



**2006 CCS Heart Failure Workshops  
Shaping the Future of Heart Failure Management in Canada  
Toronto International Heart Failure Summit- June 16<sup>th</sup>, 2006  
Post – Evaluation Form**

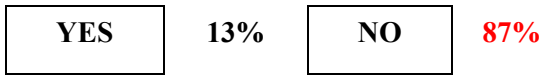
<b>Total Attendance ± : 70</b>	<b>Total Surveys: 41</b>
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	Poor	Average	Good	Very Good	Excellent
	1	2	3	4	5
<b>Overall, I would rate the workshop</b>	0%	3%	6%	39%	52%
<b>I found the facilities to be</b>	0%	0%	13%	31%	56%
<b>The audiovisual presentations were</b>	0%	3%	8%	44%	46%
<b>The format was conducive to learning</b>	0%	3%	8%	36%	54%

	Poor	Average	Good	Very Good	Excellent
	1	2	3	4	5
<b>Achieved educational program objectives</b>	0%	3%	16%	39%	46%
<b>Information was clear and concise</b>	0%	1%	16%	37%	47%
<b>Subject was relevant to my practice</b>	0%	1%	17%	35%	46%
<b>Time for discussion was sufficient (Q&amp;A)</b>	2%	0%	16%	36%	46%

	Poor	Average	Good	Very Good	Excellent
	1	2	3	4	5
<b>Overall, there was good interaction</b>	0%	3%	11%	31%	50%
<b>I have been motivated to read the new Guidelines</b>	0%	0%	14%	36%	50%
<b>I have increased my knowledge of heart failure</b>	0%	3%	9%	40%	49%
<b>I would recommend this workshop to a colleague</b>	0%	0%	8%	36%	56%

**This workshop is the reason I came to the Toronto International Heart Failure Summit this year:**



**Comments:**

- Nobody comes for one reason. But I did enjoy it despite the Friday afternoon weather.
- I am glad I attended
- Very interesting
- No, but it was excellent!
- This workshop was very beneficial and useful learning experience
- Excellent workshop
- A highlight of the conference
- It was a surprise and is a good idea

**The three things I learned today were:**

- Study the guidelines
- Some end of life strategies
- 70-80% clinical accuracy
- Better understanding of CCS Guidelines
- Good review
- End of life decisions- tips/approaches
- COPD vs. aHF
- Surgical options
- Visit website – CCS
- Guidelines of HF 2006
- The clash of cultures in my practice
- Maybe we can get BNP measurement started in our hospital
- CCS is acting on what it says
- HF is a big enough problem to dedicate the resources
- Case trial did not include severe LV dysfunction
- Necessary to review guidelines carefully & frequently
- Trial of therapy acceptable to make diagnosis
- Use of BNP in diagnosis of HF
- Conundrums of referral to surgery
- Patient centered care for quality of life in treatment of HF
- Re-emphasis on end of life issues
- Strategies of initial diagnosis
- Symptom assessment
- What dobutamine stress echo tells us
- Complexity of diastolic dysfunction, how to investigate
- Important to review end of life choices early with patient family early
- Accurate diagnosis of diastolic HF
- Importance in risk factors in prevention
- Revealed that it does not help to manage individual cases
- Case 3 is a real one and they should be followed by CHF centres

**The areas of debate I would like to see addressed in a future session are:**

- Work up for idiopathic myopathies re: etiology
- Cardiac resynchronization
- Surgical options
- Diastolic Rx
- What to do if no cardiologist or internist available?
- Diuretics in HF
- Nutrition in HF
- LVAD, RVAD
- Transplant
- Percutaneous devices for IMR
- When to refer to surgery/conundrums of surgery for HF
- Tools in diagnosis of HF
- Treatment of HF, in presence of multi-organ disease
- Salt restriction? Restrict or not?
- Who should get ICD therapy with CRT

**This workshop will be presented at other locations across Canada this year. What recommendations would you make to improve the workshop experience?**

- Adjust topics for different audiences
- More questions in Case 1
- Item of NK doesn't relate to 1<sup>st</sup> question
- Good format
- Longer time to review initial patient information
- Management of aHF
- How to deal with CRF & ACEI in CHF
- BB for CHF
- Sodium restriction controversy
- Multidisciplinary involvement (i.e.: nurses and pharmacists)
- Discussions about how to link HF with arrhythmia device clinics
- Tools for patient care documentation specific to HF populations (i.e.: paper and electronic charts)
- More challenging cases should be included
- As an FP, some not relevant
- FP not mentioned in the discussion