



Advocate Health Care  
Contact Hours for Continuing Nursing Education  
The Healthy Steps Interactive Multimedia Training and Resource Kit



Advocate Health Care

Advocate Health Care Healthy Steps Program  
Contact Hours for Continuing Nursing Education  
The Healthy Steps<sup>SM</sup> Interactive Multimedia Training and  
Resource Kit

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### **Sponsorship and Accreditation Information**

Thank you very much for your interest in The Healthy Steps<sup>SM</sup> Interactive Multimedia Training and Resource Kit (MMK). In order to be eligible for Contact Hours using the MMK, you should review this booklet, review the Healthy Steps content on the MMK, complete and return the answer sheet and program evaluation form for each unit you request credit. The fee is \$10 per unit, 2.0 Contact Hours (video unit and corresponding unit on CD-ROM) for review of each of the nine videos and CD-ROM. Applicants should submit a total of \$90, for 18.0 contact hours, for review of all nine videos and CD-ROM units.

#### **Accreditation**

Advocate Health Care is an approved provider of continuing nursing education by the Illinois Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

In order to successfully complete this activity, you are required to review the entire video and complete and submit the completed test answer sheet by June 2007. Contact Hours will be awarded provided a score of 70% or better is achieved. Applicants may retake the test. A certificate of credit will be sent within six weeks of receipt of the test answers to those who successfully complete the examination.

Estimate time to complete each unit is 2 hours.

**Term of Approval:** June 2005 - June 2007

#### **Faculty disclosure**

It is the policy of Boston University of Medicine, Department of Continuing Medical Education, that faculty disclose to program participants any real or apparent conflict of interest. In addition, faculty are to disclose any discussion pertaining to the unapproved use of pharmaceuticals and devices.

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*Dr. Kaplan-Sanoff has nothing to disclose with regard to commercial support.*

*Dr. Kaplan-Sanoff indicated that she does not plan to discuss unlabeled/investigational uses of a commercial product.*

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*Dr. Parker has nothing to disclose with regard to commercial support.*

*Dr. Parker indicated that he does not plan to discuss unlabeled/investigational uses of a commercial product.*

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*Dr. Augustyn has nothing to disclose with regard to commercial support.*

*Dr. Augustyn indicated that she does not plan to discuss unlabeled/investigational uses of a commercial product.*

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*Dr. Zuckerman has nothing to disclose with regard to commercial support.*

*Dr. Zuckerman indicated that he does not plan to discuss unlabeled/investigational uses of a commercial product.*

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### **Program Audience**

This program is designated for pediatricians, pediatric nurse practitioners, family nurse practitioners, pediatric nurses, family physicians, and physicians' assistants.

### **Educational Needs Addressed**

Parents may ask many questions concerning developmental issues during primary care visits for infants and toddlers. The Healthy Steps<sup>SM</sup> Interactive Multimedia Training & Resource Kit offers strategies to infuse developmentally-oriented approaches into primary care using a health care clinician and child development specialist in a team approach.

## Educational Objectives

After reviewing The Healthy Steps<sup>SM</sup> Interactive Multimedia Training & Resource Kit, participants should be able to:

1. Identify the key strategies in the Healthy Steps Program.  
Discuss the ways in which developmentally oriented practice provides mothers and fathers with the information and services they desire.
2. Describe the practice changes needed to start up a Healthy Steps Program.  
Discuss major elements of a developmentally oriented approach to pediatric practice.
3. Differentiate how traditional well child visits differ from those reflecting a Healthy Steps developmentally oriented approach.  
Discuss the roles of the receptionist, physician, nurse practitioner, nurse, and Healthy Steps Specialist in a well child visit.  
Describe how materials as Quick Check Sheets, Parent Prompt Sheets, and parent handouts can be used in a well child visit
4. Provide a rationale for medical practices that serve young children to offer home visits.  
Discuss the benefits of the home visit as it relates to child development
5. Recognize and describe examples of *teachable moments* that concern a behavioral or developmental issue.  
Differentiate between *teachable moments* and anticipatory guidance.  
Identify at least five different types of encounters with parents and/or children in which clinicians can take advantage of *teachable moments*.
6. Identify the major challenges parents face during the toddler years.  
Discuss specific developmental changes during the toddler years in terms of cognitive development, motor control, communication skills, and social development.
7. Discuss various instruments incorporated in a Healthy Steps Practice.
8. Identify support strategies to parents for common stressful times and difficult periods.  
Discuss benefits of Healthy Steps interventions both to help families to prepare for and to cope with stressful periods.
9. Discuss why family factors are important to a child's healthy growth and development.



