How to Obtain Contact Hours by Reading Articles in This Issue

Instructions
4.0 contact hours will be awarded by Vindico Medical Education upon successful completion of the posttest and evaluation. To obtain contact hours:

1. Read the following articles carefully, noting the tables and other illustrative materials, which are provided to enhance your knowledge and understanding of the content:

   - Integrated Physical and Mental Health Care at a Nurse-Managed Clinic: Report from the Trenches
     Deena Nardi, PhD, PMHCNS-BC, FAAN, on pages 28-34.

   - Providing Nursing Leadership in a Community Residential Mental Health Setting
     Frances A. Hughes, RN, DNurs, ONZM, FNZCMHN, FACMHN; and Anita Bamford, DNurs, RN, on pages 35-42.

   - Simulation to Enhance Care of Patients with Psychiatric and Behavioral Issues: Use in Clinical Settings
     Joan S. Grant, DSN, RN, CS; Norman L. Keltner, EdD, RN; and Greg Eagerton, DNP, RN, on pages 43-49.

2. Read each question and record your answers on the CNE Registration Form on page 51.

3. Complete all sections of the CNE Registration Form, including indicating the total time spent on the activity (reading articles and completing quiz). Forms and quizzes cannot be processed if this section is incomplete. All participants are required by the accreditation agency to attest to the time spent completing the activity.

4. Forward the completed form with your check or money order, drawn on a US bank, for $16 (USD) made out to JPN-CNE. CNE Registration Forms must be received no later than July 31, 2013.

Contact Hours
Vindico Medical Education is an approved provider of continuing nursing education by the New Jersey State Nurses Association, an accredited approver, by the American Nurses Credentialing Center’s Commission on Accreditation, P188-6/09-12. This activity is co-provided by Vindico Medical Education and the Journal of Psychosocial Nursing.

This is a Learner-Paced Program. Answers to the posttest will be graded, and you will be advised that you have passed or failed within 60 days of receipt of your completed test. A score of 70% or above will comprise a passing grade. A certificate will be awarded to participants who successfully complete the test. A contact hour is 60 minutes of instruction. Contact hour verification can be awarded only at the completion of a program.

Activity Objectives
1. Describe factors that influence the success of nurse-managed health clinics.
2. Apply characteristics of successful nurse leadership.
3. Identify essential elements of successful simulation activities.

Author Disclosure Statements
• Dr. Nardi discloses that she has no significant financial interests in any product or class of products discussed directly or indirectly in this activity, including research support. The University of St. Francis Health and Wellness Center is supported by U.S. Department of Health and Human Services, Health Resources and Services Administration grant 1D11HP07363-01-00.
• Dr. Hughes and Dr. Bamford disclose that they have no significant financial interests in any product or class of products discussed directly or indirectly in this activity, including research support.
• Dr. Grant, Dr. Keltner, and Dr. Eagerton disclose that they have no significant financial interests in any product or class of products discussed directly or indirectly in this activity, including research support.

Commercial Support Statement
All authors and planners have agreed that this activity will be free of commercial bias. There is no commercial support for this activity. There is no non-commercial support for this activity.
Questions #1-7 refer to the article about providing integrated physical and mental health care services at a nurse-managed clinic by Nardi on pages 28-34.

1. A characteristic of accountable care organizations is that they:
   A. are reimbursed by Medicare.
   B. consist of providers who network to improve care and reduce costs of patient care.
   C. consist of a network of providers who are reimbursed by Medicaid and Medicare.
   D. are maintained by providers who receive monthly flat fees from third-party payers.

2. The system of turn taking, successfully used in the Project Access model, provides:
   A. wrap-around, comprehensive health care services to populations with supplemental insurance.
   B. limited health care services to underserved populations.
   C. wrap-around, comprehensive health care services to underserved populations.
   D. complete outpatient health care services to those receiving Medicare.

3. The National Consortium of Nurse-Managed Centers provides primary health care to more than _____ patients each year.
   A. 100,000.
   B. 175,000.
   C. 250,000.
   D. 300,000.

4. If mental and physical health treatment were integrated by primary care providers, the percentage of children and adolescents who could begin receiving treatment for mental and behavioral disorders would be:
   A. 18% to 25%.
   B. 30% to 46%.
   C. 50% to 65%.
   D. 70% to 85%.

5. Within the next 15 years, the United States expects a shortage of more than _____ primary care physicians.
   A. 10,000.
   B. 56,000.
   C. 124,000.
   D. 210,000.

6. The Project Access model has been adopted by more than:
   A. 22 communities worldwide.
   B. 168 communities worldwide.
   C. 12 countries worldwide.
   D. 30 states within the United States.

7. Low-income patients with no health insurance who have prior histories of mental illness can be treated by family physicians using the:
   A. American Academy of Family Physicians guidelines for mental health.
   B. Northern Physicians Organization guidelines for mental health.
   C. American Medical Association guidelines for comprehensive health care services.

Questions #8-13 refer to the article about providing nursing leadership in a community residential mental health setting by Hughes and Bamford on pages 35-42.

8. In order for a leader to achieve self-actualization:
   A. alignment with the mission, vision, and values of an organization is imperative.
   B. formal leadership practice must occur at all times.
   C. alignment to an internal hierarchical structure must be maintained.
   D. experience in an administrative capacity must have occurred for at least 10 years.

