

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 supplemented 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 supplemented 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 |

LEARNING OBJECTIVES: Case 8: Detection of AF: Methods, Challenges and Uncertainties

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 |

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

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

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 | |

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!