

CEU ALERT SERVICE FOR MUHC NURSES

OCTOBER 2015



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AMYOTROPHIC LATERAL SCLEROSIS

Bellomo, T., Cichminski, L. (2015). "[ALS Amyotrophic lateral sclerosis: What nurses need to know](#)." *Nursing* **45**(10): 46-51.

The article offers information on the amyotrophic lateral sclerosis (ALS). It discusses the etiology of ALS where patients with the sporadic form of the disease have no family history and that their family members are not in greater risk of ALS. It adds that ALS may affect people of all ethnic, socioeconomic and racial backgrounds.

- Test: (2015). "[ALS Amyotrophic lateral sclerosis: What nurses need to know](#)." *Nursing* **45**(10): 51-52.
- Cost: \$21.95 (USD)
- Registration deadline: October 31, 2017
- Valid for **2.0 accredited hours**

BARIATRIC SURGERY

Fencel, J. L., A. Walsh, et al. (2015). "[The Bariatric Patient: An Overview of Perioperative Care.](#)" AORN Journal **102**(2): 116-131.

Obesity (ie, a body mass index of ≥ 30 kg/m²) is increasing in the United States. As a result, more overweight individuals are being surgically treated for weight loss, thus making it imperative for perioperative RNs to understand obesity's effects on patients' health, its contribution to significant comorbidities (eg, diabetes, cardiovascular disease, hypertension, sleep apnea, musculoskeletal issues, stroke), the perioperative care requirements (eg, specialized instruments and equipment, positioning and lifting aids), and unique needs of these patients (eg, diet, counseling). It is vital that the perioperative nurse accurately assesses the patient undergoing bariatric surgery to provide safe and appropriate nursing interventions during the perioperative continuum of care.

- Test: online at [AORN website](#).
- Test instructions included with article.
- Cost: \$17.00 (USD) for AORN members, \$34.00 (USD) for non-members
- Registration deadline: August 31, 2018.
- Valid for **2.1 accredited hours**

McGraw, C. A. and D. B. Wool (2015). "[Bariatric Surgery: Three Surgical Techniques, Patient Care, Risks, and Outcomes.](#)" AORN Journal **102**(2): 141-152.

The prevalence of obesity in the United States is a serious health concern. Bariatric surgery is a recognized and accepted approach for addressing weight loss and health conditions that occur as a result of morbid or severe obesity. Lifestyle changes, dietary modifications, and regular exercise are required for optimal and lasting surgical weight loss. Perioperative care of bariatric patients requires the use of interventions that differ from those used for nonobese patients, including bariatric-specific equipment, intraoperative monitoring of blood glucose, and postoperative monitoring for respiratory compromise. This article outlines the risks and typical outcomes associated with three common bariatric procedures--laparoscopic adjustable gastric banding, laparoscopic sleeve gastrectomy, Roux-en-Y gastric bypass--to help perioperative nurses and other health care providers successfully advise patients and monitor their care for optimal outcomes.

- Test: online at [AORN website](#).
- Test instructions included with article.
- Cost: \$15.00 (USD) for AORN members, \$30.00 (USD) for non-members
- Registration deadline: August 31, 2018.
- Valid for **1.8 accredited hours**

Wentzell, J. and M. Neff (2015). "[The Weight Is Over: RN First Assisting Techniques for Laparoscopic Sleeve Gastrectomy.](#)" AORN Journal **102**(2): 161-180.

Obesity-related laparoscopic sleeve gastrectomy is a common yet technically challenging bariatric procedure that requires specialized surgical knowledge and training for OR personnel. Critical components of care include an effective preoperative assessment, positioning of the patient, and operation and maintenance of laparoscopic equipment and instrumentation. The purpose of this article is to explain the steps of laparoscopic sleeve gastrectomy and illustrate principles and surgical techniques for the RN who is first assisting during the procedure. Also provided is a perioperative nursing care plan for the patient undergoing bariatric surgery, to aid

perioperative nurses in understanding the sequence of events and special considerations for this patient population.

- Test: online at [AORN website](#).
- Test instructions included with article.
- Cost: \$28.00 (USD) for AORN members, \$57.60 (USD) for non-members
- Registration deadline: August 31, 2018.
- Valid for **3.6 accredited hours**

CATHETER ABLATION

Hoke, L. M., Streletsky, Y. S. (2015). "[Catheter Ablation of Atrial Fibrillation](#)." *American Journal of Nursing* **115**(10): 32-44.

