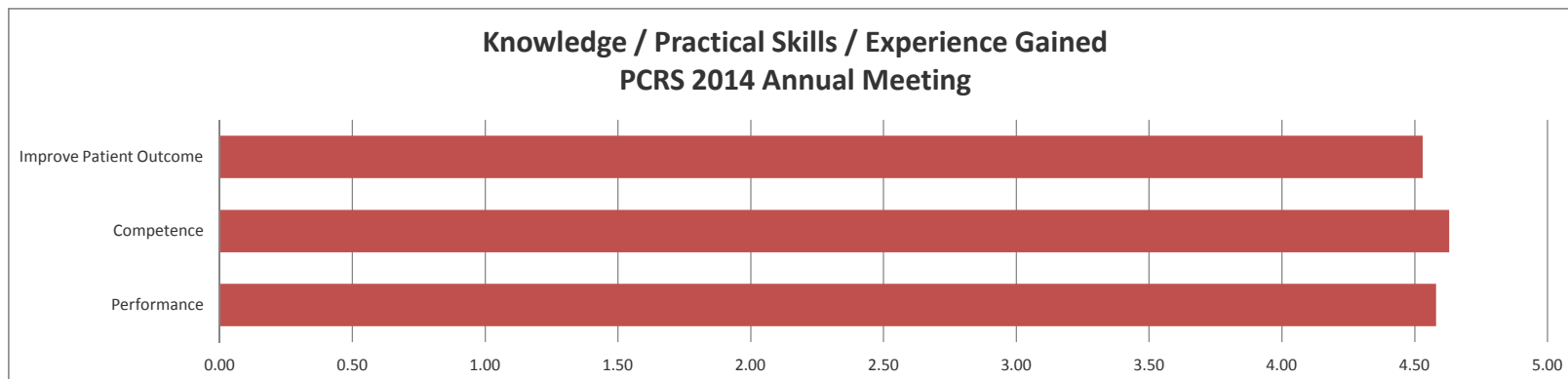
- The Friday session titled “Marketing and Social Media in Today’s Fertility Practice” received the lowest rating of all sessions when attendees were asked if the material matched their scope of current/potential professional activities. Using Social Media has been an often used topic at medical conferences over the past decade and has most likely been overdone. Until some new technology or methodology comes along and creates a real need for an educational intervention, this topic should be avoided.

2015 PCRS Program Evaluation - Overall Program

As a result of attending the PCRS 2014 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	1	3	38	70	0	4.58	112	
								<i>answered question</i>	112
								<i>skipped question</i>	0

As a result of attending the PCRS 2014 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	1	0	1	36	74	0	4.63	112	
								<i>answered question</i>	112
								<i>skipped question</i>	0

As a result of attending the PCRS 2014 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	1	4	40	63	4	4.53	112	
								<i>answered question</i>	112
								<i>skipped question</i>	0



2015 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:

1) Random start COH cycles will be considered 2) PGS will be offered to egg donor recipients

Add more genetic counseling

Advice about future tx in the pipeline

Assessment / Treatment of patients

Become more in tune with individual using the care. Especially helping patients be ok with one embryo transfer.

better patient care

Better PGD practice!

Changes in biopsy techniques.

Clomid vs FSH/IUI cycles and moving forward to IVF sooner. Random start IVF for cancer patients and doing more than 1 IVF cycle per menstrual cycle. Discussing with patients who want to have twins-financial, emotional, pregnancy complications, stress they may have after delivery

Confirmation of my current approach which favours frozen embryo transfer and CCS. Understanding of "dual stimulations" and random starts for stimulation for fertility preservation. Understanding of ERA biopsy, in particular for women with congenital uterine abnormality and high BMI

Consider double stimulation cycles for patients that are undergoing oocyte preservation/ embryo creation secondary to cancer treatment.

Consider endometrial receptivity testing in patients with multiple failed transfers.

Consider more CGH

Consideration of ERA for RIF Early consideration for IVF in patients with UEI

Continue expanding use of ERA

Counsel my patients about PGS.

Counseling patients >46 years of age will change. I plan to forward Alice Domar's talk to our psychologists to incorporate into their counseling.

Currently evaluating

Day 6 fresh before 8am

Different timing of stimulation for cancer patients.

Discuss current regulations on SCNT. Discuss issues of endometrial receptivity.

Double retrieval for cancer patients

Era test

Establishing progesterone level protocol when determining timing of ET or freeze all. Encourage PGS for frequently.

Evaluate outcomes for IVF cycles with P4 levels greater than 1.5. Counsel private pay patients on the benefits of CCS and eSET.

Freeze embryos more freely, avoid day 6 transfers

Freeze pts whose lideal progesterone is over 2

Hone my use of CCS. Plan CC/IUI for all UI. Immediate IVF for those over 40 yo who are able and considered for UI in younger patients as appropriate. Improved media presence and marketing of myself and my practice.

I may try two back to back random start cycles to retrieve eggs for vitrification for pts with cancer prior to their cancer treatment, rather than just one cycle.

I have a better understanding of what is coming next with regards to PGS/CCS. I have a better understanding of how advanced parental age can affect the psychological development of their children. I can better counsel patients about risks of ICSI

2015 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 change some of the information on our website to better reflect some recent information regarding IVF and ICSI risks.

I will guide my 40+ patients to IVF sooner.

Improved biopsy technique

Knowledge about Next Gen Sequencing for PGS

Less use of gonadotropin IUI

Limited use of Gonadotropins and IUI. Use of CC coupled with IUI. Random starting of COS for cancer patients. Use of 2 cycles of COS within one menstrual cycle.

Look at our oi cycles.

Look more closely at Social Media

Loved talk by Dr. Scott. We may be changing our protocols to check P4 levels on day of trigger.

Manage PGS

Market better with social media.

Modify my stimulation protocols.

More FET

More PGS

More rooms available at Omni. Academically course was excellent

Most of what I learned is in line with my current practice pattern but I am anxious to hear the results of a couple RTCs that are in progress that could particularly impact my practice patterns: RTC using the ERA as well as CCS specifically for advanced maternal age patients

New models of ovarian stimulation for patients undergoing cryopreservation for cancer

Not in clinical practice but this expands my knowledge base and updates on the debates ongoing on new clinical trends.

Of especial note was recognition that continental cultural origin DOES NOT have an impact on reproductive expectations. Add to that an interesting saturday morning symposium on cultural perceptions of access to ART care was very informative & made me consider much more closely the virtues of checking on breadth of reach of our marketing/PR.

Reassess use of PGS.

Reduce the use of gonadotropins in unexplained infertility

Simon -talk about endometrial receptivity , will be explored further . Counseling 40 yo and above was quite worthwhile. Reindollar review of treatment of UI excellent tool to review with patients

The knowledge and information I gained will help me to counsel the patients and make clinical decisions

To me, mostly fertility preservation and freeze all topics were very interesting , and i think i will be implanting these protocols into my practice.

Try to stick to a single embryo transfer protocol. I know the MD's will want t switch more heavily to Freeze All cycles and planned FET's.

Use only freeze all. Use tomoxiphene for OI. PGD will eclipse all other modalities

Utilize ERA test for recurrent implantation failure.

Was very interesting to hear stimulation protocols for fertility preservation.

Will consider going straight from clomid to IVF as suggested in Dr. Reindollar's talk

2015 PCRS Program Evaluation - Overall Program

How do you think these changes will affect patient outcomes?

