

ASE 21st Annual Scientific Sessions
June 12-15, 2010
San Diego Convention Center
San Diego, CA



ASE American Society of
Echocardiography
Heart & Circulation Ultrasound Specialists

CME CERTIFICATE OR ATTENDANCE CERTIFICATE REQUEST FORM

ACCREDITATION

The American Society of Echocardiography is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Society of Echocardiography designates this educational activity for a maximum of **31.5 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The American Medical Association has determined that non-U.S. licensed physicians who participate in this educational activity are eligible for *AMA PRA Category 1 Credits™*.

ASE's certificates are recognized by the ARDMS and CCI registries, who have agreed to honor the credit hours toward their registry requirements for sonographers.

This activity has been reviewed by the Intersocietal Accreditation Commission (IAC) and is acceptable for up to 31.5 hours of CME credit toward ICAEL laboratory accreditation requirements and up to 11.5 hours of CME credit toward ICAVL laboratory accreditation requirements. Due to concurrent sessions, the maximum amount of credits that can be applied towards echocardiography and vascular laboratory accreditation requirements combined is 31.5, with no more than 11.5 hours of credit being used towards ICAVL.

The National Board of Echocardiography™ (NBE) requires 15 hours of echocardiography-specific CME for both ReASCE and RePTE recertification. This activity contains 15 *AMA PRA Category 1 Credits™* that can be used towards recertification requirements.

HOURS

Reporting of CME credit or attendance hours is done on an honor and hour-for-hour basis, not to exceed 31.5 hours.

- Saturday, June 12, 2010 – maximum of 8 hours
- Sunday, June 13, 2010 – maximum of 7 hours
- Monday, June 14, 2010 – maximum of 9.25 hours
- Tuesday, June 15, 2010 – maximum of 7.25 hours

INSTRUCTIONS

To receive a CME Certificate (Physicians only) or an Attendance Certificate (Non-physicians only) on site, visit any of the CME/CEU Reporting Stations located by the ASE Registration Counter and:

- 1) At the computer, type in your name and complete the 2010 Scientific Sessions Attendee Evaluation.
- 2) Follow the instructions to submit the total number of hours you attended during the ASE 21st Annual Scientific Sessions. Your certificate will then be printed on site.

To have a CME Certificate or an Attendance Certificate mailed to you after the ASE 21st Annual Scientific Sessions:

- 1) Return a copy of your completed 2010 Scientific Sessions Attendee Evaluation Form and this request form to ASE Headquarters.

Request forms received at ASE Headquarters by September 30, 2010 will be processed and e-mailed to the recipient at no charge. A \$10 service charge will be assessed for each request received after this date.

CHECK ONLY ONE, AND INDICATE THE NUMBER OF HOURS

- CME Certificate Requested (Physicians only per the American Medical Association)
- Attendance Certificate Requested (Non-physicians)



ASE 2010

I understand that it is my ethical responsibility to accurately report participation in this educational activity.

By signing below, I certify that I have attended **hours (maximum of 31.5) of this program.**

(Please print clearly or type)

First Name _____ Last Name _____ Suffix (e.g. Jr., III) _____

Credential(s) _____ ASE Member Number _____

Preferred Mailing Address: Business Home

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City _____ State _____ Postal Code _____ Country _____

Daytime Phone Number _____ E-mail Address _____

Signature _____

Return this form to the ASE Registration Counter or to ASE Headquarters at:
ASE, 2100 Gateway Centre Blvd., Suite 310, Morrisville, NC 27560; or Fax 1-919-882-9900



ASE 2010

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ATTENDEE EVALUATION FORM

Please complete this evaluation form and return to the ASE Registration Counter or to ASE Headquarters at:
ASE, 2100 Gateway Centre Blvd., Suite 310, Morrisville, NC 27560

Check the appropriate response.