OVERVIEW: Catheter ablation of atrial fibrillation is a complex procedure. Although complications are rare and their incidence is decreasing, early recognition and appropriate nursing care can prevent an adverse event from spiraling into a major complication. A thorough understanding of complications associated with the ablation of atrial fibrillation and prompt recognition when they occur will help nurses to minimize the substantial morbidity, mortality, and hospital costs associated with them. This article gives an overview of the procedure, its possible complications, and best practices for nursing care.

- Test: online at [NursingCenter.com](#)
- Cost: \$ 24.95 (USD)
- Registration deadline: October 31, 2017
- Valid for **2.5 accredited hours**

CRITICAL CARE NURSING

Mathieson, C., McPherson, D., et al. (2015). "[Caring for Patients Treated With Therapeutic Hypothermia](#)." *Critical Care Nurse* **35**(5): e1-e13.

Numerous studies have indicated that therapeutic hypothermia can improve neurological outcomes after cardiac arrest. This treatment has redefined care after resuscitation and offers an aggressive intervention that may mitigate postresuscitation syndrome. Caregivers at Lehigh Valley Health Network, Allentown, Pennsylvania, an academic, community Magnet hospital, treated more than 200 patients with therapeutic hypothermia during an 8-year period. An interprofessional team within the hospital developed, implemented, and reined a clinical practice guideline for therapeutic hypothermia. In their experience, beyond a protocol, 5 critical elements of success (interprofessional stakeholders, coordination of care delivery, education, interprofessional case analysis, and participation in a global database) enhanced translation into clinical practice.

- Test: Included with article
- Cost: free for AACN members, \$ 10.00 (USD) for non-members
- Registration deadline: October 1, 2018
- Valid for **1.0 accredited hour**

Pittman, J., T. Beeson, et al. (2015). "[Implementation of a Bowel Management Program in Critical Care.](#)" *Journal of Wound, Ostomy and Continence Nursing* **42**(4): 389-394.

PURPOSE: The purpose of this study was to examine the effectiveness of a unit-based, educational program on implementation of a sustainable bowel management program in a critical care setting.

SUBJECTS AND SETTING: Two hundred thirty nurses in 6 critical care units within a 750-bed level I trauma hospital and 400-bed university academic teaching hospital participated in the study.

METHODS: Data collection and analysis were guided by a quasi-experimental pre-/postdesign. An evidence-based, interactive Web-based education program was developed. The education program consisted of 3 components: (1) knowledge acquisition (Web-based education module), (2) skill acquisition (unit-based skill session performance and competency), and (3) mastery experiences (self-efficacy). Data collected included pre- and posteducation module test scores, skill-acquisition competency, and self-efficacy scores.

RESULTS: The Web-based education module pre- and posttest scores for 225 participants showed significant ($P < .001$) improvement in knowledge scores. All participants (100%) completed the skill acquisition sessions successfully during the unit-based performance session. Nurses' self-efficacy scores significantly improved ($P < .001$) over the course of this study period. Eighty-six percent ($n = 125$) of critical care nurses reported enhanced collaboration with the WOC nurses and clinical nurse specialists.

CONCLUSION: Study findings support the use of a structured, evidence-based educational program incorporating a multimethod approach to implement practice change for critical care.

- Test: online at NursingCenter.com
- Cost: \$ 21.95 (USD)
- Registration deadline: August 31, 2017
- Valid for **2.0 accredited hours**

DRUG ADMINISTRATION

Hussar, D. (2015). "[New Drugs 2015, part 3.](#)" *Nursing* **45**(10): 30-37.

THIS ARTICLE reviews nine drugs recently approved by the FDA, including: > a drug for relapsing forms of multiple sclerosis that's administered just once every 14 days. > a combination product approved to treat certain serious intra-abdominal and urinary tract infections. > an I.V. drug indicated to treat acute uncomplicated seasonal influenza in adults. Unless otherwise specified, the information in the following summaries applies to adults, not children. Consult a pharmacist or the package insert for information on drug safety during pregnancy and breastfeeding. Consult a pharmacist, the package insert, or a current and comprehensive drug reference for more details on precautions, drug interactions, and adverse reactions for all these drugs.

