

How to Obtain Contact Hours by Reading This Issue

Instructions

3.5 contact hours will be awarded by Villanova University College of Nursing upon successful completion of this activity. A contact hour is a unit of measurement that denotes 60 minutes of an organized learning activity. This is a learner-based activity. Villanova University College of Nursing does not require submission of your answers to the quiz. A contact hour certificate will be awarded once you register, pay the registration fee, and complete the evaluation form online at https://villanova.gosignmeup.com/dev_students.asp?action=browse&main=Nursing+Journals&misc=564. To obtain contact hours you must:

1. Read the following articles, carefully noting any tables and other illustrative materials that are included to enhance your knowledge and understanding of the content. Be sure to keep track of the amount of time (number of minutes) you spend reading the article and completing the quiz.
 - **Palliative Care for Terminally Ill Individuals with Schizophrenia**
Terry L. Terpstra, RN, MSN, GNP-BC, ANP-BC, ACHPN; Shelley Williamson, RN, MSN, CHPN; and Tammy Terpstra, RN, MSN, GNP-BC, ANP-BC, on pages 32-38.
 - **The Suitcase Simulation: An Effective and Inexpensive Psychiatric Nursing Teaching Activity**
Joan C. Masters, EdD, MBA, APRN, PMHNP-BC; Mary Frances Kane, RN, MSN; and Mary Ellen Pike, PhD, APRN, ACNS-BC, on pages 39-44.
 - **Channeling Jane Austen: How It Helped Me Become a Better Psychotherapist**
Christi R. Carver, RN, MSN, CNS, on pages 45-48.
2. Read and answer each question on the quiz. After completing all of the questions, compare your answers to those provided within this issue. If you have incorrect answers, return to the article for further study.
3. Go to the Villanova website listed above to register for contact hour credit. You will be asked to provide your name, contact information, and a VISA, MasterCard, or Discover card number for payment of the \$20.00 fee. Once you complete the online evaluation, a certificate will be automatically generated.

This activity is valid for continuing education credit until July 31, 2016.

Contact Hours

This activity is co-provided by Villanova University College of Nursing and SLACK Incorporated.

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Activity Objectives

1. List three reasons for late presentation of serious medical illnesses in individuals with schizophrenia.
2. Discuss two theories that explain the muted pain response in individuals with schizophrenia.
3. Describe the exercise used to simulate a real, clinical practice, patient safety issue.
4. Discuss the value of simulation exercises in nursing education.
5. List factors that necessitate the use of tabletop simulations in current nursing education.
6. List two themes from Jane Austen novels that can inform therapists in their interactions with patients.
7. Discuss examples of common human behavior that Austen's characters exemplified.

Disclosure Statements

Neither the planners nor the authors have any conflicts of interest to disclose.

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Questions #1-9 refer to the article about palliative care for terminally ill individuals with schizophrenia by Terpstra, Williamson, and Terpstra on pages 32-38.

1. **Palliative care seeks to relieve types of human suffering related to physical, spiritual, and:**
 - A. cultural aspects.
 - B. socioeconomic aspects.
 - C. financial aspects.
 - D. psychosocial aspects.
2. **Aside from poor treatment adherence and an unhealthy lifestyle, what is a common reason for individuals with schizophrenia to have a reduced life expectancy?**
 - A. Reduced resistance to infection.
 - B. Heightened sensitivity to others' emotions.
 - C. High rate of substance abuse.
 - D. Lack of spiritual connectedness.
3. **Inpatient placement for terminally ill patients with schizophrenia can be challenging because of issues related to safety for patients and staff, complicated medical and psychiatric problems, and:**
 - A. lack of cooperation with medical staff.
 - B. lack of consulting psychiatrists on medical units.
 - C. increased fear on the part of medical staff.
 - D. increased administration concerns regarding liability.
4. **Individuals with schizophrenia have a decreased incidence of reported pain when experiencing painful medical conditions due to:**
 - A. muted behavioral response to pain.
 - B. reduced numbers of pain receptors.
 - C. high doses of narcotics early in the illness.
 - D. rare incidence of illnesses that cause pain.
5. **Medication management for terminally ill individuals with schizophrenia can be difficult because of extrapyramidal side effects, cachexia causing reduced free drug in the blood, and:**
 - A. the stigma associated with mental illness affects assessment by staff.
 - B. medications for pain interfere with symptoms of schizophrenia.
 - C. individuals with schizophrenia always take their medications as ordered.
 - D. altered or discontinued medication regimens during a hospital stay.
6. **Late diagnosis of serious medical conditions or terminal illness can occur in individuals with schizophrenia because:**
 - A. individuals with schizophrenia oververbalize pain and symptoms.
 - B. integration of pain and other symptoms into delusional systems rarely occurs.
 - C. expressed physical symptoms are sometimes attributed to the patient's mental illness.
 - D. patients usually ignore symptoms for fear of terminal illness.
7. **A possible explanation for the high prevalence of tobacco use among individuals with schizophrenia is that smoking:**
 - A. replaces the need for medications that reduce delusions and hallucinations.
 - B. may help overcome the dopamine-blocking effects of antipsychotic medications.
 - C. may have some depressant effects.
 - D. delays the onset of a more severe illness process.
8. **Autonomy and self-determination are issues that surface frequently in psychiatric illness because of:**
 - A. lack of decision-making capacity due to diminished reasoning.
 - B. lack of decision-making capacity due to diminished dopamine.
 - C. excess dopamine that alters decision-making capacity.
 - D. excess anticholinergic medications that alter decision-making capacity.
9. **Palliative care:**
 - A. emphasizes relief of symptoms.
 - B. cannot be provided at the same time as curative, life-prolonging treatment.
 - C. requires the individual to have a terminal illness.
 - D. involves only those patients whose prognosis is survival of 6 months or less.

