



Evidence-Based Design Accreditation and Certification (EDAC) CEU Form

EDAC Certified Individuals, please complete your form fully and carefully. Retain this copy for your records. You will need this to submit courses through Castle Worldwide, Inc. when you are due for renewal. For questions about CEUs, you may contact EDAC at edac@healthdesign.org

Don't forget to include your EDAC ID Number and to sign this form. You will need to present this form if you are selected for an audit. The session listed below is available for EDAC CEU credit.

Participant Name: _____ EDAC ID #: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Country: _____

Provider: EBD Journal Club

Format: Online (Webinar, DVD etc)

Course Number	Course Title	CEU Hours
I18-13-EBDJ	The Impact of Operating Room Layout on Circulating Nurse's Work Patterns and Flow Disruptions: A Behavioral Mapping Study	1

TOTAL: _____ 1 _____

1. The role of the circulating nurse in the operating room is to (select the correct answer):
 - a. Support the needs of the surgeon by providing him/her necessary instruments and supplies for surgery
 - b. Observe, monitor and manage potential threats at and around the surgical field
 - c. To perform surgery in outpatient surgical environments
 - d. To communicate with patients' families regarding their status
2. The circulating nurse work requires travel within the OR as well as to areas outside the OR
 - a. True
 - b. False
3. The key functional zones in the operating room include (select all that apply):
 - a. Circulating nurse' workstation
 - b. Surgical table
 - c. Anesthesia zone
 - d. Induction room
4. The two categories of surgical flow disruptions that were evaluated in this study include (select the two that apply)
 - a. Interruptions
 - b. Layout
 - c. Usability
 - d. Environmental hazard
 - e. Equipment related disruptions

I hereby certify that the above information is true and accurate to the best of my knowledge and that I have complied with the EDAC Continuing Education Guidelines.

SIGNATURE: _____ DATE: _____