Adds new dimension to addressing failed implantation

Be better informed and have improved service

Better care

Better patient care

Better pregnancy

Better results!

Convey the data showing there may be psychological considerations

Eliminate physician subjective bias in approach for different patients of different origins. Increase penetration of all cultural markets.

Faster time to pregnancy

Give hope, Give reality

Give more patient access to the physician.

Healthier pregnancies and babies.

Hope to improve pregnancy rates in those with endometrial dysynchrony

Hopefully improve implantation rates

Hopefully improve our biopsy pregnancy rates

Hopefully increase pregnancy rates

Hopefully with even higher pregnancy outcomes!

Hopefully, well!

I don't think this will affect patient outcomes but will make patients more informed.

I hope it will improve patient satisfaction with the care overall if their questions are answered more thoroughly with latest scientific data discussed

I hope it will lead to quicker times to pregnancy.

I think the application of CCS will lower time to pregnancy, and lower pregnancy loss rate

I think they can only improve

Ideally, decreased SAB/MAB rates and increased live birth rates. Improved patient satisfaction.

Improve on both

Improve outcomes

Improve outcomes

Improve pregnancy outcomes especially in the older population.

Improve pregnancy rates

Improve pregnancy rates.

Improved implantation, pregnancy, and live birth rates. Decreased miscarriage rates.

Improved IVF outcomes

Improved pregnancy rates

Increased pregnancy rates

Increased understanding of the therapeutic area

May be easier to persuade patients that FET, rather than a fresh transfer, improves outcomes.

May increase implantation results

More cost-effective care.

New testing to help patients

Normal embryos being transferred with less miscarriages

Offering new technologies

Positive

Positive

Positively

Potentially may provide extra oocytes/embryos for her future use.

2015 PCRS Program Evaluation - Overall Program

How do you think these changes will affect patient outcomes?

Potentially more eggs available for future use.

Quicker time to pregnancy, potentially lower overall cost

Shorten time to IVF

There is much that can be done to improve outcomes. We may lower our age limits on treating patients.

They will assist with patient care financial and emotionally

We'll see.

Will be able to start stimulation on cancer patients much sooner.

2015 PCRS Program Evaluation

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

By all means have separate physician & embryology breakout sessions, but do make it clear that there can be cross over of docs & lab folks to each others' sessions - true of nursing sessions - I often learn most when I'm out of my comfort zone, & conversely sometimes am able to bring a different perspective on the discussion.

Especially enjoyed the debates; PCRS provides a great environment for collegial exchanges

Excellent

Excellent conference!

Excellent program!!

Excellent Program.

Excellent program. Superb faculty, excellent, timely and varied choice of topics.

Good job no changes needed.

Great conference. Good list of speakers. Especially Scott, Rosen, Reindollar and Simon.

Great content for all. Nursing courses were great and hope to continue with more of them at PCRS

Great event

Great meeting

Great program

Great program and great turn out

Great program and review

great program as usual

Great program. Would love some small group sessions.

Great program. Loved the hands on embryology workshop. Would love to see even more of that

Have golf outing on Sat for 18 holes. All else was excellent.

I enjoyed the nursing breakout session, which isn't surprising since I am an RN. The talks by Tamara, Mitch, and Ali were outstanding! These talks in particular really highlight our impact and empower us to be assets to our clinic, physicians, and patients. We can really improve the patient experience and keep pts in treatment!

I think the program is absolutely excellent.

I thought that ther program was good. No changes recommended at this time.

It can be improved by reaching out to other practioners and lab people from outside the area. We see the same people over and over.

It was a great program.

It was my first time attending, it was well organized and all the attendees I spoke with had a great time.

Keep it up!

It was very nice. Poster session should be longer

It's good program. The speakers are accessible.

Loved it

Male infertility talk was diappointing, just epidimiology is not helpful for clinical practice, would have preferred to hear more about current developments and best practices in male infertility treatment. The debates were disappointing, not helpful at all, Dr. De-Cherney was confused about what they were talking about

may lose generalists. Bout field will diverge away from clinical to lab

More coffee, it should always be available

More debates and audience interactiveness. More time for questions.

More oral abstracts

My partners requested tweeting updates. Speakers were much more interesting than the program sounded. A panel debate (4-5 viewpoints) might be better than a 2 person debate in case one debater doesn't make good arguments.

2015 PCRS Program Evaluation

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

One of the best meetings I have attended. Business training of fellows came up but I think this conference is too short and sweet for business training. I suggest this topic as a post-grad course at ASRM.

Outstanding didactic program and fine presentations. It'll be hard to match, let alone improve, it.

Overall I enjoyed the program but would have appreciated some more clinically relevant talks

Overall, I found the program very useful and really appreciated all the fellow events. Highlights: Dr. Reindollar, Dr. Scott, and Dr. Rosen's lectures; the ERA lectures were also interesting, as well as lecture on nuclear transplant and "3 parent reproduction", Great program, will definitely plan to attend next year!

Please consider a new logo design for pcrs that is more inclusive

Please encourage more nurses to attend and have more presentations given by nurses

Really great practical and intimate meeting!

Suggest more oral presentations by fellows, maybe 15 total, 5 each day

Thank you to all who made this program possible! It was a wonderful opportunity to learn in a low-key environment. I look forward to submitting next year.

The debate on Friday fell flat on its face when it was open to the audience for questions. It devolved into an argument between one of the panel members and an audience member which is what usually happens. It would be best for the moderator to ask questions of the panel members.

There were excellent speakers at this conference. I really enjoyed splitting up the nurses and the doctors to better the learning. Some of the talks was material nurses don't necessarily understand fully.

This was my first attendance, and i am very satisfied with the organization of the event. it was excellent

Very good as always

Very well organized and comprehensive program. Had a a fulfilling experience, and met lots of people.

Was very good...

Wonderful program

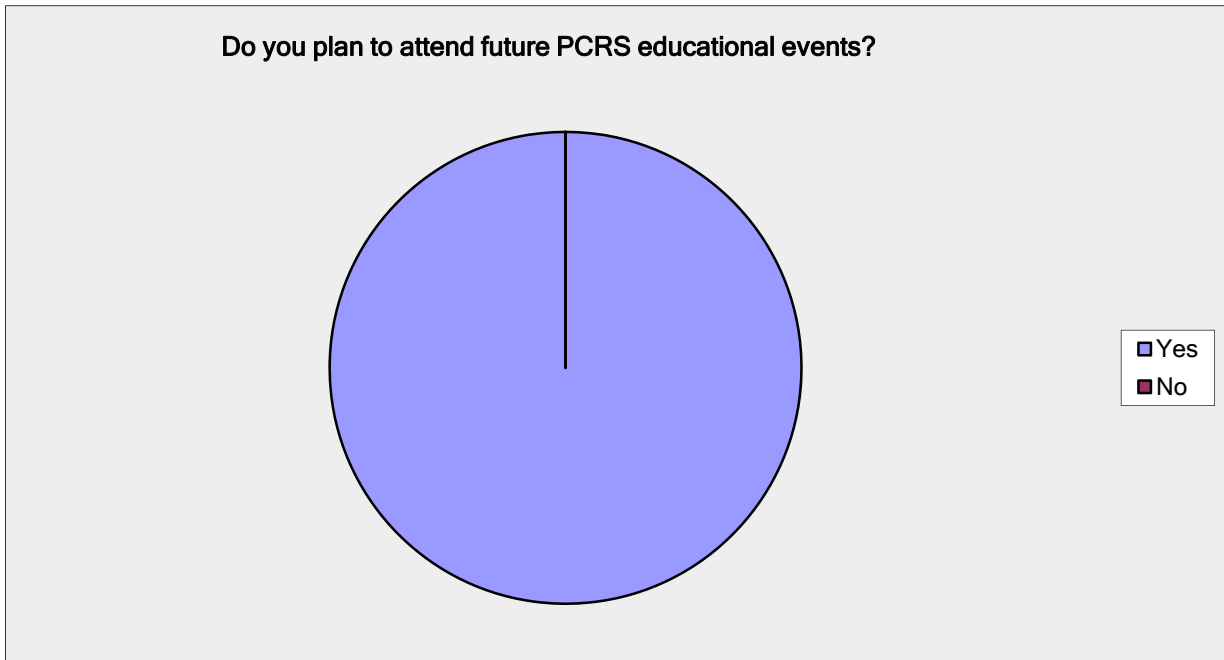
Wonderful program!

