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CEU ALERT SERVICE FOR MUHC NURSES
JUNE 2015

CONTENTS

ACCIDENTAL FALLS

Saccomano, S. J. and L. R. Ferrara (2015). "Fall prevention in older adults." Nurse Practitioner **40**(6): 40-47.

- Test: (2015). "Fall prevention in older adults." Nurse Practitioner **40**(6): 47-48.
- Cost: $ 21.95 (USD).
- Registration deadline: June 30, 2017
- **Valid for 2.0 accredited hours**

ADVANCED CARDIAC LIFE SUPPORT

Jackson, J. E. and A. S. Grugan (2015). "Code blue." Nursing **45**(5): 34-39.

- Test: (2015). "Code blue." Nursing **45**(5): 39-40.
- Cost: $ 21.95 (USD).
- Registration deadline: May 31, 2017
- **Valid for 2.0 accredited hours**

ALZHEIMER'S DISEASE

Bane, T. J. and C. Cole (2015). "Prevention of Alzheimer disease." Nurse Practitioner **40**(5): 30-35.

Risk factors for developing Alzheimer disease include hypercholesterolemia, hypertension, obesity, and diabetes. Due to lack of effective treatments for Alzheimer disease, nutrition and primary prevention becomes important.

- Test: (2015). "Prevention of Alzheimer disease." Nurse Practitioner **40**(5): 35-36.
- Cost: $ 21.95 (USD).
- Registration deadline: May 31, 2017
- **Valid for 2.0 accredited hours**

CRITICAL CARE NURSING

Coyer, F., A. Gardner, et al. (2015). "REDUCING PRESSURE INJURIES IN CRITICALLY ILL PATIENTS BY USING A PATIENT SKIN INTEGRITY CARE BUNDLE (INSPIRE)." American Journal of Critical Care **24**(3): 199-210.

Purpose To test an interventional patient skin integrity bundle, the InSPiRE protocol, for reducing pressure injuries in critically ill patients in an Australian adult intensive care unit. Methods Before and after design: patients receiving the intervention (InSPiRE protocol) were compared with a similar control group who received standard care. Data collected included demographic and clinical variables, skin assessment, presence and stage of pressure injuries, and score on the Sequential Organ Failure Assessment (SOFA). Results Overall, 207 patients were enrolled, 105 in the intervention group and 102 in the control group. Most patients were men (mean age, 55 years). The groups were similar on major demographic variables (age, SOFA scores, intensive care unit stay). Cumulative incidence of pressure injuries was significantly lower in the intervention group (18.1%) than in the control group (30.4%) for skin injuries (χ₁² = 4.3, P= .04) and mucous injuries (t = 3.27, P ≤ .001). Significantly fewer pressure injuries developed over time in the intervention group (log rank = 11.842, df = 1, P ≤ .001) and intervention patients had fewer skin injuries (> 3 pressure injuries/patient = 1/105) than did control patients (> 3 pressure injuries/patient = 10/102; P= .02). Conclusion The intervention group, receiving the InSPiRE protocol, had a lower cumulative incidence of pressure injuries, and fewer and less severe pressure injuries that developed over

time. Systematic and ongoing assessment of the patient's skin and risk for pressure injuries as well as implementation of tailored prevention measures are central to preventing pressure injuries.

- Test: included with the article.
- Cost: free for AACN members; $ 10.00 (USD) for non-members
- Registration deadline: May 1, 2018
- **Valid for 1.0 accredited hours**

DiLibero, J., M. Lavieri, et al. (2015). "WITHHOLDING OR CONTINUING ENTERAL FEEDINGS DURING REPOSITIONING AND THE INCIDENCE OF ASPIRATION." American Journal of Critical Care **24**(3): 258-262.

Background Withholding enteral feedings during repositioning is based on tradition, but available evidence does not support this practice. Although research indicates that withholding of enteral feedings during repositioning contributes to undernourishment, the relationship between continuing enteral feedings during repositioning and the incidence of aspiration has not been determined. Objective To determine the feasibility of a study designed to explore differences in the incidence of aspiration when enteral feedings are withheld or continued during repositioning. Methods A crossover design with a convenience sample from 3 medical and 3 surgical intensive care units was used. Two sample sets of subglottal secretions were collected from each patient, once when enteral feedings were withheld during repositioning and once when enteral feedings were continued during the change in position. The incidence of aspiration was assessed by testing specimens for the presence of pepsin. Results Sublgottal secretions were collected from 23 patients (n = 46 with crossover design). Aspiration during repositioning occurred in 2 patients when enteral feedings were withheld and in 2 patients when feedings were continued during repositioning. According to the McNemar test, the incidence of aspiration when enteral feedings were withheld did not differ significantly from the incidence when the feedings were continued during repositioning (P = .88). Conclusions A research protocol to directly explore the relationship between the incidence of aspiration and withholding or continuing enteral feedings during repositioning is feasible.

