**The University of Texas at Arlington**

**College of Nursing**

**N5424 Psychiatric Mental Health Nursing**

**Fall 2012**

**Instructor(s): Diane Snow**

Clinical Professor

Director, PMHNP Program

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Office Hours: By Appointment

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**Section Information: N5424**

**Time and Place of Class Meetings:** Wednesday, 12pm-6pm Room # 204

**Description of Course Content:** Advanced clinical management of individuals, families, and groups at risk for and experiencing acute and chronic psychiatric disorders. (Psychiatric Interview, Health promotion and prevention in psychiatry, Evidence based therapies, Theories of therapies, Individual therapies, Group therapies, Family therapies, Pharmacotherapeutics, Dialectic Behavioral Therapy, Cognitive Behavioral Therapy, Motivational interviewing, Psychoeducation and self management, Mindfulness based stress management, Coaching strategies, Play and child therapies, Solution Focused therapy, Narrative therapy, EMDR, Trauma focused therapy, Grief therapy, Geriatric therapy, DSM-IV, Neuroscience and psychopathology of mental disorders, Personality Disorders

**Student Learning Outcomes:** Upon completion of the course, the student will be able to:

1. Diagnose individuals with less complex acute and chronic psychiatric disorders, integrating neurobiological and psychosocial theories.
2. Use individual and group therapies to promote health and prevent illness for individuals and families.
3. Provide individual, group, and family therapies in the treatment of less complex acute and chronic psychiatric disorders.
4. Provide culturally, spiritually, ethnicity, age, gender, and sexual orientation sensitive mental health care in populations with less complex acute and chronic psychiatric disorders.
5. Use evidence based psychopharmacological and non-pharmacological interventions in the management of less complex acute and chronic psychiatric disorders.

**Other Requirements:** NURS 5303; 5305 or concurrent enrollment

You will meet before or after class 2-3 times for “clinical supervision” related to your therapy experiences, which counts as clinical time, with your clinical advisor; some classes may be scheduled to end ½ to 1 hour past 6pm; 3 online tests on non class days; most assignments are due on non class days; online discussion on blackboard for several assignments with your clinical group; lectures posted before class day to be viewed/listened to before class.

**Required Textbooks and Other Course Materials:**

1. American Psychiatric Association (Text Revision). (2000). 4th ed. *Diagnostic and Statistical Manual of Mental Disorders TR.* Washington, DC: American Psychiatric Association. **ISBN: 9780890420256**
2. Fuller, M.A. and Sajatovic, M. (2010). 7th ed. *Drug Information Handbook for Psychiatry*. Hudson: Lexi –Comp. **ISBN: 9781591952534**
3. Linehan, M.M. (1993). *Skills Training Manual for Treating Borderline Personality Disorder*. New York: Guilford Press. **IBSN: 9780898620344**
4. Nichols, M. (2008). *Family Therapy: Concepts and Methods*. 8th ed. Pearson Education: Allyn & Bacon Inc. **ISBN: 9780205543205**
5. Sadock, B., Sadock, V. (2007). *Kaplan and Sadock’s Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry.* 10th ed. Lippincott Williams & Wilkins.

**ISBN:** **9780781773270**

1. Stahl, S.M. (2008). *Essential Psychopharmacology*: *Neuroscientific Basis and Practical Applications (Essential Psychopharmacology Series)*. (Paperback). 3rd ed. Cambridge University Press. **ISBN: 9780521673761**
2. Corey, G. (2010). *Theory and Practice of Counseling and Psychotherapy*. 8th ed. Cengage Learning: Brooks/Cole. **ISBN:** **9780495102083**
3. Wheeler, K. (2007). *Psychotherapy for the Advanced Practice Psychiatric Nurse.* Elsevier-Health Sciences Division. **ISBN: 9780323045223**
4. Hahn, K., Albers, L., Reist, C. (2008) *Psychiatry 2008 (Current Clinical Strategies)*. Current Clinical Strategies Publishing. **ISBN: 9781934323106**
5. Yalom (2009). *Theory & Practice of Group Psychotherapy.* 5th ed . Basic Books.

**ISBN : 9780465092840**

1. Yearwood, E., Pearson, G., Newland, J. (2012). *Child and Adolescent Behavioral Health.* Wiley-Blackwell. **ISBN: 9780813807867**

**Recommended Textbooks and Materials:**

1. Stahl, Stephen M.(2010.) *The Prescriber's Guide: Essential Psychopharmacology.* 3rd ed. (Paperback). Cambridge University Press. **ISBN: 9780521743990**
2. Stuart, G.W., Laraia, M.T. (2008). *Principles and Practice of Psychiatric Nursing*. 9th ed. Elsevier Science Health Services. **ISBN: 9780323026086**

4. Khouzam, H. R., Gill, T. S. Tan, D. T. (2007). *Handbook Of Emergency Psychiatry.* Elsevier Health Sciences. **ISBN: 9780323040884**

5. Zimmerman, M. (1994). *Interview Guide for Evaluating DSM-IV Psychiatric Disorders and the Mental Status Examination.* Psych Products Press. **ISBN:** **9780963382139**

**Descriptions of major assignments and examinations with due dates:**

1. Preceptor Evaluations -management Pass/Fail
2. Preceptor Evaluation-therapy Pass/Fail
3. Clinical Notebook Pass/Fail
4. Final Clinical Practicum (management) 10%
5. SOAP Notes (1) 5%
6. CDM (2) 20%
7. Test #1 15%
8. Test #2 15%
9. Therapy Presentations 10%
10. Final Exam (comprehensive) 15%
11. Moment therapy maps (2) 5%
12. Family case study 5%
13. Participation class & Blackboard P/F

100

Late written assignments will receive a reduction of 5 points a day.

**Grading Policy:** Student’s are expected to keep track of their performance throughout the semester and seek guidance from available sources (including the instructor) if their performance drops below satisfactory levels.

Course Grading Scale

A=92-100

B=83-91

C=74-82

D=68-73

F=Below 74 – cannot progress

**Make-up Exams:** Please contact your faculty for make-up exam scheduling then call Sonya Darr at 817-272-2043 to schedule a day/time. Please allow a 24 hour advance notice when scheduling.

**Test Reviews:** Test reviews may be scheduled up to two weeks after grades have been posted to blackboard for the current exam. Due to time constraints, you will only be allowed 30 minutes to review your test. Unfortunately, we will not be able to allow multiple test reviews. Contact Sonya Darr to schedule at 817-272-2043. Please allow a 24 hour advance notice when scheduling.

**Expectations of Out-of-Class Study:** A general rule of thumb is this: for every credit hour earned, a student should spend 3 hours per week working outside of class. Hence, a 3-credit course might have a minimum expectation of 9 hours of reading, study, etc. Beyond the time required to attend each class meeting, students enrolled in this course should expect to spend at least an additional 12 hours per week on their own time in course-related activities, including reading required materials, completing assignments, preparing for exams, etc.

**Grade Grievances:** Any appeal of a grade in this course must follow the procedures and deadlines for grade-related grievances as published in the current graduate catalog. <http://www.uta.edu/gradcatalog/2012/general/regulations/#grades>

**Attendance Policy:** Regular class attendance and participation is expected of all students. Students are responsible for all missed course information.