Would like to have more nurse focused talks. Really enjoyed the Saturday session, but wished it could have been an entire day, instead of half.

You have way too much on IVF and its related material!

2015 PCRS Program Evaluation

Do you plan to attend future PCRS educational events?		
Answer Options	Response Percent	Response Count
Yes	100.0%	81
No	0.0%	0
<i>answered question</i>		81
<i>skipped question</i>		31



Comments:

In my opinion this is the greatest meeting for fellows, it allows and supports not only educational activity, but alt networking and socializing without compromising the attendance of the lectures

horribly time consuming questionnare format-- almost didn't fill this out 4 times as it takes to long with drop downs.

more recreational activities would be fun

However, you need to have more practical courses - practice management, role of executive coaching, social media applications.

yes-- had a wonderful experience!

Won't let me say yes

More nursing options or all day nursing option

2015 PCRS Program Evaluation - Wednesday March 11, 2015

Please respond for each session...

Was valuable learning experience?

Answer Options	Yes	No	Total Attended	% Yes
Fellows & Students Day - Making the Most of Fellowship (Alan H. DeCherney, MD)	28	1	29	96.6%
Fellows & Students Day - Life After Fellowship - Discussion Panel (Lora Shahine, MD, Sonya Kashyap, HCLD, Md, Richard Reindollar, MD)	31	0	31	100.0%
Fellows & Students Day - Ask the Expert (Richard Scott, HCLD, Md, Richard Reindollar, MD)	31	2	33	93.9%
Fellows & Students Day - Gems of Academic Practice (Mitchell Rosen, MD)	31	0	31	100.0%

Matched my scope of current/potential professional activities?

Answer Options	Yes	No	Total Attended	% Yes
Fellows & Students Day - Making the Most of Fellowship (Alan H. DeCherney, MD)	29	0	29	100.0%
Fellows & Students Day - Life After Fellowship - Discussion Panel (Lora Shahine, MD, Sonya Kashyap, HCLD, Md, Richard Reindollar, MD)	31	0	31	100.0%
Fellows & Students Day - Ask the Expert (Richard Scott, HCLD, Md, Richard Reindollar, MD)	32	1	33	97.0%
Fellows & Students Day - Gems of Academic Practice (Mitchell Rosen, MD)	31	0	31	100.0%

Was free of commercial bias

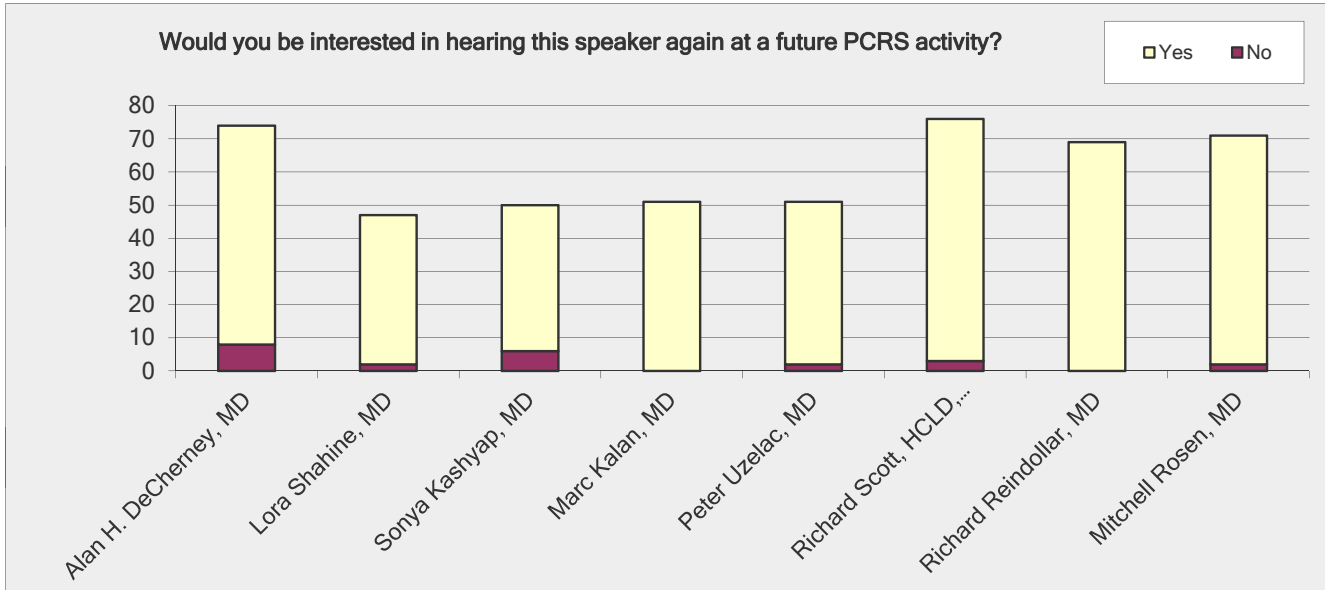
Answer Options	Yes	No	Total Attended	% Yes
Fellows & Students Day - Making the Most of Fellowship (Alan H. DeCherney, MD)	29	0	29	100.0%
Fellows & Students Day - Life After Fellowship - Discussion Panel (Lora Shahine, MD, Sonya Kashyap, HCLD, Md, Richard Reindollar, MD)	31	0	31	100.0%
Fellows & Students Day - Ask the Expert (Richard Scott, HCLD, Md, Richard Reindollar, MD)	32	1	33	97.0%
Fellows & Students Day - Gems of Academic Practice (Mitchell Rosen, MD)	31	0	31	100.0%

Met objectives?

