



Evaluation of the Consensus Conference

Plenary Session October 24th, 2006, Vancouver

Specialists Participants

1. Primary specialty:

Cardiology	73.5%
Internal Medicine	17.6%
Nursing	0%
Pharmacology	5.9%
Other	

2. Years of practice in current specialty:

< 5	36.4%
6-10	6.1%
11-20	18.1%
21-30	33.3%
> 30	6.1%

3. Within cardiology my practice environment is primarily:

Community cardiology	50%
Academic cardiology	12.5%
Subspecialty cardiology:	
<i>Intervention</i>	0%
<i>Echocardiography/imaging</i>	3.1%
<i>Electrophysiology</i>	3.1%
<i>CHF/transplant</i>	9.4%

Other:	
<i>Community cardiology & echocardiography/imaging</i>	6.3%
<i>Academic cardiology & echocardiography/imaging</i>	6.3%
<i>Community cardiology & intervention</i>	3.1%
<i>Community cardiology, echocardiography/imaging & Pacemakers (not EPS)</i>	3.1%
<i>Academic cardiology, echocardiography/imaging, intervention & Nuclear</i>	3.1%

4. How many heart failure patients do you see/manage per week?

0	6%
1-2	6%
3-4	14.7%
5-10	41%
11-20	23.5%
> 20	8.8%

5. I have read the CCS HF 2006 guidelines:

Yes	85.3%
No	14.7%

And refer to them:

Daily	14.3%
Weekly	10.7%
Monthly	39.3%
Other:	35.7%
- <i>PRN</i>	
- <i>As needed</i>	
- <i>Rarely</i>	
- <i>Variable</i>	
- <i>< Monthly</i>	
- <i>Periodically</i>	
- <i>Seldom</i>	
- <i>Occasionally</i>	

6. I like the current format of the CCS HF 2006 guidelines:

Yes	96.7%
No	3.3%
Perhaps: <i>I will know better once I have read them properly</i>	0%

- Love the practical tips

7. Heart Failure Guidelines provide me with:

A. Primary document for the management of a disease	27.3%
B. Specific decision aid in patient management	15.2%
C. Secondary document that allows me ready access to the key primary documents	9%
D. Tools to compare my practice with those of my peers	9%
Other:	3.1%
Tools for developing policy at my institution	12%
A & B	12%
A, B & C	3.1%
A & C	3.1%
C & D	3.1%
A, C & D	3.1%
A, B, C & D	

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

- More practical tools for end of life decision making and depression/(illegible) function screen
- Audio (illegible) testing/heart transplant/LVKD (illegible)/end of life/quality of life issues
- Address management of patients with EF 40-50%
- Future and on-going research addressed today by Dr. Liu should also be included in the paper/sex and illness
- How long to keep on single or dual therapy in patients with marked improvements or normalization of EF

- New treatments like devices and varopressin antagonists
- Patient education tools “approved” websites for patient access booklets

9. Please rate the following aspects of the program

	Poor	Satisfactory	Very Good	Excellent
Overall, I would rate the workshop...	0%	22%	53%	25%
I found the facilities to be...	0%	29%	45%	26%
The audiovisual presentations were...	0%	13%	55%	32%
Conduciveness of the format to learning was...	3%	23%	57%	17%