

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: a

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 2	After participating in this activity, I am now better able to:
Implement best evidence and guidelines in the management of patients with GI bleeding and AF	1 2 3 4 5
Assess when it is safe to resume oral anticoagulation in patients with AF and GI bleed	1 2 3 4 5
Evaluate and differentiate the evidence of individual NOACs on risk of GI bleeding in patients with AF	1 2 3 4 5
Assess the potential role of PPIs to reduce the risk of a GI bleed	1 2 3 4 5
Determine the clinical settings where the addition of ASA to a NOAC or to warfarin is worth the added bleeding risk	1 2 3 4 5

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

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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