Answer Options	Yes	No	Total Attended	% Yes
Fellows & Students Day - Making the Most of Fellowship (Alan H. DeCherney, MD)	29	0	29	100.0%
Fellows & Students Day - Life After Fellowship - Discussion Panel (Lora Shahine, MD, Sonya Kashyap, HCLD, Md, Richard Reindollar, MD)	31	0	31	100.0%
Fellows & Students Day - Ask the Expert (Richard Scott, HCLD, Md, Richard Reindollar, MD)	32	1	33	97.0%
Fellows & Students Day - Gems of Academic Practice (Mitchell Rosen, MD)	31	0	31	100.0%

2015 PCRS Program Evaluation - Wednesday March 11, 2015

Would you be interested in hearing this speaker again at a future PCRS activity?				
Answer Options	Yes	No	No Opinion	Response Count
Alan H. DeCherney, MD	66	8	26	100
Lora Shahine, MD	45	2	53	100
Sonya Kashyap, MD	44	6	50	100
Marc Kalan, MD	51	0	49	100
Peter Uzelac, MD	49	2	49	100
Richard Scott, HCLD, MD	73	3	24	100
Richard Reindollar, MD	69	0	31	100
Mitchell Rosen, MD	69	2	29	100
Comments				15
<i>answered question</i>				100
<i>skipped question</i>				12



Comments:

Decherney, Reindollar and Scott were fantastic
Dr Rosen was my favorite speaker!!
Would love to see some talks/lectures more specifically geared toward the preparation of REI Board exams, but overall it was an excellent program for the fellows. Thank you!!
Dr Rosen & Dr Scott's presentations were the best!
Dr. Scott is an absolute gem in a setting like this. His wisdom is deep, and I love how generously he shares it with fellows. He should always be invited.

2015 PCRS Program Evaluation - Thursday March 12, 2015

Please respond for each session...

Was a valuable learning experience?

Answer Options	Yes	No	Total Attended	% Yes
IVF is a Perfect Example of Translational Research (Alan H. DeCherney, MD)	72	12	84	85.7%
Treatment Paradigms for Couples with Unexplained Fertility (Richard Reindollar, MD)	90	1	91	98.9%
Update on Oncofertility: Update in Protocols Options (Mitchell Rosen, MD)	88	1	89	98.9%
Oral Presentations of Abstracts 1, 2, 3, 4	79	3	82	96.3%
Update on Evidence-Based Chromosomal Screening (Mandy Katz-Jaffe, PhD)	83	2	85	97.6%
The Epidemiology of Male Infertility (Thomas Walsh, MD, MSc)	71	11	82	86.6%

Matched my scope of current/potential professional activities?

Answer Options	Yes	No	Total Attended	% Yes
IVF is a Perfect Example of Translational Research (Alan H. DeCherney, MD)	70	14	84	83.3%
Treatment Paradigms for Couples with Unexplained Fertility (Richard Reindollar, MD)	87	4	91	95.6%
Update on Oncofertility: Update in Protocols Options (Mitchell Rosen, MD)	85	4	89	95.5%
Oral Presentations of Abstracts 1, 2, 3, 4	77	5	82	93.9%
Update on Evidence-Based Chromosomal Screening (Mandy Katz-Jaffe, PhD)	82	3	85	96.5%
The Epidemiology of Male Infertility (Thomas Walsh, MD, MSc)	73	8	81	90.1%

Was free of commercial bias?

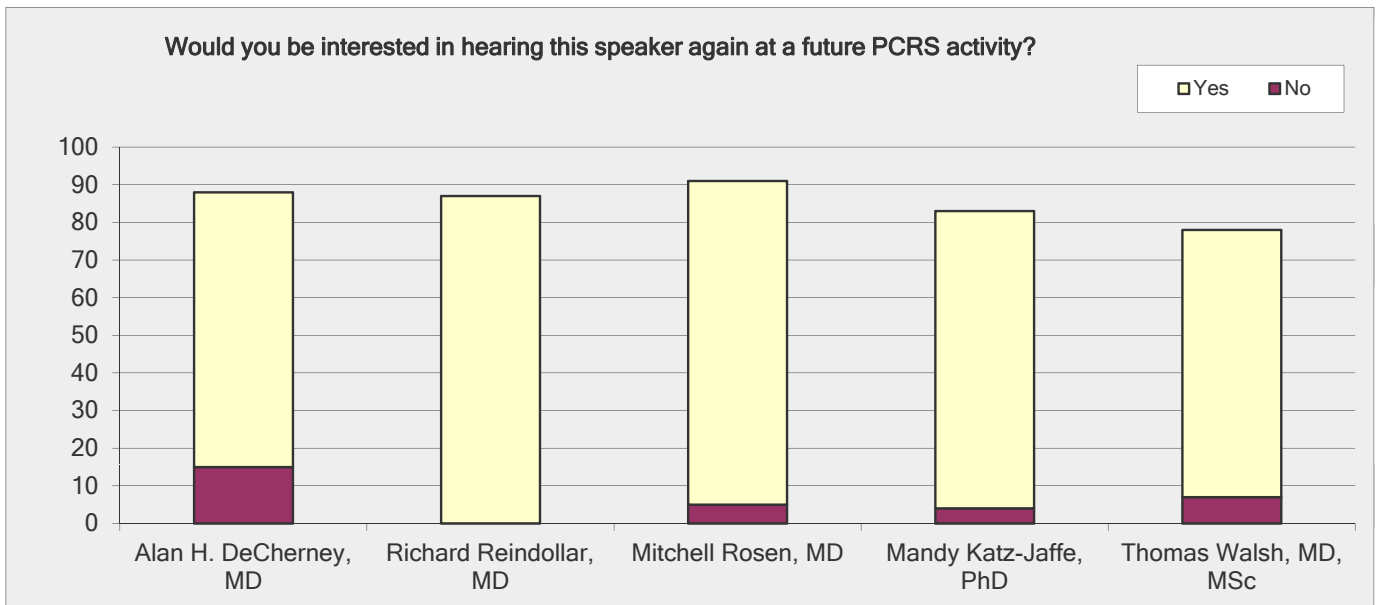
Answer Options	Yes	No	Total Attended	% Yes
IVF is a Perfect Example of Translational Research (Alan H. DeCherney, MD)	84	0	84	100.0%
Treatment Paradigms for Couples with Unexplained Fertility (Richard Reindollar, MD)	90	1	91	98.9%
Update on Oncofertility: Update in Protocols Options (Mitchell Rosen, MD)	89	0	89	100.0%
Oral Presentations of Abstracts 1, 2, 3, 4	82	0	82	100.0%
Update on Evidence-Based Chromosomal Screening (Mandy Katz-Jaffe, PhD)	85	0	85	100.0%
The Epidemiology of Male Infertility (Thomas Walsh, MD, MSc)	81	0	81	100.0%

Met objectives?

Answer Options	Yes	No	Total Attended	% Yes
IVF is a Perfect Example of Translational Research (Alan H. DeCherney, MD)	80	4	84	95.2%
Treatment Paradigms for Couples with Unexplained Fertility (Richard Reindollar, MD)	90	1	91	98.9%
Update on Oncofertility: Update in Protocols Options (Mitchell Rosen, MD)	86	3	89	96.6%
Oral Presentations of Abstracts 1, 2, 3, 4	80	2	82	97.6%
Update on Evidence-Based Chromosomal Screening (Mandy Katz-Jaffe, PhD)	83	2	85	97.6%
The Epidemiology of Male Infertility (Thomas Walsh, MD, MSc)	75	6	81	92.6%

2015 PCRS Program Evaluation - Thursday March 12, 2015

Would you be interested in hearing this speaker again at a future PCRS activity?				
Answer Options	Yes	No	No Opinion	Response Count
Alan H. DeCherney, MD	73	15	7	95
Richard Reindollar, MD	87	0	8	95
Mitchell Rosen, MD	86	5	4	95
Mandy Katz-Jaffe, PhD	79	4	12	95
Thomas Walsh, MD, MSc	71	7	17	95
Comments				4
<i>answered question</i>				95
<i>skipped question</i>				17



Comments:

I found Dr De Cherney's perspectives very valuable! He did a great job in each presentation.

