

Participant Evaluations Summary – Comprehensive Management of COPD for the Family Physician,  
January 15<sup>th</sup>, 2019 Webinar

<b>OBJECTIVES</b> (Note: 1=Strongly Disagree; 5=Strongly Agree)	No. of Responses	Average Score
At conclusion of this activity, participants will have a greater understanding of the multifactorial approach to diagnosing and assessing COPD.	6	4.7
At conclusion of this activity, participants will be able to identify best practices in the pharmacological treatment and management of COPD.	6	4.8
At conclusion of this activity, participants will have a clearer understanding of indications for referral to Respiriology and COPD support programs.	6	4.7

<b>STATEMENT</b> (Note: 1=Strongly Disagree; 5=Strongly Agree)	Average Score
The program content was relevant to family medicine.	4.8
The program content enhanced my knowledge.	4.3
The program content met my expectations.	4.5
The program content was well organized.	4.3
Disclosure of potential conflicts of interest was clearly communicated.	4.3
There was adequate opportunities to interact with my peers.	4.2
I will use the information I learned in my practice.	4.7

**Describe two ways in which you will change your practice as a result of attending this program.**

- Do the MAC score more often on my patients. Have patients do the CRT while they are in the exam room.
- How to prescribe inhalational therapy for patients with COPD and monitor response to meet the coverage criteria for LAMA/LABA.
- Reduce duration of oral prednisone for COPD exacerbations and reduce ICS use in those with COPD without asthma overlap.
- May consider referrals differently. Approach to inhaler coverage for COPD patients.
- I will likely get PFTs sooner and will not exceed 40 mg of Prednisone for 5-7 days for acute exacerbations.
- I will start using long term Azithromycin for selected patients depending on their cardiac history and auditory problems.

**What was the most effective part of the program? Why?**

- Simplistic with questions to think about - so engaging.
- Short and to the point.
- Communication with attendees.
- Interaction directly with the Respiriologist.
- Having some MCQs to frame discussion around.

**What was the least effective part of the program? Why?**

- Not knowing the audio was the phone even if on GoToMeeting - so communication around that.
- There were some hiccups with the audio portion of the program which I am sure can be worked out for future programs.
- Nil.
- Just a bit of trouble with the audio at first.

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**Please list topics you would like to see addressed in future programs:**

- Similar format to address approach to Type 2 DM treatment (including ways to get NLPDP coverage) esp. with the increase in choices.
- Insulin pump.