

## **EVALUATION FORM**

**Date** 

Dec 10 2019 12:00AM

Location

location name

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 F	Please specify_				
		☐ Full-time	☐ Part-time	□ Solo	☐ Group	☐ Office	☐ Hospital	☐ Other
LEARNING OBJECTIVES: Clinical Conundrums IV - 2019 Update  After participating in this activity, I am now better able to:								
<ol> <li>Select personalized treatment options for stroke prevention in atrial fibrillation using current Canadian Practice Guidelines supplemente with reassuring "Real World" experience</li> </ol>								
	Strongly disagree	sagree	Neu	ıtral	A	gree	Strongly agree	
	1		2		3		4	5
2. Assess and optimize bleeding risk of atrial fibrillation patients requiring long-term DOAC stroke prevention treatment.								nt.
	Strongly disagree	Di	Disagree		Neutral		gree	Strongly agree
	1 2		2	3			4	
	<ol><li>Recognize the current treatment gap in Canada and take steps at ensuring appropriate dosage selection and long-term compliance with oral anticoagulation among AF patients</li></ol>							
					ilisuring appro	priate dosage s	election and long-	·tem
		ral anticoagulation		ients	atral		gree	Strongly agree
	compliance with o	ral anticoagulation	on among AF pat	ients Neu				
Afte	compliance with o	S: Case 1: F	on among AF pat sagree 2 Periprocedura ow better able t	Neu Neu al Manageme	atral 3 ent of Direc	A t Oral Antico	gree 4	Strongly agree
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was effective in	presenting the material:			
Strongly disagre	e Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5
Did you perceiv	e any degree of bias in any pa	ert of the program? ☐ Yes	□ No	
If Yes, please d	escribe:			
Speaker / Moderato	r			
	Gra	aceSpeaker, LiSpeake	er	
was effective in	presenting the material:			
Strongly disagre	e Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5
Did you perceiv	e any degree of bias in any pa	art of the program? 🖵 Yes	□ No	
If Yes, please d	escribe:			
Speaker / Moderato	r			
andrew, lai				
was effective in	presenting the material:			
Strongly disagre	e Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5
Did you perceiv	e any degree of bias in any pa	nrt of the program? ☐ Yes	□ No	
If Yes, please d	escribe:			

Speaker / Moderator

This Program							Please indicate with CAnMEDS roles you felt were addressed during this educational activity.			
Cont	ent enha	nced my	y knowledg	Э				Family Medicine Expert		
Stron	gly disagre	e	Neutral	,	Strongly	agree	_	Collaborator		
	1	2	3	4		5	_			
Addressed my most pressing questions				ш	Communicator					
Stron	gly disagre	е	Neutral	,	Strongly	agree		Manager		
	1	2	3	4		5		Health Advocate		
Pron	noted im	proveme	ents or qual	ity in h	nealth	care		Professional		
Stron	gly disagre	e	Neutral	,	Strongly	agree		Scholar		
	1	2	3	4		5				
Was	Was scientifically rigorous and evidence-based									
Stron	gly disagre	е	Neutral	8	Strongly	agree				
	1	2	3	4		5				
Provided appropriate and effective opportunities for active learning (ie., case studies, discussion, Q &A, etc)										
Stron	gly disagre	е	Neutral		Strongl	y agree				
	1	2	3	4		5				
Prov	ided an o	pportur	nity for inter	action	with I	my peers				
Strongly disagree Neutral Strongly agree					Strongly	agree				
	1	2	3	4		5				
Base	d on you	ır partici	pation in th	is pro	gram,	please select all	ар	plicable 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.									
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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!