



Louisville Symposium on Heart Disease in Women 2016 6/25/2016

This activity was created to address the professional practice gaps listed below:

- Considering gender when diagnosing and treating cardiovascular disease in women.
- Referring patients with valvular heart disease to be evaluated by a Valve Team due to advanced age and "frailty", especially if the patient happens to be female.
- Optimizing utilization of advanced treatment options for heart failure, valve disease, or coronary disease in women.

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

| | Disagree | | Agree | |
|---|--------------|--------------|---------------|----------------|
| Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [28-3.71] | (1) 3.57% | (0) | (5) 17.86% | (22) 78.57% |
| Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [28-3.61] | (1) 3.57% | (0) | (8) 28.57% | (19) 67.86% |
| Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [28-3.54] | (1) 3.57% | (1) 3.57% | (8) 28.57% | (18) 64.29% |

2. Please elaborate on your previous answers. (12)

I am more aware of the risk for women and will use the knowledge I gained to help my patients as well as my family and friends.

Lots of great info.

I now realize who may fit the criteria for TAVR

I no longer practice, so this activity was informational only

Good explanations and new awareness.

I will be more aware of the options available and able to question the use or absence of use in particular circumstances.

education provided made me more aware of specific concerns regarding women & heart disease, and the many different medical & surgical treatments available. as always, prevention is the best medicine.

I appreciated the focus on women and how strategies for them differ than for a male.

Broader knowledge base of the impact of cardiovascular disease in women vs men

Since I work in Primary Care, much of what was provided will direct my selection of

referral sources for my patients, but will likely not affect my practice much since I work in a rural area.

I found the symposium to be very informative and useful for me to adhere with my patient care.

being more aware of women's health issues as it relates to their OB history was new for me. interesting to hear all the research being done

3. Please evaluate the effectiveness of the following speakers in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

| | Poor | Fair | Good | Excellent |
|---|--------------|---------------|----------------|----------------|
| Emma Birks, M.B.B.S., Ph.D., B.Sc., FRCP [27-3.41] | (1) 3.70% | (0) | (13) 48.15% | (13) 48.15% |
| Lorrel E. Brown, M.D. [27-3.67] | (0) | (2) 7.41% | (5) 18.52% | (20) 74.07% |
| Rita Coram, MD [28-3.68] | (0) | (0) | (9) 32.14% | (19) 67.86% |
| Rajeev Ruben Fernando, MD [27-3.37] | (0) | (1) 3.70% | (15) 55.56% | (11) 40.74% |
| Michael Flaherty, M.D., Ph.D. [25-3.24] | (0) | (3) 12.00% | (13) 52.00% | (9) 36.00% |
| Toni Ganzel, M.D., M.B.A. [26-3.69] | (0) | (0) | (8) 30.77% | (18) 69.23% |
| Rakesh Gopinathannair, M.D., MA, FHRS, FACC [26-3.38] | (0) | (0) | (16) 61.54% | (10) 38.46% |
| Laman A. Gray, M.D. [26-3.81] | (0) | (0) | (5) 19.23% | (21) 80.77% |
| Kendra J. Grubb, M.D., M.H.A. [27-3.81] | (0) | (0) | (5) 18.52% | (22) 81.48% |
| Glenn Hirsch, M.D., M.H.S. [27-3.59] | (0) | (0) | (11) 40.74% | (16) 59.26% |
| Andrew Lenneman, M.D. [26-3.54] | (1) 3.85% | (0) | (9) 34.62% | (16) 61.54% |
| Carrie-Anna Geisberg Lenneman, M.D., M.Sc [25-3.48] | (1) 4.00% | (0) | (10) 40.00% | (14) 56.00% |
| John H. Loughran Jr., M.D. [25-3.44] | (0) | (1) 4.00% | (12) 48.00% | (12) 48.00% |
| Matthew Keith, M.D. [26-3.35] | (0) | (3) 11.54% | (11) 42.31% | (12) 46.15% |
| H. Todd Massey, M.D. [25-3.44] | (0) | (2) 8.00% | (10) 40.00% | (13) 52.00% |
| Frank Pigula M.D. [25-3.32] | (0) | (2) 8.00% | (13) 52.00% | (10) 40.00% |
| Henry B. Sadlo Jr., M.D. FACC [26-3.54] | (1) 3.85% | (0) | (9) 34.62% | (16) 61.54% |
| Mark Slaughter, M.D. [21-3.43] | (1) 4.76% | (0) | (9) 42.86% | (11) 52.38% |
| Brad S. Sutton, M.D., M.B.A. [27-3.67] | (0) | (1) 3.70% | (7) 25.93% | (19) 70.37% |
| Margo Minissian, PhDc [26-3.73] | (0) | (1) 3.85% | (5) 19.23% | (20) 76.92% |

4. Please elaborate on your previous answers. (16)

Dr. Slaughter was not able to attend the symposium
good learning presentations.

