

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: 2018-01-01

Program Location: location

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: AF	After participating in this activity, I am now better able to:
Select personalized treatment options for stroke prevention in atrial fibrillation using current Canadian Practice Guidelines supplemented with reassuring "Real World" experience	1 2 3 4 5
Assess and optimally manage bleeding risks in patients peri-operatively or with a past history of a gastrointestinal bleed	1 2 3 4 5
Determine optimal antithrombotic therapy in AF patients with specific and common co-morbidities, including advanced age, prior stroke or TIA, worsening renal function, CAD, or risk of noncompliance with medical therapy	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