

## CEU ALERT SERVICE FOR MUHC NURSES

APRIL 2015

### CONTENTS

ANXIETY DISORDERS .....	1
BULLYING .....	2
CHARTING .....	2
CONTRACEPTIVE DEVICES .....	3
CRITICAL CARE NURSING .....	3
EVIDENCE-BASED NURSING .....	4
IMMUNIZATION .....	4
INSOMNIA .....	4
LEADERSHIP .....	5
MEDICAL SURGICAL NURSING .....	5
MENTAL HEALTH .....	7
NEUROSCIENCE NURSING .....	8
NURSING EDUCATION .....	8
PALLIATIVE CARE .....	8
PHYSICAL RESTRAINT .....	9
PRESSURE ULCERS .....	9
SEXUAL ABUSE .....	10
VETERANS .....	10

### ANXIETY DISORDERS

McBride, M. E. (2015). "[Beyond butterflies: Generalized anxiety disorder in adolescents.](#)" *Nurse Practitioner* 40(3): 28-37.

A generalized anxiety disorder diagnosis must include thorough history-taking, the use of age-appropriate screening tools, and physical assessment. Research and development into the use of screening tools and effectiveness of treatment strategies for generalized anxiety disorder is needed to better manage adolescents with the disorder.

- Test: (2015). "[Beyond butterflies: Generalized anxiety disorder in adolescents.](#)" Nurse Practitioner 40(3): 36-37.
- Cost: \$ 24.95 (USD)
- Registration deadline: March 31, 2017
- **Valid for 2.5 accredited hours**

## BULLYING

Rainford, W. C., S. Wood, et al. (2015). "[The Disruptive Force of Lateral Violence in the Health Care Setting.](#)" Journal for Nurse Practitioners 11(2): 157-164.

The health care workplace is intensely stressful, regulated by levels of bureaucracy, enforced by strict norms of behavior, and characterized by challenging and sizable workloads. This can create a breeding ground for lateral violence, commonly referred to as workplace bullying. This article is designed to help nurse practitioners understand lateral violence consequences and prevention strategies. Response to lateral violence is an ethical obligation for nurse practitioners. In order to reduce disruption to patient care and prevent monetary losses to health care organizations, nurse practitioners should advocate for changes in nursing education, accreditation standards, and policies targeted at the elimination of lateral violence.

- Test: on the [NPjournal website](#) look for and click on "Lateral Violence in the Health Care Setting" and register for an account
- Cost: \$ 10.00 (USD) or free if taken online
- Registration deadline: March 1, 2017
- **Valid for 1.0 accredited hours**

## CHARTING

Sandau, K. E., S. Sendelbach, et al. (2015). "[Computer-assisted interventions to improve qtc documentation in patients receiving qt-prolonging drugs.](#)" American Journal of Critical Care 24(2): e6-e15.

Background: Many medications commonly used in hospitals can cause prolonged corrected QT interval (QTc), putting patients at risk for torsade de pointes (TdP), a potentially fatal arrhythmia. However, documentation of QTc for hospitalized patients receiving QT-prolonging medications is often not consistent with American Heart Association standards. Objective: To examine effects of education and computerized documentation enhancements on QTc documentation. Methods: A quasi-experimental multisite study among 4011 cardiac-monitored patients receiving QTc-prolonging medications within a 10-hospital health care system was conducted to compare QTc documentation before (n=1517), 3 months after (n=1301), and 4 to 6 months after (n=1193) an intervention. The intervention included (1) online education for 3232 nurses, (2) electronic notifications to alert nurses when a patient received at least 2 doses of a QT-prolonging medication, and (3) computerized calculation of QTc in electronic health records after nurses had documented heart rate and QT interval. Results: QTc documentation for inpatients receiving QTc-prolonging drugs increased significantly from baseline (17.3%) to 3 months after the intervention (58.2%; P<.001) within the 10 hospitals and had increased further 4 to 6 months after the intervention (62.1%, P=.75). Patients at larger hospitals were significantly more likely to have their QTc documented (46.4%) than were patients at smaller hospitals (26.2%; P<.001). Conclusion: A 3-step system-wide intervention was associated with an increase in QTc documentation for patients at risk for drug-induced TdP, and improvements persisted over time. Further study is needed to assess whether increased QTc documentation decreases occurrence of drug-induced TdP.