1. Please rate the impact of the following objectives:

As a result of attending this activity, I am better able to:

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Change
Utilize cardiac and vascular ultrasound to enhance clinical decisions regarding the management of many forms of cardiovascular disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitatively assess cardiac structure and function using cardiovascular ultrasound.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Differentiate the value and limitations of a variety of cardiac imaging techniques over a wide range of applications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporate new technical developments in imaging into clinical practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognize the structural and functional significance of congenital heart disease in both pediatric and adult patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively use cardiovascular ultrasound as a diagnostic tool in the operating room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please rate the projected impact of this activity on your competence, performance and patient outcomes*:

**Note: competence is defined as the ability to apply knowledge, skill, and judgment in practice (knowing how to do something).*

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Change
This activity increased my competence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This activity will improve my performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This activity will improve my patient outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please rate the impact of the course content:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The course content matched my current (or potential) scope of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course presented objective, balanced and scientifically rigorous content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The educational formats were appropriate for the topics/educational objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate commercial and faculty disclosure was given at this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, sufficient time was provided for discussion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, the speakers were knowledgeable regarding the content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please provide us with your feedback on this activity.

	Exceeded Expectations	Met Expectations	Did Not Meet Expectations	Did Not Attend/ Not Applicable
How satisfied are you with the ASE 2010 Scientific Sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What was your overall opinion of the ASE registration procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How satisfied are you with the overall program content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of Saturday's program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of Sunday's program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of Monday's program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of Tuesday's program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the ticketed breakfast sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the Exam Prep sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the Cardiovascular Sonographer Registry Review Sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the Vascular sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the Case-Based Learning sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the Sonographer sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the Symposia sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the Core Curriculum sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the Congenital sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the How To sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the Plenary sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please provide us with feedback on the Exhibit & Poster Hall.

	Exceeded Expectations	Met Expectations	Did Not Meet Expectations	Did Not Attend/ Not Applicable
What is your overall opinion of the Exhibit & Poster Hall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the moderated abstract presentations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the abstract posters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the Lunch in the Village sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How satisfied are you with the exhibitors showcased in the Exhibit & Poster Hall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How satisfied are you with the Imaging Village sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your overall opinion of the industry technology presentations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please provide us with your overall opinion of the following Social and Networking Events.

	Exceeded Expectations	Met Expectations	Did Not Meet Expectations	Did Not Attend/ Not Applicable
President's Reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASE Members Only Event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASE Foundation Awards Gala & Research Fundraiser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Society Networking Event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council Member Networking Reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Echo Around the World (for international attendees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FASE lounge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASE Foundation Silent Auction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please provide us with your overall opinion of the Convention Center and Lodging Accommodations.

	Exceeded Expectations	Met Expectations	Did Not Meet Expectations	Did Not Attend/ Not Applicable
Lodging accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotel staff/service	<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"/>
Cost of food in convention center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Which host hotel did you stay at? Omni Marriot Other (please specify): _____

9. Would you attend another conference at the San Diego Convention Center? Yes No

10. Please indicate which of the following American Board of Medical Specialties/Institute of Medicine core competencies were addressed by this educational activity (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Patient care or patient-centered care | <input type="checkbox"/> System-based practice |
| <input type="checkbox"/> Interpersonal and communication skills | <input type="checkbox"/> Practice-based learning & improvement |
| <input type="checkbox"/> Professionalism | <input type="checkbox"/> Employ evidence-based practice |
| <input type="checkbox"/> Interdisciplinary teams | <input type="checkbox"/> Quality improvement |
| <input type="checkbox"/> Utilize informatics | <input type="checkbox"/> Medical knowledge |
| <input type="checkbox"/> None of the above | |

