

IRISH-AMERICAN ORTHOPAEDIC SOCIETY

2019 ORTHOPAEDIC CONFERENCE

September 6-7, 2019

Sea Crest Beach Hotel
Cape Cod, Massachusetts



2019 CME Credit Record Scientific Program and Multimedia Education Sessions

INSTRUCTIONS: CME Certificates will be awarded to all participants. To ensure correct CME credits are awarded, please complete this IAOS 2019 Orthopaedic Conference CME Credit Record document and return to an IAOS representative or fax to **410-494-0926**. Please allow up to 30 days to receive your CME certificates.

Please Print:

Name: _____

Degree: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Thank you for your time and cooperation.

2019 CME Credit Record Scientific Program

Please rate by circling the appropriate number:

5 = Excellent

4 = Good

3 = Satisfactory

2 = Fair

1 = Poor

Friday, September 6, 2019

Sessions	Check if attended	Presented objective, balanced, and scientifically rigorous content	Achieved stated objectives	Satisfied my educational and/or professional needs
First Session: Lower Extremity	<input type="checkbox"/>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>
Second Session: Upper Extremity	<input type="checkbox"/>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>
Guest Speaker	<input type="checkbox"/>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>
Third Session: Trauma	<input type="checkbox"/>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>
Fourth Session: Articular Cartilage	<input type="checkbox"/>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>
Fifth Session: Pediatric Orthopaedics	<input type="checkbox"/>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>
Mini Symposium: Physician Health	<input type="checkbox"/>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>
Irish Orthopaedic History	<input type="checkbox"/>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>
General Topics	<input type="checkbox"/>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>	<i>5 4 3 2 1</i>

Saturday, September 7, 2019

Sessions	Check if attended	Presented objective, balanced, and scientifically rigorous content	Achieved stated objectives	Satisfied my educational and/or professional needs
Sixth Session: Hips	<input type="checkbox"/>	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Seventh Session: Sports Medicine	<input type="checkbox"/>	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Eighth Session: Wrist, Hand, and Elbow	<input type="checkbox"/>	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Ninth Session: Infectious Disease	<input type="checkbox"/>	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

Comments:

2019 CME Credit Record Multimedia Education Sessions

Please place an X in the box by each Video viewed and write any comments you may have in the space provided. You will be awarded hour per hour credit for time of participation.

- | | | |
|--|--|--|
| <input type="checkbox"/> Video 1 (25 min) | <input type="checkbox"/> Video 21 (17 min) | <input type="checkbox"/> Video 41 (9 min) |
| <input type="checkbox"/> Video 2 (11 min) | <input type="checkbox"/> Video 22 (16 min) | <input type="checkbox"/> Video 42 (16 min) |
| <input type="checkbox"/> Video 3 (22 min) | <input type="checkbox"/> Video 23 (19 min) | <input type="checkbox"/> Video 43 (14 min) |
| <input type="checkbox"/> Video 4 (11 min) | <input type="checkbox"/> Video 24 (15min) | <input type="checkbox"/> Video 44 (15 min) |
| <input type="checkbox"/> Video 5 (12 min) | <input type="checkbox"/> Video 25 (20 min) | <input type="checkbox"/> Video 45 (13 min) |
| <input type="checkbox"/> Video 6 (9 min) | <input type="checkbox"/> Video 26 (15 min) | <input type="checkbox"/> Video 46 (22 min) |
| <input type="checkbox"/> Video 7 (14 min) | <input type="checkbox"/> Video 27 (10 min) | <input type="checkbox"/> Video 47 (14 min) |
| <input type="checkbox"/> Video 8 (25 min) | <input type="checkbox"/> Video 28 (11 min) | <input type="checkbox"/> Video 48 (16 min) |
| <input type="checkbox"/> Video 9 (13 min) | <input type="checkbox"/> Video 29 (24 min) | <input type="checkbox"/> Video 49 (15 min) |
| <input type="checkbox"/> Video 10 (8 min) | <input type="checkbox"/> Video 30 (15 min) | <input type="checkbox"/> Video 50 (12 min) |
| <input type="checkbox"/> Video 11 (20min) | <input type="checkbox"/> Video 31 (8 min) | <input type="checkbox"/> Video 51 (22 min) |
| <input type="checkbox"/> Video 12 (7 min) | <input type="checkbox"/> Video 32 (14 min) | <input type="checkbox"/> Video 52 (20 min) |
| <input type="checkbox"/> Video 13 (9 min) | <input type="checkbox"/> Video 33 (16 min) | <input type="checkbox"/> Video 53 (17 min) |
| <input type="checkbox"/> Video 14 (18 min) | <input type="checkbox"/> Video 34 (9 min) | <input type="checkbox"/> Video 54 (20 min) |
| <input type="checkbox"/> Video 15 (21 min) | <input type="checkbox"/> Video 35 (8 min) | <input type="checkbox"/> Video 55 (14 min) |
| <input type="checkbox"/> Video 16 (13 min) | <input type="checkbox"/> Video 36 (18 min) | <input type="checkbox"/> Video 56 (15 min) |
| <input type="checkbox"/> Video 17 (12 min) | <input type="checkbox"/> Video 37 (16 min) | <input type="checkbox"/> Video 57 (15 min) |
| <input type="checkbox"/> Video 18 (12 min) | <input type="checkbox"/> Video 38 (13 min) | <input type="checkbox"/> Video 58 (23 min) |
| <input type="checkbox"/> Video 19 (21 min) | <input type="checkbox"/> Video 39 (18 min) | |
| <input type="checkbox"/> Video 20 (12 min) | <input type="checkbox"/> Video 40 (13 min) | |

Please indicate the Video(s) you found to be most meaningful and any comments. Begin with the Video number.

Please indicate any feedback that you may have concerning other Videos. Begin with the Video number.

Please indicate any comments or suggestions that you have regarding the Multimedia Presentations.

2019 Overall Scientific Evaluation

Your feedback is critical to program planning and future course development. Please take a few minutes to complete and return this evaluation form to the registration desk prior to departure.

Why did you choose to attend this meeting?

	High Importance	Some Importance	Little Importance	No Importance
Course Topic(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning method(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining CME Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multimedia Education Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did we do overall?

	Excellent	Good	Fair	Poor
Course educational objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical application to practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to interact with faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting, seating, and general environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Good	Fair	Poor
Registration fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refreshment breaks, food and beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lodging accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of lodging accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Course rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did we do on the Multimedia Education Sessions?

	Excellent	Good	Fair	Poor
Multimedia educational objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multimedia location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The program content was:

Just right	Too advanced	Too basic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much of the content was new to you?

Almost all	About 75%	About 50%	About 25%	Almost none
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this meeting to colleagues?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did you perceive industry (commercial) bias in this meeting?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe _____

What I liked best about this meeting:

How I would improve this meeting: _____

Overall, did we deliver what you came to learn?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

What did you learn from attending this meeting? List an example of something you learned that can be applied to your practice:
