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COMPÉTENCE PROFESSIONNELLE


This article advances and demonstrates a validation process to guide the development of health care
simulation scenarios for assessing performance competency. The development and evaluation of each scenario
used in a simulation-based competency assessment must be based on multiple sources of evidence that support
the validity of the assessment for its intended use. Procedures are proposed to optimize the validity of simulation-
based assessments by linking the scenario directly to the instrument and using a systematic approach for gathering
and processing input from experts in the field. This validation process is then applied to the development of an
original scenario for use in an assessment of nursing competency that targets objectives through patient

- Évaluation : sur le site Internet de Villanova University
- Coût : 20,00 $ (USD)
- Date limite d’inscription : 31 octobre 2018
- Valide pour 1,2 heures accréditées
DEFAILLANCE CARDIAQUE


The article explores the basics of reducing heart failure (HF) readmissions. Topics discussed include frequent hospitalizations resulting from the inability of patients to receive the required medical regimen and follow lifestyle modifications and typical disease trajectory for HF. The need for patient monitoring, the creation of a critical pathway, and improved education are mentioned.

- Évaluation : sur le site Internet de NursingCenter.com
- Coût : 17,95 $ (USD)
- Date limite d’inscription : 30 novembre 2017
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EXAMEN DE L’ABDOMEN – (ARTICLE EN FRANÇAIS)


- Évaluation : en ligne sur le site de MISTRAL.
- Coût : 21,34 $ pour les membres de l’OIIQ, 30,48 $ (USD) pour les non-membres
- Date limite d’inscription : aucune
- Valide pour 2,0 heures accréditées

LEADERSHIP


The article discusses leadership within the trauma nurse profession. It emphasizes that in order to be a good leader in the middle of a stressful trauma environment, a trauma nurse should have the ability to influence others and drive outcomes, must have a clear understanding on the status of one’s organization and of the health care climate, and must be familiar with the health policy that impacts trauma care and the resources that are available for injured patients.

- Évaluation : sur le site Internet de NursingCenter.com
- Consignes pour l’évaluation inclues avec l’article
- Coût : 19,95 $ (USD)
- Date limite d’inscription : 30 décembre 2017
- Valide pour 2,5 heures accréditées
SCLÉROSE EN PLAQUES


Multiple sclerosis (MS) is a chronic, unpredictable, progressive, and disabling autoimmune disease with significant neurodegenerative and inflammatory components. To effectively treat and care for older persons with MS, it is essential to examine the factors associated with a decrease in their quality of life. Typically, MS is diagnosed between 20 and 50 years old. Although not a fatal disease, the natural history data of persons with MS reveal survival approximately 38 years after diagnosis. With the advent of disease-modifying therapies, life-span has increased substantially over the past 2 decades among people with MS. Approximately 90% of people with MS now in their 20s may live into their 70s. Their quality of life as an older adult will be impacted by what we learn today. Currently, approximately a quarter of people with MS are mature adults over 65 years old. Older adults with MS are more likely to have a decreased health-related quality of life (HRQOL). HRQOL is a multidimensional construct that refers to an individual’s physical functioning, ability to perform activities of daily living, sense of well-being, satisfaction with life, perception of psychological status, and social functioning. This article focuses on the current literature in HRQOL in older persons with MS. A specific aim is to examine the factors associated with a decreased QOL in older persons with MS. Nursing screening and implementation of interventions that may reduce these factors and improve function of patients will be discussed. Although measures to improve HRQOL do not substitute for treatment of the disease, knowledge of factors that reduce HRQOL is essential to understand patient perceptions of their health and disease.

- Évaluation : sur le site Internet de *NursingCenter.com*
- Coût : 24,95 $ (USD)
- Date limite d’inscription : 31 décembre 2017
- Valide pour 2,5 heures accréditées

SOINS INFIRMIERS INTENSIFS


Nurses play an important role in supporting families who are faced with the critical illness and death of their child. Grieving families desire compassionate, sensitive care that respects their wishes and meets their needs. Families often wish to continue relationships and maintain lasting connections with hospital staff following their child's death. A structured bereavement program that supports families both at the end of their child's life and throughout their grief journey can meet this need.