9. Respect for the person’s dignity, self-determination, fairness, and equity are more likely to be realized by creating environments that:
   A. promote values-based practices.
   B. involve mentorship and peer review.
   C. encourage competition.
   D. stimulate goal-directed activity.

10. A characteristic of the stewardship paradigm is:
    A. the opportunity for patients to spend time away from family members.
    B. the ability to draw strengths from the practitioner.
    C. dependency on the health care system when needed.
    D. a strong focus on the individuals and environment external to the nurse.

11. _____ is estimated to account for almost 12% of all disability.
    A. Schizophrenia.
    B. Substance abuse.
    C. Bipolar disorder.
    D. Depression.

12. When compared to the general population, people who use mental health services, and particularly those with a diagnosis of schizophrenia or bipolar disorder, are almost:
    A. twice as likely to die from respiratory disease.
    B. four times more likely to die from respiratory disease.
    C. three times more likely to die from respiratory disease.
    D. three times more likely to die from respiratory disease.
13. Characteristics of true leadership include:
   A. assisting others to recognize negative attributes in themselves.
   B. a strict adherence to the hierarchy within the organization.
   C. providing leadership across, within, and between organizations.
   D. encouraging consumers to be autonomous in tackling health and social issues.

Questions #14-20 refer to the article about simulation to enhance caring for patients with psychiatric and behavioral issues by Grant, Keltner, and Eagerton on pages 43-49.

14. Major components of simulation in education include student and teacher factors/interactions, educational practices, and:
   A. integration of theoretical concepts and debriefing.
   B. pre-testing and debriefing.
   C. design characteristics and debriefing.
   D. video enhancement and debriefing.

15. When the teaching role in simulation assumes an evaluative objective, teachers:
   A. assume the role of observer.
   B. provide support throughout the learning experience.
   C. facilitate the learning process.
   D. provide prompts for direction throughout the simulation.

16. Principles of educational practices used to guide simulation design and implementation include:
   A. active learning, prompting, and debriefing.
   B. participant observation, active learning, and collaboration.
   C. participant observation, feedback, and student/faculty interaction.
   D. active learning, feedback, student/faculty interaction, and collaboration.

17. When designing a simulation experience, the objectives should be:
   A. clear and match the learner’s knowledge and experience.
   B. clear, increasingly complex, and goal-directed.
   C. slightly more complex than the learner’s current ability to perform.
   D. bi-directional and pertaining to the teacher and learner.

18. Simulations progressively challenge the learner by:
   A. extending from simple to complex.
   B. varying in levels of complexity to mimic real-life situations.
   C. offering situations that involve at least two senses of all participants.
   D. being able to make mistakes without harming a patient.

19. Debriefing is most effective:
   A. when positive and negative aspects of the simulation are discussed.
   B. when initiated 24 hours following the simulation.
   C. when participants recognize and discuss barriers to learning.
   D. when initiated immediately following the simulation.

20. During the debriefing process, feedback should be:
   A. unidirectional from the teacher to learners.
   B. provided only by learners.
   C. individual- and team-oriented.
   D. team-oriented only.

CNE REGISTRATION

MAIL: Journal of Psychosocial Nursing
TO: PO Box 36
    Thoroare, NJ 08086
JPN July 2011
CNE EXAM

Circle the correct answers. There is one right answer for each question.

1.  A B C D
2.  A B C D
3.  A B C D
4.  A B C D
5.  A B C D
6.  A B C D
7.  A B C D
8.  A B C D
9.  A B C D
10. A B C D
11. A B C D
12. A B C D
13. A B C D
14. A B C D
15. A B C D
16. A B C D
17. A B C D
18. A B C D
19. A B C D
20. A B C D

Please register me for the Learner-Paced program for 4.0 contact hours.

Print or Type

Name ____________________________
Address ____________________________

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Telephone number (in case we have questions) ____________________________
Date of Birth (used for tracking contact hours only) ____________________________
Education Level (Circle highest): Diploma, ADN, BSN, MSN, PhD ____________________________
Other (Please specify) ____________________________
Work Setting: ____________________________
Position: ____________________________

PAYMENT OPTIONS
A $16 payment must accompany the CNE Registration Form. Payment must be in US dollars drawn on a US bank. Checks/money orders should be payable to JPN-CNE. MasterCard, VISA, and American Express credit cards are accepted for payment. CNE Registration Forms must be received no later than July 31, 2013. Copyright © 2011 by SLACK Incorporated. All rights reserved.

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EVALUATION: Must be completed for contact hour certificate to be awarded.

1. The content of the articles was accurately described by the learning objectives: [ ] Yes [ ] No
   - Describe factors that influence the success of nurse-managed health clinics.
   - Apply characteristics of successful nurse leadership.
   - Identify essential elements of successful simulation activities.

2. The content met my educational needs. [ ] Yes [ ] No

3. The content was relevant to my nursing practice. [ ] Yes [ ] No

4. How much time was required to read the articles and take the quiz? [ ] 240 [ ] 265 [ ] 290 [ ] 315 [ ] 340 minutes spent

5. Please list topics you would like to see future activities address:

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