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## Unit 1: Healthy Steps: An Overview

### Learning Objective:

After viewing the video and overview portion of the CD-ROM, the participant should be able to:

- Identify the key strategies in the Healthy Steps Program.
- Discuss the ways in which developmentally oriented practice provides mothers and fathers with the information and services they desire.

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### Post Test

1. The major strategies of Healthy Steps include:
  - a) Home visits
  - b) Child development assessments
  - c) Office visits focused on behavioral and developmental issues
  - d) All of the above
2. Teachable moments are used as a way to focus on:
  - a) Parents' ability to increase their child's cognitive skills
  - b) Helping parents understand how their child's behavior relates to their developmental stage
  - c) Chronic illness
  - d) None of the above
3. The role of the dedicated Healthy Steps Specialist position can be filled by a staff member with a background in pediatrics, from a variety of fields, which could include:
  - a) Nursing, nurse practitioner
  - b) Social work
  - c) Child development
  - d) All of the above
4. Reach Out and Read is a nation initiative with the purpose of:
  - a) Teaching children to read early
  - b) Encouraging parents to read to their child
  - c) Having providers model reading to children for families
  - d) b and c

5. The role of the Healthy Steps Specialist focuses on all of the following except:
  - a) Giving immunizations
  - b) Providing anticipatory guidance around child development issues
  - c) Providing a strong link to community resources
  - d) Conducting developmental assessments
  
6. Parents list the following as advantages of a Healthy Steps practice:
  - a) Having more time to spend with their doctor
  - b) Feeling that the practice really knows their child and their family
  - c) Feeling that the practice really understands chronic illness
  - d) Feeling that it helps when attempting to schedule an appointment
  
7. Healthy Steps asks difficult questions of families regarding such issues as smoking in the home, excessive drinking, domestic violence, and depression because:
  - a) Most have services in their offices to address these issues
  - b) They are important due to the impact they have on the child
  - c) Healthy Steps is a family centered approach to pediatric care
  - d) b and c
  
8. Identify ways in which Healthy Steps offers parents new venues for addressing their concerns/questions about their child:
  - a) Written materials
  - b) Parent groups
  - c) A child development telephone line
  - d) All of the above



## Unit 2: Starting a Healthy Steps Practice

### Learning Objectives:

**After viewing the video and completing the related managing Healthy Step portion of the CD-ROM, and the related readings the participant should be able to:**

- Describe the practice changes needed to start up a Healthy Steps Program.
  - Discuss major elements of a developmentally oriented approach to pediatric practice.
- 

### Post Test

9. What key decisions need to be made by the practice when starting up Healthy Steps?
- a) Will well child visits be conducted jointly or linked
  - b) Will the Healthy Steps Specialist be someone from within the practice such as a nurse or social worker, or will the practice seek a child development specialist?
  - c) What kind of training will all staff need and what will professional staff need?
  - d) All of the above
10. The critical success factors to implementing Healthy Steps into a practice include:
- a) The family seeing the Healthy Steps Specialist first and then the doctor or nurse practitioner
  - b) Having a recognized leader who supports Healthy Steps and is committed to the approach
  - c) Changing the timing of well child visits
  - d) Being reimbursed for Healthy Steps services directly
11. To ensure the success of Healthy Steps in a practice, one doctor in the video recommends which of the following?
- a) Team meetings
  - b) Teamwork and effective communication
  - c) Qualified staff
  - d) All of the above