**Drop Policy:** Graduate students who wish to change a schedule by either dropping or adding a course must first consult with their Graduate Advisor. Regulations pertaining to adding or dropping courses are described below. Adds and drops may be made through late registration either on the Web at MyMav or in person through the student’s academic department. Drops can continue through a point two-thirds of the way through the term or session. It is the student's responsibility to officially withdraw if they do not plan to attend after registering. **Students will not be automatically dropped for non-attendance**. Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. Contact the Financial Aid Office for more information. The last day to drop a course is listed in the Academic Calendar available at [http://www.uta.edu/uta/acadcal.](http://www.uta.edu/uta/acadcal)

1. A student may not add a course after the end of late registration.
2. A student dropping a graduate course after the Census Date but on or before the end of the 10th week of class may with the agreement of the instructor, receive a grade of W but only if passing the course with a C or better average. A grade of W will not be given if the student does not have at least a C average. In such instances, the student will receive a grade of F if he or she withdraws from the class. Students dropping a course must: (1) complete a Course Drop Form (available online) <http://www.uta.edu/nursing/MSN/drop_resign_request.pdf> or Graduate Nursing office rooms 512 or 606); (2) obtain faculty signature and current course grade; and (3) submit the form to Graduate Nursing office rooms 512 or 606.
3. A student desiring to drop all courses in which he or she is enrolled is reminded that such action constitutes withdrawal (resignation) from the University. The student must indicate intention to withdraw and drop all courses by completing a resignation form in the Office of the Registrar or by: (1) Completing a resignation form (available online <http://www.uta.edu/nursing/MSN/drop_resign_request.pdf> or Graduate Nursing office rooms 512 or 606; (2) obtaining faculty signature for each course enrolled and current course grade; (3) Submitting the resignation form in the College of Nursing office room 512 or 606; and (4) The department office will send resignation form to the office of the Registrar.
4. In most cases, a student may not drop a graduate course or withdraw (resign) from the University after the 10th week of class. Under extreme circumstances, the Dean of Graduate Studies may consider a petition to withdraw (resign) from the University after the 10th week of class, but in no case may a graduate student selectively drop a course after the 10th week and remain enrolled in any other course. Students should use the special Petition to Withdraw for this purpose. See the section titled Withdrawal (Resignation) From the University for additional information concerning withdrawal. <http://www.grad.uta.edu/handbook>

**Last day to drop or withdraw Wednesday, October 31, 2012**

**Census Day – Monday, September 10, 2012**

**Americans with Disabilities Act:**  The University of Texas at Arlington is on record as being committed to both the spirit and letter of all federal equal opportunity legislation, including the *Americans with Disabilities Act (ADA)*. All instructors at UT Arlington are required by law to provide "reasonable accommodations" to students with disabilities, so as not to discriminate on the basis of that disability. Any student requiring an accommodation for this course must provide the instructor with official documentation in the form of a letter certified by the staff in the Office for Students with Disabilities, University Hall 102. Only those students who have officially documented a need for an accommodation will have their request honored. Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at [www.uta.edu/disability](http://www.uta.edu/disability) or by calling the Office for Students with Disabilities at (817) 272-3364.

**Academic Integrity:**  All students enrolled in this course are expected to adhere to the UT Arlington Honor Code:

*I pledge, on my honor, to uphold UT Arlington’s tradition of academic integrity, a tradition that values hard work and honest effort in the pursuit of academic excellence.*

*I promise that I will submit only work that I personally create or contribute to group collaborations, and I will appropriately reference any work from other sources. I will follow the highest standards of integrity and uphold the spirit of the Honor Code.*

Per UT System Regents’ Rule 50101, §2.2, suspected violations of university standards for academic integrity (including the Honor Code) will be referred to the Office of Student Conduct. Violators will be disciplined in accordance with the University policy, which may result in the student’s suspension or expulsion from the University.

Scholastic dishonesty includes but is not limited to cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts."

As a licensed registered nurse, graduate students are expected to demonstrate professional conduct as set forth in the Texas Board of Nursing rule §215.8. in the event that a graduate student holding an RN license is found to have engaged in academic dishonesty, the college may report the nurse to the Texas BON using rule §215.8 as a guide.

**Plagiarism:** Copying another student’s paper or any portion of it is plagiarism. Copying a portion of published material (e.g., books or journals) without adequately documenting the source is plagiarism.

Consistent with APA format, if five or more words in sequence are taken from a source, those words must be placed in quotes and the source referenced with author’s name, date of publication, and page number of publication. If the author’s ideas are rephrased, by transposing words or expressing the same idea using different words, the idea must be attributed to the author by proper referencing giving the author’s name and date of publication. If a single author’s ideas are discussed in more than one paragraph, the author must be referenced, according to APA format. Authors whose words or ideas have been used in the preparation of a paper must be listed in the references cited at the end of the paper. Students are expected to review the plagiarism module from the UT Arlington Central Library via <http://library.uta.edu/tutorials/Plagiarism>

**Student Support Services**:UT Arlington provides a variety of resources and programs designed to help students develop academic skills, deal with personal situations, and better understand concepts and information related to their courses. Resources include tutoring, major-based learning centers, developmental education, advising and mentoring, personal counseling, and federally funded programs. For individualized referrals, students may visit the reception desk at University College (Ransom Hall), call the Maverick Resource Hotline at 817-272-6107, send a message to [resources@uta.edu](mailto:resources@uta.edu), or view the information at [www.uta.edu/resources](http://www.uta.edu/resources).

**Electronic Communication:** The University of Texas at Arlington has adopted “MavMail” as its official means to communicate with students about important deadlines and events, as well as to transact university-related business regarding financial aid, tuition, grades, graduation, etc. All students are assigned a MavMail account and are responsible for checking the inbox regularly. There is no additional charge to students for using this account, which remains active even after graduation. Information about activating and using MavMail is available at <http://www.uta.edu/oit/cs/email/mavmail.php>. If you are unable to resolve your issue contact the Helpdesk at [helpdesk@uta.edu](mailto:helpdesk@uta.edu). ***Students are responsible for checking their MavMail regularly.***

**Student Feedback Survey:**  At the end of each term, students enrolled in classes categorized as lecture, seminar, or laboratory shall be directed to complete a Student Feedback Survey (SFS). Instructions on how to access the SFS for this course will be sent directly to each student through MavMail approximately 10 days before the end of the term. Each student’s feedback enters the SFS database anonymously and is aggregated with that of other students enrolled in the course. UT Arlington’s effort to solicit, gather, tabulate, and publish student feedback is required by state law; students are strongly urged to participate. For more information, visit <http://www.uta.edu/sfs>.

**Librarian to Contact:**

**Helen Hough**, *Nursing Librarian*

Phone: (817) 272-7429

E-mail: [hough@uta.edu](mailto:hough@uta.edu)

[**http://libguides.uta.edu/nursing**](http://libguides.uta.edu/nursing)

**UTA College of Nursing additional information:**

**Clinical Evaluations:** Students must pass both the didactic and clinical portions of a clinical course in order to pass the course. In order to pass the clinical portion, the student must receive a passing grade (minimum of 83%) on the faculty evaluation of the student’s clinical performance (Nurse Practitioner Clinical Evaluation). Students who fail a faculty evaluation have a one-time option to retake the practicum. A second faculty member will be present during the clinical performance retake. If the student passes the clinical performance retake (minimum of 83%), the **maximum** grade the student can receive for the exam for purposes of grade calculation is 83%. If the student fails the retake, the student will receive a grade of “F” for the course.

**Student Requirement For Preceptor Agreements/Packets:**

1. All Preceptor Agreements must be **signed** by the student and the preceptor the first day the student attends clinical (may be signed on that day), scanned and emailed to [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu).
2. **Student** is responsible to ensure that all of his/her preceptor agreements are signed and complete before beginning clinical experience and those agreements are scanned and emailed to the NP Clinical Coordinator @ [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu) by the third week of the semester. (For instance, if a student starts working with a particular preceptor late in the semester, he/she would contact that preceptor during the first 3 weeks of the semester.
3. If this is the first time a preceptor is precepting a graduate nursing student for The University of Texas at Arlington, please have him/her complete the Preceptor Biographical Data Sheet.
4. The signed/completed preceptor agreement is part of the clinical clearance process. Failure to submit in a timely fashion will result in the inability to access the E-log system.
5. All communications to the NP Clinical Coordinator should be made to the following email address: [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu). This includes scanned copies of preceptor agreements, preceptor evaluations of the student, and student evaluations of the preceptor.
6. All required clinical forms are located in Blackboard, Organization ID, org\_nursing hospitals1

**Clinical Clearance:** All students must have clinical clearance to legally perform clinical hours

each semester. If your clinical clearance is not current, you will be unable to do clinical hours

that are required for this course and this would result in course failure.

**Clinical E-Logs:** Students are required to enter all patient encounters into the E-Log system.  E-Log is both a student learning opportunity and an evaluation method for clinical courses.  Patient encounters include patients the student assesses, diagnoses, and manages as part of their clinical coursework.  Individual clinical courses may have additional guidelines/requirements related to their specific course and will be noted in the course syllabus (e.g. types of encounter required, number of patients required during course).