I appreciated what Dr. Walsh was trying to do, but I thought there could have been a more concise way to say it that would have gotten the point across in a more memorable way.

Dr. Walsh had a great personality and was a dynamic speaker, although I'm not sure the topic was the most high yield

Wonderful

2015 PCRS Program Evaluation - Friday March 13, 2015

Please respond for each session...

Was a valuable learning experience?

Answer Options	Yes	No	Total Attended	% Yes
Invasive and Non-invasive Diagnosis of Endometrial Receptivity (Carlos Simon, MD, PhD)	86	3	89	96.6%
Receptivity Based on Premature P Rise and Embryonic Maturity (Richard Scott, HCLD, MD)	84	5	89	94.4%
Marketing and Social Media in Today's Fertility Practice (Aimee Eyvazzadeh, MD, MPH)	73	10	83	88.0%
Oral Presentations of Abstracts 5, 6, 7, 8	74	1	75	98.7%
SCNT, 3 Parent Reproduction (Shoukhrat Mitalipov, PhD)	76	6	82	92.7%
Counseling Couples over 40 Years-of-Age (Alice Domar, PhD)	81	0	81	100.0%
Debate - Is Chromosomal Screening for Everyone? (Richard Scott, HCLD, MD, Alan H. DeCherney, MD)	78	4	82	95.1%

Matched my scope of current/potential professional activities?

Answer Options	Yes	No	Total Attended	% Yes
Invasive and Non-invasive Diagnosis of Endometrial Receptivity (Carlos Simon, MD, PhD)	81	8	89	91.0%
Receptivity Based on Premature P Rise and Embryonic Maturity (Richard Scott, HCLD, MD)	84	5	89	94.4%
Marketing and Social Media in Today's Fertility Practice (Aimee Eyvazzadeh, MD, MPH)	66	17	83	79.5%
Oral Presentations of Abstracts 5, 6, 7, 8	74	1	75	98.7%
SCNT, 3 Parent Reproduction (Shoukhrat Mitalipov, PhD)	68	14	82	82.9%
Counseling Couples over 40 Years-of-Age (Alice Domar, PhD)	79	2	81	97.5%
Debate - Is Chromosomal Screening for Everyone? (Richard Scott, HCLD, MD, Alan H. DeCherney, MD)	81	1	82	98.8%

Was free of commercial bias?

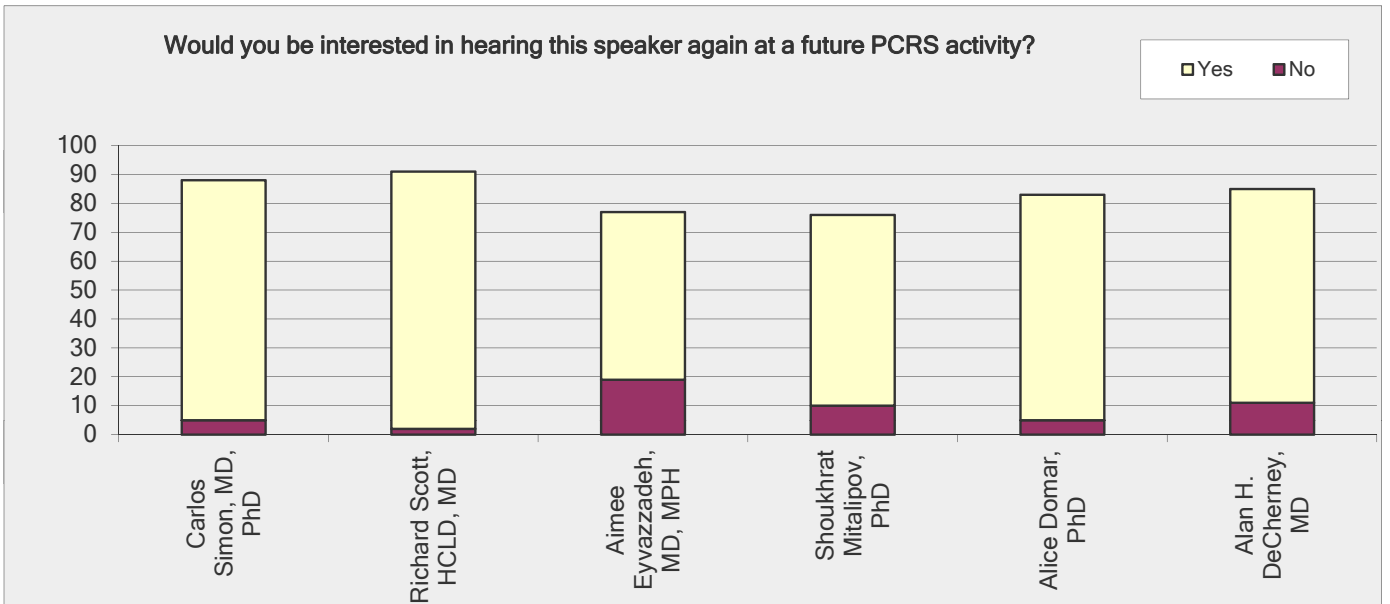
Answer Options	Yes	No	Total Attended	% Yes
Invasive and Non-invasive Diagnosis of Endometrial Receptivity (Carlos Simon, MD, PhD)	82	7	89	92.1%
Receptivity Based on Premature P Rise and Embryonic Maturity (Richard Scott, HCLD, MD)	88	1	89	98.9%
Marketing and Social Media in Today's Fertility Practice (Aimee Eyvazzadeh, MD, MPH)	79	4	83	95.2%
Oral Presentations of Abstracts 5, 6, 7, 8	76	0	76	100.0%
SCNT, 3 Parent Reproduction (Shoukhrat Mitalipov, PhD)	81	1	82	98.8%
Counseling Couples over 40 Years-of-Age (Alice Domar, PhD)	81	0	81	100.0%
Debate - Is Chromosomal Screening for Everyone? (Richard Scott, HCLD, MD, Alan H. DeCherney, MD)	81	1	82	98.8%

Met objectives?

Answer Options	Yes	No	Total Attended	% Yes
Invasive and Non-invasive Diagnosis of Endometrial Receptivity (Carlos Simon, MD, PhD)	87	2	89	97.8%
Receptivity Based on Premature P Rise and Embryonic Maturity (Richard Scott, HCLD, MD)	87	2	89	97.8%
Marketing and Social Media in Today's Fertility Practice (Aimee Eyvazzadeh, MD, MPH)	76	7	83	91.6%
Oral Presentations of Abstracts 5, 6, 7, 8	75	0	75	100.0%
SCNT, 3 Parent Reproduction (Shoukhrat Mitalipov, PhD)	79	3	82	96.3%
Counseling Couples over 40 Years-of-Age (Alice Domar, PhD)	80	1	81	98.8%
Debate - Is Chromosomal Screening for Everyone? (Richard Scott, HCLD, MD, Alan H. DeCherney, MD)	77	5	82	93.9%

2015 PCRS Program Evaluation - Friday March 13, 2015

Would you be interested in hearing this speaker again at a future PCRS activity?				
Answer Options	Yes	No	No Opinion	Response Count
Carlos Simon, MD, PhD	83	5	6	94
Richard Scott, HCLD, MD	89	2	3	94
Aimee Eyvazzadeh, MD, MPH	58	19	17	94
Shoukhrat Mitalipov, PhD	66	10	18	94
Alice Domar, PhD	78	5	11	94
Alan H. DeCherney, MD	74	11	9	94
Comments				5
<i>answered question</i>				94
<i>skipped question</i>				18



Comments

Great speakers!
Alice Domar is always a joy to hear! Always something new to learn!
I very much appreciated Dr. Domar and Dr. Eyvazzadeh's talks-- extremely relevant. I was disappointed in Dr. DeCherney and Dr. Scott's debate. Dr. Scott had clearly put together a very strong argument with lots of good evidence and I was very curious what the arguments for the other side would entail, as I think it is still a debate worth having. I wish Dr. DeCherney had understood the question properly so he would have prepared the right arguments. Still, there was good debate with the audience after.
Nice mic
Aimee's talk was valuablebut she needs to make it more scientific and not simply a case report about herself.

