RSQ[®] Education: e-Learning



RSQ® e-Learning courses from The Sullivan Group are based on:

The Sullivan Group is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Years of analysis of adverse outcomes, medical errors, medical and legal research Evaluation of thousands of malpractice cases

The courses are continually updated based on constant claims analysis and monitoring of literature reviews by our expert Advisory Board.

The Sullivan Group designates these enduring materials for a maximum of 2 <i>AMA PRA Category 1 Credits</i> ™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.	Click links below to view course descriptions	
	CME Credits	CE Credits
7 Strategies to Reduce Hospital Readmissions	2.0	
11 Simple Strategies to Prevent Medication Errors	2.0	<u>2.5</u>
Abdominal Aortic Aneurysm	2.0	<u>2.9</u>
Abdominal Aortic Aneurysm Case Study: A 73-Year-Old Male with Abdominal Pain	<u>2.0</u>	<u>1.5</u>
Acute Limb Ischemia	2.0	<u>1.6</u>
Against Medical Advice	<u>2.0</u>	<u>1.6</u>
Alcohol Intoxication	2.0	<u>1.7</u>
Anatomy of a Medical Negligence Lawsuit	2.0	<u>2.4</u>
Appendicitis	2.0	<u>1.7</u>
Appendicitis Case Study: A 27-Year-Old Female with Abdominal Pain	2.0	1.4
Appendicitis in Children	2.0	<u>1.5</u>
Appendicitis in Nonpregnant Women	2.0	<u>1.7</u>
Atypical Chest Pain in Women	2.0	<u>1.6</u>
Cognitive Errors in Medicine, Part 1	2.0	2.0
Cognitive Errors in Medicine, Part 2	2.0	<u>1.9</u>
Communication Strategies to Improve Patient Safety in High- Risk Situations	<u>2.0</u>	<u>2.5</u>
Community-Acquired MRSA	2.0	2.0
Core Measure Performance: Emergency Department's Impact	2.0	<u>1.9</u>
Death After Discharge	2.0	2.0
Disclosure & Apology Fundamentals	2.0	
Disclosure & Apology Just-in-Time	0.0	
Duty to Warn Third Parties	2.0	<u>1.8</u>
ECG Challenge, Part 1	2.0	<u>1.9</u>
*ECG Challenge, Part 2	<u>2.0</u>	<u>2.0</u>



Ectopic Pregnancy	<u>2.0</u>	<u>1.7</u>
Emergency Radiology: The Failure to Diagnose Upper Extremity Injuries	2.0	
EMTALA: Basics	2.0	<u>1.9</u>
EMTALA: On-Call Physicians	2.0	
Essentials of Patient Safety	2.0	<u>2.3</u>
FHM Vignette #01: A 32-Year-Old G2P1 at 40 ½ Weeks		<u>0.5</u> **
FHM Vignette #02: An 18-Year-Old Primigravida in Labor at 37 Weeks		<u>0.5</u> **
FHM Vignette #03: A 39-Year-Old Obese Diabetic		<u>0.5</u> **
FHM Vignette #04: A 42-Year-Old G1P0 with IVF Pregnancy		<u>0.5</u> **
FHM Vignette #05: A 29-Year-Old with Mild Gestational Hypertension		<u>0.5</u> **
FHM Vignette #06: 36-Week Twins/Anaphylaxis of Pregnancy		<u>0.5</u> **
FHM Vignette #07: A 27-Year-Old G1P0 at 39 Weeks		<u>0.5</u> **
FHM Vignette #08: Healthy 24-Year-Old Primigravida		<u>0.5</u> **
FHM Vignette #09: Term Pregnancy with Vaginal Bleeding and Abdominal Pain		<u>0.5</u> **
Gastrointestinal Decontamination in Toxic Ingestions	2.0	<u>2.0</u>
Geriatric Abdominal Emergencies	2.0	<u>1.6</u>
Gestational Hypertension & Preeclampsia	2.0	
Handoffs, Transitions & Discharges: Key Moments in Patient Care	2.0	1.5 **
Head Injury	<u>2.0</u>	<u>2.2</u>
Herpes Simplex Encephalitis	<u>2.0</u>	<u>2.5</u>
Medical Assault & Battery	2.0	<u>2.5</u>
Myocardial Infarction, Part 1	2.0	<u>2.0</u>
Myocardial Infarction, Part 2	2.0	<u>2.4</u>
Myocardial Infarction Case Study: A 36-Year-Old Female with Chest Pain	2.0	1.4
Myocardial Infarction Case Study: A 58-Year-Old Male with Shoulder Pain	2.0	1.4
Myocardial Infarction Case Study: A 74-Year-Old Male with Chest Pain	2.0	<u>1.5</u>
Myocardial Infarction & Thrombolysis Case Study: A 74-Year-Old Old Female with Chest Pain	2.0	<u>1.5</u>
Neonatal Asphyxia	<u>2.0</u>	
Neonatal Emergencies	2.0	<u>1.9</u>
Opiate Agonists & Antagonists	2.0	
Optimizing Communication in the Emergency Department	2.0	<u>1.5</u>
*Orthopedic Injuries for Nurse Practitioners		<u>1.9</u>
Orthopedic Injuries for Registered Nurses		<u>1.9</u>
Orthopedic Injuries	2.0	
PatientSET™ #1: Introduction for All Healthcare Providers	2.0	