The student’s E-Log data provides a description of the patients managed during the student’s clinical experience, including the number of patients, diagnoses of patients, and the type of interventions initiated.  As a result, E-Log data are an essential requirement of the student’s clinical experience and are used to evaluate student clinical performance.  The data are used to meet course requirements and to evaluate student clinical performance.  Upon completion of the Program, students will receive an executive summary of their E-Log entries for their professional portfolio.

**Students are expected to enter information accurately so that (if needed) faculty may verify/validate the information provided.  Falsifying and/or misrepresenting patient encounter data is considered academic dishonesty.**

**Status of RN Licensure:** All graduate nursing students must have an unencumbered license as designated by the Texas Board of Nursing (BON) to participate in graduate clinical nursing courses. It is also imperative that any student whose license becomes encumbered by the BON must immediately notify Dr. Mary Schira, Associate Dean, Department of Advanced Practice Nursing. The complete policy about encumbered licenses is available online at: [www.bon.state.tx.us](http://www.bon.state.tx.us)

**MSN Graduate Student Dress Code:** The University of Texas at Arlington College of Nursing expects students to reflect professionalism and maintain high standards of appearance and grooming in the clinical setting. **Clinical faculty has final judgment on the appropriateness of student attire and corrective action for dress code infractions. Students not complying with this policy will not be allowed to participate in clinical.**

**Please View the College of Nursing Student Dress Code on the nursing website:** <http://www.uta.edu/nursing/msn/msn-students> **.**

**UTA Student Identification: MSN Students MUST be clearly identified as UTA Graduate Students and wear a UTA College of Nursing ID in the clinical environment.**

**Unsafe Clinical Behaviors:** Students deemed unsafe or incompetent will fail the course and receive a course grade of “F”. **Any of the following behaviors constitute a clinical failure**:

1. Fails to follow standards of professional practice as detailed by the Texas Nursing Practice Act \* (available at [www.bon.state.tx.us](http://www.bon.state.tx.us))

2. Unable to accept and/or act on constructive feedback.

3. Needs continuous, specific, and detailed supervision for the expected course performance.

4. Unable to implement advanced clinical behaviors required by the course.

5. Fails to complete required clinical assignments.

6. Falsifies clinical hours.

7. Violates student confidentiality agreement.

\*Students should also be aware that violation of the Nursing Practice Act is a “reportable offense” to the Texas Board of Nurse Examiners.

**Blood and Body Fluids Exposure:** A Health Verification form was signed by all MSN students at start of the program documenting personal health insurance coverage. All MSN students have mandatory health insurance and will need to manage exposure to blood and fluids. Current CDC guidelines can be found at:<http://www.cdc.gov/>

**Confidentiality Agreement:** You signed a Confidentiality Form in orientation and were provided a copy of the form. Please take your copy of this Confidentiality Form with you to your clinical sites. Please do not sign other agency confidentiality forms. Contact your faculty if the agency requires you to sign their confidentiality form.

**Graduate Student Handbook:** Students are responsible for knowing and complying with all policies and information contained in the Graduate Student handbook online at:

<http://www.uta.edu/nursing/msn/msn-students>

**Student Code of Ethics:** The University of Texas at Arlington College of nursing supports the Student Code of Ethics Policy. Students are responsible for knowing and complying with the Code. The Code can be found in the student handbook online: <http://www.uta.edu/nursing/msn/msn-students>

**No Gift Policy:** In accordance with Regent Rules and Regulations and the UTA Standards of Conduct, the College of Nursing has a “no gift” policy. A donation to one of the UTA College of Nursing Scholarship Funds, found at the following link: <http://www.uta.edu/nursing/scholarship_list.php> would be an appropriate way to recognize a faculty member’s contribution to your learning.  For information regarding Scholarship Funds, please contact the Dean’s office.

**Bomb Threats:** If anyone is tempted to call in a bomb threat, be aware that UTA will attempt to trace the phone call and prosecute all responsible parties. Every effort will be made to avoid cancellation of presentations/tests caused by bomb threats. Unannounced alternate sites will be available for these classes. Your instructor will make you aware of alternate class sites in the event that your classroom is not available.

**Online Conduct:** The discussion board should be viewed as a public and professional forum for course-related discussions. Students are free to discuss academic matters and consult one another regarding academic resources. The tone of postings should be professional in nature.

It is not appropriate to post statements of a personal or political nature, or statements criticizing classmates or faculty. Inappropriate statements/language will be deleted by the course faculty and may result in denied access to the Discussion boards. Refer to UTACON Student Handbook for more information.

***For this course Blackboard communication tools, discussion boards, and***

***UTA MAV email will be used extensively and should be checked often.***

**Writing Center:** The English Writing Center, Room 411 in the Central Library, provides support to UT-Arlington undergraduate and graduate students and instructors. Undergraduate and graduate student consultants in the Writing Center are trained to help student writers at any stage in their writing processes. Consultants are trained to attend to rhetorical and organizational issues that instructors value in student writing. Although consultants will assist students in identifying and correcting patterns of grammatical or syntactical errors, they are taught to resist student entreaties to become editors or proofreaders of student papers.

The Writing Center offers tutoring for any assigned writing during enrollment at UT-Arlington. During Fall 2012, Writing Center hours are 9 a.m. to 7 p.m., Monday through Thursday; 9 a.m. to 2 p.m., Friday; and 2 p.m. to 6 p.m. Sunday. Individuals may schedule appointments online by following directions available at [www.uta.edu/owl](http://www.uta.edu/owl), or by visiting the Writing Center.

The Writing Center Director, Assistant Director, or tutors are available to make classroom presentations describing Writing Center services. The Writing Center also offers workshops on topics such as documentation and will design specialized workshops at the request of instructors. To schedule a classroom visit or inquire about a workshop, please e-mail or call Tracey-Lynn Clough, Writing Center director, at [clought@uta.edu](mailto:clought@uta.edu) or 817-272-2517

**Departmental Office/Support Staff**

**Department of Advanced Practice Nursing**

**Mary Schira,** PhD, RN, ACNP-BC

Associate Dean and Chair; Graduate Advisor

Email: [schira@uta.edu](mailto:schira@uta.edu)

**Sheri Decker**, Assistant Graduate Advisor

Responsibilities: Student advising/support, Degree plan revisions/questions,

Registration holds, BON/ANCC/PNCB Paperwork, Degree Verifications

Office # 606-Pickard Hall, (817)-272-0829

Email: [s.decker@uta.edu](mailto:s.decker@uta.edu)

**Rose Olivier**, Administrative Assistant I

Responsibilities: Assistant to Associate Dean and Support Directors of NP Programs as needed

Class schedules, Room schedule, Website issues, Assist with student support, Catalog Changes,

C-Grades, Job postings

Office # 605-Pickard Hall, (817) 272-9517

Email: [olivier@uta.edu](mailto:olivier@uta.edu)

**Leah McCauley**, Admissions Assistant

Responsibilities: Program inquiries, New Student processing and admissions, Orientation, Forum

Office #602-Pickard Hall, (817) 272-2329

Email: [mccauley@uta.edu](mailto:mccauley@uta.edu)

**Janyth Arbeau,** Clinical Coordinator

Responsibilities: Clinical placement, Clinical Clearance, Background checks,

Facility contracts, Assists with immunization documentation, Clinical deficiencies

Office # 610- Pickard Hall, (817) 272-2043

Email: tba or [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu)

**Kimberly Hodges,** Senior Office Assistant

Responsibilities: Assists Clinical Coordinator, Immunization

Documentation/clearance, Elog set-up student/preceptor/faculty; Preceptor documentation,

Evaluations, Maintain Clinical Blackboard website

Office #610 Pickard Hall, (817-272-9373

E-mail: [khodges@uta.edu](mailto:khodges@uta.edu) or [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu)

**Sonya Darr**, Senior Office Assistant

Responsibilities: NP Director support, Course Support, Course evaluations,

Syllabi updates, Blackboard course support, Test reviews, Make-up exams

Office # 609-Pickard Hall, (817)-272-0788

Email: [sdarr@uta.edu](mailto:sdarr@uta.edu)

