

## Continuing Nursing Education Post Test

### Broken Heart

***The CNE for this educational activity expires two years from publication date.***

***Renewal of CNE will be based on review of objectives, content and applicability to nursing practice.***

#### Instructions:

After reading the novella, complete the posttest, the evaluation, and the registration form.

Mail the completed documents with fee made to:

Department of Nursing Continuing Education

Southern Regional AHEC

1601 Owen Drive

Fayetteville, NC 28304

Within 4-6 weeks after we receive your paperwork and with successful completion of the post test, your continuing education certificate will be mailed to you. Passing score is 80%. If you fail, you have the option of retaking the test at no additional cost.

Questions? Contact SRAHEC Department of Nursing Continuing Education at 910-678-7216 or 910-678-7246.

#### Credit

3.5 contact hours, CNE will be awarded to participants who complete this module and successfully pass the post test with a score of 80% or higher.

#### Provider Accreditation

Southern Regional AHEC is approved as a provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

AP#005-607C expires 12/31/2015

#### Payment

The registration fee for this test is \$10.00 per person. Checks should be made payable to "Southern Regional AHEC". We also accept Visa and MasterCard. Do not send cash with your paperwork. Institutional/bulk discounts for ten or more tests are available. Please call 910-678-7216 for more information.

#### Purpose of this educational activity:

Broken Heart is an educational fiction novella (short novel) about coping with change and loss. Through a fiction story, readers will follow a cast of 5 nursing characters at a hospital's Med-Surg unit. Brad and Mel, the two main characters in the story, become attached to patients who die. Each of the other nurses are coping with a major loss or life change of some kind, so the team pulls together and supports each other throughout the difficult time. The hospital chaplain provides advice and information on coping with change and loss, and the nurses explore grieving as a group, and individually. The story helps the reader identify the nurse's need to grieve loss, learn tips for coping with stress caused by loss, and review the different ways that nurses grieve.

#### Learning Objectives:

Upon completion of this educational activity, the participant should be able to:

- 1) Explain why every change is also a loss
- 2) Discuss the nurse's need to grieve the loss of a patient
- 3) Discuss how grieving behaviors differ between male and female nurses
- 4) Describe how nurses can support the patient, the family and loved ones, and each other when preparing for or recovering from a patient's death

CNE Enrollment Form

Broken Heart

CASCE # 27317

Please print or type. All fields must be completed in order to score the test and award continuing education credits. Incomplete enrollment forms will be returned.

Name \_\_\_\_\_  RN  LPN  NP  CRNA  Student  Other \_\_\_\_\_

Address \_\_\_\_\_ Last 4 of SSN: XXX-XX- \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Work Address \_\_\_\_\_ Area of Specialty \_\_\_\_\_

Work City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

Amount enclosed \$10.00 paid by  Check enclosed (made payable to "SRAHEC")  MasterCard  Visa

Credit card # \_\_\_\_\_ Exp date \_\_\_\_\_

Signature \_\_\_\_\_ Last 3 digits on signature panel: \_\_\_\_\_

Test Answers: Place an "X" through your answer to each question

- 1. A B C D E
- 2. A B C D E
- 3. A B C D E
- 4. A B C D E
- 5. A B C D E
- 6. A B C D E
- 7. A B C D E
- 8. A B C D E
- 9. A B C D E
- 10. A B C D E

Activity Evaluation

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
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- |  |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The course content was pertinent to my educational needs and practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Course objectives were met  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I will be able to incorporate what I learned into my practice         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_

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Mail this form with your payment to: Department of Nursing CE, SR-AHEC, 1601 Owen Drive, Fayetteville, NC, 28304