CLINICAL Conundrums 2019 IV

Practical Strategies for Atrial Fibrillation and DVT Management in Real World Practice

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 Please specify_____

Type of Practice: ❏ 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:

1. Select personalized treatment options for stroke prevention in atrial fibrillation using current Canadian Practice Guidelines supplemente with reassuring "Real World" experience

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

2. Assess and optimize bleeding risk of atrial fibrillation patients requiring long-term DOAC stroke prevention treatment.

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

3. 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

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

LEARNING OBJECTIVES: Case 1: Periprocedural Management of Direct Oral Anticoagulants

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

1. Assess and stratify bleeding risk in patients with AF undergoing different procedures to guide treatment

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

2. Explain the challenges in bleeding management and stopping/restarting DOACs for a procedure and be familiar with current recommendations

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

3. Implement best evidence and guidelines for pre, peri, and post procedure DOAC management

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

Speaker / Moderator

admin, speaker

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

GraceSpeaker, LiSpeaker

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

andrew, lai

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: _____

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!