**The University of Texas at Arlington School of Nursing**

**N5424 Psychiatric Mental Health Nursing I**

**Fall 2012**

Room 204 (Subject to Change)

| Date/Time | **Topic** | **Readings Assignments\*** | **Speaker** |
| --- | --- | --- | --- |
| Monday  8/27/2012 | **Lectures posted : Overview of individual therapies; intro to Group therapy’ making accurate DSM IV diagnosis** |  |  |
| Wednesday  8/29/2012  Class 1  12-1:30 pm | Lecture and demonstration by Dr. Pam Garcy. Rational Emotive Behavior Therapy | Read in Corey on REBT; articles on blackboard | Faculty |
| 1: 30- 2:50 pm | Course Overview and introductions stress management icebreaker  **(Bring one thing that represents you as you introduce yourself)** |  |  |
| 3-4 | **Boundaries/transference/ counter**  **Transference issues/self disclosure/self awareness/role of therapy in PMHNP practice** | Blackboard. Articles  Scope and Standards  Powerpoint  Wheeler, Chapter 1  Sadock p 1-4  Stuart/Laraia on boundaries | Diane , Carol |
| 4-5: 15  5:15- 6pm  Friday 8/31 | **Make an accurate DSM IV diagnosis workshop**  **Group therapy- principles, ice breakers, starting and ending a session.. types of groups**  **CDM I open** | DSM-IV –specifiers, rules of precedence, multiple diagnoses, V codes  **Bring DSM-IV**  Read DSM IV for rules of precedence, specifiers, V codes, etc. anxiety, mood, psychosis, dementia specifiers and course of illness, etc  Yalom Chapter 1-3  Corey on group therapy  Sadock and Sadock on group therapy | Diane, Carol |
| Monday  **9/10/2012** | **Lectures posted: intro to family therapy; strategies of group therapy; CBT case conceptualization, setting agenda, homework assignments** |  |  |
| **Sept 12, 2012**  **Class 2**  **12-1:20 pm** | **Teaching Patients about Neurobiology / mental illness** | Read Essentials in Psychopharmacology  Articles on Blackboard. | Marya Wright, PMHNP,  Dr. Tran’s practice, Dallas, TX  Diane, Carol |
| 1:30-3 pm | **Cognitive behavior therapy workshop: setting agenda, case conceptualization, making homework assignments** | Corey on CBT  Articles on Blackboard  Utube  Sadock and Sadock  Workbooks | Diane, Carol |
| 3:15- 6 pm | **Classroom presentations**  **Evidence based therapies for Depressive disorders** | **Therapy presentations by students (check blackboard) Will record on Camtasia**  (8 students present; do 5-7 minute presentation then lead 3 minute discussion) Be prepared with handout and readings. (if use Powerpoint s no more than 10-12 slides) Demonstration if appropriate (see grading sheet)  Strategies with focus on their use in depression  1. CBT  2. Rational Emotive Behavioral Therapy  3. Light therapy  4. Mood diaries and journaling  5. Interpersonal therapy  6. Exercise and diet  7. Behavioral activation  8. Psychoeducational manualized treatment  9. Mindfulness therapy for depression |  |
| Wednesday 9/19/2012 | **CDM #1 Due on blackboard.** |  |  |
| Monday 9/24/2012 | Test 1-Online quiz on blackboard **Test is open 7am to 11pm**  **You have 2 hours to complete** | Test blueprint –See blackboard (will include class topics by peers)  Teaching neurobiology – 8  DSM IV diagnosing- 8  Group therapy -10  CBT – 12  Depression therapies- 15  REBT-8  Indiv Therapy 12  Intro to family therapy 8  Boundaries 5  Total 75-81 (TBC) |  |
| Monday 9/24/2012 | **Lecture posted ahead: DBT ; FT structural and strategic; group therapy strategies** |  |  |
| Wednesday Sept 26, 2012  Class 3  12-1:30 pm | **DBT workshop / trauma focused therapy** | Linehan  Wheeler, K. chapter on trauma | Barbara Warren, TBC |
| 1:30-2:30 pm | **EMDR, DBT trauma focused treatment** |  | Peg Tavis |
| 2:30-3:15 | **Interpersonal Neurobiology** | Articles on blackboard | Diane Snow |
| 3: - 6 pm | **Classroom presentations**  **Evidence based therapies for anxiety disorders** | 1. Relaxation and imagery; breath control  2. Exposure Response Prevention  3. CBT for anxiety disorders  4. Psychoeducational manualized treatment  5. Habit reversal training  6. Group therapy strategies for PTSD/  anxiety  7. Virtual reality exposure therapy  8. Mindfulness based anxiety therapy | Student presentations |
| Monday  10/1/2012 | **TMM #1 due on blackboard discussion by clinical group for 1 week. 10-1- - 10/08** |  |  |
|  |  |  |  |
| Monday  10/08/2012 | **Lecture posted: Social Rhythm therapy for Bipolar Disorder, Family focused therapy for bipolar disorder, Therapies for patients with schizophrenia** |  |  |
| Wednesday  10/10/11  Class 4  Bipolar and Schizophrenia | **Clinical notebooks-can send electronically** |  |  |
| 12-1:30 pm | **Brief Solutions Therapy** | Corey, p. 433-35  Sadock & Sadock, 930-33  Nichols Chapter 6,7  Readings on Blackboard. | Jeanneane Cline, MSN, PMH CNS |
| 1:45- 4:30 | **Class presentations (topics) Therapies for bipolar and schizophrenia** |  |  |
| 4:30-6pm | Personality Disorders | Sadock & Sadock | Dr. Cohen, MD |
| Thursday  10/18/2012  No class | **SOAP #1 due** | N/A |  |
| Monday  10/22/2012 | **Test 2 on Blackboard, no class**  **2 hours between 7a and 12 midnight** | Test Blueprint on Blackboard discussion board |  |
| Wed  10/ 31/2012 | **TMM #2 due on blackboard discussion board by group. Lead discussion x 1 week.**  **10/31-11/7** |  |  |
|  |  |  |  |
| Monday 10/22/2012 | **Lectures posted on Addiction therapies: transgenerational Family Therapy; addicted family; Motivational Interviewing, Eating disorder- therapies** |  |  |
| Oct 24/2012  Class 5  Addiction and Eating Disorder  Therapies  12-1:30 pm | **Narrative Therapy and Medical Therapy** | Corey, 431-438  Nichols-Chapter 6 and 7  Articles on blackboard (links) | Mary Bittle, PhD  TBC |
| 1:30-3 pm | **Motivational Interviewing** | Articles on Blackboard | Speaker TBD |
| 3-6 pm | **Presentations on Addictions an Eating Disorder Therapies** |  | Student presentations |
|  |  |  |  |
| Monday  11/12/2012 | **Lectures posted ahead: Bereavement therapy; ADHD therapies, Group therapy with children; others TBA** |  |  |
| Wednesday  11/14/2012  Class 6  Age related therapies  12-1:30 pm | Child CBT and Play Therapy/Parent Training |  | Dr. Jane LeVieux, PhD, RN  Children’s medical Center (TBC) |
| 1:30 –4:30 pm | Presentations on Child and Geri Therapies (select on blackboard or in class) |  |  |
| 4:30-6 pm | **Anxiety disorders therapy with children** | TBA  Articles on blackboard. | Kathleen Norris, LPC  Private Practice, TBC Bedford |
| 11/19/12 | **CDM II Due** |  |  |
| Monday  11/26/2012-12/3/12 | **Family Case Study due-**  **1 week to lead discussion by peers in your clinical group.** |  |  |
| Friday  12/7/2012 | **Clinical notebooks due –send electronically. Elogs will be viewed by faculty online on this date** |  |  |
| Monday  12/10/2012 | Comprehensive Final Exam Quizzes on blackboard. Online |  |  |

**The University of Texas at Arlington School of Nursing**

**N5424 Psychiatric Mental Health Nursing I**

**Fall 2012**

**Therapy Presentations –Classroom**

Topic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this assignment is to provide clinically relevant tips and guidelines for therapies used to treat a specific disorder. There are 5 main topics: depression, anxiety, bipolar and schizophrenia, addiction and eating disorders, and age related (child and geri). Sign up for topics on blackboard or in class (draw category and topic from hat x 2) when indicated. **Each student has 2 presentations**. Test questions will be generated from the presentations.

