

EVALUATION FORM

Date

December-25-2019

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.

Demog	raphics							
Physici	an: 🖵 Yes	☐ No	☐ Other P	lease specify_				
	Type of Practice: ☐ Full-time ☐ Part-time			□ Solo	☐ Group	☐ Office ☐ Hospital		☐ Other
LEAR	NING OBJI	ECTIVES: (linical Conun	drums IV - 2	019 Update			
After p	articipating	in this activit	y, I am now bett	er able to:				
			tions for stroke pre al World" experien		l fibrillation usir	g current Cana	dian Practice Gui	idelines
Stro	ngly disagree	ľ	isagree	Ne	utral	Agree		Strongly agree
	1		2		3		4	5
Assess and optimize bleeding risk of atrial fibrillation patients requiring long-term DOAC stroke prevention treatment.								nt.
Strongly disagree		C	Disagree		Neutral		gree	Strongly agree
	1 2		3		4		5	
			gap in Canada and ion among AF pat		ensuring appro	oriate dosage s	election and long	-term
Stro	ngly disagree	1	isagree	Ne	utral	A	gree	Strongly agree
	1		2		3	4		5
ARNING (DBJECTIVE	ES: Clinical	Conundrums	IV - 2019 Up	odate & FAQ	S		
Select person	onalized treati	•	now better able stroke prevention experience		on using currer	t Canadian Pra	ctice Guidelines	
Select person	onalized treati e with reassu	ment options for	stroke prevention		on using currer	it Canadian Pra	ctice Guidelines	Strongly agree
Select perso supplement	onalized treati e with reassu	ment options for ring "Real World	stroke prevention	in atrial fibrillati	on using currer		ctice Guidelines	Strongly agree
Select perso supplement Strongly disa	onalized treatr e with reassur gree	ment options for ring "Real World Disagree 2	stroke prevention	in atrial fibrillati Neutral 3	•	Agree 4		
Select perso supplement Strongly disa	onalized treati e with reassur gree optimize blee	ment options for ring "Real World Disagree 2	stroke prevention experience	in atrial fibrillati Neutral 3	•	Agree 4		
Select person supplement strongly disa 1 Assess and	onalized treati e with reassur gree optimize blee	ment options for ring "Real World Disagree 2 eding risk of atria	stroke prevention experience	Neutral 3 s requiring long	•	Agree 4 roke prevention		5
Select person supplement Strongly disa 1 Assess and Strongly disa 1 Recognize to the supplement of the	onalized treatre with reassuring gree optimize blee gree he current tre	ment options for ring "Real World Disagree 2 eding risk of atria Disagree	stroke prevention "experience I fibrillation patient anada and take ste	Neutral 3 s requiring long Neutral 3	g-term DOAC st	Agree 4 roke prevention Agree 4	treatment.	5 Strongly agree
Select person supplement Strongly disa 1 Assess and Strongly disa 1 Recognize to the supplement of the	onalized treatre with reassuring gree optimize blee gree the current tre with oral antice	ment options for ring "Real World Disagree 2 eding risk of atria Disagree 2 eatment gap in C	stroke prevention "experience I fibrillation patient anada and take ste	Neutral 3 s requiring long Neutral 3	g-term DOAC st	Agree 4 roke prevention Agree 4	treatment.	5 Strongly agree

Speaker / Moderator							
andrew, lai							
was effective in presen	ting 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							
admin, speaker							
was effective in presen	ting 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							
Grace, Li							

was effective in presenting the material:

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5
Did you perceive any d	egree of bias in any par	t of the program?	□ No	
If Yes, please describe				

This	Progra	ım					Ple	ease indicate with CAnMEDS roles you felt ere 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	_	
Addr	Addressed my most pressing questions			ш	Communicator			
Stron	gly disagre	е	Neutral	,	Strongly	agree		Manager
	1	2	3	4		5		Health Advocate
Promoted improvements or quality in health care				nealth	care		Professional	
Stron	gly disagre	e	Neutral	,	Strongly	agree		Scholar
	1	2	3	4		5		
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			agree					
	1	2	3	4		5		
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 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!