2015 PCRS Program Evaluation - Saturday, March 14, 2015

Please respond for each session...

Was a valuable learning experience?

Answer Options	Yes	No	Total Attended	% Yes
EMBRYOLOGY FOCUS: Trophedecterm Biopsy - Hands On Workshop (Mary Francis, BA, ELD, TS, Catherine Welch, Michael Abeyta, BSc, TS, Tyl Taylor, MSc, Kelly Ketterson)	15	1	16	93.8%
PHYSICIAN FOCUS: Physician Approaches to Infertility (Alan Trounson, MSC, PhD, Richard Reindollar, MD, Carlos Simon, Md, PhD)	59	0	59	100.0%
NURSING FOCUS: Team-based Success for REI Patients (Alice Domar, PhD, Tamara Tobias, MSN, RNP, Mitchell Rosen, MD)	17	0	17	100.0%

Matched my scope of current/potential professional activities?

Answer Options	Yes	No	Total Attended	% Yes
EMBRYOLOGY FOCUS: Trophedecterm Biopsy - Hands On Workshop (Mary Francis, BA, ELD, TS, Catherine Welch, Michael Abeyta, BSc, TS, Tyl Taylor, MSc, Kelly Ketterson)	16	0	16	100.0%
PHYSICIAN FOCUS: Physician Approaches to Infertility (Alan Trounson, MSC, PhD, Richard Reindollar, MD, Carlos Simon, Md, PhD)	58	1	59	98.3%
NURSING FOCUS: Team-based Success for REI Patients (Alice Domar, PhD, Tamara Tobias, MSN, RNP, Mitchell Rosen, MD)	17	0	17	100.0%

Was free of commercial bias?

Answer Options	Yes	No	Total Attended	% Yes
EMBRYOLOGY FOCUS: Trophedecterm Biopsy - Hands On Workshop (Mary Francis, BA, ELD, TS, Catherine Welch, Michael Abeyta, BSc, TS, Tyl Taylor, MSc, Kelly Ketterson)	16	0	16	100.0%
PHYSICIAN FOCUS: Physician Approaches to Infertility (Alan Trounson, MSC, PhD, Richard Reindollar, MD, Carlos Simon, Md, PhD)	58	1	59	98.3%
NURSING FOCUS: Team-based Success for REI Patients (Alice Domar, PhD, Tamara Tobias, MSN, RNP, Mitchell Rosen, MD)	17	0	17	100.0%

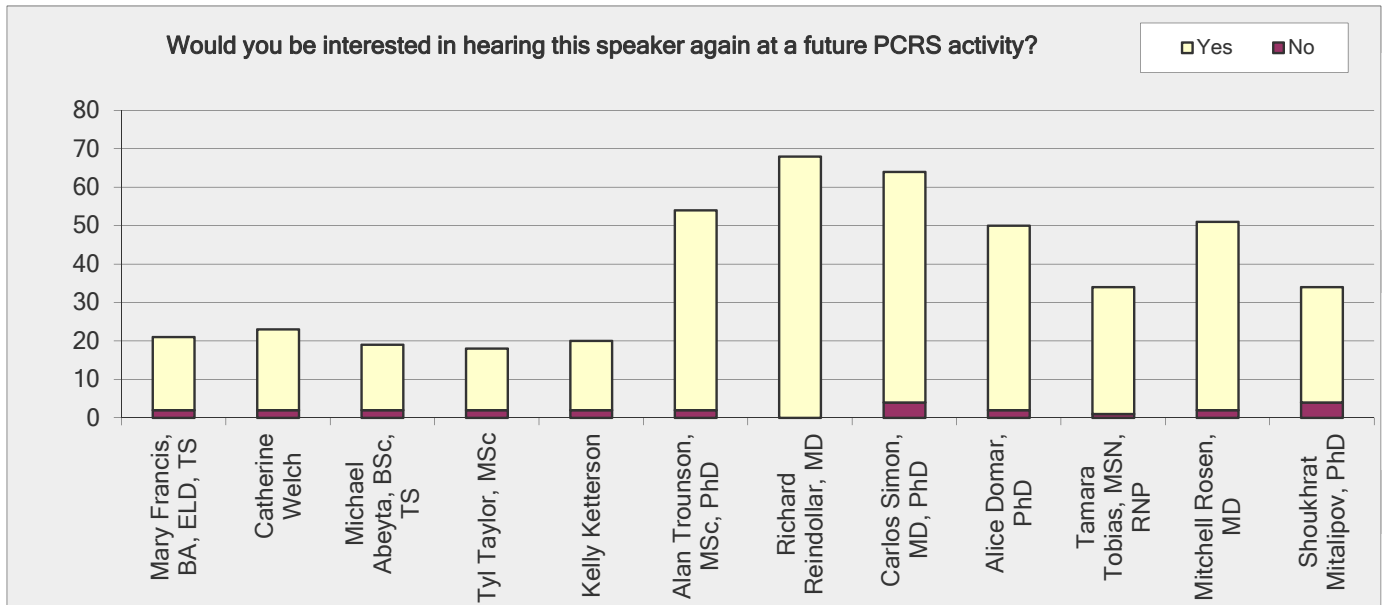
Met objectives stated in program?

Answer Options	Yes	No	Total Attended	% Yes
EMBRYOLOGY FOCUS: Trophedecterm Biopsy - Hands On Workshop (Mary Francis, BA, ELD, TS, Catherine Welch, Michael Abeyta, BSc, TS, Tyl Taylor, MSc, Kelly Ketterson)	16	0	16	100.0%
PHYSICIAN FOCUS: Physician Approaches to Infertility (Alan Trounson, MSC, PhD, Richard Reindollar, MD, Carlos Simon, Md, PhD)	59	0	59	100.0%
NURSING FOCUS: Team-based Success for REI Patients (Alice Domar, PhD, Tamara Tobias, MSN, RNP, Mitchell Rosen, MD)	18	0	18	100.0%

2015 PCRS Program Evaluation - Saturday March 14, 2015

Would you be interested in hearing this speaker again at a future PCRS activity?