- Test: included with the article.
- Cost: free for AACN members; $ 10.00 (USD) for non-members
- Registration deadline: May 1, 2018
- **Valid for 1.0 accredited hours**

Pavlish, C. L., J. Henriksen Hellyer, et al. (2015). "SCREENING SITUATIONS FOR RISK OF ETHICAL CONFLICTS: A PILOT STUDY." American Journal of Critical Care **24**(3): 248-257.

Background Ethical conflicts, often leading to poor teamwork and moral distress, are very challenging to patients, patients' families, and health care providers. A proactive approach to ethical conflicts may improve patient care outcomes. Objectives To examine acceptability and feasibility of an ethics screening and early intervention tool for use by nurses caring for critically ill patients. Methods Twenty-eight nurses in 2 medical centers applied the ethics screening tool to 55 patient situations. Nurses assessed situations for risk factors and early indicators of ethical conflicts and analyzed level of risk. At study completion, nurses participated in focus group discussions about the tool's benefits and challenges. Frequency counts were performed on risk factors and early indicators of ethical conflicts. Content analysis was used on written explanations regarding high-, medium-, and low-risk situations and on focus group data. Results Older patients with multiple comorbid conditions and aggressive treatments were frequently assessed to be at risk for ethical conflicts. Nurses who witnessed patients' suffering and deterioration were likely to initiate the screening process. The most prominent family risk factors included unrealistic expectations and adamancy about treatment. The most prominent early indicators were signs of patients' suffering, unrealistic expectations, and providers' own moral distress. High-risk situations averaged a greater number of risk factors and early indicators than did medium- and low-risk situations. Certain risk factors

featured prominently in high-risk situations. Conclusions A phenomenon of shared suffering emerged from the study and signifies the importance of relational strategies such as routine family conferences and ethics consultation.

- Test: included with the article.
- Cost: free for AACN members; $ 10.00 (USD) for non-members
- Registration deadline: May 1, 2018
- **Valid for 1.0 accredited hours**

CULTURAL COMPETENCE

Esterhuizen, P. and M. K. Kirkpatrick (2015). "Intercultural-Global Competencies for the 21st Century and Beyond." Journal of Continuing Education in Nursing **46**(5): 209-214.

Increased diversity exists in Anglo-Saxon countries, such as Australia, the United Kingdom, and the United States. By 2050, no single ethnic group is expected to be in a majority in the United States. Health care reform points to an urgent need for health care professionals, such as nursing, medicine, allied health, nutrition, and other interdisciplinary health care team members, to serve a multi-ethnic population by developing intercultural-global and 21st-century competencies. Nurse educators must acknowledge the need to familiarize themselves and integrate these competencies into university and continuing education programs by evaluating and reporting outcomes. All nurses can be expected to have these competencies as global citizens through local, intercultural, and global interactions and exchanges. J Contin Educ Nurs. 2015;46(5):209-214.

- Test: online at Villanova University Website
- Test instructions: (2015). "CNE QUIZ." Journal of Continuing Education in Nursing **46**(5): 215-216.
- Cost: $ 20.00 (USD)
- Registration deadline: May 1, 2018
- **Valid for 1.2 accredited hours**

EMERGENCY NURSING

Read the following 5 articles and do the "Clinical Test Questions":

Fenn, H., M. Carman, et al. (2015). "Vertical Patient Flow: Is It Safe and Effective?" JEN: Journal of Emergency Nursing **41**(3): 240-241.

Lenahan, C. M. and B. Holloway (2015). "Differentiating Between DKA and HHS." JEN: Journal of Emergency Nursing **41**(3): 201-207.

Moore, K. (2015). "Hot Topics: Thermal Injury in the Emergency Department." JEN: Journal of Emergency Nursing **41**(3): 263-264.

Nailon, R. E., S. Schwedhelm, et al. (2015). "ED Greeter Nurse: Transforming Triage and Improving Patient Care Outcomes." JEN: Journal of Emergency Nursing **41**(3): 265-267.

Normandin, P. A. (2015). "Pediatric Emergency Update: Cyclic Vomiting Syndrome." JEN: Journal of Emergency Nursing **41**(3): 260-262.