Criteria:

1. Classroom Presentation on the topic assigned (10 minutes) (50 ) \_\_\_\_\_\_\_\_
   * 1. Reflect the topic and assignment
     2. Clinically relevant for practice
     3. Keeps to time limits/ good delivery
     4. Focus on strategies that are evidence based

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Demonstrates the therapy and involve class e.g. role play, skit (20)\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 1-2 page handout ( 22 copies) (20)\_\_\_\_\_\_\_\_

Post handout on blackboard (can be 1 page of bullet points, or Powerpoint)

1. Submit 1 multiple choice test questions on the topic (5) \_\_\_\_\_\_\_\_

(4 options, application level )

1. Current references (at least 1 that is not text) (5)\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The University of Texas at Arlington School of Nursing**

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Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSIGNMENTS/GRADE SUMMARY**

**ASSIGNMENTS DUE DATE GRADE**

1. SOAP Notes (1 total) 10/18 5% \_\_\_\_\_
2. Clinical Decision Making (1) 9/19 10% \_\_\_\_\_
3. Clinical Decision Making (2) 11/19 10% \_\_\_\_\_\_
4. Preceptor Evaluations 12/07 Pass/Fail\_\_\_\_\_\_

Sites where spend 12 hrs or more are required (med man, psychotherapy)

1. Practicum Evaluation TBA 10%\_\_\_
2. Family Case Study online 11/26 5%\_\_\_\_\_\_
3. Clinical Notebook 12/7 Pass/Fail\_\_\_\_\_\_\_

(Objectives summarized, E log summary (fac can view online), Tally-signed by preceptors and updated grid-can be sent electronically

1. Evaluation of Preceptors/Faculty 12/7 Credit \_\_\_\_\_
2. Test 1 9/24 15% \_\_\_\_\_\_
3. Test 2 10/22 15% \_\_\_\_\_\_
4. Therapy Presentations in class x2 11/14 10% \_\_\_\_\_\_
5. Comprehensive Final Exam 12/10 15% \_\_\_\_\_\_
6. Therapy Moment Mapping (2) 10/41

5% \_\_\_\_\_

14. Blackboard, participation, classroom participation Pass/Fail \_\_\_\_\_

Respond to discussion of therapy moment mapping

Submitted by peers; family case study response

Classroom participation –come prepared for workshops

Respond to family case study by clinical group x1 post minimum

**FINAL COURSE GRADE:** 100% \_\_\_\_\_\_

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**Clinical Decision Making I and II Tip Sheet**

This assignment will be given on Blackboard under “quizzes” and questions and point values will be provided. General info on CDM will be found on facepage under Quizzes then find CDM I. Click on CDM I and there will be questions that appear. This is in a "quiz" format with several sections. Each section has information followed by questions to be answered. Read carefully, and respond to the specifics asked. You will see how much each question is worth. (written after the word Question)

APA and referencing: You will be asked to have at least one peer-reviewed article, and there may be other requested references besides your texts. Please reference using correct APA format. Also the DSM IV should be referenced (author is American Psychiatric Association), and Zimmerman, etc. Please use articles and texts rather than class notes. Please remember as you make your responses that this CDM is a formal paper so use complete sentences unless otherwise specified.

Answering questions: Once you have answered a question, you must submit the answer prior to getting access to the next. You will not be able to go back to your questions once you click submit---**do not skip a question**, as you will not be able to go back to that question either.

Try and do several sections at the same time. If you click “save” you will be able to stop and start where you left off. As long as you do not move to the next question, you will be able to access the question you are working on. You CAN save your answer and go back to the question if you want to revise or add to before moving to next question. Just don't move on until you are certain you are finished with that question. You can cut and paste from a word file to the quiz, but can’t cut and paste from the quiz to word file. Another method of cut and pasting: highlight your section on Word file then you do Control ‘C’. Then go into your blackboard box, and click Control ‘V’. It should paste the answer in the box.

You will be able to see the feedback from your clinical faculty for a short while after the assignment is returned. A box is provided for feedback for each section and points earned.

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**SOAP Note Grading Sheet**

# Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty/advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Possible Actual**

**Points Points**

20 pts \_\_\_\_\_ A. Subjective data appropriately documented (if all areas not assessed, indicate which you would add in italics)

15 pts \_\_\_\_\_ B. Objective data appropriately documented. (if all areas not assessed indicate which you would add in italics)

15 pts \_\_\_\_\_ C. Assessment- Nursing and medical diagnosis(es) formulated. Include differential diagnosis and rule outs. Include DSM-IV criteria for Axis I diagnosis. And indicate which criteria patient met and conclusion about decision

10 pts \_\_\_\_\_ D. Neurobiology of disorder(s). (Include genetics, neurotransmitters, neuroanatomical changes, current theories of causation, cultural factors specific for this patient); Include and cite references

20 pts \_\_\_\_\_ E. Medication management plan & rationale. Plan should be cost-effective and evidence based. Include labs to order, meds and dosage. (labs; meds: why this med, what is neurochemistry action of med, side effects to monitor, expected benefits, contraindications, black box warnings). Use references when appropriate.

20 pts \_\_\_\_\_ F. Therapy and teaching plan & rationale. Type(s) of therapy, referrals and consultations, teaching plan, counseling-goals and follow up (rationale for this type of therapy, expected benefits, teaching, referrals, follow-up). Use references when appropriate.

Credit \_\_\_\_\_ G. Include references from at least 3 sources including one article from refereed journal. Use APA format

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**100 \_\_\_\_\_**

**Comments:**

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**Format for SOAP Note**

**A. SUBJECTIVE**

**Client identifying information**

**Chief Complaint**

**History of Present Illness**

Exploration of the chief complaint/stressors/ what’s been going on/why came, etc. See template

Neurovegetative Symptoms:

Sleep

Appetite and weight

Energy

Concentration/ guilt/ self esteem,etc

Anhedonia

Mood

Diurnal variation of mood

SI/HI

Anxiety-all disorders

Mania

Psychosis

Sexual interest/performance

Attention/focus

**Psychiatric History**

**Alcohol and Other Drug use History**

**See template**

**Current Health Status:**

Allergies

Medical Conditions

Current prescribed medications

Health maintenance behaviors

Last menstrual period

Last physical exam

**Past Health Status:**

Major Childhood Illnesses

Major Illnesses

Accidents

Menstrual & pregnancy hx

Hospitalizations

Surgeries

**Developmental History**

See Practicum Guide

**Family History**

**See Practicum Guide**

**Social History**

Current health habits/ADLs

Educational History

Hobbies, talents, interests

Legal History

Current Living Situation

Marital and Relationship History

Work History

Financial Status

Military History

Religion/Spirituality

Social network/support system

Sexual History

**Focused Review of Systems**

**See Practicum Guide**

**B. OBJECTIVE**

**Mental Status Exam**

Appearance

Behavior & psychomotor activity

Attitude toward examiner/reliability

Mood

Affect

Speech

Perceptual disturbance

Thought processes

Thought content

Alertness and level of consciousness

Orientation

Memory

Concentration and attention

Capacity to read and write

Visuospatial ability

Abstract thinking, proverbs, and similarities

Fund of information and intelligence

Judgment

Insight

Assets/strengths

Liabilities

**Other objective data**

Vital Signs

Height/Weight/BMI

Lab results

Screening tool results

**Pertinent physical exam**

# C. ASSESSMENT

**Axis I:**

**Axis II:**

**Axis III:**

**Axis IV:**

**Axis V:**

**Differential diagnoses:**

**Rule out diagnoses:**

**Nursing diagnoses:**

**DSM-IV TR criteria and discussion of rationale**

**D. NEUROBIOLOGY**

**Genetics**

**Neurotransmitters**

**Neuroanatomical changes**

**Current theories of causation**

**Cultural factors**

**E. PLAN & RATIONALE**

**Labs/ Diagnostic Tests/ Screening Tools**

**Medications**

Dosage & directions

Why this med?

Neurochemistry & MOA

Side effects

Expected benefits

Contraindications

Black Box Warnings

**Therapy prescription**

Type(s), duration, etc

Why this therapy?