PatientSET™ #2: Hospital Best Practice High-Risk Videos	2.0	
PatientSET™ #2: Office Best Practice High-Risk Videos	2.0	
PatientSET™ #4: Introduction for Nurses		<u>0.7</u> **
PatientSET™ #5: HCAHPS Videos for Nurses		<u>1.0</u> **
PatientSET™ #6: Healthcare Customer Service Videos for Nurses		<u>0.7</u> **
Pediatric Abdominal Emergencies	2.0	<u>1.9</u>
Pediatric Infections	<u>2.0</u>	<u>2.1</u>
Pediatric Medical-Legal Documentation: Setting the Record Straight	2.0	
Pediatric Meningitis	<u>2.0</u>	<u>2.8</u>
Pediatric Meningitis Case Studies	<u>2.0</u>	<u>1.5</u>
Pediatric Meningitis Case Study: A 14-Month-Old Child with a Fever	2.0	<u>1.6</u>
Pediatric Meningitis Case Study: A 23-Month-Old Child with a Fever	2.0	<u>1.5</u>
Pediatric Respiratory Emergencies	<u>2.0</u>	<u>1.9</u>
Pediatric Seconds-to-Minutes Emergencies, Part 1	<u>2.0</u>	<u>2.0</u> **
Pediatric Testicular Torsion	<u>2.0</u>	
Peripartum Cardiomyopathy	<u>2.0</u>	<u>1.6</u>
Placental Pathology for the Obstetric Clinician Part 1	<u>2.0</u>	
Postpartum Hemorrhage, Part 1	<u>2.0</u>	
Postpartum Hemorrhage, Part 2	<u>2.0</u>	
Prevention of Medical Errors	<u>2.0</u>	
Psychiatric Patient: Danger to Self or Others	<u>2.0</u>	<u>1.7</u>
Psychiatric Patient: Evaluation of the Suicidal Patient	<u>2.0</u>	
Psychiatric Patient: The Medical Evaluation	<u>2.0</u>	<u>2.0</u> **
Pulmonary Embolism, Part 1	<u>2.0</u>	<u>1.7</u>
Pulmonary Embolism, Part 2	2.0	<u>1.6</u>
*Radiology C-Spine Challenge	2.0	<u>2.0</u>
Retained Foreign Body Case Study: A 30-Year-Old Male with Extremity Laceration	2.0	<u>1.5</u>
Risk & Safety Overview in Hospital Medicine Part 1	<u>2.0</u>	
Sepsis	<u>2.0</u>	<u>1.6</u>
Shoulder Dystocia	<u>2.0</u>	
Spinal Epidural Abscess	<u>2.0</u>	<u>1.6</u>
Spinal Epidural Abscess Case Studies	<u>2.0</u>	<u>1.5</u>
Spinal Injury	<u>2.0</u>	2.0
Stroke Care: Atrial Fibrillation and Stroke	<u>2.0</u>	<u>2.5</u>
Stroke Care: ED Nursing for the Stroke Patient		<u>1.6</u>
Stroke Care: Inpatient Care for Acute Stroke		1.4
Stroke Care: Pharmacology for Stroke Treatment	<u>2.0</u>	<u>1.7</u>