- Test Instructions: (2015). "Earn Up to 8.5 Contact Hours by Reading the Designated Articles and Taking These Post Tests." JEN: Journal of Emergency Nursing **41**(3): 268-268.

- Test : (2015). "Clinical Test Questions." JEN: Journal of Emergency Nursing **41**(3): 269-270.
- Test Enrollment Form: "CE Enrollment Form." JEN: Journal of Emergency Nursing **41**(3): 272-272.
- Cost: $ 26.95 (USD) for ENA members, $31.95 (USD) for non-members
- Registration deadline: March 31, 2017
- **Valid for 4.0 accredited hours**

Marino, P. A., A. C. Mays, et al. (2015). "Bypass Rapid Assessment Triage: How Culture Change Improved One Emergency Department's Safety, Throughput and Patient Satisfaction." JEN: Journal of Emergency Nursing **41**(3): 213-220.

Problem Emergency department waiting rooms are high risk, high liability areas for hospitals. Patients who are greeted by non-clinical personnel or who are not being placed in available beds increases wait times and prevent patients from receiving timely treatment and access to care. Methods A multidisciplinary team was convened to review best practice literature and develop and implement an immediate bedding process. The process included placing a greeter nurse in the waiting room who performs a quick patient assessment to determine acuity. Based on that acuity, the greeter nurse then places the patient in the appropriate available bed. Results We established our Bypass Rapid Assessment Triage process and improved door-to–triage, door-to-bed, and door-to-physician times while enhancing patient satisfaction. Implications for practice A system should be in place that allows for immediate bedding wherever possible. Transitioning to immediate bedding requires a culture change. Staff engagement is essential to achieving such a culture shift.

- Test : (2015). "Practice Improvement Test Questions." JEN: Journal of Emergency Nursing **41**(3): 271-271.
- Test Enrollment Form: "CE Enrollment Form." JEN: Journal of Emergency Nursing **41**(3): 272-272.
- Cost: $ 13.95 (USD) for ENA members, $16.95 (USD) for non-members
- Registration deadline: March 31, 2017
- **Valid for 1.5 accredited hours**

Read the following 2 articles and do the "Research Test Questions":

Tanabe, P., Z. Martinovich, et al. (2015). "Safety of an ED High-Dose Opioid Protocol for Sickle Cell Disease Pain." JEN: Journal of Emergency Nursing **41**(3): 227-235.

Introduction A nurse-initiated high dose, opioid protocol for vaso-occlusive crisis (VOC) was implemented. Total intravenous morphine sulfate equivalents (IVMSE) in mgs] and safety was evaluated. Methods A medical record review was conducted for all ED visits in adult patients with VOC post protocol implementation. Opioids doses and routes administered during the ED stay, and six hours into the hospital admission were abstracted and total IVMSE administered calculated. Oxygen saturation (SPO2), respiratory rate (RR), administration of naloxone or vasoactive medications, evidence of respiratory arrest, or any other types of resuscitation effort were abstracted. A RR of < 10 or SPO2 < 92% were coded as abnormal. Descriptive statistics report the total dose. Logistic regression was used to predict abnormal events. Predictors were age, gender, ED dose (10 mg increments) administered, and time from 1st dose to discharge from ED. Results 72 patients, 603 visits, 276 admitted. The total (ED & hospital dose) mean (95% CI) mg IVMSE administered for all visits was 93 mg (CI 86, 100), ED visit 63 mg (CI 59, 67) and hospital 66 mg (CI 59, 72). The mean (SD) time from administration of 1st analgesic dose to discharge from the ED was 203 (143) minutes, (range = 30-1396 minutes). During two visits, patients experienced a RR < 10; while 61 visits were associated with a SPO2 < 92%. No medications were administered, or resuscitative measures required. Controlling for demographics and evaluated at the average total ED dose, the longer patients were in the ED, patients were 1.359 times more likely to experience an abnormal vital sign. Controlling for demographics and evaluated at the average total time in the ED, for every 10 mg increase in IVMSE, patients were 1.057 times more likely to experience an abnormal vital sign. The effect of ED dose on the odds of experiencing an abnormal vital

sign decreased by a multiplicative factor of 0.0970 for every 1 hour increase in time until discharge. The larger the dose administered in less time, the more likely patients experienced an abnormal vital sign. Discussion High opioid doses were safely administered to patients with sickle cell disease.

Wolf, L. A., A. M. Delao, et al. (2015). "Emergency Nurses' Perceptions of Discharge Processes for Patients Receiving Schedule II and III Medications for Pain Management in the Emergency Department." JEN: Journal of Emergency Nursing **41**(3): 221-226.

