

Evaluation Form

The Canadian Heart Research Centre is committed to excellence in continuing education and your opinions are critical to us in this effort. To assist us in evaluating the effectiveness of this program and to make recommendations for future educational offerings, please take a few minutes to complete this evaluation form

Program Date: a

Program Location: b

Demographics

Physician: ☐ Yes ☐ No ☐ Other Please specify: _____

Type of Practice: ☐ Full-time ☐ Part-time ☐ Solo ☐ Group ☐ Office ☐ Hospital ☐ Other

Please rate your level of agreement by circling the appropriate rating:

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Learning Objectives: Case 1	After participating in this activity, I am now better able to:
Assess and stratify bleeding risk in patients with AF undergoing different procedures to guide treatment	1 2 3 4 5
Review the challenges in bleeding management and stopping/restarting NOACs for a procedure and be familiar with current recommendations	1 2 3 4 5
Implement best evidence and guidelines for pre, peri, and post procedure NOAC management	1 2 3 4 5

Please rate your level of agreement by circling the appropriate rating:

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

The content of this program:	Please circle:
Enhanced my current knowledge base	1 2 3 4 5
Addressed my most pressing questions	1 2 3 4 5
Promoted improvements or quality in health care	1 2 3 4 5
Was scientifically rigorous and evidence-based	1 2 3 4 5
Provided appropriate and effective opportunities for active learning (ie., case studies, discussion, Q &A, etc)	1 2 3 4 5
Provided an opportunity for interaction with my peers	1 2 3 4 5