Expected benefits

Therapy goals

**Teaching plan**

**Referrals and consultations**

**Follow up**

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**Tips for SOAP Note**

1. **SOAP note should be completed on a psychiatric evaluation patient.**
2. **Be sure to review and cover all SOAP note grading criteria.**
3. **Follow provided SOAP note format when completing assignment.**
4. **If there is any information that was not obtained during interview, be sure to review chart for that information.**
5. **If information not asked during interview and not obtained through chart, type in italics what you would have asked.**
6. **Review of systems and physical exam should be focused and pertinent ONLY.**
7. **If there was an intervention completed that you would have done differently, please type in italics what you would have done and why.**
8. **Be sure to provide rationale for ALL of your interventions.**

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**Therapy Moment Map**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # 1, #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select 5 –10 minute segment of a therapy session and present on blackboard in My Group under your clinical advisor discussion board. **Use Powerpoint.** Can be from individual, group or family therapy experience. The focus is on developing skills, self-reflection, application of theory, and developing as a therapist, and provides “peer supervision” as well as faculty supervision. Respond to each classmate’s TMM on blackboard x 1 week. Moderate the discussion.

Scenario and purpose

Points Actual

1. Client description 10 ­­\_\_\_\_\_\_

Describe appearance, mood, affect of client

Age, gender, cultural identity, other identifying factors

2. Setting Description 5 \_\_\_\_\_\_

Describe the room and where everyone is placed.

3. Background description 10 \_\_\_\_\_\_

What was happening just before the session

What do you know, if anything about emergent situations

between sessions, where the patient was just before the

session, and what the transition was like. Discuss the

circumstances of the therapy session that led you to the

therapy moment

5. Purpose of the interaction. 10 \_\_\_\_\_\_

Identify the therapy goal for the session

using an identified theoretical framework

6. Image that depicts your visualized 2.5 \_\_\_\_\_\_

outcome of the therapy session for

the patient.

This should include an image from clip art or

photo or drawing, not just a verbal image.

7. Description of obstacles the patient may have 5 \_\_\_\_\_\_

toward meeting the imagined outcome

**Therapy Moment Map Dialogue**

8. Dialogue displays an example of an intervention 5 \_\_\_\_\_\_

that can be analyzed to demonstrate students

clinical reasoning process

## *Analysi*s

9. Description of what you are thinking and feeling 15 \_\_\_\_\_\_

during the therapy moment to enlighten others

about the rationale for interventions

10. Analysis of the intervention 10 \_\_\_\_\_\_

is accurate and organized according to the

theory of particular therapeutic approach and

the relationship (with references)

11. Image of a future moment that will attract the 2.5 \_\_\_\_\_\_

patient toward achieving the outcome

12. Analysis of the client’s perception of **you** 10 \_\_\_\_\_\_

What do you think she/he perceives of you during this

therapy moment?

What do you think about yourself as beginning therapist?

13. Discussion Questions and Moderator 10 \_\_\_\_\_\_

At least two discussion questions to guide

discussion about the therapy moment

1. Response to peers 5

References –At least 2

Total Credit 100 \_\_\_\_\_\_\_

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**Family Case Presentations**

**Present In Blackboard on discussion board**

The purpose of this assignment is to practice, in a "grand rounds" format, the written and verbal ability to "present" a family client and overall plan of care to your peers.

Select one family that you are familiar with from your therapy or med management experience. Select one family therapy/theory and analyze the family from this perspective. E.gl, Minuchin, Bowen, Satir, Present the following information. You may use 2 or more perspectives if you wish, being sure to point out which theory you are using at the time. Lead discussion with your peers (your clinical group) for up to 2 weeks. Each student should post at least 1x to each person’s case presentation, and with current reference.

**Maximum Actual**

**Structural Data** \_\_\_10\_\_\_ **\_\_**\_\_\_\_\_

Who is in the family?

What brought them for help?

What is their home like?

What is their environment like?

Occupation-work info?

Socio-economic data?

Religious information?

Previous experience with therapy?

Medical diagnoses of members?

(include psychiatric/addictive

disorders)

Lifestyle

Marital status

**Family History** \_\_\_25\_\_\_\_\_\_\_\_\_

Analyze using concepts and assumptions

from family system theory that you have selected.

**GENOGRAM with correct symbols & detailed key**

Strengths of family over time

**Family System Theory Analysis** \_\_\_30\_\_\_ \_\_\_\_\_\_

Describe theory used (concepts)

Analyze family dynamics using concepts and assumptions

from family system theory of choice

e.g. Structural therapy: boundaries, subsystems

**Family Therapy** \_\_\_25\_\_\_\_\_\_\_\_\_

# Sessions

Goals of session(s)

Who attended, etc.

Strategies used

Examples of dialogue

**References (at least** 3) \_\_\_CR\_\_ \_\_\_\_\_\_

**Presentation Skills** \_\_\_10\_\_\_ \_\_\_\_\_\_

##### Organized, systematic

Responded to peers

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**Clinical Notebook Grading Sheet**

**Journal Check #1** **Journal Check #2**

**Clinical Notebook Grading Sheet \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Clinical Objectives/Evaluation (P/F)** \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Present to each preceptor specific clinical

objectives for the experience and discuss ways to achieve these

objectives. Evaluate each objective and describe

your experiences towards these objectives in journal format.

**E- Log –Print Out (P/F)** \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Record all patients seen during your clinical rotations. Include therapy

patients. Should have close to one patient per hr at minimum of clinical time

Axis I. Axis II, III (use ICD-9 codes), Axis IV and V categories

Include summary print out. Therapy-enter patients such as

2-3 from each group session, all family members from family therapy,

all individual therapy patients. Use correct billing codes for psychiatry

**Clinical Hours Tally Sheet/ Grid (P/F)** \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

This is a record of your clinical time towards your overall experience,

recording in appropriate category. Carry forward hours from other courses

as indicated. These hours are determined based on choice as Family or Adult

PMHNP major. **Must have Preceptor signatures each day. Can put on separate**

**Page. Turn in both updated grid and signature sheets**

**Preceptor evaluation of student (12 hours or more) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Psychotherapy evaluation of student (12 hours or more) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

[www.uta.edu/nursing/MSN/forms](http://www.uta.edu/nursing/MSN/forms)

**Student Evaluation of All Preceptors \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Overall neatness and organization (P/F)** \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Notebook is organized, assignments are easy to locate. Grading sheets

are included. Send assignments to instructor by blackboardInclude all preceptor

agreements copies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OVERALL GRADE (Criteria Pass/Fail)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Psychiatric Management in Advanced Nursing Practice**

### Psychiatric Evaluation Guide

**The following is a suggested format for Psychiatric Evaluation of Patient-Please note that this is only a template, not a cookbook approach. For child, adjust language to developmental level of child, and add developmentally specific questions on parenting, discipline, ADHD etc. For older adult or disabled, add functional assessment and additional questions on cognitive function, memory, executive function, MMSE score. Remember to tailor questions to the patient if you use this template. If you have questions for sections you don’t see here then address those questions in the proper area.**

**Patient(age, marital status, gender; ethnicity; reliable?)**

**Source of Data:**

**Chief Complaint:** What can I help you with today? (build rapport!) put answer in quotes

**History of Present Illness: (explore issues in depth-get details of patient’s story and validate patient’s feelings.**

**Do symptom analysis of each area of concern)**

When did symptoms begin?

What was going on in your life when this began?

Have you ever had this before?

How long has this been going on?

Is there anything that you can do to make it better?

Any meds?

Did they help?

**Neurovegetative Symptoms:**

**Sleep: (get full details of duration, etc if yes)**

How many hours do you sleep?

Do you wake up before the alarm?

Do you feel rested when you get up?

Do you have problems Summering asleep or staying asleep? How many times do you get up at night? How long does it take to Summer back to sleep?

Do you take any medications to help you go to sleep?

Have you changed your routine?

Do you drink caffeine before going to bed? Exercise before going to bed?

Does your mind race when you try to go to sleep?

Any nightmares?

What is your normal amount of sleep?

Do you take naps?

**Appetite and weight: (recent)**

How is your appetite? Increased? Decreased?

Have you lost or gained any weight? If yes, over what period of time?

Do you feel that you need to lose weight?

Do you ever binge or fast? (if yes, then get full details)

Use any laxatives or vomiting to lose weight? (if yes, then get details)

Do you use exercise to lose weight?

Are you afraid of gaining weight?

Are you afraid you won’t be able to stop eating if you start?

What do you think about the appearance of your body?

What is your usual food intake in a day?

**Energy:** Is there a certain time of the day that you have more energy?

Do you have more energy lately? Or less energy recently? For how long?

How would you describe your energy level?