Introduction There is a lack of evidence-based criteria for the discharge of patients receiving Schedule II and III narcotic medications in the emergency department. The purpose of this study was to understand nurses' perceptions about common practices in the discharge of patients receiving Schedule II and III narcotics in the emergency department in terms of dosage, time, availability of care resources at home, and other discharge criteria. Methods A qualitative exploratory design was used. A sample of emergency nurses was recruited from the preregistered attendees of a national conference. Two focus group sessions were held, and audiotaped in their entirety. The audiotapes were transcribed and analyzed for emerging themes by the research team. Results Identified themes were Time, Physiologic Considerations, Cognitive Considerations, Safety Considerations, Policies, Evidence, Ethical/Legal Concerns, and Nursing Impact. Participants reported drug-to-discharge times of 0 minutes ("gulp and go") to 240 minutes after administration of Schedule II and III narcotics specifically, and "any medication" generally. The most common reason given for a wait of any kind was to assess patients for a reaction. Discussion It is the perception of our respondents that determination of readiness for discharge after a patient has received Schedule II or III narcotics in the emergency department is largely left up to nursing staff. Participants suggest that development of policies and checklists to assist in decision making related to discharge readiness would be useful for both nurses and patients.

- Test Instructions: (2015). "Earn Up to 8.5 Contact Hours by Reading the Designated Articles and Taking These Post Tests." JEN: Journal of Emergency Nursing **41**(3): 268-268.
- Test : (2015). "Research Test Questions." JEN: Journal of Emergency Nursing 41(3): 270-271.
- Test Enrollment Form: "CE Enrollment Form." JEN: Journal of Emergency Nursing **41**(3): 272-272.
- Cost: $ 20.95 (USD) for ENA members, $24.95 (USD) for non-members
- Registration deadline: March 31, 2017
- **Valid for 3.0 accredited hours**

HYPERTENSION

Kear, T. (2015). "Exploring the Evidence. Placing Patients with Hypertension at the Center of Self-Management and Research." Nephrology Nursing Journal **42**(2): 181-189.

- Test: included with the article.
- Cost: free for ANNA members; $ 15.00 (USD) for non-members
- Registration deadline: April 30, 2017
- **Valid for 1.3 accredited hours**

Davis, L. L. (2015). "Hypertension guidelines." Nurse Practitioner **40**(6): 32-37.

- Test: (2015). "Hypertension guidelines." Nurse Practitioner **40**(6): 37-38.
- Cost: $ 24.95 (USD).
- Registration deadline: June 30, 2017
- **Valid for 2.5 accredited hours**

MEDICAL-SURGICAL NURSING

Hemingway, M. W., C. O'Malley, et al. (2015). "Safety Culture and Care: A Program to Prevent Surgical Errors 1.8." AORN Journal **101**(4): 404-415.

Surgical errors are under scrutiny in health care as part of ensuring a culture of safety in which patients receive quality care. Hospitals use safety measures to compare their performance against industry benchmarks. To understand patient safety issues, health care providers must have processes in place to analyze and evaluate the quality of the care they provide. At one facility, efforts made to improve its quality and safety led to the development of a robust safety program with resources devoted to enhancing the culture of safety in the Perioperative Services department. Improvement initiatives included changing processes for safety reporting and performance improvement plans, adding resources and nurse roles, and creating communication strategies around adverse safety events and how to improve care. One key outcome included a 54% increase in the percentage of personnel who indicated in a survey that they would speak up if they saw something negatively affecting patient care.

- Test: Included with article, but go to the website for credit
- Cost: $ 14.40 for AORN members, $28.80 (USD) for non-members
- Registration deadline: April 30, 2018
- **Valid for 1.8 accredited hours**

Ogg, M. J. (2015). "Clinical Issues 1.1." AORN Journal **101**(4): 486-489.

- Credit: Available via the AORN website
- Cost: $ 8.80 for AORN members, $17.60 (USD) for non-members
- Registration deadline: April 30, 2018
- **Valid for 1.0 accredited hours**

Oster, K. A. and C. A. Oster (2015). "Special Needs Population: Care of the Geriatric Patient Population in the Perioperative Setting 2.6." AORN Journal **101**(4): 443-456.

The geriatric population, defined as people 65 years of age and older, undergoing surgical procedures is a vulnerable population. Age, once considered a contraindication for a surgical procedure, is no longer a constraint for individuals requiring surgical intervention. However, older adult patients are at increased risk for developing a variety of complications. This article reviews age-related physiological changes and discusses the special needs of the geriatric population across the perioperative continuum of care.