Answer Options	Yes	No	No Opinion	Response Count
Mary Francis, BA, ELD, TS	19	2	70	91
Catherine Welch	21	2	68	91
Michael Abeyta, BSc, TS	17	2	72	91
Tyl Taylor, MSc	16	2	73	91
Kelly Ketterson	18	2	70	90
Alan Trounson, MSc, PhD	52	2	37	91
Richard Reindollar, MD	68	0	23	91
Carlos Simon, MD, PhD	60	4	26	90
Alice Domar, PhD	48	2	41	91
Tamara Tobias, MSN, RNP	33	1	57	91
Mitchell Rosen, MD	49	2	40	91
Shoukhrat Mitalipov, PhD	30	4	54	88
Comments				5
<i>answered question</i>				91
<i>skipped question</i>				21



Comments

Dr Rosen gave an amazing presentation for the nursing session. Would love to extend the nursing session to a full day. Maybe 1/2 day on Fri afternoon and 1/2 day on Saturday morning?

The Nursing Focus was excellent!

I absolutely loved Dr. Reindollar's talk-- it was an excellent overview of his own insights gleaned from years of experience

None

Would like to see new speakers as years go by. ...

IVF is a Perfect Example of Translational Research, Speaker Alan H. DeCherney, MD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Which is the best example of Translational Research?				
	Discovering the enzyme associated with the development of protein X.	20.0%	17.3%	
	Discovering the gene that suppresses an onco gene.	22.0%	9.6%	
	Significant change a prescription cough medicine.	3.0%	7.7%	
Correct	Discovering of a immunologic substance that retards the growth of Melanoma.	55.0%	65.4%	10.4%
The New trend in innovation is:				
	Evidence based medicine.	46.0%	26.9%	
	Science based medicine.	14.0%	26.9%	
Correct	Precision based medicine.	12.0%	23.1%	11.1%
	Patient based medicine.	32.0%	23.1%	
Culture media in In-Vitro Fertilization has been associated with:				
	DNA changes.	4.0%	1.9%	
	RNA changes.	1.0%	0.0%	
Correct	Epigenetic changes.	73.0%	86.5%	13.5%
	Protein changes.	22.0%	11.5%	

Treatment Paradigms for Couples with Unexplained Fertility , Speaker: Richard Reindollar, MD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
At the end of 12 months of attempted pregnancy the maximum pregnancy rate per cycle that a couple, the female partner under age 40 years, can expect is:				
	40%	19.2%	12.7%	
	25%	27.3%	25.5%	
	15%	14.1%	10.9%	
	10%	9.1%	18.2%	
Correct	5%	30.3%	32.7%	2.4%
	Other	1.0%	0.0%	
Per cycle pregnancy rates for Gonadotropin IUI in published randomized controlled trials on average range between:				
	a. 30% - 40%	4.0%	1.8%	
	b. 15 - 20%	61.6%	63.6%	
Correct	c. 6 - 12%	33.3%	32.7%	-0.6%
	d. 1 - 5%	1.0%	1.8%	
	Other	0.0%	0.0%	
In the FORT-T Trial, data support which of the following treatment paradigms for couples with unexplained infertility, the female partner 38 - 43 years?				
	a. Clomiphene COS/ IUI then IVF	17.2%	21.8%	
	b. Letrozole COS/IUI then IVF	7.1%	1.8%	
	c. Gonadotropin COS/IUI then IVF	19.2%	1.8%	
Correct	d. Immediate IVF	56.6%	74.5%	17.9%
	Other	0.0%	0.0%	

Update on Oncofertility: Protocol Update , Speaker: Mitchell Rosen, MD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
What factors should you consider when treating patients for fertility preservation?				
	a. Cancer diagnosis	12.9%	7.5%	
	b. Individualized impact of their treatment on reproductive capacity	14.0%	5.7%	
	c. Timing of starting cancer treatment	12.9%	11.3%	
	d. Age and ovarian reserve	11.8%	7.5%	
	e. Genetic predisposition	10.8%	5.7%	
	f. Egg vs embryo freezing	9.7%	7.5%	
	g. Thaw plan when ready to conceive	9.7%	5.7%	
Correct	h. All of the above	92.5%	94.3%	1.8%
Which ovarian stimulation results in the best ovarian stimulation?				
	a. Early Follicular start	37.6%	11.3%	
	b. Late follicular start	3.2%	1.9%	
	c. Early luteal start	3.2%	3.8%	
	d. Late luteal start	7.5%	0.0%	
	e. Random start	3.2%	9.4%	
Correct	f. No difference	47.3%	73.6%	26.3%

Update on Evidence-Based Chromosomal Screening , Speaker: Mandy Katz-Jaffe, PhD

	Percentage with Correct Response		
	Pre Test	Post Test	Change
Which technology is NOT beneficial for use in chromosomal screening of human embryos?			
A. Array CGH	3.1%	3.9%	
B. Next Generation Sequencing	8.2%	2.0%	
Correct C. FISH	71.1%	84.3%	13.2%
D. qPCR	17.5%	9.8%	
The advantages of performing a blastocyst biopsy include:			
A. Increased amount of DNA is available for testing	5.2%	3.9%	
B. Reduced mosaicism is observed at the blastocyst stage	2.1%	0.0%	
C. The blastocyst is a competent in vitro embryo	1.0%	3.9%	
Correct D. All of the above	91.8%	92.2%	0.4%
To date randomized control trials of blastocyst biopsy with comprehensive chromosome screening (CCS) have revealed the following:			
A. SET with a euploid blastocyst is equivalent to DET based on morphology selection alone	35.1%	41.2%	
Correct B. Comparable ongoing pregnancy rates for young (<35 years) good prognosis patients with or without CCS	5.2%	9.8%	4.6%
C. Lower miscarriage rates for women with advanced maternal age	30.9%	25.5%	
D. Improved live birth rate per cycle	28.9%	23.5%	

**Approach to the Male Patient: Evidence Based Testing for Male Factor Infertility,
Speaker: Thomas Walsh, MD, MSc**

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Barriers to research related to infertile men include:				
	Male infertility is not a reportable disease.	0.0%	1.9%	
	Male infertility is diagnosed and treated in the outpatient clinical setting	3.4%	0.0%	
	Infertility care is often paid for directly by the patient therefore not captured by insurance billing	0.0%	1.9%	
	Frequently, the empiric treatment of male factor infertility involves assisted reproductive technology that primarily treats the female partner	11.5%	1.9%	
Correct	All of the above	86.2%	94.2%	8.0%
The Northern California Kaiser study done by Walsh, Turek and VanDenEeden study in 2008 over came the usual barriers because:				
	Data came from an Integrated, health delivery system for over 3.2 million members (> 2 million adults; 48% men)	17.2%	11.5%	
	Data came from a geographic area with comprehensive healthcare to 43% of covered lives	5.7%	0.0%	
	Data came from 21 Medical centers & >40 clinic sites	1.1%	5.8%	
Correct	All of the above	75.9%	82.7%	6.8%
		Pre Test	Post Test	Change
A recent study shows a prevalence of abnormal semen parameters within a specific race/ethnicity?				
Correct	TRUE	62.1%	57.7%	-4.4%
	FALSE	37.9%	44.2%	

Invasive and Non-invasive Diagnosis of Endometrial Receptivity , Speaker: Carlos Simón, MD, PhD