12. The advantages of receiving Healthy Steps services for parents include:
- a) Building confidence level in ability to parent
  - b) Receiving more comprehensive services
  - c) Doing a better job of taking care of their children
  - d) All of the above
13. One provider in the video expresses her initial fears about Healthy Steps. These include:
- a) It will not be cost effective
  - b) The joint visits will make her feel like she is being judged
  - c) She worries that she is not saying the right thing
  - d) It will interrupt office flow
14. The steps that need to be taken before implementation of Healthy Steps include:
- a) Preparing the office suite and exam rooms
  - b) Creating a scheduling plan
  - c) Developing a network of community resources
  - d) All of the above
15. Which staff in a Healthy Steps practice need to be familiar with the Healthy Steps Multi Media Kit in order to prepare for implementation of the approach?
- a) all staff
  - b) only physicians and nurse practitioners
  - c) only nurses
  - d) only professional staff
16. Healthy Steps changes the way health care is delivered in a primary care setting. One doctor talks about change and says:
- a) Our practice welcomed the opportunity to change
  - b) Any change, even those that are part of quality improvement, puts stress on the system
  - c) Parents bring their children for immunizations and really do not want more from their health care team
  - d) None of the above



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### Unit 3: The Healthy Steps Office Visit

#### Learning Objectives:

After viewing video three and the related portion of the CD-ROM Managing Healthy Steps, the participant should be able to:

- Differentiate how traditional well child visits differ from those reflecting a Healthy Steps developmentally oriented approach.
- Discuss the roles of the receptionist, physician, nurse practitioner, nurse, and Healthy Steps Specialist in a well child visit.
- Describe how materials as Quick Check Sheets, Parent Prompt Sheets, and parent handouts can be used in a well child visit

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#### Post Test

17. An “enhanced” Healthy Steps pediatric visit refers to all of the following, except:
- a) Developmental ‘check-ups’
  - b) Using *teachable moments*
  - c) Healthy Steps parent handouts
  - d) Extra primary care visits above those recommended by the American Academy of Pediatrics
  - e) Anticipatory guidance
18. The following are possible components of a Healthy Steps practice, except:
- a) Linkletters
  - b) Parent Prompt Sheets
  - c) Mandated developmental topics and anticipatory guidance to discuss at specific visits
  - d) Healthy Steps Child Health and Developmental Record
  - e) Quick Check Sheets
19. The Reach Out and Read Program provides parents with all of the following, except:
- a) Developmentally-appropriate books at each well child visit, starting at 6 months
  - b) Tips on fostering early literacy through book-sharing
  - c) Assessment of parental reading ability
  - d) Information on how children typically respond to books at different developmental stages

20. The professional background of a Healthy Steps Specialist is:
- a) A nurse
  - b) A nurse practitioner
  - c) A social worker
  - d) An early childhood educator
  - e) All of the above
21. One of the key benefits to having a Healthy Steps Specialist in the practice is:
- a) It adds to office staff and helps to improve flow of patients
  - b) It provides another professional to whom parents can direct their medical questions
  - c) It allows more time for developmental, behavioral and psychosocial issues to be addressed at home or in the office
  - d) It allows home assessments of sick children
22. The joint visit allows the Healthy Steps Specialist an opportunity to:
- a) Advocate for the patient
  - b) Back up the provider
  - c) Hear what the provider tells the parents to better support them
  - d) Help represent what the parents concerns are
  - e) All of the above
23. Setting the agenda collaboratively is important for many reasons including:
- a) It sets the tone and shows the practice cares about what parents concerns are
  - b) If we do not we may have missed the most important part of the visit
  - c) Helps to increase the parents' self confidence and self understanding
  - d) All of the above
24. The Healthy Steps "joint visit" and "linked visit" are different in that:
- a) A joint visit includes both parents and the Healthy Steps Specialist
  - b) A joint visit includes groups of parents and children
  - c) A linked visit is where the Healthy Steps Specialist and the provider meet separately with the family
  - d) A joint visit is where the Healthy Steps Specialist and the provider meet together with the family



