

Supplemental Appendix S1: Program directors survey on HF training during cardiology residencies

Default Question Block

Please select your cardiology program?

- University of British Columbia,
- University of Calgary,
- University of Alberta,
- University of Saskatchewan,
- University of Manitoba
- University of Toronto,
- University of Ottawa,
- Western University,
- Queen's University,
- Dalhousie University,
- McGill University,
- McMaster University,
- Université de Montréal,
- Université Laval,
- Université de Sherbrooke

Average number of accepted trainees per year

- ≤ 2 ,

- 3-4,
- 5-6,
- >6

Currently, what is the minimum number of mandatory ambulatory cardiology rotations during the 3-year training?

- ≤ 2 ,
- 3-4,
- 5-6,
- >6

For your upcoming cohort of residents in competency-based medical education (CBME), what will be the minimum number of mandatory ambulatory cardiology rotations during the 3-year training?

- ≤ 2 ,
- 3-4,
- 5-6,
- >6

Do you offer heart failure (HF) rotation during training? (includes any HF rotation either mandatory or elective)

- Yes
- No

How many HF rotations are mandatory during **current fellowship training**?

- ≥ 3 ,

- 2,
- 1,
- None

For your upcoming cohort of residents in competency-based medical education (CBME), how many mandatory HF rotations are planned?

- ≥ 3 ,
- 2,
- 1,
- No HF rotations will be mandatory

If you offer HF rotation, to what degree do you rate trainees' exposure to ambulatory *non-transplant* HF patients?

- None,
- Minimal (1 clinic/4-week rotation),
- Modest (2-4 clinics/4-week rotation),
- Moderate (5-6 clinics/4-week rotation),
- High (>6 clinics/4-week rotation),

If you offer HF rotation, to what degree do you rate trainees' exposure to ambulatory *advanced* HF patients (transplant/mechanical support/pulmonary hypertension)?

- None,
- Minimal (1 clinic/4-week rotation),
- Modest (2-4 clinics/4-week rotation),
- Moderate (5-6 clinics/4-week rotation),

High (>6 clinics/4-week rotation),

If you offer HF rotation, to what degree do you rate trainees' exposure to *remote patients monitoring*?

Note: Remote patient monitoring refers to working with HF nurses/pharmacists to review patient's data including weight, blood pressure, heart rate and laboratory tests and making decisions on medication regimen adjustments accordingly

None,

Minimal (1 activity/4-week rotation),

Modest (2-4 activities/4-week rotation),

Moderate (5-6 activities/4-week rotation),

High (>6 activities/4-week rotation),

Within your general cardiology training curriculum, do you provide any dedicated practical HF medication optimization modules (besides didactic teaching at academic half days)?

Yes

No

Does your university offer advanced heart failure subspecialty fellowship training?

Yes

No

Does your institution have a dedicated HF clinic?

Note: A dedicated HF clinic is one where there is a form of nursing support after the patient leaves the clinic. The clinic provides **one or more** of the following: remote patient monitoring, follow-up on blood tests and vital signs, remote medication titration, receiving patients calls from 9-5 pm if patients developed concerning symptoms, etc..

Yes

No

Does your institution have a HF in-patient ward/admitting service (rather than all HF patients being admitted to the general wards (Cardiology or Medicine) or CCU depending on acuity?)

Note: If your institution has a HF admission service dedicated solely for advanced HF patients (transplant/mechanical support/pulmonary hypertension), please answer Yes to this question

Yes

No

Does your institution have a HF consultative service (even if it is only available from 8 am -5 pm?)

Yes

No

Does your institution have a HF specialist pharmacist (working to support in-patient or outpatient clinicians, or both)?

Note: Examples of this are specialist pharmacists rounding with the ward teams/CCU and advising on medication titration, seeing HF patients in the clinic and performing medication reconciliation/titration or are available by phone when the cardiologist/HF nurse need guidance. If any of these apply, please select Yes.

Yes

No

I do not know

Does your institution have internal audit/feedback quality improvement programs for GDMT optimization?

Note: This could be in the form of clinician or nurse educators randomly reviewing HF patients charts to determine if they are fully optimized with GDMT

Yes

No

I do not know

Does your institution provide remote patient monitoring services?

Note: Remote patient monitoring refers to HF nurses/pharmacists reviewing patient's data including weight, blood pressure, heart rate and laboratory tests and making decisions on medication regimen adjustments accordingly

Yes

No

I do not know

How do you feel about a heart failure medication optimization theoretical and practical learning module can improve residents' practice of evidence-based HF medication prescription?

Strongly agree

Agree somewhat

Neutral

Somewhat disagree

Strongly disagree

Would your program be amenable to implement a HF medication optimization module which includes 3-hour long didactic session (could be performed over one academic half day) and practical experience of peer auditing/feedback of adherence to evidence-based HF medication prescription?

Very amenable,

Amenable,

Difficult but doable,

Very difficult but doable

Impossible

How feasible would it be to arrange an ambulatory HF rotation where fellows work at the heart function clinic to see new patients and follow-ups to improve their skills in HF medication optimization?

- Very feasible
 - Feasible,
 - Neutral,
 - Not feasible,
 - Not feasible at all (impossible)
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