



Post-Training Quiz and Evaluation: Session 4

Nursing Home Name: _____

First Name: _____ Last Name: _____

Position
(please check one):

<input type="checkbox"/>	Administrator	<input type="checkbox"/>	Licensed Practical Nurse (LPN)
<input type="checkbox"/>	Assistant Director of Nursing	<input type="checkbox"/>	Medical Director
<input type="checkbox"/>	Certified Nursing Assistant (CNA)	<input type="checkbox"/>	Nurse Practitioner (NP)
<input type="checkbox"/>	Director of Nursing (DON)	<input type="checkbox"/>	Physician Assistant (PA)
<input type="checkbox"/>	Educator / Staff Developer	<input type="checkbox"/>	Registered Nurses (RN)
<input type="checkbox"/>	INTERACT Project Champion	<input type="checkbox"/>	Social Work
<input type="checkbox"/>	INTERACT Project Co-Champion	<input type="checkbox"/>	Other

1. The purpose of the SBAR Communication Form and Progress Note is to (select all that are correct):

- a. Improve communication between all providers
- b. Standardize criteria for nursing assessment and documentation
- c. Provide clear guidelines for nursing assessment and documentation
- d. Meet orientation requirements
- e. Promote communication that is efficient
- f. Promote communication that is effective

2. Which of the following is true? Circle the single best answer.

- a. The SBAR may initially require more time to complete than a typical nursing note, but completion times drop once staff members gain experience with the form.
- b. The SBAR, once filed, acts as a kind of red flag that lets staff know the resident recently had a change in condition.
- c. Surveyors may cite your nursing home if you fail to use the SBAR.
- d. Only A and B
- e. All of the above



7. We welcome your comments, questions, and recommendations for improving this session:

Thank you! Please return your completed quiz and evaluation to your nursing home's INTERACT champion. **Champions:** Immediately following the teleconference, **please fax quizzes and evaluations** from all team members to: **(561) 297-2462.**