CLINICAL Conundrums 2019 IV
Practical Strategies for Atrial Fibrillation and DVT Management in Real World Practice

EVALUATION FORM

Date	Apr 1 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: Clinical Conundrums IV - 2019 Update & FAQs

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 2: Management of Atrial Fibrillation with Gastrointestinal Complications

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

1. Implement best evidence and guidelines in the management of patients with GI bleeding and AF

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

2. Assess when it is safe to resume oral anticoagulation in patients with AF and GI bleed

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

3. Evaluate and differentiate the evidence of individual DOACs on risk of GI bleeding in patients with AF

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

4. Assess the potential role of PPIs to reduce the risk of a GI bleed

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

5. Determine the clinical settings where the addition of ASA to a DOAC or to warfarin is worth the added bleeding risk

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

LEARNING OBJECTIVES: Case 4: Real World Worsening Kidney Function

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

1. Explain the role of non-vitamin K antagonist oral anticoagulants (DOACs) in patients with chronic kidney disease (CKD)

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

2. Identify the clinical challenges presented by patients with worsening kidney function and transitioning from DOACs to warfarin

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

3. Describe the differences, advantages, and limitations among the formulae used for estimating kidney function; estimated Glomerular Filtration Rate (eGFR) and estimated Creatinine Clearance (eCrCl)

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

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

1. Recognize the high prevalence of CAD in AF patients and the need to balance the risks of recurrent coronary events, embolic stroke and bleeding when optimizing antithrombotic therapy in these patients

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

2. Select optimal antiplatelet and / or OAC medication in patients with:

    - AF and stable CAD
    - AF and recent PCI / stent placement
    - AF and recent ACS / with or without revascularization
    - AF and recent CABG

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

3. Determine the optimal duration of antiplatelet / OAC treatment in different AF + CAD settings

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

LEARNING OBJECTIVES: Case 6: Stroke Prevention in the Elderly Patient with Atrial Fibrillation

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

1. Recognize that the risks of AF, stroke, major bleeding are all increased in the elderly

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

2. Describe that DOACs are as effective in older patients as they are in younger patients with AF, with a risk of major bleeding that is similar to or less than that of warfarin

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

3. Explain the importance of follow up and close monitoring of renal function in elderly patients on DOACs

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

4. Integrate the individual values and preferences of elderly AF patients into shared decision making on anticoagulation

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

LEARNING OBJECTIVES: Case 7: Precision Medicine Applied to DOACs

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

1. Individualize anticoagulant therapy in AF patients who are elderly and/or have other co-morbidities

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

2. Manage DOACs in patients with different degrees of renal dysfunction and/or requiring various invasive procedures and surgical interventions

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

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

1. Apply different screening tools for excluding or diagnosing AF in the office setting

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

2. Describe the prevalence and risks for SCAF and identify screening strategies

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

3. Implement appropriate treatment strategies individualized to the patient's characteristics

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

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

1. Apply the rationale for the appropriate use and non-use of community-based observational data (real-world data) in clinical practice.

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

2. Discuss real-world treatment patterns with OAC therapy

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

3. Effectively manage the use and dosing of OAC therapy in patients with AF

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

Speaker / Moderator

SpeakerTest, SpeakerLast

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: _____

Speaker / Moderator

ModeratorTest, ModeratorLast

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: _____

This Program

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

Please indicate with CAnMEDS roles you felt were addressed during this educational activity.

- ❏ 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!