

Teleseminar Evaluation Form

Title: The Acute Abdomen

Instructor: Peter Fielding MD FRCS, FACS

Moderator: 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
Recognize the general principles and pathogenesis of the common causes of the acute abdomen: inflammatory, bowel obstruction (both small and large), viscous perforation, vascular (arterial and venous), tissue strangulation, and intra-abdominal infection.			
Defend the notion that a time factor to the initiation of definitive treatment (“door to surgery” time) is the paramount yardstick by which the quality of care that should be measured in these patients.			

3. Comments about this teleseminar:

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 not wish to have one nursing contact hour, please return only this form by email to contactus@medleague.com or by fax to 908-806-4511 or by mail to Patricia Iyer Associates, 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: The Acute Abdomen

Circle the letter that best answers the question.

I. The management of patients with acute abdominal pain depends on:

- 1) Time of arrival in ED to first CT scan. True / False
- 2) Time of pain onset to definitive treatment: True / False
- 3) Time from arrival in ED to being seen by an Internist. True / False

II. Time to treat has been shown to be important to achieve good clinical outcomes in the following conditions:

- 4) Trauma. True / False
- 5) Rectal bleeding from colorectal tumors True / False
- 6) Myocardial infarction True / False

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 not send \$15.00 or the forms to Patricia Iyer Associates or Med League Support Services.