

## NDLTCA's Fall Conference

# PARTICIPANT EVALUATION FORM

*We hope you found this educational offering both interesting and informative.  
We'd like to hear from you and appreciate you taking the time to answer these evaluation questions.*

<b>Title</b>	<b>35: Better Decision Making for Incapacitated Patients without Surrogates</b>					
<b>Date</b>	Wednesday, Sept. 21					
<b>Time</b>	3:00-5:00 p.m.					
<b>Speaker</b>	Thaddeus Mason Pope					
<b>Please rank the following items – circle your selection:</b> <i>5 = Excellent; 4 = Very Good; 3 = Good; 2 = Fair; 1 = Poor; N = Not Applicable</i>						
<b>To what extent was each objective achieved?</b>						
	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N</b>
1. Define the "unrepresented" or "unbefriended" resident.	11	4				
2. Identify the reasons that residents become incapacitated and unrepresented	12	2	1			
3. Identify the explicitly authorized avenues for identifying and relying upon legally authorized surrogate decision makers	11	3	1			
4. Evaluate the risks and benefits of medical decision making when none of the explicitly authorized options are available	11	3	1			
<b>To what extent was the speaker:</b>						
Knowledgeable about subject matter.	12	3				
Prepared and organized.	12	2	1			
Ability to communicate well.	11	3	1			
<b>Please rate this conference:</b>						
<b>Overall strength of presentation</b>	11	3	1			
<input type="checkbox"/> N.H. Administrator; <input type="checkbox"/> B.C. Manager; <input type="checkbox"/> A.L. Manager; <input type="checkbox"/> DON; <input checked="" type="checkbox"/> 1 Nurse Manager; <input checked="" type="checkbox"/> 1 Nurse; <input type="checkbox"/> Dietary Manager; <input type="checkbox"/> Dietitian; <input checked="" type="checkbox"/> 11 Social Worker; <input type="checkbox"/> SSD; <input checked="" type="checkbox"/> 1 Activities; <input type="checkbox"/> Environmental; <input type="checkbox"/> HIM; <input type="checkbox"/> Office/Billing; <input type="checkbox"/> Therapy; <input type="checkbox"/> CNA; <input type="checkbox"/> CMA <input type="checkbox"/> HIM; <input type="checkbox"/> AIT; <input type="checkbox"/> Other: _____						
<b>Comments:</b>						
<i>Awesome. Very organized. Helpful for when this situation arises. Very knowledgeable speaker.</i>						
<i>Very informative</i>						
<i>He would be good to have back</i>						
<i>Very informative</i>						

**Please use reverse side for additional comments.**