

Teleseminar Evaluation Form

Title: Getting the Most out of an LNC Observation of an IME

Instructor: Lorraine Buchanan

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
1. Learner will be able to explain the purpose of attending an IME			
2. Learner will be able to document the key components of accompanying a patient to an IME			

Post Test

1. Who is the “client” when you accompany a person to an IME?
 - a. The patient
 - b. The attorney
 - c. The physician
2. If you think the physician is performing an examination incorrectly, you should:
 - a. Stop the exam and discuss it with the physician
 - b. Document it in your notes for inclusion in your report
 - c. Just describe what you see
 - d. Just ignore it
3. Part of the process of accompanying a patient to an IME is
 - a. to try to intimidate a physician into doing a good examination because you are watching
 - b. to convince the physician that the patient is really hurt
 - c. to establish an independent record of the history and examination using descriptive language and objective parameters
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 ML@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:

Circle the letter that best answers the question.

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.