



CCS Post-Survey

2006 CCS Heart Failure Workshops – Lake Louise Shaping the Future of Heart Failure Management in Canada

<p>Total Attendance ± : 170 Total Surveys: 76</p>

Poor	Average	Good	Very Good	Excellent
1	2	3	4	5

Overall, I would rate the workshop	1%	4%	15%	48%	32%
I found the facilities to be	0%	1%	16%	39%	44%
The audiovisual presentations were	0%	3%	17%	39%	42%
The format was conducive to learning	0%	1%	12%	47%	40%
Achieved educational program objectives	0%	2%	12%	48%	39%
Information was clear and concise	0%	2%	17%	43%	37%
Subject was relevant to my practice	0%	2%	15%	44%	40%
Time for discussion was sufficient (Q&A)	1%	7%	20%	42%	30%
Overall, there was good interaction	0%	0%	15%	41%	44%
I have been motivated to read the new Guidelines	0%	5%	7%	44%	44%
I have increased my knowledge of heart failure	1%	3%	14%	40%	42%
I would recommend this workshop to a colleague	0%	3%	11%	44%	42%

This workshop is the reason I came to ACC-LL this year

- No
- The whole ACC conference.
- Partly came for this, but mainly for general overall cardiovascular management
- Not the only reason, but certainly a bonus
- Yes, drove out specifically for this event!
- Once here, a rep recommended this

Comments:

- Excellent effort, workshop
- Excellent idea, excellent teaching devices to present guidelines
- More collaboration between CCS and ACCLL in future!
- Overall cardiology review was goal
- Good job, but clean up the slides and co-ordination of presentations and handout materials
- Lots of fun
- RN- learned some indications for therapies common in our practice
- What about a NP on panel from heart function clinic?

The three things I learned in attending this workshop:

- Collaborating effort
- Optimal Tx, Criteria for ICD, BNP
- There are new guidelines, end of life issues addressed
- To read the guidelines more carefully, discussion with patients i.e. depression, end of life issues
- ACEI & BB together for HF, Safe to use ACEI & ARB together
- Opinions, judgement go with guidelines
- Excellent process/accountability to implement
- Semi-quantitative evaluation of increase BNP
- Medication usage, priorities in treating CHF, importance of usage of guidelines
- Role of BNP, ARB
- RN- what BNP is, importance of differential diagnosis, importance of clinical data supported with diagnostic tests.
- Holistic guidelines of treating heart failure, diagnosing heart failure
- Negative reaction to value of BNP, end of life issues, treatment of depression
- Increased knowledge about CHF
- Advance directives-formulate a plan, ask about BNP at hospital, screen for need for ICD better
- ICD in NYHF EF<35%
- Guidelines are clearer and comprehensive, heart failure is multidisciplinary