- Test: (2015). "[New Drugs 2015, part 3.](#)" *Nursing* **45**(10):37-38.
- Cost: \$24.95 (USD)
- Registration deadline: October 31, 2017
- Valid for **2.5 accredited hours**

GERONTOLOGICAL NURSING

Wion, R.K., Loeb, S.J. (2015). "[Older Adults Engaging in Online Dating: What Gerontological Nurses Should Know.](#)" *Journal of Gerontological Nursing*. **41**(10): 25-35.

Many older adults maintain interest in intimate partner relationships and actively seek dates. Online dating websites are gaining popularity as being a convenient way to link with potential dates, particularly for women and individuals who live in independent dwellings or rural areas. Several online dating websites market exclusively to individuals 50 and older. Although connecting with others via the Internet can decrease social isolation, there are potential risks involved in online dating. Health care providers do not always assess dating and sexual health in the older adult population. Nurses are in a position to assess the dating relationships of older patients and can ask targeted questions to determine if patients are in a potentially risky relationship. A non-judgmental attitude and compassionate approach is essential. Knowledge of safe practices, alerting red flags, and available resources are essential tools for gerontological nurses to possess. [Many older adults maintain interest in intimate partner relationships and actively seek dates. Online dating websites are gaining popularity as being a convenient way to link with potential dates, particularly for women and individuals who live in independent dwellings or rural areas. Several online dating websites market exclusively to individuals 50 and older. Although connecting with others via the Internet can decrease social isolation, there are potential risks involved in online dating. Health care providers do not always assess dating and sexual health in the older adult population. Nurses are in a position to assess the dating relationships of older patients and can ask targeted questions to determine if patients are in a potentially risky relationship. A non-judgmental attitude and compassionate approach is essential. Knowledge of safe practices, alerting red flags, and available resources are essential tools for gerontological nurses to possess. The article presents a quiz about mental health of older adults.

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[CNE QUIZ.](#)" *Journal of Gerontological Nursing*. **41**(10): 36-37.
- Cost: \$ 20.00 (USD)
- Registration deadline: September 30, 2018
- Valid for **1.4 accredited hours**

HOLISTIC NURSING

Halm, M. A.,Katseres, J. (2015). "[Integrative Care: The Evolving Landscape in American Hospitals...First in a five-part series.](#)" *American Journal of Nursing* **115**(10): 22-44.

OVERVIEW: As the use of complementary and alternative medicine-CAM-has surged in popularity in the United States, many hospitals have begun integrating complementary services and therapies to augment conventional medical care. In this article, the first in a five-part series that will examine various aspects of holistic nursing and forms of complementary care currently in use, the authors provide an overview of some of the integrative care initiatives being introduced in hospitals throughout the United States and report on findings from a survey they conducted of nursing leaders at hospitals that have implemented integrative care programs.

- Test: online at [NursingCenter.com](#)
- Cost: \$ 21.95 (USD)
- Registration deadline: October 31, 2017
- Valid for **2.0 accredited hours**

Demir, S. G., S. Erden, et al. (2015). "[The Problems Experienced by Parents Providing Postoperative Home Care Following Their Child's Surgery for Developmental Dysplasia of the Hip.](#)" *Orthopaedic Nursing*. **34**(5): 280-286.

BACKGROUND: Families, especially mothers, experience problems providing home care after their child's surgery for developmental dysplasia of the hip (DDH).

PURPOSE: To assess the problems experienced by parents providing postoperative home care to their child after DDH surgery.

METHODS: This was a descriptive cross-sectional study. The sample consisted of 33 parents. Data were collected through a survey conducted at the hospital following the child's surgery and by telephone 4-6 weeks after surgery. Frequencies, means, percentages, and chi-square tests were used to analyze the data.

RESULTS: The parents (93.9% women) provided postoperative care for approximately 3 months. Nearly all of the parents (97%) had physical (96.9%), psychological (65.6%), and social (75.0%) problems in addition to child care problems.

CONCLUSIONS: We recommend preparing a comprehensive discharge-training package for parents after their child's DDH surgery, supplementing home care instructions with visual training materials, and providing telephone counseling to parents after discharge.