The speakers were all good. Mark Slaughter was not present but the person that spoke in his place was good.

Great presentations from a variety of back grounds.

Dr. Slaughter was not in attendance

Good information and delivery.

Great speakers!

thoroughly enjoyed the keynote speaker. Dr. Slaughter wasn't their. i would rate Mr. Trevedi as very knowledgable, "good"

particularly enjoyed Margo Minissian's presentation re: her experiences w/women and coronary artery disease. Dr. Sadlo's presentation of the use of CT to determine the presence of stenosis of coronary arteries was very interesting.

flaherty was all over the place. flustered and rambling. monotone.

The speakers were very knowledgeable and informative regarding their areas of expertise.

The speakers were awesome and very knowledgeable in their fields of practice.

All speakers very knowledgeable

Because of Dr. Sadlo, I have already started doing coronary calcium scanning and have been able to reassure some folks that their CP was NOT likely due to heart, while others were forwarded on to cardiologists because they have scores suggestive of CAD but were in denial of the problem.

the keynote speaker was excellent and could relate more to the crowd. By show of hands the crowd was mostly nurses. many of the physicians speakers simply reviewed studies and did not have adequate time

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (22)

ASCVD risk calculator

I am still learning.

I am still determining what i will do.

ECHO MONITORING IN RELATIONSHIP TO CHEMOTHERAPY PATIENTS

Better screen Women in practice ensure on all proper medications

Considering risk for heart disease based on a woman's prenatal hx.

New options for treatment with devices

new protocols

Increase educating women on the importance of heart disease.

i dont practice

n/a, employed in a different speciality

New thoughts.

New and exciting technology.

be alert for these procedures on older adults, especially women.
a more comprehensive assessment of cardiology clinical indicators.
na

Changing the way that we evaluate/interview patients when they are female.

Increase in knowledge base of nursing practices and sharing that information with other nurses and cohorts.

Likely not much. I have always focused on women in my practice and need to continue to hear the most up-to-date info that might affect my referrals and what I can know available to them in the region.

knowledge improved on women and heart disease and can improve the education I give the female patients

assessing OB history for women and being more proactive in prevention strategies when younger women present with CP

6. How certain are you that you will implement this change?

(26)

Certain (11-
42.31%)

N/A (3-
11.54%)

Maybe (3-
11.54%)

Very Certain (8-
30.77%)

Will not implement (1-
3.85%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (15)

Advancements in heart disease awareness & screening in women.

CTA

Orthopedic injuries, joint pain, radiology reports, when to refer to orthopedic specialist, and headaches neurology

Aortic stenosis, transcatheter valve procedures

Coronary spasms

n/a

Women and heart disease

Obesity & Addiction

Back pain, Alzheimer's

neurology topics- dementia, AMS, Encephalopathy Renal - cardiorenal syndrome

There were multiple topics covered which was nice because it gave a little info on a lot of things. Another thing to consider talking about is the life vest and its purpose, indications, etc.

The role that diet and exercise play in the cardiovascular diseases specific to women and how that information can be taught to the patients as part of discharge planning, inpatient and outpatient.

Latest research that can affect prevention of CVD and improve outcomes in women in rural practice. How telemedicine can work connecting cardiologists to primary care providers. How to improve communication between the cardiologists (as specialist) and the primary care providers.

8. Were the patient recommendations based on acceptable practices in medicine?

(27)

Yes (27-
100.00%)

10. Do you think the presentation was without commercial bias?

(28)

Yes (28-
100.00%)

12. Please provide any additional comments you may have about this educational activity. (11)

Wonderful education opportunity in a beautiful venue. Appreciate all the work and planning that went into the program.

Program too long. Suggest ending around 3p.m.

I like to have some presentations on children's heart disease.

Great Seminar Thank you

Well done!

Great conference.

Thanks for the opportunity.

The only suggestion I would have is, in the afternoon session, that there be a bit of a break. I, understand, however, that you have a lot of information that you are trying to squeeze into a small amount of time. Thank you for having this symposium.

Program was very informative and organized

I thought the activity was beneficial although it was a long day. The 1 hour break for lunch was nice but then an hour later there was a break followed by multiple speakers with no break. the information could better reflect the audience. Maybe some nursing considerations in the care for these patients. Most physicians are not going to attend an all day. listening to all the studies was a little over kill. Overall I would recommend the conference and plan to attend next year.

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.