- Test: (2015). "Continuing Education: Special Needs Population: Care of the Geriatric Patient Population in the Perioperative Setting 2.6." AORN Journal **101**(4): 457-458.
- Credit: Available via the AORN website
- Cost: $ 20.80 for AORN members, $41.60 (USD) for non-members
- Registration deadline: April 30, 2018
- **Valid for 2.6 accredited hours**

NEPHROLOGY NURSING

Bradshaw, W., C. Ockerby, et al. (2015). "Intradialytic Hypotension Prevention and Management Knowledge and Practices: Results from a Survey of Australian and New Zealand Nephrology Nurses." Nephrology Nursing Journal **42**(2): 155-167.

Intradialytic hypotension (IDH) remains the most frequent serious side effect of hemodialysis, increasing morbidity in patients on hemodialysis. Nephrology nurses have a critical role in the prevention and management of IDH. The aim of this study was to investigate nephrology nurse knowledge and practice habits in the prevention and management of IDH. This was an explorative cross-sectional design, web-based survey of Australian and New Zealand nephrology nurses (n = 1 73). IDH definitions, blood pressure interpretation, and IDH interventions were inconsistent and not always evidence-based. Demographic characteristics had little impact on the variation in responses. A universal definition for IDH may improve early recognition of the problem. Formal guidelines in considering individualized interventional strategies for asymptomatic episodes prior symptomatic IDH occurrence may improve outcomes for patients on hemodialysis.

- Evaluation: online at the NNJ website.
- Cost: $ 15.00 (USD)
- Registration deadline: April 30, 2017
- **Valid for 1.4 accredited hours**

Kear, T. and B. Ulrich (2015). "Patient Safety and Patient Safety Culture in Nephrology Nurse Practice Settings: Issues, Solutions, and Best Practices." Nephrology Nursing Journal **42**(2): 113-123.

In order to assure patient safety, it is necessary to create positive patient safety cultures. This article presents the initial qualitative results from a national study, "Patient Safety Culture in Nephrology Nurse Practice Settings." Based on the responses of participants, themes were identified for both issues and potential solutions and best practices. Issue themes included underreporting of events and near misses, poor staffing ratios, long work hours, communication lapses, and training, infection control, and compliance. Potential solutions and best practice themes included non-punitive and transparent event reporting, fall reduction strategies, improved medication administration practices, and scheduled safety huddles and safety meetings. The results of this landmark study can be used to start conversations and spark education programs to improve patient safety culture in nephrology nurse practice settings.

- Evaluation: online at the NNJ website.
- Cost: $ 15.00 (USD)
- Registration deadline: January 30, 2017
- **Valid for 1.4 accredited hours**

Przybyl, H., I. Androwich, et al. (2015). "Using High-Fidelity Simulation to Assess Knowledge, Skills, and Attitudes in Nurses Performing CRRT ... Continuous renal replacement therapy." Nephrology Nursing Journal **42**(2): 135-148.

Continuous renal replacement therapy (CRRT) is an acute therapy for critically ill patients. There are many life-threatening complications that can occur; therefore, it is imperative that nurses are highly trained in the use and troubleshooting of CRRT. A structured simulation exercise was added to an existing CRRT education program by developing and implementing an annual assessment of knowledge, skills, and attitudes (KSAs) using high-fidelity simulation. The use of high-fidelity simulation as an intervention during annual evaluation of KSAs was shown to be effective in increasing nurse satisfaction, understanding of CRRT principles, and critical thinking skills with the operation of CRRT.

- Evaluation: online at the NNJ website.
- Cost: $ 15.00 (USD)
- Registration deadline: April 30, 2017
- **Valid for 1.4 accredited hours**

Schatell, D. (2015). "A Paradigm Shift in Options, Education, and an Online Decision Aid: 'My Life, My Dialysis Choice'." Nephrology Nursing Journal **42**(2): 149-177.

Dialysis options education in the United States for patients tends to focus on clinical aspects of ESRD treatment and on how each option is done. The non-profit Medical Education Institute (MEI) has developed an online, patient-centered dialysis decision aid that maps six dialysis options (peritoneal dialysis, standard incenter hemodialysis, conventional home hemodialysis, short daily hemodialysis, and nocturnal hemodialysis -- incenter or at home) in four categories onto 24 different lifestyle and health values. This new free, non-commercial tool allows education to start with why an individual might want to choose a particular option, rather than how, a paradigm shift that may enable more effective options education.

