

# Continuing Education Program on SIDS Risk Reduction CURRICULUM FOR NURSES

## Course Contents

- Continuing Education (CE) Activity Objectives
- ✓ Pre-test
- ✓ \* Session 1: What You Need To Know About Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death
  - ✓ \* Lesson 1: Understanding Sudden Unexpected Infant Death (SUID), SIDS, and Other Sleep-Related Causes of Infant Death
  - ✓ \* Lesson 2: Reducing the Risk of SIDS and Other Sleep-Related Causes of Infant Death
  - ✓ \* Lesson 3: Understanding the Evidence on Reducing the Risk of SIDS and Other Sleep-Related Causes of Infant Death
- ✓ \* Session 1: Take-away Messages
- ✓ \* Session 2: How To Communicate with Parents and Caregivers About Ways to Reduce the Risk of SIDS and Other Sleep-Related Causes of Infant Death
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  - ✓ \* Lesson 2: Challenges to Messages About Reducing the Risk of SIDS and Other Sleep-Related Causes of Infant Death
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- ✓ \* Post-Test
- \* CE Activity Evaluation
- Claim Contact Hours
- \* Required to claim CE

## Continuing Education (CE) Activity Evaluation

OMB # 0925-0701  
Expiration Date: 02/2021

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0701). Do not return the completed form to this address.

The following evaluation is designed to measure the effectiveness of this CE activity in meeting the learning objectives outlined in the Introduction. You must complete and submit the evaluation to receive CE contact hours. To complete the evaluation, please answer all the questions below.

- = Indicates a required field.

Instructions: On a scale of 1 to 5, with 5 being EXCELLENT and 1 being POOR, please rate the CE activity.

Rating The Course

|   | Poor                    | Weak                    | Good                    | Very Good               | Excellent               |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| - 1. Overall CE activity:                     | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| - 2. Clarity of the information:              | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| - 3. Logical organization of the CE activity: | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| - 4. Usefulness of the information:           | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

Specifics About The Course

- 5. How much time did you require to complete this activity, including the pre-test and post-test? (Minimum 1 hour)

Hours

- 6. Were activity disclosures made prior to the start of the activity?  Ye  Nc

- 7. Which sections of the activity were most beneficial?

- 8. Which sections of the activity were least beneficial?

- 9. Will the information learned today have an influence in your practice?:  Ye  Nc

- 10. Is there additional information or another resource that would be helpful to you in communicating with parents and caregivers about SIDS risk reduction?

Rate Specifics About Your Experience  
Instructions: On a scale of 1 to 5, with 5 being EXCELLENT and 1 being POOR, please rate the CE activity for reducing the risk of SIDS and other sleep-related causes of infant death..

|  | Poor                    | Weak                    | Good                    | Very Good               | Excellent               |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| - 11. Defining SIDS (including etiology, risk factors, and epidemiology) and other sleep-related causes of infant death:         | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| - 12. Listing the critical risk-reduction messages for parents/caregivers:   | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| - 13. Describing nurses' key role as educators about SIDS and other sleep-related causes of infant death for parents/caregivers: | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| - 14. Listing the four barriers to back sleeping:  | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| - 15. Having objectives relate to the overall purpose/goal of the activity:  | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

Submit Evaluation