**Anhedonia:** What do you enjoy doing?

Are activities that you use to enjoy still enjoyable?If not then, is there anything that enjoy?

How long have you not been able to enjoy things you once enjoyed?

**Concentration:** Are you able to concentrate? (give examples: remember what you read?)

**Mood:** Rate mood on 1-10 scale with 10 as best

Have you been feeling sad? Irritable? Angry? Happy?

(get details… most days.. how long.. 2 weeks or more? Is this is a change for you?)

Feelings of worthlessness/guilt

**Diurnal variation of mood:** Are there certain times of the day that you feel better or worse than others?

**SI/HI** Have you ever thought it would be better if you were dead?

Have you ever wanted to hurt yourself or kill yourself? Have you ever hurt yourself or made a suicide attempt?

How often do you these thoughts of wanting to hurt or kill yourself occur? What do you do when these thoughts occur?

Do you feel your life is worth living? Or do you feel hopeless

Do you have a plan? What would keep you from acting on this plan?

Have you ever thought that things would be better if someone else was dead?

Current Plan? Intent?

Change in sex drive?

Disinterested in sex or problems with performance?

**Anxiety: (if yes to any of these screening questions, you will need to go into the complete criteria for each of the different anxiety disorders)**

GAD

Do you worry a lot? Do you ever feel restless, fidgety, or jittery? 6 months or more? Think the worse thing will happen? Muscle tension?

Panic Disorder Ever had episodes when you feel you can’t breathe, your heart is racing, you get sweaty and feel like you are going to die? Other symptoms? How long do they last? Do these attacks ever happen out of the blue? Do they ever wake you up at night? Do you fear another one will happen?

Agoraphobia

Do you have problems leaving the house? Or worry that you can’t escape, like in a car or in the mall?

PTSD

Do you have nightmares, flashbacks of any traumatic events in your life? Startle easily, avoid talking about the trauma? Feel numb or hypervigilant? Rage/anger? Hallucinations falling asleep? Get duration and severity;

OCD

Do you constantly go back and check things that you did to see if you did them or feel the need to wash your hands more than 15 times a day? Or any other kind of rituals that you feel compelled to do? Thoughts that you have all the time such as fear of germs/getting sick; fear of making mistake; Do these thoughts and rituals take up an hour a day

Social Phobia

Do you feel uncomfortable around people and think that they are scrutinizing you? Do you avoid going to certain places? How long?

BDD

Are there parts of your body that you feel are defective? Stand in front of mirror for long periods of time?

**Manic Symptoms: (if yes, need thorough details of duration of symptoms and severity to determine if meets criteria for hypomania or mania episodes (BDI or II)**

Do you ever have periods of extreme happiness or elevated mood or irritability? How long do they last?

Can you go 4-7 days without sleeping or ever feel rested after little sleep? Is that happening now? Recently?

Are you extremely talkative or has someone told you that you were during these times?

Racing thoughts? Feel agitated?

Spending sprees? other reckless behavior? Increased sexual activity during these times? Sexual indiscretion?

Start projects don’t finish?

Get started with something and won’t stop even if it is hurting you or someone else?

Consequences of these episodes? (look for financial and relational)

Can ask how high do the ups go (scale of 1-100 with 50 as level mood) and how low do the lows go? Where you are today?

**Psychosis**: Hallucinations? See things that others don’t see? Hear things that others don’t’ hear? Hear your name called or strange sounds? Smell things? Feel something crawling on your skin? Taste strange things in your mouth,, Do they happen only when you are Summering asleep?

Delusions? Ever think people are planning to hurt you? Ever feel that you have special talents or gifts? Ever have the idea that you can read people’s minds or they can read yours? Ever feel you can put thoughts in someone’s head or they can put thoughts in yours? Feel the TV is talking just to you? ( paranoia, grandiose ideas, delusions of control, ideas of reference)

**Focus and attention: problems with inattention?** Daydreaming? Trouble understanding what you read or finishing a book? Happen before the age of 7? Trouble with procrastination, easily distracted? Late for meetings, misplace things? (adjust questions to age of patient) hyperactive as child? Impulsive-blurting out answers? Finishing others sentences?

**Consequences of symptoms**: (e.g. what problems have these symptoms (all you have discovered) caused for you in your relationships, in your job?)

**Psychiatric History:** Have you ever been diagnosed with any psychiatric disorders such as ….

Get details; who treated; Ever have problem you think should have had treatment for?

What meds were tried and did they work?

Ever been hospitalized? (get details)

Ever attempted suicide**? (**get details)

Ever go to counseling? (get details)

**Alcohol and Other Drug use History:** Tobacco, alcohol, illicit drugs? **(Make sure to ask about each specific drug in this section. This also includes prescription drugs as well ; if HPI includes drugs and alcohol, cover in HPI; can say see HPI.)**

What kind and how often? IV drug use?

Do you feel you may have a problem? (insight)

CAGE questionnaire (not as useful as AUDIT (or CRAAFT with teen) or questions about # drinks)

For any use of drugs/alcohol, ask questions to identify symptoms of intoxication, withdrawal, abuse, and dependency

Have you ever had 3 or more drinks at one time ? (female, males over 65) 4 or more drinks at one time ? (males) How many times in past month? # drinks per week? (most used, use standardized drink chart for size of drink, first use, last use), Do you have blackouts, withdrawal symptoms? Ever been through detox? How many times?

Financial burden? Drink when driving? Arrested for?

Go through each class of drugs (Current, past, first use, last use, consequences) illicit /street drugs

Marijuana, cocaine, methamphetamine, opiates (Vicodin, Lortab, Oxycodone), benzos, hallucinogens, inhalants, ecstasy,? (ask the questions about abuse and dependency, withdrawal and intoxication of any drugs admitted to using)

What are consequences of using drugs or alcohol-give example; e.g. losing relationships, losing job?

Any illegal activities? Steal to get drugs? Arrested for possession or sales?

Cannot go without drugs or alcohol? Tried to stop? Need more to get high or same effect? Withdrawal symptoms if try to stop? Use more than intended?

Ever took more prescription drugs than prescribed? Such as Lortab, Vicodin, Xanax? (get details –now, in past, etc)

Abuse OTC such as dextromethorphine?

Ever treated? (get details) 12 step? Last meeting? Formal treatment?

Nicotine use? # packs per day, how long, cigars, smokeless tobacco, SNUS, plans to change smoking habits?

Caffeine use per day (Red Bull, coffee, etc)

**Current Health Status**

Allergies (drug/other)

Current psychiatric and other prescribed medications: (include dosages and when taking; any missed doses; side effects)

OTC, herbal

Immunization status (if applicable) \*Required with Pedi

Health maintenance behaviors

Diet, exercise, self-exams, safety, etc.

Last physical exam (date, PCP) Last dental exam?

LMP; menstrual history

**Past Health Status:**

Past medical problems? (go through common illnesses: heart disease, diabetes, arthritis, asthma, etc)

Past operations? Accidents? Hospitalizations? Surgeries? (get dates, etc)

Head injuries? Did you lose consciousness

Any past prescription, OTC, herbal medications? What kind? What did you take them for?

For women: Pregnancy history, complications? C-Section? Vaginal delivery?

**Family History:**

Psychiatric disorder such as depression, ADHD, bipolar, or drug and alcohol abuse?

Find out FH for above in each member (include parents, siblings, grandparents, aunts, uncles, cousins, offspring)

Health problems in family members (cardiac, diabetes, sudden death; etc )

Genogram of family (or detailed history)

Relationship with family members? Who close to ? Any sexual, physical, emotional abuse or neglect?

Suicides in family

**Developmental History:**

Normal delivery? Complications? Was Mom using drugs or alcohol or nicotine during pregnancy?

Milestones on time?

Birth through 3 years, childhood, adolescence: social relationships, cognitive, motor development;

Problems with learning? Peer relationships? Activities in school? Special classes? Diagnosed with learning disability? Odd behavior? Stereotypic behaviors (e.g. head banging, )

How many jobs? Relationship with co-workers?

Lost any family members or friends?

Abuse history (physical, psychological, sexual, neglect)

**Social History**

Current health habits/functional assessment of geriatric pt (IADL, ADL (if necessary)Depressed patient: bathing?\_

Education (how far in school, major)

Hobbies, talents, interests

Legal history (current or past charges?)