- Evaluation: online at the NNJ website.
- Cost: $ 15.00 (USD)
- Registration deadline: January 30, 2017
- **Valid for 1.3 accredited hours**

Thomas-Hawkins, C., L. Flynn, et al. (2015). "Nurse Manager Safety Practices in Outpatient Hemodialysis Units." Nephrology Nursing Journal **42**(2): 125-147.

Little is known regarding the specific managerial activities or best practices that nurse managers in outpatient hemodialysis settings use to achieve positive safety outcomes. The purpose of this study was to identify and describe specific managerial practices used by nurse managers in outpatient hemodialysis units to enhance patient safety and quality of care. A descriptive qualitative design was used. Seventeen nurse managers in outpatient hemodialysis units comprised the study sample. Telephone interviews were conducted, and qualitative content analysis was used to encode the data. Nurse managers identified patients, staff, the dialysis unit environment, and the dialysis organization as sources of safety risks. Nurse manager safety practices illuminated from the data were complex and multifaceted, and were aimed at reducing patient, staff, environmental, and organization risks. The findings from this study offer a description and a better understanding of the practices in which nurse managers in outpatient hemodialysis units engage to keep patients safe in their units, and they underscore the critical role of nurse managers in creating and maintaining patient safety within outpatient hemodialysis settings.

- Evaluation: online at the NNJ website.
- Cost: $ 15.00 (USD)
- Registration deadline: January 30, 2017
- **Valid for 1.2 accredited hours**

NURSING PRACTICE

Polster, D. (2015). "Patient discharge information." Nursing **45**(5): 42-49.

- Test: (2015). "Patient discharge information." Nursing **45**(5): 49-50.
- Cost: $ 21.95 (USD)
- Registration deadline: May 31, 2017
- **Valid for 2.0 accredited hours**

Sensmeier, J. (2015). "BIG DATA and the future of nursing knowledge." Nursing Management **46**(4): 22-27.

- Test: (2015). "BIG DATA and the future of nursing knowledge." Nursing Management **46**(4): 27-28.
- Cost: $ 21.95 (USD)
- Registration deadline: April 30, 2017
- **Valid for 2.0 accredited hours**

NURSING RESEARCH

McDougall Jr, G. J., G. Simpson, et al. (2015). "Strategies for Research Recruitment and Retention of Older Adults of Racial and Ethnic Minorities." Journal of Gerontological Nursing **41**(5): 14-23.

The numbers of Hispanic and African American older adults in the United States are expected to increase by 86% and more than 31%, respectively. African American and Hispanic American individuals are more likely than Caucasian individuals to have chronic health conditions, and researchers have argued that these health disparities may contribute to their higher rates of dementia-related illnesses. The current article explores strategies to improve participation in cognitive aging research by older adults, particularly minority older adults. The cultural aspects of cognitive aging are examined, especially the role of stigma and stereotype threat. The perceptions of cognitive aging of African American and Hispanic older adults are also described. Specific strategies are presented that have been successfully implemented to improve recruitment and retention in research targeting minority older adults. Strategies that yielded retention of minority older adults included advertising and marketing a randomized clinical trial, media relations, intervention tailoring, and adaptation of psychometric instruments. [Journal of Gerontologicol Nursing, 47 (5), 14-23.]

- Test: online at Villanova University Website
- Test instructions: (2015). (2015). "cne QUIZ." Journal of Gerontological Nursing **41**(5): 24-25.
- Cost: $ 20.00 (USD)
- Registration deadline: May 1, 2018
- **Valid for 1.4 accredited hours**

PEDIATRIC NURSING

Merkel, S. I., J. A. Danaher, et al. (2015). "CNE SERIES. Pain Management in the Post-Operative Pediatric Urologic Patient." Urologic Nursing **35**(2): 75-100.

Optimizing pain management is a component of enhanced perioperative recovery for children undergoing urologic surgery. Incisional pain and discomfort from bladder spasms are two types of pain associated with bladder surgery. A child's developmental level and verbal skills must be considered when selecting pain assessment tools. Assessing pain location, type, and intensity is essential in developing a multimodal plan of care for post-operative pain. Pharmacological interventions provide effective pain management, which facilitates early ambulation, return

to oral intake, and recovery. Pre-operative preparation, non-pharmacological interventions, and parental presence help decrease anxiety and promote comfort, as well as support a child's coping skills.

- Test: online at the SUNA website.
- Cost: $ 15.00 (USD)
- Registration deadline: April 30, 2017
- **Valid for 1.3 accredited hours**

PERSONNEL STAFFING AND SCHEDULING

Pappas, S., N. Davidson, et al. (2015). "CNE SERIES. Risk-Adjusted Staffing to Improve Patient Value." Nursing Economic$ **33**(2): 73-87.

