

<DATE>

## Adherence CONNECT Improving adherence to prevent stroke in AF Accredited Learning Program

Program Date: \_\_\_\_\_

Program Location: \_\_\_\_\_

Dear <NAME>,

I am pleased to invite you to an upcoming educational program entitled, Adherence CONNECT, a live <lunch/dinner> session for primary care physicians to explore and address challenges around patient adherence to prescribed medications.

Studies and reviews have provided a number of techniques that can be used to support patients and improve adherence thereby improving overall outcomes. This program includes a review of the evidence and case studies aimed at discussing best practices in improving patient adherence.

Originally presented at Primary Care Today, this 90-minute interactive program is accredited for XX MainPro credits and aims to:

### Program objectives:

- Identify factors that affect adherence
- Discuss ways you can help patients improve adherence, including simplified treatment regimens
- Describe factors that affect adherence in medications that prevent stroke and TIAs in people with atrial fibrillation

Thank you for taking the time to review this invitation. Please confirm your attendance by completing the attached form and faxing to the number indicated or contacting REPRESENTATIVE'S NAME at REPRESENTATIVE'S EMAIL or REPRESENTATIVE'S PHONE NUMBER.

Should you have any questions, please do not hesitate to contact your representative.

This program is supported in part by an educational grant from Bayer Canada.

Best regards,

Facilitator name, credentials, signature

This program has been reviewed by The College of Family Physicians of Canada and is awaiting final accreditation by the College's Province Chapter.

**RESPONSE FORM:  
Adherence CONNECT  
Improving adherence to prevent stroke in AF**

Program Date: \_\_\_\_\_

Program Location: \_\_\_\_\_

**PLEASE RESPOND BY <date>, 2015**

FAX BACK TO: \_\_\_\_\_

To respond by email: \_\_\_\_\_

**Dr. First Name Last Name**

*Email:* \_\_\_\_\_

*Assistant's Email:* \_\_\_\_\_

*Phone number:* \_\_\_\_\_

*Mailing address:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Yes, I am interested in participating*

**OR**

*No, I am sorry I cannot attend. I would be interested in a future session*

**Adherence CONNECT**  
**Improving adherence to prevent stroke in AF**  
Workshop

Program Date: \_\_\_\_\_

Program Location: \_\_\_\_\_

Facilitator: \_\_\_\_\_

**Sample AGENDA**

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**60-minute (Single case review)**

6:00 pm	Welcome and dinner	
<b>6:30 pm</b>	Welcome and Program Overview	<b>[Facilitator]</b>
<b>6:45 pm</b>	Presentation Discussion throughout	<b>[Facilitator]</b>
<b>7:45 pm</b>	Concluding Remarks and Adjournment	<b>[Facilitator]</b>

**OR**

**90-minute (Two-case review)**

5:30 pm	Welcome and dinner	
<b>6:00 pm</b>	Welcome and Program Overview	<b>[Facilitator]</b>
<b>6:15 pm</b>	Presentation Discussion throughout	<b>[Facilitator]</b>
<b>8:45 pm</b>	Concluding Remarks and Adjournment	<b>[Facilitator]</b>