#### **Unit 4: Healthy Steps Home Visits**

##### **Learning Objectives:**

**After viewing video 4 and the related CD-ROM materials, the participant should be able to:**

- Provide a rationale for medical practices that serve young children to offer home visits.
  - Discuss the benefits of the home visit as it relates to child development
- 

#### **Post Test**

25. The most common issue(s) discussed during a newborn home visit include:
- a) How to comfort the baby
  - b) How parents respond to a baby's cues
  - c) How the mother is feeling
  - d) How siblings are responding to the newborn
  - e) All of the above
26. What are the two most common issues discussed during a 24-month home visit?  
(choose two answers)
- a) Limit setting
  - b) Immunizations
  - c) Mother returning to work
  - d) Toilet training
27. In the video, why does the Healthy Steps Specialist take off her shoes before the visit?
- a) She doesn't want to track in germs
  - b) She wants to respect the home environment of the family
  - c) It sets a more informal tone for the visit
  - d) The parents requested she do this

28. The advantage of doing home visits includes all of the following, except:
- a) Offer more relaxed environment in which the family can express concerns
  - b) Strengthens relationships between family and practice
  - c) Supports more efficient use of time and staff
  - d) Provides an opportunity to meet other family members
29. What are the two teaching goals of Healthy Steps home visits? (choose two answers)
- a) Discussing home safety
  - b) Discussing family finances
  - c) Discussing child development
  - d) Discussing diaper rash
30. It is important for practices to discuss issues of sadness and possible Post Partum Depression with families because of the following:
- a) The potential negative effects of undiagnosed Post Partum Depression on the mother, children and family
  - b) Post Partum Depression is an under diagnosed condition that can have a negative effect on children
  - c) Within the context of the Healthy Steps relationship parents are willing to discuss the sensitive issues
  - d) All of the above
31. Child development and behavior topics frequently discussed at home visits include all of the following, except:
- a) Temperament
  - b) Family health risks
  - c) Home safety
  - d) Ear infections
  - e) safety and child proofing
32. How can practices assure the safety of staff on home visits?
- a) Set appointments several weeks in advance
  - b) Notify others when and where staff will be visiting families and provide a cell phone to staff for visits
  - c) Arrange visits later in the day
  - d) None of the above

## **Unit 5: Teachable Moments: The First Year**

### **Learning Objectives:**

**After viewing video 5 and completing the Creating Teachable Moments portion of the CD-ROM, the participant should be able to:**

- Recognize and describe examples of *teachable moments* that concern a behavioral or developmental issue.
  - Differentiate between *teachable moments* and anticipatory guidance.
  - Identify at least five different types of encounters with parents and/or children in which clinicians can take advantage of *teachable moments*.
- 

### **Post Test**

33. *Teachable moments* can be found in the following:
- a) During a physical exam
  - b) During a developmental screening
  - c) During a home visit
  - d) All of the above
34. *Teachable moments* differ from anticipatory guidance in which of the following:
- a) *Teachable moments* utilize what is happening at the moment
  - b) *Teachable moments* are more likely to address the parents' current agenda rather than a pre-set topic based on developmental age
  - c) *Teachable moments* can use modeling as a way to impart information
  - d) All of the above
35. Using a "sometimes" statement means:
- a) The clinician will sometimes address one developmental-behavioral issue, sometimes another
  - b) Acknowledges that Healthy Steps sometimes uses a variety of different ways to support families
  - c) Giving parents various explanatory options with which they are free to agree or disagree
  - d) None of the above

