



Evaluation and Self-Assessment

Help Shape the Future of Heart Failure Care in Canada

Workshop, October 24th, 2006
Canadian Cardiovascular Congress 2006 – Vancouver

Nurse Participants

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

Yes	27.2%
No	72.7%

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%	50%	37.5%	12.5%	0%	0%	71.4%	28.6%	0%	0%	14.3%	85.7%

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%	50%	50%	0%	0%	0%	0%	100%	0%	14.3%	57.1%	28.6%

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%	37.5%	37.5%	25%	0%	0%	0%	100%	0%	0%	0%	100%

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%	12.5%	87.5%	0%	0%	0%	42.9%	57.1%	0%	0%	14.3%	85.7%

3. Primary specialty

Cardiology	0%
Internal medicine	0%
Pharmacology	0%
Nursing	100%
Other - Resident - Leadership and management (cardiac rehab and HF)	0%

4. Years of practice in current specialty

<5	16.7%
6-10	25%
11-20	33.3%
20-30	8.3%
>30	16.7%

5. With cardiology, my practice environment is primarily

Community cardiology	9.1%
Academic cardiology	27.3%
Subspecialty cardiology	63.6%
<i>Intervention</i>	14.3%
<i>Echocardiography/imaging</i>	0%
<i>Electrophysiology</i>	0%
<i>CHF/transplant</i>	28.6%
Other - <i>Cardiac rehab</i> - <i>Pacemaker/ICD</i> - <i>HI clinic</i>	57.1%

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

Educate	50%
Reduce hospital LOS	6.3%
Phone	12.5%
Reduce hospital re-admin.	18.8%
Other	12.5%

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

0	10%
1–2	10%
3–4	20%
5–10	20%
1–20	20%
> 20	20%

8. I have read the CCS HF 2006 guidelines:

Yes	75%
No	25%

9. And I refer to them

Daily	14.3%
Weekly	14.3%
Monthly	57.1%
Other - <i>Variable</i> - <i>As needed for policy development</i> - <i>Occasionally</i> - <i>Periodically</i>	14.3%

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>	37% (90.9%) (9.1 %)
Internet - <i>Medical</i> - <i>Non-medical</i>	33.3% (100%) (0%)
Continuing Medical Education - <i>Industry</i> - <i>Society</i> - <i>Medical schools</i>	22.2% (71.4%) (28.6%) (7.4%)
Other sources - <i>Academic rounds in clinic setting</i> - <i>Weekly rounds</i>	7.4%

12. Heart failure guidelines provide me with

Primary document for the management of disease	33.3%
Specific decision aid in patient management	22.2%
Secondary document that allows me ready access to the key primary documents	16.7%
Tools to compare my practice with those of my peers	27.8%
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>	28.6%
Treating with polypharmacy (comment) - <i>Especially elderly</i> - <i>Needing to expand Rx</i>	14.3%
Resource limitation (which ones?) - <i>BNP</i>	35.7%
Access to expensive technologies (Biv/AICD)	7.15
Other - <i>N/A to me personally but I am aware of all the challenges above</i> - <i>Preventing contrast-induced nephropathy with CF</i>	14.3%

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

- ICD psychosocial considerations
- Promptness of discussion on end-of-life
- Reversibility of decisions to put/stop VAD, ICO....with patients early on
- Important (more emphasis) on multidisc and communication of therapeutic plan

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%	5.5%	64.4%	30.2%
Program/Presenter: Over all Relevance to your practice	0%	6%	66.6%	27.4%
Program/Presenter: Over all Educational Value Perceived	0%	1.8%	67.8%	30.4%

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%	7.7%	84.6%	7.7%
<i>I found the facilities to be</i>	0%	25%	66.7%	8.3%
<i>The audiovisual presentations were</i>	0%	8.3%	83.3%	8.3%
<i>Conduciveness of the format to learning was</i>	0%	16.7%	66.7%	16.7%

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

- N/A