- Test: No test. Complete the evaluation form included with the article.
- Cost: $ 15.00 (USD)
- Registration deadline: April 30, 2017
- **Valid for 1.3 accredited hours**

PSYCHIATRIC NURSING

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

Beek, T. S., C. Boone, et al. (2014). "AHEAD OF THE GAME." Journal of Psychosocial Nursing & Mental Health Services **52**(12): 24-28.

Experiential teaching strategies have the potential to more effectively help students with critical thinking than traditional lecture formats. Gaming is an experiential teaching-learning strategy that reinforces teamwork, interaction, and enjoyment and introduces the element of play. Two Bachelor of Science in Nursing students and a clinical instructor created a Jeopardy![sup ®]-style game to enhance understanding of psychopharmacology, foster student engagement in the learning process, and promote student enjoyment during clinical postconference. The current article evaluates the utility, relevance, and effectiveness of gaming using a Jeopardy![sup ®]-style format for the psychiatric clinical setting. Students identified the strengths of this learning activity as increased awareness of knowledge deficits, as well as the reinforcement of existing knowledge and the value of teamwork. [Journal of Psychosocial Nursing and Mental Health Services, 52(12), 24-28.]

Dyke, D. V., B. Singley, et al. (2014). "Evaluation of Fall Risk Assessment Tools for Psychiatric Patient Fall Prevention." Journal of Psychosocial Nursing & Mental Health Services **52**(12): 30-35.

The Hendrich II Fall Risk Model™ (Hendrich II) is used to determine patient fall risks. However, the WilsonSims Fall Risk Assessment Tool (WSFRAT) is more specific to psychiatric patients. The current study tested the Hendrich II and WSFRAT simultaneously to determine which tool was the most predictive for patient falls in a psychiatric population. Fall risk assessments using the Hendrich II and WSFRAT tools were completed through discharge. Fall risk assessment scores, medications, and falls data were documented. Fifty patients who met eligibility criteria generated 319 observations; of the 50 patients, two (4%) experienced falls. Sensitivity was 100% for the Hendrich II and WSFRAT, with all patients properly categorized as high risk for falling. Both assessments had similar specificity (Hendrich II = 67.8%; WSFRAT = 63.1%). Both tools have similar specificity; thus, additional research is warranted. [Journal of Psychosocial Nursing and Mental Health Services, 52(12), 30-35.]

Moylan, L. B., M. B. Cullinan, et al. (2014). "Differences in Male and Female Nurses' Responses to Physical Assault by Psychiatric Patients." Journal of Psychosocial Nursing & Mental Health Services **52**(12): 36-42.

In one segment of a multifactor study conducted in 2011 at five psychiatric sites in three counties of Long Island, New York, 110 nurses were interviewed about their experiences with physical assault by psychiatric patients. Marked differences were identified between the male and female nurse participants who were assaulted. Women expressed feelings of inadequacy and questioned their competence. They felt blamed by administration and sometimes even colleagues. In addition, many did not report the incident for fear of reprisal. Women believed that violence was to be expected, and they considered it part of the job. On the other hand, men did not question their competency. They blamed external factors, such as poor staffing or unsafe design of the unit, or they stated that the patient was inadequately medicated and impossible to control. The male nurses did not feel blamed for the incident. All but one male nurse formally reported the incidents. They believed that violence in psychiatry is to be expected but should not be considered part of the job. These findings may be explained by Weiner's Attribution Theory. [Journal of Psychosocial Nursing and Mental Health Services, 52(12), 36-42.]

- Test: online at Villanova University Website
- Test instructions: (2014). "CNE QUIZ." Journal of Psychosocial Nursing & Mental Health Services **52**(12): 44-45.
- Cost: $ 20.00 (USD)
- Registration deadline: November 30, 2016
- **Valid for 3.3 accredited hours**

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

Birnbaum, S., H. Hanchuk, et al. (2015). "Therapeutic Doll Play in the Treatment of a Severely Impaired Psychiatric Inpatient." Journal of Psychosocial Nursing & Mental Health Services **53**(5): 22-27.