- Test: Included with article or [online](#)
- Cost: \$ 0 for AACN members, \$10.00 (USD) for non-members
- Registration deadline: March 1, 2018
- **Valid for 1.0 accredited hours**

## CONTRACEPTIVE DEVICES

Atkin, K., M. W. Beal, et al. (2015). "[Long-acting reversible contraceptives for teenagers: Primary care recommendations.](#)" Nurse Practitioner 40(3): 38-46.

Long-acting reversible contraceptive (LARC) methods are underutilized in the adolescent population despite their superior efficacy over non-LARC methods. The purpose of this article is to discuss the barriers that lead to underutilization of these methods and present an evidence-based approach for the use of LARC methods among adolescents in the primary care setting.

- Test: (2015). "[Long-acting reversible contraceptives for teenagers: Primary care recommendations.](#)" Nurse Practitioner 40(3): 46-47.
- Cost: \$ 24.95 (USD)
- Registration deadline: March 31, 2017
- **Valid for 2.5 accredited hours**

## CRITICAL CARE NURSING

Hamlin, S. K., S. K. Hanneman, et al. (2015). "[Hemodynamic changes with manual and automated lateral turning in patients receiving mechanical ventilation.](#)" American Journal of Critical Care 24(2): 131-140.

Background: Lateral turning of critical care patients receiving mechanical ventilation can adversely affect hemodynamic status. Objective: To study hemodynamic responses to lateral turning. Method: A time-series design with automated signal processing and ensemble averaging was used to evaluate changes in heart rate, mean arterial pressure, and pulse pressure due to lateral turning in 13 adult medical-surgical critical care patients receiving mechanical ventilation. Patients were randomly assigned to the manual-turn or the automated-turn protocol for up to 7 consecutive days. Heart rate and arterial pressure were measured every 6 seconds for more than 24 hours, and pulse pressure was computed. Results: A total of 6 manual-turn patients and 7 automated-turn patients completed the study. Statistically significant changes in heart rate, mean arterial pressure, and pulse pressure occurred with the manual turn. Return of the hemodynamic variables to baseline values required up to 45 minutes in the manual-turn patients (expected recovery time  $\leq$  5 minutes). However, clinically important changes dissipated within 15 minutes of the lateral turn. The steady-state heart rate response on the right side was slightly greater (3 beats per minute) than that on the back ( $P = .003$ ). Automated turning resulted in no clinically important changes in any of the 3 variables. Conclusions: In medical-surgical critical care patients receiving mechanical ventilation, manual lateral turning was associated with changes in heart rate, mean arterial pressure, and pulse pressure that persisted up to 45 minutes.

- Test: Included with article but go to [website](#) to get credits
- Cost: \$ 0 for AACN members, \$10.00 (USD) for non-members
- Registration deadline: March 1, 2018
- **Valid for 1.0 accredited hours**

## EVIDENCE-BASED NURSING

Spruce, L. (2015). ["Back to Basics: Implementing Evidence-Based Practice."](#) AORN Journal 101(1): 106-112.

As health care transitions from volume-based care to value-based care, it is imperative that perioperative nurses implement evidence-based practices that support effective care. Implementing evidence-based practice is a challenge but improves patient outcomes, standardizes care, and decreases patient care costs. Understanding how care interventions work and how to implement them is important to compete in today's health care market. This "Back to Basics" article discusses how to identify, review, and appraise research; make recommendations to implement new practices; evaluate the outcomes of the implementations; and make necessary changes to facilitate evidence-based practice.

- Test: online on [AORN website](#)
- Cost: \$ 17.60 for AORN members, \$35.20 (USD) for non-members
- Registration deadline: January 31, 2018
- **Valid for 2.2 accredited hours**

## IMMUNIZATION

Anderson, V. L. (2015). ["Promoting Childhood Immunizations."](#) Journal for Nurse Practitioners 11(1): 1-10.

Immunization was perhaps the single most beneficial public health measure of the 20th century. Vaccine manufacturers work in tandem with government, academic, and nongovernmental agencies to develop safe and effective vaccines that decrease health costs and improve compliance. Despite overwhelming evidence of vaccine safety, suspicion and misconception continues in small groups of hesitant or resistant parents, often leading to outbreaks of vaccine-preventable infections. On the front lines of vaccination, nurse practitioners can improve vaccination rates by developing a trusting relationship with parents and being armed with information based on sound clinical evidence.

