



## Catheter Ablation at Crossroads: Treading the Known versus the New Path

Thank you for attending our webinar on Catheter Ablation at Crossroads.

We value your feedback and want to ensure our future sessions meet your needs. Please take a moment to fill out this quick assessment.

### **Instructions:**

1. Answer all questions based on your experience from the webinar.
2. Choose the option that best fits your practice.
3. For open-ended questions, provide as much detail as you can.

Your responses are confidential and will help us improve our sessions.

### **Q1. What degree best describes you?**

- MD/DO
- PA/PA-C
- NP
- RN
- Medical Student
- Fellow
- Other, please specify: Click or tap here to enter text.

### **Q2. What is your area of specialization?**

- Primary Care
- Hospitalist
- Cardiology
- Cardiac Electrophysiology
- Family Practice
- Emergency Medicine
- Other, please specify: Click or tap here to enter text.

### **Q3. Which of the following best describes your primary practice setting?**

- Solo Practice
- Group Practice
- Government
- University/teaching system

- Community Hospital
- HMO/managed care
- Non-profit/community
- I do not actively practice
- Other, please specify: Click or tap here to enter text.

**Q4. How long have you been in practice?**

- More than 20 years
- 11-20 years
- 6-10 years
- 1-5 years
- Less than 1 year

**Q5. Approximately how many patients do you see each week?**

- Less than 50
- 50-99
- 100-149
- 150-199
- 200+
- I do not directly provide care

**Q6. How many patients with atrial fibrillation do you currently see each week?**

- Less than 5
- 5 -15
- 16-25
- 26-35
- 36-45
- 46-55
- 56 or more
- I do not directly provide care

**Q7. Please select the extent to which you agree/disagree that the activity supported the achievement of each learning objective**

	5	4	3	2	1
Discuss the shift from traditional approaches like to newer strategies targeting non-pulmonary vein triggers such as complex fractionated atrial electrograms (CFAEs), focal sources, and rotors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss radiofrequency ablation (RFA), pulse field ablation (PFA) and their respective efficacy, safety profiles, procedural efficiencies, and economic implications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discuss the shift towards personalized ablation strategies tailored to individual patient characteristics and pathology, moving beyond prescriptive approaches to optimize outcomes and reduce AF recurrence rates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressed the practical considerations of integrating new technologies into clinical practice, including workflow optimization, economic considerations, training requirements, and long-term efficacy monitoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understood the application of these advancements with intent-to-change practice and aiming for a meaningful improvement in patient care and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q8. Please select the extent to which you agree/disagree that the activity achieved the following:**

	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
The faculty were effective in presenting the material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The content was evidence based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The educational material provided useful information for my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The activity enhanced my current knowledge base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The activity provided appropriate and effective opportunities for active learning (e.g., case studies, discussion, Q&A, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The opportunities provided to assess my own learning were appropriate (e.g., questions before, during or after the activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q9. Based upon your participation in this activity, do you intend to change your practice behavior?**

- I do plan to implement changes in my practice based on the information presented
- My current practice has been reinforced by the information presented
- I need more information before I will change my practice

**Q10. If you plan to change your practice behavior, what type of changes do you plan to implement? (check all that apply)**

- Apply latest guidelines
- Change in pharmaceutical therapy
- Change in non-pharmaceutical therapy
- Change in diagnostic testing
- Choice of treatment/management approach
- Change in current practice for referral
- Change in differential diagnosis

Other, please specify: **Click or tap here to enter text.**

**Q11. How confident are you that you will be able to make your intended changes?**

- Very confident
- Somewhat confident
- Unsure
- Not very confident

**Q12. Which of the following do you anticipate will be the primary barrier to implementing these changes?**

- Formulary restrictions
- Time constraints
- System constraints
- Patient adherence/compliance
- Insurance/financial issues
- Lack of interprofessional team support
- Treatment related adverse events
- Other, please specify: **Click or tap here to enter text.**

**Q13. Was the content of this activity fair, balanced, objective and free of bias?**

- Yes
- No, please explain: **Click or tap here to enter text.**

**Q14. Please list any clinical issues/problems within your scope of practice you would like to see addressed in future educational activities:  
Click or tap here to enter text.**

**First Name: Enter Your First Name**

**Last Name: Enter Your Last Name**

**Email Address: Enter Your Email Address**