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:

   Implementation of Comfort Rooms to Reduce Seclusion, Restraint Use, and Acting-Out Behaviors
   Kim Sivak, RN-BC, DNP, on pages 24-34.

   Psychiatric Nursing Emergency: A Simulated Experience of a Wrist-Cutting Suicide Attempt
   Mary L. Lilly, PhD, RN, MSN, APRN, BC; Melinda S. Hermanns, PhD, RN, BC, CNE; and Bill Crawley, RN, MS, MA, on pages 35-42.

   Using Pedometers to Document Physical Activity in Patients with Schizophrenia Spectrum Disorders: A Feasibility Study
   Lora H. Beebe, PhD, PMHNP-BC; and Robin Faust Harris, MSN, ANP-BC, on pages 44-49.

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 $20 (USD) made out to JPN-CNE. CNE Registration Forms must be received no later than February 28, 2014.

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 the benefits associated with the use of comfort rooms in psychiatric settings.
2. Examine the process of implementing a psychiatric emergency nursing simulation.
3. Discuss how pedometers can be used to determine the level of physical activity in patients with schizophrenia spectrum disorders.

Author Disclosure Statements
• Dr. Sivak has disclosed no potential conflicts of interest, financial or otherwise.
• Dr. Lilly, Dr. Hermanns, and Mr. Crawley have disclosed no potential conflicts of interest, financial or otherwise.
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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.
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Instructions
1. Approximately _____ people die each year as a result of practices used to seclude or mechanically restrain people with mental illness.
   A. 50.
   B. 100.
   C. 150.
   D. 200.

2. According to LeBel and Goldstein, the cost of an average duration of mechanical restraint use is:
   A. $789.3.
   B. $309.21.
   C. $437.36.
   D. $689.51.

3. According to Curie, practices associated with the use of seclusion and restraint and enforcing external control encourage:
   A. self-control of behavior.
   B. dependence, learned helplessness, and hopelessness.
   C. interdependence and hopelessness.
   D. independence and self-control of behavior.

4. Bloom asserted that clients in psychiatric settings could experience retraumatization as a result of:
   A. hearing other clients discuss life situations.
   B. the process of being admitted to a psychiatric facility.
   C. talked about their problems to staff.
   D. coercion and forceful actions.

5. Necessary components in the reduction of the use of seclusion and restraint include strong leadership direction, specific staff training, debriefing, interprofessional agreements, and:
   A. use of medications with minimal side effects.
   B. nursing interventions that provide a sense of safety and comfort.
   C. nursing interventions that maximize effects of medication.
   D. a periodic show of force by law authority.

6. Among the approaches toward reduction in seclusion and restraint use, one of the most popular choices of staff and clients is:
   A. comfort rooms.
   B. medication.
   C. talking.
   D. physical exercise.

7. To develop a sense of ownership, in the development of comfort rooms it is critical to include _____ along with staff members.
   A. physicians.
   B. volunteers.
   C. psychiatric therapists.
   D. patient representatives.

Questions #8-14 refer to the article about a psychiatric nursing emergency by Lilly, Hermanns, and Crawley on pages 35-42.

8. Professional nursing practice requires that students attain knowledge, incorporate critical thinking and psychomotor skills, cultivate self-awareness, develop self-confidence, and:
   A. apply knowledge in the clinical setting.
   B. develop knowledge at the expert level.
   C. develop knowledge at the expert level.
   D. utilize leadership skills.

9. _____ exposure to psychiatric emergency situations is essential for novice nurses as they prepare for graduation and entry into the clinical milieu.
   A. Cognitive, behavioral, and physical.
   B. Physical and emotional.
   C. Cognitive, physical, and emotional.
   D. Cognitive, behavioral, and emotional.

10. According to a survey by Patzel et al., approximately _____ of faculty respondents from baccalaureate, associate, and diploma programs communicated use of simulation as a clinical activity.
    A. 8%.
    B. 17%.
    C. 23%.
    D. 29%.

11. When compared with traditional learning methods, students using simulation:
    A. retained knowledge for a longer period of time.
    B. did not perform as well when in the clinical setting.
    C. lacked critical thinking skills when faced with unexpected problems.
    D. reported decreased satisfaction in meeting learning needs.

12. If students are to perceive, process, value, and retain clinically significant information, _____ and _____ are important.
    A. structured instruction/support.
    B. safety/supervision.
    C. structured instruction/safety.
    D. support/demonstration.
13. According to a survey of undergraduate students by Stuhlmiller, _____ of the respondents doubted their ability to manage their interpersonal anxiety related to interacting with mental health clients.
   A. approximately half.
   B. 34%.
   C. none.
   D. nearly all.

14. Debriefing and evaluation provides all participants with the opportunity to:
   A. plan ahead of time for the particular simulation.
   B. review pertinent literature to prepare for the simulation.
   C. dialogue about the content and process of the simulation.
   D. identify and discover the situation.

Questions #15-20 refer to the article about using pedometers to document physical activity in patients with schizophrenia spectrum disorders (SSDs) by Beebe and Harris on pages 44-49.

15. SSDs include:
   A. schizophrenia, schizoaffective disorder, and schizophreniform disorder.
   B. schizophrenia, schizophreniform disorder, and brief reactive psychosis.
   C. schizophrenia, schizoaffective disorder, and delusional disorder.
   D. schizoaffective disorder, schizophreniform disorder, and brief reactive psychosis.

16. Similarities between SSDs include executive functioning deficits, difficulties with associative learning, and:
   A. symptom categories and improved health outcomes.
   B. diagnostic overlap and symptom categories.
   C. diagnostic overlap and improved health outcomes.
   D. decreased risk for cardiovascular disease.

17. Exercise is associated with health risk reductions through reduced body weight and:
   A. improvements in glucose regulation and triglyceride levels.
   B. increased body mass index.
   C. decreased muscle mass.
   D. decreased utilization of fat.

18. According to a study by Craft, Freund, Culpepper, and Perna, pedometer step counts were positively correlated with fitness level and negatively correlated with:
   A. a weight gain of 5% total body weight.
   B. a sense of well-being.
   C. improved mood.
   D. body mass index.

19. According to the article, preliminary findings indicated that the majority of those with SSDs were:
   A. not willing to use pedometers.
   B. willing to use pedometers but encountered numerous problems with use.
   C. willing to use pedometers and able to do so with few problems.
   D. willing to use pedometers but not motivated enough to use them.

20. According to the article, possible barriers to the use of extended-wear pedometers included:
   A. cognitive deficits and low energy.
   B. memory deficits and low energy.
   C. low energy and moderate mood.
   D. cognitive and memory deficits.