At VAM, Feedback Drives Programming

Physician burnout, fiscal challenges, lifelong learning and additional courses on hemodialysis: those all will be featured in this year’s Vascular Annual Meeting.

And all were suggested by SVS members and past VAM participants, said Dr. Kellie Brown, MD, chair of the Postgraduate Education Committee. This committee creates programming for all of the “invited sessions” at the Vascular Annual Meeting: postgraduate courses, workshops, non-sponsored breakfast sessions and concurrent sessions.

Feedback about the previous year’s meeting fuels programming for the next. “Every single bit of our programming for this year came via member suggestions, in some way,” she said.

The postgraduate course, “How to Succeed in a Challenging and Evolving Fiscal Landscape,” (P6) is an amalgam of three separate suggestions. Hemodialysis, a constant issue for vascular surgeons, receives even more attention this year than last, because members requested it.


What's presented at the meeting might not be exactly what was suggested. “We may have three similar ideas and we pull them together,” said Dr. Brown.

Nor is every idea accepted. “We look at suggestions, what would be interesting to a broad audience and/ or will be well-attended,” she said. Plus, evolution is incremental. “Every year there are additions. Every year we’re looking for ways to make it better.”

She is particularly excited about two additions for this year: the small, interactive “Tips and Tricks” and “Ask the Experts” sessions. “They’re unlike anything we’ve ever done,” she said. Both answer the request from members for more one-on-one time with presenters, more intimate settings (each is limited to 30 attendees) and educational programming that participants can take home with them and put into practice right away.
The Postgraduate Committee also works to create an overall program that meets all needs. The diverse SVS membership includes many constituencies, Dr. Brown pointed out. Thus, “there is something on this program for older surgeons nearing retirement, for students, new surgeons, private practitioners, academics, for people who do aortic, for those who focus more on extremities, people who are interested in leadership,” she explained. “We want it to be very inclusive – everyone can come and find something they will find valuable.”

VAM planners know that limited time creates unavoidable programming conflicts. Care is taken to schedule creatively, so similar topics don't compete against each other.

“If people say they couldn’t get to everything they were interested in, to me that’s good feedback,” she said. “It shows we’re offering a good program.”

Evolution in VAM programming will continue. Dr. Brown suggested that members with thoughts and ideas provide both, via evaluations and other feedback. “We have ample ways to get suggestions – and we do listen,” she said. And what shows up in suggestions following VAM ’18 could well be on the program in National Harbor in ’19.

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