Dyslipidemia in Primary Care:
Addressing Barriers to Optimal Lipid Management

EVALUATION FORM

Date

Location location name location address

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.

Demographics

Physician: ❑ Yes ❑ No ❑ Other Please specify_____

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

LEARNING OBJECTIVES:

After participating in this activity, I am now better able to:

1. Recognize the centrality of LDL-C and its cumulative exposure to increased risk of ASCVD events

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

2. Evaluate the limitations of current lipid lowering agents and assess recommendations for lipid lowering agents beyond, or in addition to, statin therapy for high risk patients

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

3. Identify those patients who would benefit from additional therapy beyond statins to reduce CV risk

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

4. Explain the latest clinical data for PCSK9 inhibitors and use effective strategies to integrate the data into clinical care to reduce the risk for CV events

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

5. Appropriately apply best guideline practice recommendations into routine clinical practice based on specific patient characteristics

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

Speaker / Moderator

Speaker1, last2

was effective in presenting the material:

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

Did you perceive any degree of bias in any part of the program? ❑ Yes ❑ No

If Yes, please describe: _____

Speaker / Moderator

andy, lau

was effective in presenting the material:

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

Did you perceive any degree of bias in any part of the program? ❑ Yes ❑ No

If Yes, please describe: _____

This Program	Please indicate with CAnMEDS roles you felt were addressed during this educational activity.

Content enhanced my knowledge

Strongly disagree		Neutral		Strongly agree
1	2	3	4	5

Addressed my most pressing questions

Strongly disagree		Neutral		Strongly agree
1	2	3	4	5

Promoted improvements or quality in health care

Strongly disagree		Neutral		Strongly agree
1	2	3	4	5

Was scientifically rigorous and evidence-based

Strongly disagree		Neutral		Strongly agree
1	2	3	4	5

Provided appropriate and effective opportunities for active learning (ie., case studies, discussion, Q &A, etc)

Strongly disagree		Neutral		Strongly agree
1	2	3	4	5

Provided an opportunity for interaction with my peers

Strongly disagree		Neutral		Strongly agree
1	2	3	4	5

❑ Family Medicine Expert

❑ Collaborator

❑ Communicator

❑ Manager

❑ Health Advocate

❑ Professional

❑ Scholar

Based on your participation in this program, please select all applicable statement(s):

❑ I gained new strategies/skills/information that I can apply to my area of practice.

❑ I plan to implement new strategies/skills/information into my practice.

❑ I need more information before I can implement new strategies/skills/information into my practice behavior

❑ This program will not change my practice, as my current practice is consistent with the information presented.

❑ This program will not change my practice, as I do not agree with the information presented.

What strategies/changes do you plan to implement into your practice?

What barriers do you see to making a change in your practice?

Future Topics of Interest / Additional Comment & Suggestions

Thank you for your feedback!