



Evaluation and Self-Assessment
Help Shape the Future of Heart Failure Care in Canada
 Workshop, October 24th, 2006
 Canadian Cardiovascular Congress 2006 – Vancouver
Special Participants

1. I have attended a previous CCS workshop on Heart Failure this year.

Yes	30.8%
No	69.2%

2. Please rate the following learning objective statements

Please use the following scale

Not Familiar	Somewhat Familiar	Familiar	Familiar Enough to Explain to Others
1	2	3	4

A) Learning Objective: To review optimal management strategies for patients with co-morbidities and heart failure

Pre- Program Familiarity				Post-Program Familiarity				Relevance to My Practice			
1	2	3	4	1	2	3	4	1	2	3	4
0%	6.7%	60%	33.3%	0%	0%	16.7%	83.3%	0%	0%	8.3%	91.7%

B) Learning Objective: To determine best practice for surgical interventions

Pre- Program Familiarity				Post-Program Familiarity				Relevance to My Practice			
1	2	3	4	1	2	3	4	1	2	3	4
0%	33.3%	52.3%	13.3%	0%	8.3%	25%	66.7%	0%	0%	27.3%	72.7%

C) Learning Objective: To increase knowledge and control for end-of-life care in heart failure resulting in improved decision-making, autonomy and dignity

Pre- Program Familiarity				Post-Program Familiarity				Relevance to My Practice			
1	2	3	4	1	2	3	4	1	2	3	4
0%	35.7%	50%	14.3%	0%	0%	45.5%	54.5%	0%	0%	27.3%	72.7%

D) Learning Objective: To appreciate (evaluate) multidisciplinary involvement in heart failure patient care related to specific case presentations

Pre- Program Familiarity				Post-Program Familiarity				Relevance to My Practice			
1	2	3	4	1	2	3	4	1	2	3	4
0%	16.7%	50%	33.3%	0%	12.1%	19.1%	68.7%	0%	0%	44.4%	55.5%

3. Primary specialty

Cardiology	47.1%
Internal medicine	41.2%
Pharmacology	0%
Nursing	0%
Other - Resident - Leadership and management (cardiac rehab and HF)	11.8%

4. Years of practice in current specialty

<5	33.3%
6-10	0%
11-20	40%
20-30	20%
>30	6.7%

5. With cardiology, my practice environment is primarily

Community cardiology	64.7%
Academic cardiology	5.9%
Subspecialty cardiology	29.4%
Intervention	0%
Echocardiography/imaging	80%
Electrophysiology	0%
CHF/transplant	0%
Other - Cardiac rehab	20%

6. As a non MD my principal role with heart failure patients is to:

Educate	0%
Reduce hospital LOS	0%
Phone	0%
Reduce hospital re-admin.	0%
Other : develop strategies/policies to improve HF care Quality of 1 year improve	100%

7. How many heart failure patients do you see per week:

0	0 %
1-2	15.4%
3-4	20%
5-10	20.%
1-20	20%
> 20	15.4%

8. I have read the CCS HF 2006 guidelines:

Yes	75%
No	25%

9. And I refer to them

Daily	11.1%
Weekly	22.2%
Monthly	33.3%
Other - Variable - As needed for policy development - Occasionally - Periodically	44.4%

10. I like the current format of the CCS HF guidelines with clear nursing recommendations followed by a brief overview of the evidence to support the recommendations:

Yes	100%
No	0%
Perhaps	0%

11. To treat your patients, what other sources do you refer to?

Literature - <i>Published</i> - <i>Unpublished</i>	35.1% (82.4%) (17.6)
Internet - <i>Medical</i> - <i>Non-medical</i>	29.7% (90%) (10%)
Continuing Medical Education - <i>Industry</i> - <i>Society</i> - <i>Medical schools</i>	29.7% (44.4%) (44.4%) (11.1%)
Other sources - <i>ACC CME, e.g. ACCEL</i> - <i>Electrophotographs Heart Society</i>	5.4%

12. Heart failure guidelines provide me with

Primary document for the management of disease	27.8%
Specific decision aid in patient management	27.8%
Secondary document that allows me ready access to the key primary documents	27.8%
Tools to compare my practice with those of my peers	16.7%
Other	0%

13. In my practice the area(s) of greatest difficulty in the treatment of heart failure is/are

Treating multi-system disease (which disease) - <i>CKD</i>	45.5%
Pulmonary - <i>Near end stage renal failure (pre-dialysis), chronic symptomatic hypotension</i>	
Treating with polypharmacy (comment) - <i>Especially elderly</i> - <i>Needing to expand Rx</i>	27.3%
Resource limitation (which ones?) - <i>BNP</i>	9.1%
Access to expensive technologies (Biv/AICD)	18.2%
Other - <i>N/A to me personally but I am aware of all the challenges above</i>	4.5%

14. In future iterations of the CCS guidelines, the issues in heart failure I would like to see addressed are

- Vasopressor inhibitors
- Devices
- Emphasize the key features on HL and review the exams technique; prevent DVT and AE
- End-of-life – motivated suggestions recommendations
- F/U after inhibitory treatment
- Timelines (when) to ___ Na+
- Target drug doses
- Chronic disease management/behaviour change

15. How best can the CCS obtain your feedback on guidelines as they are developed?

Broader stakeholder input	9.1%
Release of “guidelines in progress”	36.4%
Online written feedback	54.5%
Other	0%

16. Please rate the following aspects of the program

	Poor	Satisfactory	Very Good	Excellent
	1	2	3	4
Program/Presenter: Over all Clarity	0%	4.4%	26.5%	69.0%
Program/Presenter: Over all Relevance to your practice	0%	5.8%	32.1%	62.0%
Program/Presenter: Over all Educational Value Perceived	2.2%	8.6%	48.3%	40.8%

17. Please rate the following aspects of the program

	Poor	Satisfactory	Very Good	Excellent
	1	2	3	4
<i>Overall, I would rate the workshop</i>	0%	21.4%	50%	28.6%
<i>I found the facilities to be</i>	0%	14.3%	50%	35.7%
<i>The audiovisual presentations were</i>	0%	28.6%	35.7%	35.7%
<i>Conduciveness of the format to learning was</i>	0%	14.3%	35.7%	50%

18. What topics would you like to see covered in future events?

- CHF diagnosis, treatment and use of other resources in elderly
- Team interaction – RN, pharmacist, Kinesiologist, MD – how to bring about change
- Drugs – options – forget cases