- Test: on the [NPjournal website](#) look for and click on "Promoting Childhood Immunizations" and register for an account
- Cost: \$ 10.00 (USD) or free if taken online
- Registration deadline: February 1, 2017
- **Valid for 1.0 accredited hours**

## INSOMNIA

Rosini, J. M. and P. Dogra (2015). ["Pharmacology for insomnia: Consider the options."](#) Nursing 45(3): 38-45.  
<http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=2012926256&site=ehost-live>

- Test: (2015). ["Pharmacology for insomnia: Consider the options."](#) Nursing 45(3): 45-46.
- Cost: \$ 24.95 (USD)
- Registration deadline: March 31, 2017
- **Valid for 2.5 accredited hours**

## LEADERSHIP

Keith, J. L., J. N. Doucette, et al. (2015). "[Making an impact: Can a training program for leaders improve HCAHPS scores?](#)" *Nursing Management* 46(3): 20-28.

- Test: (2015) "[Making an impact.](#)" *Nursing Management* 46(3): 27-28.
- Cost: \$21.95 (USD)
- Registration deadline: March 31, 2017
- **Valid for 2.0 accredited hours**

## MEDICAL SURGICAL NURSING

Burlingame, B. L. (2015). "[Clinical issues](#)" *AORN Journal* 101(2): 282-289.

- Test: Included with article, but go to the [website](#) for credit
- Cost: \$ 9.60 for AORN members, \$19.20 (USD) for non-members
- Registration deadline: February 28, 2018
- **Valid for 1.2 accredited hours**

Childs, S. and P. Bruch (2015). "[Successful Management of Risk in the Hybrid OR.](#)" *AORN Journal* 101(2): 223-237.

The advent of intraoperative magnetic resonance imaging (MRI) surgery has resulted in numerous advances in minimally invasive procedures. This progress has also revealed serious environmental hazards for the patient and perioperative team. At one facility, implementation of an MRI/OR intervention suite has enhanced surgical care and outcomes. Achieving the benefits of intraoperative MRI can occur with a multidisciplinary, interdepartmental approach to the design and layout of the hybrid environment and through implementation of education and safety protocols, including patient screening and prep for scanning. Personnel, including perioperative nurses, must receive expert hands-on training to successfully mitigate risk and provide care in the hybrid OR setting.

- Test: Included with article, but go to the [website](#) for credit
- Cost: \$ 20.00 for AORN members, \$40.00 (USD) for non-members
- Registration deadline: February 28, 2018
- **Valid for 2.5 accredited hours**

Cowperthwaite, L. and R. L. Holm (2015). "[Guideline Implementation: Preoperative Patient Skin Antisepsis.](#)" *AORN Journal* 101(1): 72-77.

Performing preoperative skin antisepsis to remove soil and microorganisms at the surgical site may help prevent patients from developing a surgical site infection. The updated AORN "Guideline for preoperative skin antisepsis" addresses the topics of preoperative patient bathing and hair removal, selection and application of skin antiseptics, and safe handling, storage, and disposal of skin antiseptics. This article focuses on key points of the guideline to help perioperative personnel develop protocols for patient skin antisepsis. The key points include the need for the patient to take a preoperative bath or shower and the need for perioperative personnel to manage hair at the surgical site, select a safe and effective antiseptic for the individual patient, perform a safe preoperative surgical site prep, and appropriately store skin antiseptics. Perioperative RNs should review the complete guideline for additional information and for guidance when writing and updating policies and procedures.

- Test: online [AORN website](#)
- Cost: \$ 8.80 for AORN members, \$22.00 (USD) for non-members

- Registration deadline: January 31, 2018
- **Valid for 1.1 accredited hours**

Cowperthwaite, L. and R. L. Holm (2015). "[Guideline Implementation: Surgical Attire.](#)" AORN Journal 101(2): 188-197.