- Test: (2015). "[The Problems Experienced by Parents Providing Postoperative Home Care Following Their Child's Surgery for Developmental Dysplasia of the Hip.](#)" *Orthopaedic Nursing* **34**(5): 287-288.
- Cost: \$10.00 (USD) for NAON members, \$20.00 (USD) for non-members
- Registration deadline: October 31, 2017
- Valid for **2.0 accredited hours**

McCallum, J. and M. Kamienski (2015). "[A 52-Year-Old Man With a Tuft Fracture and Hand Cellulitis.](#)" *Orthopedic Nursing* **34**(5): 262-266.

A 52-year-old man presented to the emergency department (ED) 1 week after getting his right index finger shut in a car door. The patient complained of right index finger pain. His entire hand was edematous and reddened. After evaluation in the ED and x-ray, the patient was diagnosed with a tuft fracture, right index finger/hand cellulitis, and possible osteomyelitis. The patient received tetanus diphtheria i.m., vancomycin 1 g i.v., and ceftriaxone (Rocephin) 2 g i.v. while in the ED and was admitted with referral to a hand specialist. The patient was discharged after 10 days of parental antibiotics. He has a history of sarcoidosis, hypertension, diabetes mellitus, and scleroderma. He is currently not taking any medications and denies allergies to medications and latex. The patient had no significant somatic findings. He was afebrile.

- Test: (2015). [A 52-Year-Old Man With a Tuft Fracture and Hand Cellulitis.](#)" *Orthopedic Nursing* **34**(5): 267-268.
- Cost: \$7.50 (USD) for NAON members, \$15.00 (USD) for non-members
- Registration deadline: October 31, 2017
- Valid for **1.5 accredited hours**

OSTEOPOROSIS

Fasolino, T., Whitright, T. (2015). "[A Pilot Study to Identify Modifiable and Nonmodifiable Variables Associated With Osteopenia and Osteoporosis in Men](#)". *Orthopedic Nursing* **34**(5): 289-293.

Osteoporosis is typically associated with women, but men can also be affected. Less is known about the factors influencing the development of osteoporosis in the male population. This pilot study attempted to identify variables associated with osteopenia or osteoporosis in men. The 101 male participants completed a questionnaire that examined modifiable and nonmodifiable variables: alcohol consumption, smoking, exercise history, fracture history as an adult, and family history of osteoporosis. Objective variables collected included age, height, and weight to calculate body mass index. Bone mineral density was calculated using dual-energy x-ray absorptiometry. Osteopenia or osteoporosis was identified in 62 of the male participants. Consumption of alcohol and cigarettes with higher body mass index was correlated with greater likelihood of osteopenia and osteoporosis.

- Test: (2015). "[A Pilot Study to Identify Modifiable and Nonmodifiable Variables Associated With Osteopenia and Osteoporosis in Men](#)." *Orthopedic Nursing* **34**(5): 294-295.
- Cost: \$10.00 (USD) for NAON members, \$20.00 (USD) for non-members
- Registration deadline: October 31, 2017
- Valid for **2.0 accredited hours**

PALLIATIVE CARE

Ouimet Perrin, K., Kazanowski, M. (2015). "[End-of-Life Care. Overcoming Barriers to Palliative Care Consultation](#)." *Critical Care Nurse* **35**(5): 44-52.

Palliative care consultations for patients with life-threatening illnesses provide benefits for the patients and their families as well as for the health care team. Patients have better quality of life and live longer but cost the health care system less. Still, many patients are not offered the opportunity to receive a palliative care consultation. Barriers to palliative care consultation for patients in critical care units include misunderstandings about palliative care and not having agreed upon criteria for referral. Critical care nurses can assist in overcoming these barriers.

- Test: Included with article
- Cost: free for AACN members, \$ 10.00 (USD) for non-members
- Registration deadline: October 1, 2018
- Valid for **1.0 accredited hour**

PATIENT-CENTERED CARE

Marcus-Aiyeku, U., M. DeBari, et al. (2015). "[Assessment of the Patient-Centered and Family-Centered Care Experience of Total Joint Replacement Patients Using a Shadowing Technique.](#)" *Orthopedic Nursing* **34**(5): 269-277.