Questions #10-23 refer to the article about the suitcase simulation by Masters, Kane, and Pike on pages 39-44.

10. **A tabletop simulation is a:**
 - A. commercially produced activity available from major nursing publishers.
 - B. video simulation that focuses on developing leadership competencies.
 - C. disaster management simulation adapted for a community mental health nursing course.
 - D. low-tech classroom enactment of a real-life clinical situation.
11. **One advantage of tabletop simulations is:**
 - A. they are perceived by students to be low stress.
 - B. they require minimal faculty preparation.
 - C. required equipment usually costs less than \$50.
 - D. free scenarios are available on the Internet.
12. **Two sources of contraband used in the study simulation were:**
 - A. t-shirts and slippers.
 - B. candy and cookies.
 - C. catnip and baking soda.
 - D. paperback novels and socks.
13. **While students work on the simulation, the authors suggest that the faculty:**
 - A. leave the room to encourage students to be self-sufficient.
 - B. walk around the room and be available to answer questions.
 - C. stand at the front of the room and observe students as they work.
 - D. remain in the room but keep busy so students work independently.
14. **Feedback from students regarding the simulation included:**
 - A. adding more hidden contraband.
 - B. including less hidden contraband.
 - C. seeing no point to the simulation.
 - D. finding the activity emotionally upsetting.
15. **The evaluation tool used to assess the simulation was the:**
 - A. Simulation Assessment Tool (SAT).
 - B. Simulation Effectiveness Tool (SET).
 - C. Student Assessment of Simulation Experiences (SASE).
 - D. Assessing Student Learning Using Simulation (ASLUS).
16. **The authors found policies and procedures to use in developing this simulation from:**
 - A. professional nursing textbooks.
 - B. professional nursing organizations.
 - C. information on the Internet.
 - D. hospital patient safety materials.
17. **This particular simulation activity was selected because it:**
 - A. was requested by clinical students in previous rotations.
 - B. replaced a required hospital competency exercise.
 - C. was required for liability insurance coverage by the participating university.
 - D. provided an opportunity to practice a real-life scenario.
18. **The evaluation of the simulation activity used was:**
 - A. anonymous student evaluations.
 - B. group discussion of simulation effectiveness.
 - C. journaling by individual students.
 - D. pre- and post-testing of students.
19. **The approximate time needed for the activity and the debriefing was:**
 - A. 30 minutes.
 - B. 45 minutes.
 - C. 60 minutes.
 - D. 80 minutes.
20. **The statistical method used to identify significant differences between the two groups was:**
 - A. t test.
 - B. one way analysis of variance.
 - C. multiple regression.
 - D. chi square.
21. **One limitation of the study was that:**
 - A. it involved only traditional students.
 - B. it included only second-degree students.
 - C. items to include were difficult to find.
 - D. repacking of contraband was required after each use.

22. **One factor that supports the use of clinical simulations in psychiatric nursing education is the:**

- A. inadequate number of clinical nursing faculty.
- B. shortage of good clinical sites for psychiatric nursing students.
- C. cost of clinical sites required for nursing students.
- D. time required for faculty supervision in clinical sites.

23. **The Veterans Affairs Mental Health Environment of Care Checklist was used for:**

- A. analysis of statistical data.
- B. assessment of potential patient hazards.
- C. ethics related to searching patient belongings.
- D. suicide prevention information.

Questions #24-30 refer to the article about channeling Jane Austen by Carver on pages 45-48.

24. **A frequent problem underlying many psychiatric symptoms is difficulty handling:**

- A. money.
- B. confrontation.
- C. feelings.
- D. criticism.

25. **AEDP stands for which type of psychotherapy?**

- A. Advanced Emotional Dyadic.
- B. Accelerated Experiential Dynamic.
- C. Affect, Emotion, Dreams and Play.
- D. Affective Expressive Dysphoric.

26. **Affect regulation refers to the ability to:**

- A. soothe oneself.
- B. monitor the ups and downs of emotions.
- C. accept oneself.
- D. modulate positive and negative emotions.

27. **The character Elinor in *Sense and Sensibility* is able to modulate her emotions by:**

- A. maintaining control.
- B. keeping quiet.
- C. feeling and dealing.
- D. confronting and accepting.

28. **Catherine in *Northanger Abbey* learns to trust her feelings, which is essential for:**

- A. avoiding anxiety.
- B. confronting others.
- C. controlling emotion.
- D. making decisions.

29. **Joyce Travelbee, a nurse theorist, advised psychiatric nurses on:**

- A. assessing symptoms.
- B. the therapeutic use of self.
- C. identifying medication side effects.
- D. the therapeutic use of transference.

30. **Jane Austen was a 19th century novelist who:**

- A. was a keen observer of people.
- B. rejected human foibles.
- C. clarified the nature of anxiety.
- D. defined dysfunctional behavior.

**CNE Answers
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1. D	7. B	13. D	19. C	25. B
2. C	8. A	14. A	20. B	26. A
3. B	9. A	15. B	21. D	27. C
4. A	10. D	16. C	22. B	28. D
5. D	11. A	17. D	23. B	29. B
6. C	12. C	18. A	24. C	30. A