Surgical attire helps protect patients from microorganisms that may be shed from the hair and skin of perioperative personnel. The updated AORN "Guideline for surgical attire" provides guidance on scrub attire, shoes, head coverings, and masks worn in the semirestricted and restricted areas of the perioperative setting, as well as how to handle personal items (eg, jewelry, backpacks, cell phones) that may be taken into the perioperative suite. This article focuses on key points of the guideline to help perioperative personnel adhere to facility policies and regulatory requirements for attire. The key points address the potential benefits of wearing scrub attire made of antimicrobial fabric, covering the arms when in the restricted area of the surgical suite, removing or confining jewelry when wearing scrub attire, disinfecting personal items that will be taken into the perioperative suite, and sending reusable attire to a health care--accredited laundry facility after use. Perioperative RNs should review the complete guideline for additional information and for guidance when writing and updating policies and procedures.

- Test: Included with article, but go to the [website](#) for credit
- Cost: \$ 9.60 for AORN members, \$19.20 (USD) for non-members
- Registration deadline: February 28, 2018
- **Valid for 1.2 accredited hours**

Daniels, A. H., S. S. Schiebert, et al. (2015). "[Symptomatic Spinal Epidural Hematoma After Lumbar Spine Surgery: The Importance of Diagnostic Skills.](#)" AORN Journal 101(1): 86-90.

Symptomatic spinal epidural hematoma (SEH) is a rare but serious complication that may occur after lumbar spine surgery. Prompt recognition of this complication depends on the diagnostic skills of perioperative nursing personnel, particularly postanesthesia care unit nurses. Analysis of a composite of patients undergoing spinal surgery suggests that neurological and functional outcomes of patients with symptomatic lumbar SEH often depend on the time interval between symptom onset and surgical evacuation of the hematoma. Clinicians should consider a diagnosis of symptomatic SEH if there is a change in the patient's neurological status during the first several hours after lumbar spine surgery. Suspicion of postoperative symptomatic SEH should prompt clinicians to notify the responsible surgeon without delay.

- Test: online [AORN website](#)
- Cost: \$ 8.80 for AORN members, \$22.00 (USD) for non-members
- Registration deadline: January 31, 2018
- **Valid for 1.1 accredited hours**

Mangusan, R. F., V. Hooper, et al. (2015). "[Outcomes associated with postoperative delirium after cardiac surgery.](#)" American Journal of Critical Care 24(2): 156-163.

Background: Delirium after surgery is a common condition that leads to poor outcomes. Few studies have examined the effect of postoperative delirium on outcomes after cardiac surgery. Objectives: To assess the relationship between delirium after cardiac surgery and the following outcomes: length of stay after surgery, prevalence of falls, discharge to a nursing facility, discharge to home with home health services, and use of inpatient physical therapy. Methods: Electronic medical records of 656 cardiac surgery patients were reviewed retrospectively. Results: Postoperative delirium occurred in 161 patients (24.5%). Patients with postoperative delirium had significantly longer stays ( $P < .001$ ) and greater prevalence of falls ( $P < .001$ ) than did patients without

delirium. Patients with delirium also had a significantly greater likelihood for discharge to a nursing facility ( $P < .001$ ) and need for home health services if discharged to home ( $P < .001$ ) and a significantly higher need for inpatient physical therapy ( $P < .001$ ). Compared with patients without postoperative delirium, patients who had this complication were more likely to have received zolpidem and benzodiazepines postoperatively and to have a history of arrhythmias, renal disease, and congestive heart failure. Conclusions: Patients who have delirium after cardiac surgery have poorer outcomes than do similar patients without this complication. Development and implementation of an extensive care plan to address postoperative delirium is necessary for cardiac surgery patients who are at risk for or have delirium after the surgery.

- Test: Included with article and on the [website](#)
- Cost: \$ 0 for AACN members, \$10.00 (USD) for non-members
- Registration deadline: March 1, 2018
- **Valid for 1.0 accredited hours**

**Read the following 4 articles and do the test:**

Wood, A. (2015). "[Ebola precautions in the OR.](#)" AORN Journal 101(1): 150-153.

Wood, A. (2015). "[Abdominal-perineal dual preps.](#)" AORN Journal 101(1): 154-155.  
<http://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=2012834065&site=ehost-live>

Wood, A. (2015). "[Chlorhexidine gluconate--impregnated cloths.](#)" AORN Journal 101(1): 155-156.

Wood, A. (2015). "[Alcohol-based antiseptics and hair removal.](#)" AORN Journal 101(1): 156-156.

