

## Teleseminar Evaluation Form

**Title: After the Fall**

**Instructor: Barbara Levin**

**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:

<b>OBJECTIVE:</b>	<b>Fully</b>	<b>Partially</b>	<b>Not at all</b>
Define the physical and financial consequences of falls			

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](mailto: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: After the Fall**

**Circle the letter that best answers the question.**

**Three test questions and answers:**

1. Identify which complications can result in patient death:
  - a. deep vein thrombosis
  - b. urinary tract infection
  - c. pressure ulcers
  - d. delirium
  - e. all of the above
  
2. The following injury has a high morbidity and mortality rates at 1 year post injury.
  - a. Hip fracture
  - b. Wrist fracture
  - c. Rib fracture
  - d. Back strain
  
3. The CMS is denying reimbursements to hospitals for so called “never events,” such as falls and other reasonable preventable treatment that occurs during a hospital stay.
  - a. True
  - b. 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.