Seminar Evaluation Form

Title: Documentation: Avoiding the Pitfalls

Instructor: Presenter: Patricia Iyer MSN RN LNCC

- 1. How would you rate the instructor? ____Excellent ___Good ____Average___ Poor
- 2. Please evaluate the extent to which objectives were met. After participating in the program I am prepared to:

OBJECTIVES:	Fully	Partially	Not at all
Define how documentation is used in the legal process			
Explain why patients bring claims			

3. Comments about this program:

May we use your comments in our marketing? If so, please provide your name, profession (nurse, attorney) and city/state.

Name:

Profession:

City/State

- 4. How could this program be improved?
- 5. What are your suggestions for future topics?

If you do <u>not</u> wish to have one nursing contact hour, please return only this form by email to <u>contactus@medleague.com</u> or by fax to 908-806-4511 or by mail to Patient Safety Now, 260 Route 202-31, Suite 200, Flemington, NJ 08822. If you wish nursing contact hours, both the evaluation form and post test are to be sent to Taylor College at the address on the next page.

Nursing Contact Hour Post Test

Title: Documentation

Circle the letter that best answers the question.

Post test:

- A. Which is not an element of liability that has to be proven by the plaintiff?
- 1. Damages
- 2. Character
- 3. Proximate cause
- 4. Duty
- B. True/false: The vast majority of people who are injured by negligence will file suits.
- C. Which of these was a deviation from the standard of care in the case of the Demerol overdose?
- 1. Failure to follow the chain of command
- 2. Incorrect performance of a tube insertion
- 3. Failure to heed a family member's concern
- 4. Delay in treatment

Name:

Address:

Street, City, Zip

Please return the post test and evaluation form to:

Norman Heavens Taylor College PO Box 93666 Los Angeles, CA 90093-0666

A check for \$15.00 written to Taylor College should accompany the post test and evaluation form. You may call in a credit card number, if you prefer, to 1-800-743-4006. Please contact Norman Heavens with any questions. Do <u>not</u> send \$15.00 or the forms to Patient Safety Now or Med League Support Services.