

Frontiers in Colorectal Surgery

Supported by educational grants from

Ethicon Endo-Surgery, Inc., Olympus America Inc., and Olympus Surgical America Inc.

Objectives: At the conclusion of this session, participants should be able to: a) review areas of innovation in surgical techniques with a focus on technological advances; b) examine recent advances in experimental (laboratory) technical innovations; and c) review the ability for surgical simulation to provide objective assessment of surgical skills.

- 1** Speaker Evaluation—Please evaluate only those speakers you have heard according to the following scale:
(1 = poor; 2 = fair; 3 = good; 4 = excellent)

<i>Speaker/Topic</i>	<i>Met Objectives</i>	<i>Content</i>	<i>Effectiveness of Teaching/Learning Methods</i>	<i>Interest of Topic</i>	<i>Applicability to Your Practice</i>	<i>Quality of AV Material</i>	<i>Bias?</i>	<i>Invite Again?</i>	<i>For office use only</i>
The Future of Robotic Surgery Richard Satava, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	162
The Future of Natural Orifice Surgery Lee Swanstrom, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	163
Intraluminal Endoscopic Frontiers Kenneth Chang, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	164
Surgical Simulators – Is it for Real? Richard Reznick, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	165
Panel Discussion							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	166

- 2** Overall Evaluation of Importance of Session (4 = very; 3 = moderate; 2 = little; 1 = not at all) _____
- 3** Do you intend to make any changes in your practice or patient care as a result of this activity? Yes _____ No _____
If **Yes**, how? Comment _____
- 4** Did the speaker(s) make proper disclosure of potential conflict of interest, and clarification to audience of faculty relationship with industry and nature of that relationship? Yes _____ No _____
- 5** Did you perceive industry bias for or against commercial product(s), services, or commercial supporter of this activity?
Yes _____ No _____ If **Yes**, please comment; e.g., scientific balance, objectivity, etc.
Comment _____
- 6** Did the speaker(s) disclose with respect to FDA Off-Label use? Yes _____ No _____
If **NO**, please comment _____
- 7** What related topics should be addressed at future ASCRS meetings?
- 8** Comments:
- 9** Name (please print) optional: _____

Please complete and return this evaluation to the ASCRS along with your test results