- Test: Instructions included in the first article, but go to the [website](#) for credit
- Cost: \$ 12.00 for AORN members, \$30.00 (USD) for non-members
- Registration deadline: January 31, 2018
- **Valid for 1.5 accredited hours**

## MENTAL HEALTH

**Read the following 3 articles and do the "CNE Quiz":**

Beebe, L. H. and D. W. Schuman (2015). "[Understanding the Perspectives of Family Members on Telephone Intervention for Individuals With Schizophrenia.](#)" Journal of Psychosocial Nursing & Mental Health Services 53(3): 32-38.

Conard, P. L., M. L. Armstrong, et al. (2015). "[Nursing advocacy for women veterans and suicide.](#)" Journal of Psychosocial Nursing & Mental Health Services 53(3): 24-30.

Blair, M. and F. Moulton-Adelman (2015). "[The Engagement Model for Reducing Seclusion and Restraint.](#)" Journal of Psychosocial Nursing & Mental Health Services 53(3): 39-45.

- Test: online at [Villanova University Website](#)
- Test instructions: (2014). "[CNE Quiz.](#)" Journal of Psychosocial Nursing & Mental Health Services 53(3): 46-47.
- Cost: \$ 20.00 (USD)
- Registration deadline: February 28, 2018
- **Valid for 3.7 accredited hours**

## NEUROSCIENCE NURSING

Beal, C. C. and M. A. Faucher (2015). "[Stroke and Pregnancy: An Integrative Review With Implications for Neuroscience Nurses.](#)" *Journal of Neuroscience Nursing* 47(2): 76-84.

Stroke in association with pregnancy is an infrequent occurrence, but there is evidence that the incidence is rising. The physiological changes of pregnancy are thought to increase stroke risk, and several conditions specific to pregnancy further increase risk. The provision of optimal care to pregnant and postpartum women who experience stroke requires awareness of how the physiological changes of pregnancy may affect the course of stroke and nursing actions. This article provides an overview of current knowledge about pregnancy-related stroke including underlying pathophysiology, risk factors unique to pregnancy, and treatment issues when stroke is a complication of pregnancy. Implications for the nursing care of women with pregnancy-related stroke and maternal child considerations are discussed.

- Test: online at the [Nursing Center CE Connection](#)
- Test instructions: included with the article and on the test website
- Cost: \$ 24.95 (USD)
- Registration deadline: April 30, 2017
- **Valid for 2.5 accredited hours**

## NURSING EDUCATION

Siroky, K. and B. Case Di Leonardi (2015). "[Refine Test Items for Accurate Measurement.](#)" *Journal for Nurses in Professional Development* 33(1): 2-8.

Nursing Professional Development (NPD) specialists frequently design test items to assess competence, to measure learning outcomes, and to create active learning experiences. This article presents six valuable tips for improving test items and using test results to strengthen validity of measurement. NPD specialists can readily apply these tips and examples to measure knowledge with greater accuracy.

- Test: online at the [Nursing Center CE Connection](#)
- Test instructions: included with the article and on the test website
- Cost: \$ 27.95 (USD)
- Registration deadline: February 28, 2017
- **Valid for 3.0 accredited hours**

## PALLIATIVE CARE

Woo, K. Y., D. L. Krasner, et al. (2015). "[Palliative Wound Care Management Strategies for Palliative Patients and Their Circles of Care.](#)" *Advances in Skin & Wound Care* 28(3): 130-140.

The principles of palliative wound care should be integrated along the continuum of wound care to address the whole person care needs of palliative patients and their circles of care, which includes members of the patient unit including family, significant others, caregivers, and other healthcare professionals that may be external to the current interprofessional team. Palliative patients often present with chronic debilitating diseases, advanced diseases associated with major organ failure (renal, hepatic, pulmonary, or cardiac), profound dementia, complex psychosocial issues, diminished self-care abilities, and challenging wound-related symptoms. This article introduces



key concepts and strategies for palliative wound care that are essential for interprofessional team members to incorporate in clinical practice when caring for palliative patients with wounds and their circles of care.