In 2030, when baby boomers reach 65 years of age and represent 18% of the population, it is anticipated that 67 million adults will have a diagnosis of arthritis increasing the demand for total hip and knee arthroplasty. With the growing emphasis on patient- and family-centered care, the aim of this project was to assess the patient experience of patients and families throughout the entire spectrum of the total joint replacement service line care at a university regional trauma hospital. A shadowing methodology as defined by the Institute for Health Improvement was utilized. Eight patient/family groups undergoing total joint replacements were shadowed. The mapped care experience included time, caregiver, activity, shadower observations, and impressions. Findings revealed inconsistencies in the delivery of patient- and family-centered care. Communication and interactions were predominantly provider-centric, with a focus on care routines versus the patient and family, and anticipation that care would be medically directed.

- Test: (2015). "[Assessment of the Patient-Centered and Family-Centered Care Experience of Total Joint Replacement Patients Using a Shadowing Technique.](#)" *Orthopedic Nursing* **34**(5): 278-279.
- Cost: \$12.50 (USD) for NAON members, \$25.00 (USD) for non-members
- Registration deadline: October 31, 2017
- Valid for **2.5 accredited hours**

PATIENT SAFETY

Sarabia-Cobo, C.M., B. Torres-Manrique, et al. (2015). "[Continuing Education in Patient Safety: Massive Open Online Courses as a New Training Tool.](#)" *Journal of Continuing Education in Nursing* **46**(10): 439-445.

Background: The Nursing School of the University of Cantabria conducted a training session on patient safety through two massive open online courses (MOOCs) aimed at the general population and especially Spanish-speaking health professionals. This study aimed to analyze the profile of health professionals who have completed the courses, their degree of satisfaction, and the percentage of completion. Method: In this retrospective and observational study, two MOOCs on clinical safety were created through an online platform (MiríadaX). Quantitative analysis of the profile of health professionals, their degree of satisfaction, and the percentage of completion was performed. Results: A total of 12,400 students were enrolled, and the average completion rate was 32%. The profile of the average student was female, 37 years old, college educated, a nurse in a hospital, and interested in the course because it may be useful for performing her work. Fifty-five percent of students were very satisfied with the course. Conclusion: MOOCs are considered to be effective and easily accessible, with quality content for professional continuing education that encourages interdisciplinary work and meeting professionals from around the world.

- Test: online at [Villanova University Website](#)
- Test instructions: (2015). "[CNE QUIZ.](#)" *Journal of Continuing Education in Nursing* **46**(10): 446-447.
- Cost: \$ 20.00 (USD)
- Registration deadline: September 30, 2018
- Valid for **1.2 accredited hours**

Comeau, O.Y., J.Armendariz-Batiste, et al. (2015). "[Safety First! Using a Checklist for Intrafacility Transport of Adult Intensive Care Patients.](#)" *Critical Care Nurse* **35**(5): 16-26.

BACKGROUND Adult critical care patients in an academic medical center experienced adverse events during intrafacility transport resulting from lack of preparation. An intervention was needed to help keep patients safe during intrafacility transport. **OBJECTIVE** To develop a checklist for transport that is easy to use and effective in preparing patients for transport. **METHOD** A checklist was developed and implemented. Elements of the checklist include preparation of the patient before transport, screening of patients for criteria that may place them at higher risk during transport, and a checklist for the procedural site. **RESULTS** From May 2011 through July 2014, 2506 transports were conducted. Of these, 97.6% (n = 2445) involved no reported complications. **CONCLUSION** This tool is suitable for bedside clinicians to use when preparing patients for transport.

- Test: Included with article
- Cost: free for AACN members, \$ 10.00 (USD) for non-members
- Registration deadline: October 1, 2018
- Valid for **1.0 accredited hour**

PERIOPERATIVE NURSING

Read the following 3 articles and do the “Clinical Issues” questions:

Ogg, M. J. (2015). "[CONTINUING EDUCATION. Clinical Issues 1.3.](#)" *AORN Journal* **102**(2): 200-202.

Ogg, M. J. (2015). "[Clinical Issues. Integrating a music program into the perioperative setting.](#)" *AORN Journal* **102**(2): 203-204.