36. Within a practice, the use of *teachable moments* should be provided by:
- a) The pediatric provider
  - b) The Healthy Steps Specialist
  - c) The nurses
  - d) Other staff trained in its use
  - e) All of the above
37. *Teachable moments* provide the following advantages, except:
- a) Time efficiency in addressing issues
  - b) Ensuring parental interest in the topic at hand
  - c) A complete curriculum of topics to be addressed
  - d) Offering a flexible stance for communicating with parents
  - e) Less chance for miscommunication by dealing with an experience shared in the moment by both clinician and parent
38. It is better to have *teachable moments* in mind before the visit than to spontaneously provide one as the visit evolves.
- True
  - False
39. Every potential *teachable moment* that comes up should be capitalized upon.
- True
  - False

## **Unit 6: Teachable Moments: The Toddler Years**

### **Learning Objectives:**

**After viewing video 6 and completing the CD-ROM section on Creating Teachable Moments and the Toddler Years, the participant should be able to:**

- Identify the major challenges parents face during the toddler years.
  - Discuss specific developmental changes during the toddler years in terms of cognitive development, motor control, communication skills, and social development.
- 

### **Post Test**

40. The toddler visit often includes all of the following potential challenges, except:
- a) Limit setting
  - b) Bids for autonomy
  - c) Resistance to invasion of personal space
  - d) Indiscriminate love of all people, including the provider
41. The child's response to your examination can be used as a *teachable moment* for all of the following, except:
- a) How toddlers understand the world
  - b) Issues of self-regulation
  - c) Modeling effective means of punishment
  - d) Communication skills
42. The goals of *teachable moments* include all of the following, except:
- a) Understanding developmental change
  - b) Helping parents to comply with advice given by the provider and Healthy Steps Specialist
  - c) Increasing parent self-confidence
  - d) Improving 'goodness of fit' between parent and child
43. Parent Groups offer parents of toddlers the following, except:
- a) Information on what normal behavior and development is like
  - b) How other parents are struggling with common toddler behavior
  - c) Suggestions and strategies for dealing with difficult behaviors
  - d) Lectures on child development issues

44. The phrase 'Ghosts in the Nursery' means:
- a) The name of a children's book given in the Reach Out and Read Program
  - b) The belief that the souls of babies born in that nursery, still reside there
  - c) The influence of their own upbringing on parental care giving style
  - d) None of the above
45. Some of the techniques used in *teachable moment* include:
- a) Questioning without labeling
  - b) Using 'sometimes' statements
  - c) Modeling, reframing, and interpreting
  - d) Giving families specific lectures at well child visits
  - e) a, b, and c



## **Unit 7: Gauging a Child's Development**

### **Learning Objectives:**

**After viewing video 7 and completing the related sections of the CD-ROM, the participant should be able to:**

- Discuss various instruments incorporated in a Healthy Steps Practice.
- 

### **Post Test**

46. The Neonatal Behavioral Assessment Scale (NBAS) does **not** use which of the following:
- a) Bell
  - b) Rattle
  - c) Flashlight
  - d) Form board puzzle
47. The NBAS explores child responses to which of the following:
- a) Light and sound
  - b) Comforting behaviors
  - c) Reflexes
  - d) All of the above
48. The Temperament Scale measures the following characteristics:
- a) Activity level
  - b) Adaptability
  - c) Persistence
  - d) Mood
  - e) All of the Above
  - f) None of the above
49. When giving bad news to families it is helpful to explain:
- a) You have seen other children with the same who have done well
  - b) Children are very resilient
  - c) Possible referral resources that may include speech, physical therapy, and /or occupational therapy
  - d) All of the above

50. Developmental and behavioral assessments should be completed only once rather than at several visits so as not to make them the focus of what should be a medical visit.