	Percentage with Correct Response		
	Pre Test	Post Test	Change
What is the percentage of patients with RIF due to a displacement of their WOI?			
a. 1 in 10	33.7%	26.9%	
b. 1 in 5	37.9%	44.2%	
Correct c. 1 in 4	23.2%	28.8%	5.6%
d. 1 in 3	5.3%	0.0%	
What will be the clinical strategy to apply in patients that a displacement of the WOI have been detected			
a. To administer higher amounts of gonadotrophins.	2.1%	3.8%	
b. To administer higher amounts of progesterone.	18.9%	13.5%	
Correct c. To perform a personalized embryo transfer (pET).	56.8%	76.9%	20.1%
d. To scratch.	22.1%	5.8%	
The values of endometrial gene expression:			
a. Are highly variable for the same day at different cycles	22.1%	13.5%	
b. Are not useful defining the location of the window of implantation in each patient	6.3%	3.8%	
c. Are not different for the same patient throughout her menstrual cycle	5.3%	1.9%	
Correct d. Define a consistent profile for each day of the cycle allowing the dating of an endometrial biopsy with high specificity	66.3%	80.8%	14.5%

Receptivity Based on Premature P Rise and Embryonic Maturity, Speaker: Richard Scott, HCLD, MD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
According to Werner et al - ASRM 2013, Day3 cleavage transfer rate of live birth rates is				
Correct	a. 13.3% less than planned blastocyst transfer	47.3%	49.1%	1.8%
	b. 25.5% less than planned blastocyst transfer	44.1%	43.4%	
	c. 17.0% more than planned blastocyst transfer	8.6%	7.5%	
The relative probability of miscarriage when implantation is delayed 12 days or more after LH surge is almost 100%				
Correct	True	79.6%	84.9%	5.3%
	False	20.4%	15.1%	
Active management of synchrony improves clinical pregnancy rates				
Correct	True	93.5%	94.3%	0.8%
	False	6.5%	5.7%	

Marketing and Social Media in Today's Fertility Practice, Speaker: Aimee Eyvazzadeh, MD, MPH

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Through Social media, caregivers can provide candid unfiltered information so that patients can truly share in decision-making with “the real story”.				
Correct	Yes	63.8%	74.1%	10.3%
	No	36.3%	25.9%	
Striving for accuracy is really important when a doctor posts to social media sites				
Correct	Yes	93.8%	98.1%	4.3%
	No	6.3%	1.9%	
Maintaining patient confidentiality isn't really important when blogging or posting to social media sites. If you're going to write about the particulars about a specific case, no need to ask permission				
	True	6.3%	3.7%	
Correct	False	93.8%	96.3%	2.5%

SCNT, 3 Parent Reproduction, Speaker: Shoukhrat Mitalipov, PhD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
Children inherit their mitochondrial genes (mtDNA) from a mother only?				
Correct	Yes	77.0%	81.8%	4.8%
	No	23.0%	18.2%	
mtDNA mutations can cause:				
	a. Neurodegenerative diseases	6.9%	11.4%	
	b. Heart diseases	2.3%	0.0%	
	c. Diabetes	1.1%	0.0%	
	d. Cancer	0.0%	0.0%	
Correct	e. All of the above	89.7%	88.6%	-1.1%
Mitochondrial replacement procedure to prevent transmission of mtDNA mutations can be accomplished at what stage:				
Correct	a. Unfertilized oocyte	80.5%	88.6%	8.1%
	c. 8-cell embryo	9.2%	2.3%	
	d. Blastocyst	9.2%	9.1%	
	e. Fetus	1.1%	0.0%	

Counseling Couples over 40 Years-of-Age, Speaker: Alice Domar, PhD

	Percentage with Correct Response		
	Pre Test	Post Test	Change
Birth rates in women over 40 years of age:			
a. Have been stable for the past ten years	25.8%	17.0%	
b. Have decreased in the past five years	7.9%	0.0%	
c. Have decreased in women 40-45 but increased in women 45-50	7.9%	9.4%	
Correct d. Have increased across all age groups	58.4%	73.6%	15.2%
Which of the following is false regarding cancer impacts on fertility?			
a. Is worrisome, women don't cope well being pregnant after 35	2.2%	1.9%	
b. Younger women are the same psychologically as older women	13.5%	5.7%	
Correct c. Older women tend to be more independent and less troubled	53.9%	75.5%	21.6%
d. Older women tend to have extreme levels of psychological distress during pregnancy	30.3%	17.0%	
Parenting over the age of 45:			
a. Is the same as parenting at 25	7.9%	1.9%	
b. Children of older parents do far better academically	30.3%	9.4%	
c. Children of older parents have severe developmental delays	2.2%	1.9%	
Correct d. Children of older parents are bothered by thoughts of parental death and can be burdened with caretaking at a young age	59.6%	86.8%	27.2%

Debate - Is Chromosomal Screening for Everyone? , Speakers: Richard Scott, HCLD, MD and Alan H. DeCherney, MD

		Percentage with Correct Response		
		Pre Test	Post Test	Change
What percentage of embryos are aneuploidy after an IVF cycle with chromosomal screening in a patient who is 40years old?				
	A. 20%	3.0%	7.8%	
	B. 50%	26.3%	19.6%	
Correct	C. 80%	54.5%	51.0%	-3.5%
	D. 90%	16.2%	21.6%	
Chromosomal Screening has been suggested to improve:				
	a. success with single embryo transfer	5.1%	9.8%	
	b. decrease sab rate	2.0%	3.9%	
	c. treatment of unexplained RPL	2.0%	0.0%	
Correct	d. all of the above	90.9%	86.3%	-4.6%
Chromosomal screening has been proven to improve pregnancy rate				
	Yes	61.6%	68.6%	
Correct	No	38.4%	31.4%	-7.0%

**NURSING FOCUS: Team-based Success for REI Patients with Alice Domar, PhD,
Tamara Tobias, MSN, RNP, Mitchell Rosen, MD**

	Percentage with Correct Response		
	Pre Test	Post Test	Change
At what point can symptoms of anxiety and/or depression appear?			
a. Prior to the first clinic visit	2.8%	5.6%	
b. Before beginning a first ART cycle	8.3%	0.0%	
c. After a first cycle failure	0.0%	0.0%	
d. For some patients who may “fake good”, no symptoms of distress ever appear	0.0%	5.6%	
Correct e. All of the above	88.9%	88.9%	0.0%
It is important to support patients in finding ways to decrease distress because:			
a. Distressed patients are less compliant	16.7%	22.2%	
Correct b. Distress is unpleasant, is associated with treatment termination, and may be associated with lower pregnancy rates	75.0%	66.7%	-8.3%
c. Distressed patients frequently balk at paying for unsuccessful cycles	5.6%	0.0%	
Correct d. Distressed patients tend to be hostile with their physician	2.8%	11.1%	8.3%
Which intervention should be considered more of a last resort option after others have been tried for a patient with mild to moderate depressive symptoms?			
a. A moderate exercise program	5.6%	0.0%	
b. A support group	13.9%	5.6%	
c. A mind/body group	0.0%	0.0%	
d. Acupuncture	2.8%	5.6%	
Correct e. Antidepressant medication	77.8%	88.9%	11.1%
Patient challenges with eSET education include all of the following except:			
a. Patient desires twins	19.4%	11.1%	
b. Patient perception of success rates	13.9%	0.0%	
Correct c. Prior pregnancy	30.6%	66.7%	36.1%
d. Financial considerations	5.6%	11.1%	
e. Lack of education regarding risks of multiples	30.6%	11.1%	
Written patient educational materials that outline the benefits of eSET and risks of double embryo transfer can increase the use of eSET in practice?			
Correct True	91.7%	100.0%	8.3%
False	8.3%	0.0%	