Stroke Care: Use of Stroke Scales in Assessing Thrombolytic Eligibility	2.0	<u>1.5</u>
Stroke Case Studies	2.0	<u>1.8</u>
Stroke Literature Review: Acute Stroke Management with Thrombolysis	2.0	2.1
Stroke Part 1	<u>2.0</u>	<u>1.6</u>
Stroke Part 2	<u>2.0</u>	<u>1.7</u>
Subarachnoid Hemorrhage	2.0	<u>2.2</u>
Subarachnoid Hemorrhage Case Studies	2.0	<u>1.7</u>
Subarachnoid Hemorrhage Case Study: A 42-Year-Old Female with a Headache	2.0	<u>1.4</u>
Technology Revolution: Improving Patient Safety, Reducing Liability	2.0	<u>2.5</u>
Tendon Injury Case Study: A 26-Year-Old Male with Extremity Laceration	2.0	<u>1.6</u>
Testicular Torsion	<u>2.0</u>	<u>1.6</u>
Testicular Torsion Case Study: A 15-Year-Old Male with Abdominal Pain	2.0	1.6
Thoracic Aortic Dissection	2.0	<u>2.8</u>
Thoracic Aortic Dissection & Marfan Syndrome	2.0	<u>2.2</u>
Thoracic Aortic Dissection Case Studies	2.0	<u>1.6</u>
Thrombolysis	2.0	<u>1.7</u>
Transient Ischemic Attack	2.0	<u>1.6</u>
Transient Ischemic Attack Case Studies	2.0	<u>1.7</u>
Triage Fundamentals 1: The Risky Business of Triage		<u>1.4</u>
Triage Fundamentals 2: Triage Practice Standards		<u>1.0</u>
Triage Fundamentals 3: Triage Assessment & Documentation		<u>1.2</u>
Triage Fundamentals 4: Triage Policies, Procedures & Guidelines		<u>1.5</u>
Triage Fundamentals 5: Special Considerations at Triage		<u>1.7</u>
Triage Fundamentals 6: Violence Potentials & Victims		<u>2.0</u>
Triage Fundamentals 7: Customer Service Perceptions		<u>2.5</u>
Triage Fundamentals 8: Clinical Components I		2.0
Triage Fundamentals 9: Clinical Components II		2.0
Triage Fundamentals 10: Clinical Components IV		<u>2.0</u> **
Triage Fundamentals 11: Clinical Components V		<u>2.0</u> **
Ultrasound of the Abdominal Aorta	2.0	
Warfarin Complications Case Studies	2.0	<u>1.7</u>
Warfarin Complications	2.0	2.0
Wound Care	2.0	2.1
Wound Care Case Studies	<u>2.0</u>	2.0

^{*} Please note that these CE courses contain difficult material & are intended for the Nurse Practitioner level



The Sullivan Group designates these enduring materials for a maximum of 3 <i>AMA PRA Category 1 Credits</i> ™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.	Click links below to view course descriptions	
	CME Credits	CE Credits
Risk & Safety Overview in Emergency Medicine, Part 1	3.0	<u>2.7</u>
Risk & Safety Overview in Emergency Medicine, Part 2	3.0	<u>2.6</u>
The Sullivan Group designates these enduring materials for a maximum of 5 AMA PRA Category 1 Credits™. Physicians should claim only the credit	Click links below to view course descriptions	
commensurate with the extent of their participation in the activity.	CME Credits	CE Credits
EMTALA: Fundamentals	<u>5.0</u>	

The Sullivan Group designates these enduring materials for a maximum of 17 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.	Click links below to view course descriptions	
	CME Credits	CE Credits
EMTALA: A Comprehensive Review	<u>17.0</u>	<u>8.5</u>

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The Sullivan Group is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

These continuing nursing education activities were approved by the Emergency Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

^{**} This continuing nursing education activity was approved by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.