Interest has grown in the use of doll therapy, particularly in geropsychiatric and dementia care settings. In a long-term state psychiatric hospital, a dollhouse-play activity was implemented in an effort to engage an acutely disturbed, middle-aged woman undergoing medication trials and whose symptoms had been refractory to conventional treatments. A schedule of nondirective dollhouse-play activities was implemented over an 8-week period. Measures of behavioral change were tracked. Dramatic clinical improvements were seen, including significant reductions in verbal and physical aggression, use of as-needed medications, and need for close one-to-one monitoring. Improvements were seen prior to achievement of therapeutic drug levels. The patient was successfully discharged from the hospital. Doll play has recently been associated with clinical benefits in the care of patients with dementia and has long been deployed in childhood mental health treatment. The current findings suggest doll play may have applications as a time-limited intervention in the treatment of major psychiatric disorders in adults and warrants consideration when achieving therapeutic alliance has proven particularly challenging. [Journal of Psychosocial Nursing and Mental Health Services, 53(5), 22-27.]

Doherty, M. E. and E. Scannell-Desch (2015). "After the Parade." Journal of Psychosocial Nursing & Mental Health Services **53**(5): 28-35.

The purpose of the current study was to describe reintegration experiences of U.S. military nurses returning from deployments in the Iraq and Afghanistan wars. A qualitative study using a phenomenological method was conducted. The population comprised nurses who served in the U.S. Army, Navy, or Air Force in Iraq or Afghanistan during 2003-2013, including Active Duty, National Guard, and Reserve nurses. Purposive sampling with Veteran and professional nursing organizations yielded a sample of 35 nurses. Nine themes emerged from analysis: (a) homecoming; (b) renegotiating roles; (c) painful memories of trauma; (d) getting help; (e) needing a

clinical change of scenery; (f) petty complaints and trivial whining; (g) military unit or civilian job: support versus lack of support; (h) family and social networks: support versus lack of support; and (i) reintegration: a new normal. [Journal of Psychosocial Nursing and Mental Health Services, 53(5), 28-35.]

Salani, D. A. and M. M. Zdanowicz (2015). "SYNTHETIC CANNABINOIDS." Journal of Psychosocial Nursing & Mental Health Services **53**(5): 36-43.

Cannabinoids are the most commonly used illegal substances in the world. Spice and K2 are synthetic cannabinoid (SC) products that contain a mixture of herbs and plant matter combined with synthetic compounds similar to tetrahydrocannabinol, the psychoactive component of cannabis. Because the effects of Spice and K2 are similar to cannabis, many users are smoking these products as legal substitutes despite package labeling that they are not designed for human consumption. These SC products appeal to users because they are easily accessible and not readily detected in standard urine drug screens. The active components in SC products are highly potent and poorly characterized. Use of these agents has been associated with serious psychological and physiological side effects. Because abuse of SC products has become a national public health issue, nurses should be aware of the effects of SC compounds and must take a lead role in educating patients about the dangers of their use. [Journal of Psychosocial Nursing and Mental Health Services, 53(5), 36-43.]

- Test: online at Villanova University Website
- Test instructions: (2015). "CNE Quiz." Journal of Psychosocial Nursing & Mental Health Services **53**(5): 44-45.
- Cost: $ 20.00 (USD)
- Registration deadline: May 1, 2018
- **Valid for 3.7 accredited hours**

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

Alzayyat A., Al-Gamal E., Ahmad M.(2015). "Psychosocial Correlates of Internet Addiction Among Jordanian University Students". Journal of Psychosocial Nursing & Mental Health Services **53**(4): 43-51.

Conard, P. L., M. L. Armstrong, et al. (2015). "Suicide Assessment and Action for Women Veterans." Journal of Psychosocial Nursing & Mental Health Services **53**(4): 33-42.

Mortell S.(2015). "Assisting Clients With Disenfranchised Grief: The Role of a Mental Health Nurse". Journal of Psychosocial Nursing & Mental Health Services **53**(4) 52-57.

- Test: online at Villanova University Website
- Test instructions: (2015). "CNE Quiz." Journal of Psychosocial Nursing & Mental Health Services **53**(4): 58-59.
- Cost: $ 20.00 (USD)
- Registration deadline: April 1, 2018
- **Valid for 3.6 accredited hours**

TERMINALLY ILL PATIENTS

DiBello, K. K. (2015). "Grief & depression at the end of life." Nurse Practitioner **40**(5): 22-28.

People may experience grief and depression with serious illness at the end of life or as a loved one who survives. While grief is a normal reaction to loss, complicated grief and depression are not. Accurate diagnosis, treatment, and referral are essential clinical tools for practitioners managing this population.

- Test: (2015). "Grief & depression at the end of life." Nurse Practitioner **40**(5): 28-29.
- Cost: $ 21.95 (USD).
- Registration deadline: May 31, 2017
- **Valid for 2.0 accredited hours**

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