Program Evaluation (DATE: April 4, 2020) Circulate CHEP+ - Managing the Patient with Heart Failure

Diagnosis, Treatment and Follow-Up

## Your feedback regarding this program is very important for future planning. We would appreciate you taking the time to complete this evaluation form and returning it at the end of the meeting.

**Professional Profile:**

❑ MD ❑ RN ❑ NP ❑ Pharm ❑ Other \_\_\_ Years in Practice**:** \_\_\_\_\_\_\_

**What was the most important knowledge, skill, or attitude you acquired in this session?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Mid-Program Reflection - List the item of knowledge, skill or attitude:  |
| Mid-Reflection | Post-Program Reflection |
| Overall Evaluation (check one only) |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| The program (registration, venue, location) was well organized |  |  |  |  |  |
| The program satisfied my expectations |  |  |  |  |  |
| Did you perceive any degree of bias in any part of the program? | Yes | No | If yes, explain: |
| List a topics or subject for future CPHE event of interest to you |  |
| Content Evaluation (check one only) |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| The information presented was clear and relevant to my practice |  |  |  |  |  |
| The program content enhanced my knowledge |  |  |  |  |  |
| Stated learning objectives were met:1. Describe the epidemiology of HFrEF and HFpEF and the relationship with hypertension
2. Explain the natural history of HFrEF and HFpEF and the impact of traditional therapy with beta blockers, RAAS inhibitors, mineralocorticoid receptor antagonists, SGLT2i’s, and ARNI’s
3. Describe the ideal ambulatory management of patients with HFrEF and HFpEF and the lab and imaging studies recommended after discharge.
 |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Appropriate opportunities for active learning/ discussion/ interactivity were provided |  |  |  |  |  |
| St) | * Family Medicine Expert
* Communicator
* Collaborator
* Manager/Leader
* Health Advocate
* Scholar
* Professional
* Other
 |
| Post-Reflection  |
| This course will alter my practice  |  |  |  |  |  |
| I will go on line to learn more about this subject (studies, learning modules etc.) |  |  |  |  |  |
| Describe actions you will take to reinforce or change your current practice: |  |

***Thank you for completing this evaluation.***