Skeletal Traction Pre/Post-Test

* For <u>knowledge</u> scale 1 through 5:

1 = no knowledge; 5 = expert

* For <u>comfort</u> scale 1 through 5:

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1 = distressing; 5 = at ease/comfortable

| During what year did you start working as a registered nurse at Hospital Name | (year) | | | | |
|--|-------------|---|---|---|---|
| • To your knowledge, prior to this educational event did there exist a Hospital Skeletal Traction Policy? | Yes -or- No | | | | |
| • What is your current level of <u>knowledge</u> regarding <i>pin care</i> ? | 1 | 2 | 3 | 4 | 5 |
| • What is your current level of <u>comfort</u> regarding <i>pin care</i> ? | 1 | 2 | 3 | 4 | 5 |
| • What is your current level of <u>knowledge</u> regarding <i>manual traction</i> ? | 1 | 2 | 3 | 4 | 5 |
| • What is your current level of <u>comfort</u> regarding <i>manual traction</i> ? | 1 | 2 | 3 | 4 | 5 |
| What is your current level of <u>knowledge</u> regarding <i>frame</i> assembly? | 1 | 2 | 3 | 4 | 5 |
| What is your current level of <u>comfort</u> regarding <i>frame</i> assembly? | 1 | 2 | 3 | 4 | 5 |
| What is your current level of <u>knowledge</u> regarding weight hanging/removal? | 1 | 2 | 3 | 4 | 5 |
| What is your current level of <u>comfort</u> regarding hanging/removal? | 1 | 2 | 3 | 4 | 5 |
| What is your current level of <u>knowledge</u> regarding <i>skin</i> evaluation? | 1 | 2 | 3 | 4 | 5 |
| What is your current level of <u>comfort</u> regarding <i>skin</i> evaluation? | 1 | 2 | 3 | 4 | 5 |
| What is your current level of <u>knowledge</u> regarding neurovascular checks? | 1 | 2 | 3 | 4 | 5 |
| What is your current level of <u>comfort</u> regarding neurovascular checks? | 1 | 2 | 3 | 4 | 5 |
| • What is your current level of <u>knowledge</u> regarding <i>protocol for reporting issues</i> ? | 1 | 2 | 3 | 4 | 5 |
| • What is your current level of <u>comfort</u> regarding <i>protocol for reporting issues</i> ? | 1 | 2 | 3 | 4 | 5 |