11. Which of the following prompted you to register for the sessions? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Save the Date postcard mailing | <input type="checkbox"/> Advertisement in the <i>Journal of the American Society of Echocardiography</i> |
| <input type="checkbox"/> ASE member E-newsletter | <input type="checkbox"/> ASE exhibit booth or advertisements at the AHA or ACC Scientific Sessions |
| <input type="checkbox"/> Colleague | <input type="checkbox"/> ASE exhibit booth or advertisements at EUROECHO |
| <input type="checkbox"/> Advertisement in a medical publication | <input type="checkbox"/> ASE Web site, www.asescientificsessions.org |
| <input type="checkbox"/> Other (please specify): _____ | |

12. Do you feel that any part of ASE 2010 was industry promotional? (Do not include in your response any presentations taking place on the exhibit floor.) Yes No If yes, please explain: _____

13. What changes, if any, do you plan to make in your practice as a result of this activity? _____

14. Please indicate any potential barriers that may affect the implementation of these changes.

- | | |
|---|---|
| <input type="checkbox"/> Cost | <input type="checkbox"/> Lack of time to assess patients |
| <input type="checkbox"/> Lack of experience | <input type="checkbox"/> Reimbursement/insurance issues |
| <input type="checkbox"/> Lack of opportunity | <input type="checkbox"/> Lack of consensus or professional guidelines |
| <input type="checkbox"/> Lack of resources/equipment | <input type="checkbox"/> Lack of qualified/trained staff |
| <input type="checkbox"/> Lack of administrative support | <input type="checkbox"/> No barriers |
| <input type="checkbox"/> Other, please specify: _____ | |

15. Which presentation did you consider MOST valuable in terms of improving your practice? _____

16. Which presentation did you consider LEAST valuable in terms of improving your practice? _____

17. Which presentation did you consider MOST valuable in terms of improving your understanding of cardiovascular ultrasound and its role in clinical medicine? _____

18. Which presentation did you consider LEAST valuable in terms of improving your understanding of cardiovascular ultrasound and its role in clinical medicine? _____

19. Are you planning to attend the ASE 2011 Scientific Sessions in Montréal, Quebec, Canada?

Yes No If no, please tell us why: _____

20. Please indicate what knowledge gaps, practice gaps or patient health issues that you have encountered in your practice or profession that you would like to see addressed in future ASE CME activities. _____

21. ASE is very interested in your educational needs. Please provide a topic of interest for next year's meeting in Montréal, Quebec, Canada. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> 3D Echocardiography | <input type="checkbox"/> Laboratory Accreditation |
| <input type="checkbox"/> Cardiac Surgery | <input type="checkbox"/> New Echocardiographic Technology |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Cardiomyopathies and Pericardial Disease |
| <input type="checkbox"/> Pediatric and Fetal Cardiovascular Disease | <input type="checkbox"/> Congenital Heart Disease in the Adult |
| <input type="checkbox"/> Contrast Echocardiography | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Diastology | <input type="checkbox"/> Stress Echocardiography |
| <input type="checkbox"/> Diseases of the Aorta | <input type="checkbox"/> TEE |
| <input type="checkbox"/> Hemodynamics | <input type="checkbox"/> Tissue Doppler |
| <input type="checkbox"/> Intraoperative Echocardiography | <input type="checkbox"/> Valvular Heart Disease |
| <input type="checkbox"/> Ischemic Heart Disease | <input type="checkbox"/> Vascular Disease |
| <input type="checkbox"/> Other (please specify): _____ | |

22. Please provide any additional comments, complaints or compliments about the ASE 2010 Scientific Sessions. _____

23. Which category best describes you:

- | | |
|--|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Sonographer |
| <input type="checkbox"/> Student | <input type="checkbox"/> Cardiovascular Lab Manager/Director (NonMD) |
| <input type="checkbox"/> Scientist | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Medical Resident/Student | <input type="checkbox"/> Cardiovascular Sonographer Student |
| <input type="checkbox"/> Corporate/Industry Representative | <input type="checkbox"/> Other |

Thank you for your attendance and we look forward to seeing you at future ASE events!

SAVE THE DATE!



22nd Annual Scientific Sessions

June 11-14, 2011

Palis des Congrès de Montréal

Montréal, Quebec, Canada