- True
- False

51. The Temperament Scale is recommended at which visits:

- a) 12 month
- b) 1 month
- c) 4 months
- d) 24 months

52. The domains important to screen for developmental delays for all children at well child visits during the first three years include:

- a) Personal Social
- b) Gross Motor
- c) Fine Motor
- d) Language / Communication
- e) All of the above
- f) None of the above

53. The Behavioral Assessment of Baby's Emotional and Social Style (BABES) is recommended at which visits:

- a) 2 and 4 months
- b) 6 and 9 months
- c) 12 and 18 months
- d) 24 and 36 months

## **Unit 8: Supporting Families: Challenging Times, Challenging Situations**

### **Learning Objectives:**

**After viewing video 8 and completing the Supporting Families and Parent Group portions of the CD-ROM, the participant should be able to:**

- Identify support strategies to parents for common stressful times and difficult periods.
  - Discuss benefits of Healthy Steps interventions both to help families to prepare for and to cope with stressful periods.
- 

### **Post Test**

54. What are the benefits of a parent group?
- a) Increase parents' self confidence
  - b) Give parents with similar age children or issues opportunities to learn together
  - c) Engage parents in adult learning activities around issues of importance to their child-rearing decisions
  - d) All of the above
55. Strategies to support families in times of stress include all of the following except:
- a) Parent group
  - b) Home visit
  - c) Office visit
  - d) Written materials for parents
  - e) Lecture regarding studies about the area causing the stress
56. Stressful events for families of young children can include:
- a) Moving
  - b) Birth of a sibling
  - c) Mismatch of temperament
  - d) All of the above
57. What does the Reach Out and Read program bring to a practice?
- a) Promotion of early literacy practices for very young children at home
  - b) Focus on reading scores
  - c) Emphasis on adult literacy
  - d) All of the above

58. Healthy Steps Linkletters:

- a) Are linked to problems a family is experiencing
- b) Identify important questions that a parent might want to ask at an upcoming well child visit
- c) Help parents understand and identify resources in their community.
- d) All of the above

59. A child with a challenging temperament may have the following characteristics:

- a) Cranky
- b) Poor mismatch between the parents expectations and the child's behavior
- c) Bossy
- d) All of the above

60. "Goodness of fit" refers to:

- a) The relationship between the parents and the extended family
- b) Synergy or lack of synergy between the parents' beliefs and routine medical practice
- c) The relationship between parental expectations and actual child behavior and temperament
- d) All of the above

61. The reach Out and Read Program involves:

- a) Giving developmentally appropriate information on early literacy behavior keyed to the age of the child at each well child visit
- b) Giving a developmentally and culturally age appropriate book at every well child visit
- c) Volunteer readers reading aloud to children in the waiting room
- d) All of the above



**UNIT 9: Family Factors Affecting Children: Smoking, Depression,  
Violence, and Addictions**

**Learning Objectives:**

**After viewing video 9 can completing the related sections of the CD-ROM, the participant should be able to:**

- Discuss why family factors are important to a child's healthy growth and development.
- 

**Post Test**

62. The following factors impact a child's development:
- a) Parents' mental and physical health
  - b) The overall home environment
  - c) Neighborhood factors
  - d) All of the above
63. Negative risk factors in a child's development include:
- a) Domestic violence
  - b) Parents' early childhood experience
  - c) Smoking and other addictions
  - d) Depression
  - e) All of the above
64. Effects of domestic violence on children include all of the following except:
- a) Depression
  - b) Low self-esteem
  - c) Language disorder
  - d) Symptoms of post-traumatic stress disorder
65. The first step in asking tough questions is to know what to do if the answer is "yes":
- True  
False

66. The rate of depression among women of childbearing age is:
- a) 20 - 30%
  - b) 30 - 40 %
  - c) 5 - 15%
  - d) None of the above
  - e) Rates are unknown
67. When parents divulge sensitive information in the context of the relationship with the Healthy Steps team, the team should be prepared to handle the psychosocial issues and family factors within their own setting verses using community referrals.
- True
  - False
68. Issues of confidentiality and boundaries need to be addressed up front with families when working as part of a multidisciplinary team.
- True
  - False
69. "Baby Blues" and postpartum depression can not be assessed in a pediatric practice because the patient is the child and not the mother and maternal depression does not affect the child.
- True
  - False



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To complete this program successfully, you must:

