**The University of Texas at Arlington**

**College of Nursing**

**N5332/5631/5632 PMHNP Practicum**

**Summer 2012**

**Instructor(s):**

|  |
| --- |
| **Diane Snow, PhD, RN, PMHNP-BC, CARN, FAANP**  ***Clinical Professor***  ***Director, PMHNP Program***  Office #: Pickard Hall RM 627  Office Hours: By Appointment  Office Phone: (817) 272-7087  Office Fax: (817) 272-5006  E-mail: [snow@uta.edu](mailto:snow@uta.edu) |
| **Carol Lieser, PhD, RN, PMHNP-BC, SFO, MTS**  ***Assistant Clinical Professor***  Office : Pickard Hall RM 626  Office Hours : By Appointment  Office Phone : (817)272-2776  Office Fax (817) 272-5006  Email : [clieser@uta.edu](mailto:clieser@uta.edu); |

**Office Hours:**

By Appointment

**Section Information:**

NURS 5332 Section 005; NURS 5631 Sections 011-012; NURS 5632 Sections 003-001

**Time and Place of Class Meetings:**Seminars June 13 9-5, June 14- 8-4 and July 18 - 9-1pm; paperwork with Dr. Schira Aug 3 9-11, room TBA

**Description of Course Content:**

Clinical preceptorships in selected health practice sites with opportunities to apply knowledge, skills and concepts in a guided, progressive context of advanced nursing practice. The ratio of credit to clinical hours is 1:4. Graded P/F/R.

**Student Learning Outcomes:**

1. Use evidenced-based knowledge to manage the health care if selected populations.
2. Provide comprehensive health care (e.g. age, gender, cultural, ethnic sensitive) to patients, families, and/or groups within the ethical and legal scope of advanced nursing practice.
3. Evaluate patient and family outcomes for the purpose of monitoring and modifying care.
4. Collaborate with other health care professionals to provide comprehensive care.
5. Implement the nurse practitioner role in selected settings.

**Required Textbooks and Other Course Materials:**

1. American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders TR.* Washington, DC: American Psychiatric Association. **ISBN: 9780890420256**
2. Sadock, B. and Sadock, V. (2007). *Synopsis of Psychiatry.* 10th edition Baltimore: Williams & Wilkins. **ISBN: 978078177327**
3. Stahl, Stephen M, Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications (Essential Psychopharmacology Series) (Paperback) 3rd. edition (2008) **ISBN: 9780521673761**
4. Fuller, M.A. and Sajatovic, M. (2009). 7th ed. *Drug Information Handbook for Psychiatry*. Hudson: Lexi –Comp. **ISBN: 9781591952534**
5. Hahn (2010) Psychiatry, 2010 Edition Current Clinical Strategies  **ISBN : 9781934323106**
6. Guess, K. (2009) Psychiatric-Mental Health Nurse Practitioner Review & Resource Manual AMERICAN NURSES ASSOCIATION. 2nd Edition ISBN : 9780979381126 + addendum

**Recommend Textbooks:**

1. Khouzam. Handbook of Emergency Psychiatry. Mosby ISBN: ISBN: 9780323040884
2. Stahl, Stephen M.. *Essential Psychopharmacology: The Prescriber's Guide: Revised and Updated Edition (Essential Psychopharmacology Series 4th ed*. Cambridge University Press.**ISBN: 978052174399-0**

***Please purchase the most current addition for the textbooks referenced above.***

**Course Topics:**

* Nurse Practice Act-Advanced Practice
* Credentialing and Board Recognition
* Cultural care
* Setting up independent practice
* Seclusion and Restraint
* Quality Improvement/ Risk Management
* Pearls of practice
* Therapy with children and adolescence
* Legal/ethical decision making
* Clinical decision making
* Roles of PMHNP

**Requirements:**

Prerequisites: NURS 5425

This is a PASS/FAIL course. A passing grade in this course is 74%. A passing grade for the final clinical practicum is 83% or better. (see below) Students that are not practicing in a safe manner with expected degree of competency will not receive a passing grade in the course. The following behaviors constitute clinical failure:

1. Demonstrates unsafe performance and makes questionable decisions
2. Lacks insight and understanding of own behaviors and behaviors of others.
3. Needs continuous specific and detailed supervision.
4. Has difficulty in adapting to new ideas and roles.
5. Fails to submit required written clinical assignments
6. Falsifies clinical hours.

Weekly or more frequent messages regarding class assignments and other items of interest will be communicated via the e- mail. Communication will also occur weekly through the Blackboard Students are responsible for this information.

Five points per calendar day will be subtracted from all late written assignments.