- Évaluation : inclus avec l’article
- Coût : gratuit pour les membres de l’AACN, 10,00 $ (USD) pour les non-membres
- Date limite d’inscription : 1 décembre 2018
- Valide pour 1,0 heure accréditée

This article is the second of a 4-part quality improvement resource series for critical care nurses interested in implementing system process or performance improvement projects. The article is a brainstorming session on paper, written to assist nurses and managers in identifying possible quality improvement projects that are meaningful to them and will make a real difference in their critical care units. Every unit and institution has its own unique mix of resources, culture, physical environment, patient population, technology, documentation processes, health care providers, and multiple other factors. Thus specific patient care and safety challenges must be identified and prioritized individually for quality improvement by each unit. Projects also must be manageable and within the scope of time, effort, and expertise available--no quality improvement project is "too small" if it is applicable to your critical care area and will improve outcomes.

- Évaluation : inclus avec l’article
- Coût : gratuit pour les membres de l’AACN, 10,00 $ (USD) pour les non-membres
- Date limite d’inscription : 1 décembre 2018
- Valide pour 1,0 heure accréditée

SOINS INFRMIERS AUX PERSONNES ÂGÉES


Older adults are disproportionately affected by diabetes, which is associated with increased prevalence of cardiovascular disease, decreased quality of life (QOL), and increased health care costs. The purpose of the current study was to assess the relationships between social support, self-efficacy, and QOL in a sample of 187 older African American and Caucasian individuals with diabetes. Greater satisfaction with social support related to diabetes (but not the amount of support received) was significantly correlated with QOL. In addition, individuals with higher self-efficacy in managing diabetes had better QOL. In a covariate-adjusted regression model, self-efficacy remained a significant predictor of QOL. Findings suggest the potential importance of incorporating the self-efficacy concept within diabetes management and treatment to empower older adults living with diabetes to adhere to care. Further research is needed to determine whether improving self-efficacy among vulnerable older adult populations may positively influence QOL.

- Évaluation : sur le site Internet de Villanova University
- Coût : 20,00 $ (USD)
- Date limite d’inscription : 30 novembre 2018
- Valide pour 1,2 heures accréditées


The article discusses strategies of Allentown, Pennsylvania’s Lehigh Valley Health Network (LVHN) in caring for the increasing number of geriatric trauma patients. The plans include the incorporation of geriatric education for nurses called Nurses Improving Care for Healthsystem Elders (NICHE), partnering with health professionals during daily collaborative rounds, and encouraging geriatric resource nurses (GRNs) to participate in the monthly Geriatric Trauma Conference.

- Évaluation : sur le site Internet de NursingCenter.com
• Consignes pour l’évaluation inclues avec l’article
• Coût : 21,95 $ (USD)
• Date limite d’inscription : 30 décembre 2017
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SOINS INFIRMIERS AUX URGENCES

Lisez les 2 articles suivants et répondez aux questions « Research Test Questions » :


• Coût : 18,95 $ (USD) pour les membres de l’ENA, 22,95 $ (USD) pour les non-membres
• Date limite d’inscription : 30 novembre 2017
• Valide pour 2,5 heures accréditées

Lisez les 6 articles suivants et répondez aux questions « Clinical Test Questions » :


• Coût : 26,95 $ (USD) pour les membres de l’ENA, 31,95 $ (USD) pour les non-membres
• Date limite d’inscription : 30 novembre 2017
Valide pour **4,0 heures accréditées**

Lisez l’article suivant et répondez aux questions « Practice Improvement Test Questions » :


- Coût : 13,95 $ (USD) pour les membres de l’ENA, 16,95 $ (USD) pour les non-membres
- Date limite d’inscription : 30 novembre 2017
- Valide pour **1,5 heures accréditées**

### TRACHÉOSTOMIE


Tracheostomies may be established as part of an acute or chronic illness, and intensive care nurses can take an active role in helping restore speech in patients with tracheostomies, with focused nursing assessments and interventions. Several different methods are used to restore speech, whether a patient is spontaneously breathing, ventilator dependent, or using intermittent mechanical ventilation. Restoring vocal communication allows patients to fully express themselves and their needs, enhancing patient satisfaction and quality of life.

- Évaluation : inclus avec l’article
- Coût : gratuit pour les membres de l’AACN, 10,00 $ (USD) pour les non-membres
- Date limite d’inscription : 1 décembre 2018
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Ce document fait partie d’un service de courriels mensuel provenant des bibliothèques du CUSM. Votre opinion est importante pour nous. Vous pouvez envoyer vos questions ou commentaires à l’attention de Tara Landry de la bibliothèque médicale de l’hôpital général de Montréal.