- Complete the post-test.
- Complete the program evaluation form.
- Mail your completed answer sheets and fee of \$90, check or money order made out to Advocate Health Care Healthy Steps Program, to:

Advocate Health Care  
 Healthy Steps for Young Children Program  
 205 W. Touhy, Suite 125  
 Park Ridge, IL 60068

Name (printed) \_\_\_\_\_  
 Degree \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_ Email \_\_\_\_\_

Please record here the actual time spent completing this program \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Do you have a license to practice in the United States or Canada?  Yes  No  
 Registered Nurse License Number \_\_\_\_\_ State \_\_\_\_\_  
 Advance Practice Nurse License Number \_\_\_\_\_ State \_\_\_\_\_  
 Other \_\_\_\_\_ State \_\_\_\_\_

For questions call: 847-384-3311 Or email Anita.Berry@advocatehealth.com

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**The speakers have indicated that there is no conflict of interest or financial disclosure to be made.**

**Answers to Questions – Unit 1**

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.

## Answers to Questions – Unit 2

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- 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.

## Answers to Questions Unit -3

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- 17  a.  b.  c.  d.  e.
- 18  a.  b.  c.  d.  e.
- 19  a.  b.  c.  d.
- 20  a.  b.  c.  d.  e.
- 21  a.  b.  c.  d.
- 22  a.  b.  c.  d.  e.
- 23  a.  b.  c.  d.
- 24  a.  b.  c.  d.

## Answers to Questions Unit - 4

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- 25  a.  b.  c.  d.  e.
- 26  a.  b.  c.  d.
- 27  a.  b.  c.  d.
- 28  a.  b.  c.  d.
- 29  a.  b.  c.  d.
- 30  a.  b.  c.  d.
- 31  a.  b.  c.  d.  e.
- 32  a.  b.  c.  d.

## Answers to Questions Unit - 5

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- 33  a.  b.  c.  d.
- 34  a.  b.  c.  d.
- 35  a.  b.  c.  d.
- 36  a.  b.  c.  d.  e.
- 37  a.  b.  c.  d.  e.
- 38  True  False
- 39  True  False

## Answers to Questions Unit - 6

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- 40  a.  b.  c.  d.
- 41  a.  b.  c.  d.
- 42  a.  b.  c.  d.
- 43  a.  b.  c.  d.
- 44  a.  b.  c.  d.
- 45  a.  b.  c.  d.  e.



**Answers to Questions Unit - 7**

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- 46  a.  b.  c.  d.
- 47  a.  b.  c.  d.
- 48  a.  b.  c.  d.  e.  f.
- 49  a.  b.  c.  d.
- 50  True  False
- 51  a.  b.  c.  d.
- 52  a.  b.  c.  d.  e.  f.
- 53  a.  b.  c.  d.

**Answers to Questions Unit - 8**

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- 54  a.  b.  c.  d.
- 55  a.  b.  c.  d.  e.
- 56  a.  b.  c.  d.
- 57  a.  b.  c.  d.
- 58  a.  b.  c.  d.
- 59  a.  b.  c.  d.
- 60  a.  b.  c.  d.
- 61  a.  b.  c.  d.

**Answers to Questions Unit - 9**

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- 62  a.  b.  c.  d.
- 63  a.  b.  c.  d.  e.
- 64  a.  b.  c.  d.
- 65  T.  F.
- 66  a.  b.  c.  d.  e.
- 67  T.  F.
- 68  T.  F.
- 69  T.  F.

70 Please rate the contents of this kit by circling the number that equals your rating using the following scale:

1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent.

	Poor	Fair	Good	Very Good	Excellent
Timely, up-to-date?	1	2	3	4	5
Practical?	1	2	3	4	5
Relevant to your practice?	1	2	3	4	5

71 Are there any other topics you would like to have seen addressed?

- Yes (please specify: \_\_\_\_\_)
- No

72 Please describe any changes you plan to make in your clinical practice based on the information presented in this program.

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73 Any other comments/suggestions for future educational program relating to pediatrics?

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