**Teaching Methods/Strategies:**

* Seminars
* Clinical Experience
* Practicum evaluation of clinical practice
* Case studies
* Presentations
* Web enhanced discussions
* Therapy demonstration
* Clinical roundtables
* Guest speakers

**Descriptions of Major Assignments and Examinations with Due Dates:**

**DUE**

1. Preceptor Evaluations P/F 8/08 (fall; 11/30)
2. Clinical experiences journal (2 checks) P/F 7/18; 8/08 (fall: 10/8; 11/15

with agency charting or medication management note; objectives and summary; grid, elogs

1. Clinical practicum and write up P/F Scheduled with clinical advisor
2. Business Plan paper P/F 8/4 (Fall: 11/5)
3. Practice pearl/

unforgettable pt P/F

1. Participation in “ask the experts” P/F

7. Ethical case studies P/F 6/14

8 . Culture presentation P/F 6/13

**P/F**

**Grading Policy:**

**Course Grading Scale:**

A = 92 to 100

B = 83 to 91

C = 74 to 82

D = 68 to 73

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

**Drop Policy:** Students may drop or swap (adding and dropping a class concurrently) classes through self-service in MyMav from the beginning of the registration period through the late registration period. After the late registration period, students must see their academic advisor to drop a class or withdraw. Undeclared students must see an advisor in the University Advising Center. 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.

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>

|  |
| --- |
| ***Census Date: June 7, 2012 Last Day To Drop Or Withdraw July 19, 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:**  It is the philosophy of The University of Texas at Arlington that academic dishonesty is a completely unacceptable mode of conduct and will not be tolerated in any form. All persons involved in academic dishonesty will be disciplined in accordance with University regulations and procedures. Discipline may include suspension or expulsion from the University. According to the UT System Regents’ Rule 50101, §2.2,

"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 Available**: The University of Texas at 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. These resources include tutoring, major-based learning centers, developmental education, advising and mentoring, personal counseling, and federally funded programs. For individualized referrals to resources for any reason, students may contact the Maverick Resource Hotline at 817-272-6107 or visit [www.uta.edu/resources](http://www.uta.edu/resources) for more information.

**Electronic Communication Policy:** The University of Texas at Arlington has adopted the University “MavMail” address as the sole official means of communication with students. MavMail is used to remind students of important deadlines, advertise events and activities, and permit the University to conduct official transactions exclusively by electronic means. For example, important information concerning registration, financial aid, payment of bills, and graduation are now sent to students through the MavMail system. All students are assigned a MavMail account. ***Students are responsible for checking their MavMail regularly.*** Information about activating and using MavMail is available at <http://www.uta.edu/oit/email/>. There is no additional charge to students for using this account, and it remains active even after they graduate from UT Arlington.

To obtain your NetID or for logon assistance, visit <https://webapps.uta.edu/oit/selfservice/>. If you are unable to resolve your issue from the Self-Service website, contact the Helpdesk at helpdesk@uta.edu.

**Librarian to Contact:**

**Helen Hough**, *Nursing Librarian*

Phone: (817) 272-7429

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

Research Information on Nursing:

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

**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 first day the student attends clinical (may be signed on that day).
2. **Student** is responsible to ensure that all of his/her preceptor agreements are signed before beginning clinical experience and those agreements are given to Lori Riggins by the **third week** of the semester. (This means that even if a student doesn’t start working with a particular preceptor until late in the semester, s(h)e would contact that preceptor during the **first 3 weeks of the semester**.
3. Lori Riggins or designated support staff will enter the agreement date into *Partners* database. The Agreement Date” field in *Partners* is the data that the Preceptor signed the Agreement. (This date must be on or before the student’s first clinical day in order for the student to access *E-logs).* 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 and submit it with his/her Curriculum Vitae.
4. The signed preceptor agreement is part of the clinical clearance process. Failure to submit it in a timely fashion will result in the inability to access the E-log system.

**Clinical Clearance:** All students must have current 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 their Associate Dean for the MSN Program, Department of Advanced Practicum Dr. Schira. 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: Policy:** 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:** [www.uta.edu/nursing](http://www.uta.edu/nursing)**.**

**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/handbook/toc.php>

**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/handbook/toc.php>

**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.

**Course Evaluation:**  Course evaluation is a continuous process and is the responsibility of both the faculty and the students. Ongoing feedback (formative evaluation) is the only way to improve the course and to assure that it meets your needs and those of the discipline of nursing. It is your responsibility to give immediate, constructive feedback regarding class structure and process.

Formal evaluation of the course and the instructor occurs at the end of the course. You will receive instructions at your University of Texas at Arlington e-mail address about how to complete the course evaluations online. Your ratings and comments are sent to a computer not connected to the College of Nursing, and faculty members do not receive the results until after they have turned in course grades.