Current living situation (housing needs; crowding conditions)

Marital & relationship history (# marriages, reasons for failure;

Work history (types of jobs, reasons for job loss, able to provide for self and family?)

Military history (if yes, was there combat?)

Religion/spirituality (source of support?)

Support systems (who would call to ask for help?)

Sexual history-STD’s, How many partners? Men, Women, Both? Etc.

**Review of Systems:** Complete a system review for each system PERTINENT to episodic complaint

Current medical problems

**OBJECTIVE**

**Do memory test. 3 objects – ball, car, dog. Repeat now and later.**

**Mental Status Exam:**

Appearance: Appears stated age

Body build:

Position:

Posture;

Eye contact:

Dress:

Grooming:

Manner/attitude:

Attentiveness:

Alertness:

Behavior and psychomotor activity: Mannerisms, ticks, gestures, twitches, hyperactivity, agitation, combativeness, etc.

Attitude toward examiner/reliability: cooperative, friendly, attentive, interested, frank, seductive, defensive, apathetic, hostile, evasive, etc.

Mood: Euthymic depressed sad tearful hopeless angry hostile suspicious sullen anxious belligerent; elated

Affect: normal, constricted, blunted, flat, labile (shifts rapidly); euphoric

Speech: quantity, rate, volume, and tone. Rapid, slow, pressured, hesitant, emotional, dramatic, monotonous, loud, whispered, slurred, mumbled; foul language; rhyming/punning

Perceptual disturbance: Hallucinations (auditory, visual, tactile, gustatory) illusions depersonalization

Thought processes: Clear coherent goal directed flight of ideas circumstantial loose associations word salad perseveration tangential thought blocking

Thought content:

Normal obsessions compulsions preoccupations phobias delusions paranoia religious somatic grandiose suicidal

Alertness and level of consciousness: alert, disoriented, lethargic, clouded, stuporous, comatose.

Orientation: person, place, time, and situation.

Memory: Recall objects at 1 min 3 min .

Can you name the last 3 presidents

Concentration and attention: Spell world forward backward serial 7’s

Ask patient to follow a three-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor." (state all 3 commands and then hold paper out)

Capacity to read and write: Ask patient to write a sentence (say Write any sentence)

Visuospatial ability: correctly copy figure of intersecting pentagons

Abstract thinking, proverbs, and similarities: How are apples and oranges alike?

How are a chair and a table alike?

Abstract concrete impaired

Ask about proverb interpretation; e.g. Have you heard the expression: A bird in the hand is worth 2 in the bush?; (if no then try another: Have you heard The grass is always greener on the other side? What does that mean to you?

Fund of information and intelligence: level of education and intelligence; e.g. Ask to say who current President is; then ask to name president before him and keep going; or Ask to name 3 large states; Ask Who is Jonas Salk? Ask current events; simple calculations;

Judgment: what do we know so far, are they drinking and driving, etc. look at whole picture; Can ask: What would you do if found a stamped letter with address lying on street: or What would you do if you found a child who lost her parent in the mall: or What would you do if you heard fire alarm in the movies?

Good; fair; poor and give example

Insight: What kind of problem do you think that you are having?

Good intact fair limited

Assets/strengths: motivation? What good at?

Liabilities: What things do you think you need help with?

Other objective assessments:

T: P: R: BP: Wt. Ht: BMI

**Focused Physical Exam pertinent to patient’s presenting problems.**

**(always include heart and lungs; most always, need neuro exam)**

# ASSESSMENT

**Axis I**: (list all )

**Axis II:** 799.9 Deferred (means that you have not diagnosed a personality disorder at this time)

Mental Retardation

**Axis III:** Medical problems; include unexpected weight loss; hypersomnia; arthritis, DJD, Diabetes, etc

**Axis IV:** stressors: social support; economic; educational; occupational; parenting; marital discord; V codes;

**Axis V:** Current GAF: Highest GAF in past year: (is at least as high as current, never lower)

R/O (Rule out are diagnoses that you are considering as possibilities; just need more information: e.g. MDD would be Rule out Bipolar Disorder;

Differential (medical, and more unlikely causes of symptoms) e.g. hypothyroidism; brain tumor; B12 deficiency; substance induced mood disorder; substance induced anxiety disorder; HIV;

**Plan:**

**Labs and diagnostic tests**

**Pharmacologic**

**Teaching plan**

**Counseling plan**

**Referrals and consultation**

**Follow up**

**DSM4 criteria of dx you chose and defend why you chose this dx**

**Neurobiology of diagnosis**

**Neurobiology of why particular drug fits the dx**

**Rationale for therapy, drugs, labs, treatments**

# References

**Axis III:** Medical problems

**Axis IV:** Problem with primary support group

Problem related to social environment

Educational problems

Occupational problems

Housing problems

Economic problems

Problems with access to health care

Problems related to interaction with legal system/crime

Other psychosocial and environmental problems

(identify specific stressors for SOAPs, CDMs)

**Axis V:** Current GAF: Highest GAF in past year:

**Plan:**

**Labs and diagnostic tests**

**Pharmacologic**

**Teaching plan**

**Counseling plan**

**Referrals and consultation**

**Follow up**

**The University of Texas at Arlington School of Nursing**

**N5424 Psychiatric Mental Health Nursing I**

**Fall 2012**

**Tips for Follow up Medication Management - Visit and Documentation**

1. What has happened since the last visit-update on symptoms, list all medications, response to medication, worsening of symptoms or improvement, new symptoms, review of expected side effects and indication if present or not, new or continued stressors, hospitalizations, medical issues-new or continuing, always include suicide evaluation, include relevant quotes from patient . Include significant positives and negatives. Include duration and severity of symptoms/problems.
2. Objective data-focus on appearance, speech, eye contact, level of cooperation, agitation, thought processes, thought content, perception, mood, affect, judgment, insight, etc. (brief notation of each area-include significant positives and negatives-e.g. no reckless behavior (on judgment )
3. Any screenings done (e.g. AIMS), recording of lab and VS e.g. what is most recent lithium level, date of level, last date of thyroid testing, etc. BMI, waist circumference, weight if applicable
4. Focus your thinking on “is this the correct diagnosis?” is this the correct medication(s), do we decrease the med, increase a med, change a med, stop a med, or change the dosing schedule of the med.
5. Write Axis I-V diagnosis for this patient, updating for this visit.
6. Write plan for this patient including all areas. If continuing the same meds, write them down, with the doses and schedule for taking. “Continue Paxil 20 mg qHS.: If new med, write Start Wellbutrin 150mg. XL qam., etc. If giving samples, indicate how many, if given RX, indicate # of pills and # of refills

**E-LOG WORKSHEET**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client # (DOB): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_ Ethnicity \_\_\_\_\_\_\_\_\_

Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diagnostics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Axis I – (med dx): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Axis II: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Axis III: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Axis IV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Axis V: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interventions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nursing Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client complexity

Level of function

**The University of Texas at Arlington College of Nursing**

**Family PMHNP (post masters will be individualized)**

**(WEEKLY) CLINICAL HOUR TALLY SHEET – Fall 2012**

**NAME: TOTAL= 720 hr in program (585 psych clinical hours)**

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| **TYPE OF HOURS (Required)** | 8/29-  9/2 | 9/3-  9/7 | 9/10-9/14 | 9/17-  9/21 | 9/24-  9/28 | | 10/1-  10/5 | | 10/8-  10/12 | 10/15-10/19 | 10/22-10/26 | 10/29-11/2 | 11/5-11/9 | 11/12-11/16 | 11/19-11/23 | 11/26-11/30 | 12/3 –  12/7 | **Hrs. From Previous Semesters** | **Hours this semester** | **TOTAL** |
| **ADVANCED ASSESS.**  **45** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **ADULT PSYCH MT.**  **180 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **CHILD & ADOL PSYCH MT.**  **175 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **GERIATRIC PSYCH MT.**  **20 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **ADULT MEDICAL MT.**  **45 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **ADDICTION**  **45 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **GROUP Therapy**  **50 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **FAMILY Therapy**  **40 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **INDIVIDUAL**  **Therapy**  **50 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **SEMINARS**  **Practicum (5631)**  **25** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **Ped. Med Mt.**  **45 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **Total Hours** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |

**N5424 Psych I**

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| Date, number of hours | Type of experience | Preceptor | Signature of preceptor |
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