- Test: (2015). "[Palliative Wound Care Management Strategies for Palliative Patients and Their Circles of Care.](#)" *Advances in Skin & Wound Care* 28(3): 140-142.
- Cost: \$ 24.95 (USD)
- Registration deadline: March 31, 2017
- **Valid for 2.5 accredited hours**

## PHYSICAL RESTRAINT

Read the following **3 articles** and do the "CNE Quiz":

Caldwell, B., C. Albert, et al. (2014). "[Successful Seclusion and Restraint Prevention Efforts in Child and Adolescent Programs.](#)" *Journal of Psychosocial Nursing & Mental Health Services* 52(11): 30-38.

Huckshorn, K. A. (2014). "[Reducing Seclusion and Restraint Use in Inpatient Settings.](#)" *Journal of Psychosocial Nursing & Mental Health Services* 52(11): 40-48.

LeBel, J. L., J. A. Duxbury, et al. (2014). "[Multinational Experiences in Reducing and Preventing the Use of Restraint and Seclusion.](#)" *Journal of Psychosocial Nursing & Mental Health Services* 52(11): 22-29.

- Test: online at [Villanova University Website](#)
- Test instructions: (2014). "[CNE Quiz.](#)" *Journal of Psychosocial Nursing & Mental Health Services* 52(11): 48-49.
- Cost: \$ 20.00 (USD)
- Registration deadline: October 31, 2016
- **Valid for 3.4 accredited hours**

## PRESSURE ULCERS

Pittman, J., T. Beeson, et al. (2015). "[Medical Device-Related Hospital-Acquired Pressure Ulcers.](#)" *Journal of Wound, Ostomy & Continence Nursing* 42(2): 151-154.

The management, cost, physical and emotional suffering associated with pressure ulcers have a significant impact on the health status of patients-especially infants and children. The purpose of this integrative review was to identify factors associated with medical device-related (MDR) hospital acquired pressure ulcers (HAPUs) in the pediatric population. Pediatric MDR HAPUs are becoming more prevalent and require further exploration in terms of describing devices which cause injury and preventive interventions to improve patient outcomes. Opportunities to uncover new methods for addressing this important problem and to inform and advance the state of the science in this evolving area exist.

- Test: (2015) "[Medical Device-Related Hospital-Acquired Pressure Ulcers.](#)" *Journal of Wound, Ostomy & Continence Nursing* 42(2): E1-E2.
- Cost: \$ 21.95 (USD)
- Registration deadline: April 30, 2017
- **Valid for 2.0 accredited hours**

## SEXUAL ABUSE

Oldham, J. and A. Symonds (2015). "[Sexual assault can happen in your facility: Are you prepared?](#)" Nursing 45(3): 30-36.

- Test: (2015). "[Sexual assault can happen in your facility: Are you prepared?](#)" Nursing 45(3): 36-37.
- Cost: \$ 21.95 (USD)
- Registration deadline: March 31, 2017
- **Valid for 2.0 accredited hours**

## VETERANS

Conard, P. L., P. E. Allen, et al. (2015). "[Preparing Staff to Care for Veterans in a Way They Need and Deserve.](#)" Journal of Continuing Education in Nursing 46(3): 109-118.

More than 2.5 million military veterans have been deployed for service in Iraq and/or Afghanistan, whereas another 20 million veterans currently reside in the United States. For various reasons, increasing numbers of military and associated personnel from various wars could go to civilian population-based care facilities for their rest-of-life health care. Therefore, educational activities are important to prepare nursing staff for the culturally sensitive care that veterans, their dependents, and civilian contractor personnel need. This article (a) provides rationale for veterans' admissions, (b) summarizes some common health situations that veterans are likely to encounter, (c) stresses major educational goals, and (d) emphasizes the use of the universal assessment question: Have you ever served in the military? Several educational implications and challenges are discussed, including war zone physiology, reintegration, military culture and pride, ethical challenges, educational speakers, simulation, veteran individuality, and compassion fatigue. Available resources to accompany this content are provided.

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[CNE QUIZ.](#)" Journal of Continuing Education in Nursing 46(3): 119-120.
- Cost: \$ 20.00 (USD)
- Registration deadline: February 28, 2018
- **Valid for 1.2 accredited hours**

This document is part of a monthly email service provided by the MUHC Libraries. Your feedback is important to us. Questions or comments about the service can be sent to [Tara Landry](#) at the Montreal General Hospital Medical Library.