Ogg, M. J. (2015). "[Clinical Issues. Exposure control plans in the OR.](#)" *AORN Journal* **102**(2): 204-207.

- Test: online at [AORN website](#).
- Test instructions included with article.
- Complete the Learner Evaluation: (2015). "[Continuing Education: Clinical Issues 1.3.](#)" *AORN Journal* **102**(2): 208.
- Cost: \$10.40 (USD) for AORN members, \$20.80 (USD) for non-members
- Registration deadline: August 31, 2018
- Valid for **1.3 accredited hours**

POSTOPERATIVE PAIN

Joestlein, L. (2015). "[Pain, Pain, Go Away! Evidence-Based Review of Developmentally Appropriate Pain Assessment for Children in a Postoperative Setting.](#)" *Orthopedic Nursing* **34**(5): 252-259.

Assessment and management of pain in children with orthopaedic injuries can be difficult, especially in the postoperative period. Factors such as developmental stage of the child, medications used intraoperatively and postoperatively, patient anxiety, and perceptions of family members and nurses caring for the patient can affect the accuracy of pain assessment in this population. The purposes of this article were to provide an overview of developmentally appropriate pain assessment tools, to describe factors that can affect the perception of pain, and to perform a pain assessment postoperatively in the pediatric orthopaedic patient.

- Test: (2015). "[Pain, Pain, Go Away! Evidence-Based Review of Developmentally Appropriate Pain Assessment for Children in a Postoperative Setting.](#)" *Orthopedic Nursing* **34**(5): 260-261.
- Cost: \$12.50 (USD) for NAON members, \$25.00 (USD) for non-members
- Registration deadline: October 31, 2017
- Valid for **2.5 accredited hours**

TRAUMA NURSING

Georgino, M.M., T. Kress, et al. (2015). "[Emergency Preparedness Education for Nurses.](#)" *Journal of Trauma Nursing* **22**(5): 240-248.

The purpose of this project was to measure trauma nurse improvement in familiarity with emergency preparedness and disaster response core competencies as originally defined by the Emergency Preparedness Information Questionnaire after a focused educational program. An adapted version of the Emergency Preparedness Information Questionnaire was utilized to measure familiarity of nurses with core competencies pertinent to first responder capabilities. This project utilized a pre- and postsurvey descriptive design and integrated education sessions into the preexisting, mandatory "Trauma Nurse Course" at large, level I trauma center. A total of 63 nurses completed the intervention during May and September 2014 sessions. Overall, all 8 competencies demonstrated significant ($P < .001$; 98% confidence interval) improvements in familiarity. In conclusion, this pilot quality improvement project demonstrated a unique approach to educating nurses to be more ready and comfortable when treating victims of a disaster.

- Test: online at NursingCenter.com
- Test instructions: (2015). "[Emergency Preparedness Education for Nurses.](#)" *Journal of Trauma Nursing* **22**(5): E1-E2.
- Cost: \$ 24.95 (USD)
- Registration deadline: October 31, 2017
- Valid for **2.5 accredited hours**

Mace-Vadjunec, D. R. N. M. O. N. C., et al. (2015). "[The Lack of Common Goals and Communication Within a Level I Trauma System: Assessing the Silo Effect Among Trauma Center Employees.](#)" *Journal of Trauma Nursing* **22**(5): 274-281.

We assessed our level I trauma center's employees' perception of inter- and intradepartmental relationships to determine whether employees who work less often with patients feel less involved-the silo effect. We prospectively evaluated employees who provide direct patient care using the Trauma System Survey tool. Of 1155 employees, 699 responded. Combined interdepartmental relationships showed that 93% believed their unit communicated well with other units, and 86% thought other units communicated well with their unit. However, 69% experienced miscommunication between units. To reduce silos, communication is key. Training and multiunit events may help reduce these silos further. Copyright (C) 2015 by the Society of Trauma Nurses.

- Test: online at NursingCenter.com
- Test instructions: (2015). "[The Lack of Common Goals and Communication Within a Level I Trauma System: Assessing the Silo Effect Among Trauma Center Employees.](#)" *Journal of Trauma Nursing* **22**(5): E3-E4.
- Cost: \$ 24.95 (USD)
- Registration deadline: October 31, 2017
- Valid for **2.5 accredited hours**

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