**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. Generally response by faculty to email messages occur at least once in 24-48 hours. While responses may occur more frequently, please do not view anything other than this timeframe as the expectation.*** |

**Departmental Office/Support Staff**

**Department of Advanced Nurse Practice**

**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

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

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

**Rose Olivier**, Administrative Assistant I

Office # 605- Pickard Hall, (817) 272-2329

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

**Lori Riggins,** Clinical Coordinator

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

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

**Sonya Darr**, Senior Office Assistant

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

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

**Kim Hodges**, Senior Office Assistant

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

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

**College of Nursing Graduate Program**

### Psychiatric Mental Health Nurse Practitioner Program

**N5631/N5632/N5332/5331 Advanced Practicum**

**Seminars -Summer 2012**

**Subject to Change**

**Readings will be sent by Blackboard**

|  |  |
| --- | --- |
| **Date/Time** | **Topic** |
| **Wed. June 13, 2012**  **9-6pm** | **Bring objectives for practicum, review by faculty. Think measurable objectives. Bring grid/table from last semester and bring all hours forward on new grid;** |
| 9-9:30 | Syllabus |
| 9:30-12 am | Adv Practice Role/TX Nurse Practice Act (power point)  Read Adv Practice Rule 221, 222  <http://www.bon.texas.gov/practice/gen-apn.html>  <http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=11&ch=221&rl=Y>  <http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=11&ch=222&rl=Y>  DEA number /DPS application process  <http://www.bon.texas.gov/practice/deanumber.html>  Read GA-066 Attorney General Opinion about Physician seeing patient.  <https://www.oag.state.tx.us/opinions/opinions/50abbott/op/2003/pdf/ga0066.pdf>  Registering with BME – online process for delegated authority  <http://www.tmb.state.tx.us/professionals/physicians/delegatingPrescriptiveAuthority.php>  Important legislative changes  <http://www.tmb.state.tx.us/professionals/2009PrescriptiveDelegationChanges.pdf>  Proposed legislative changes for 2013; IOM Report ; “Texas Team”  <http://www.cnaptexas.org/>  <http://cnaptexas.org/associations/9823/files/CNAP%20Press%20release%20May.14.2012.pdf>  NONPF competencies 2003  <http://www.aacn.nche.edu/leading-initiatives/education-resources/PMHNP.pdf>  New NONPF core competencies  <http://www.goshen.edu/nursing/files/2011/09/NONPF-core-competencies.pdf>  New PMHNP competencies (to be released later this year)  Scope and Standards of Psychiatric Nursing - 2000; currently being revised;  <http://www.nursingworld.org/scopeandstandardsofpractice>  Professional Organizations  Sources of research grants; role in scope and standards; competenices; journals; conferences  APNA www.apna.org  IntNSA [www.intnsa.org](http://www.intnsa.org)  ISPN [www.ispn-psych.org](http://www.ispn-psych.org)  NP Professional Organizations  [www.aanp.org](http://www.aanp.org)  [www.tnp.org](http://www.tnp.org)  Regional (Dallas Fort Worth, Austin area, Denton area, etc) (emails of upcoming meetings, connecting, posting jobs |
| 11-12:00 | Legal issues of the PMHNP role in practice;  malpractice; common causes of litigation; prevention ; importance of “relationship” |
| 12:00-1:00 | Lunch (Taco Salad-all) Discussion about practice issues/finding jobs/professional organizations to join/conferences to attend ; continuing morning discussion |
| 1:00-5pm | Cultural care (10 minutes each x 20 ) |
| 5-6pm | Wrap up… |
| 6 PM | Out to dinner (all) |
| **Thursday June 14, 2012** |  |
| 8-9 am | Credentialing In hospitals, credentialing on insurance panels |
| 9-10:30 am | Restraints and Seclusion, Risk management, Quality Improvement, Quality Assurance, Involuntary Admission and commitment  Mei-Yi Lee, MSN, PMHNP JPH Health Network |
| 11:00-2pm | Ethics case studies. Meet to discuss in groups of 3 11-11:30(select from list ahead of time to prepare ahead) and plan presentation during class  Lunch (order in) and ethics presentations (5-6 presentations) |
| 2-4 | Practice issues credentialing, working hospitals, coding and billing, EMR systems; |
|  |  |
| **July 16, 2011** |  |
| **9-10 am** | Going solo or working for agency or group : Susan Branham, PMHNP, Pittsburg, TX |
| 10-1 pm | Therapy strategies and games  Bring 1 child or adolescent focused therapy strategy -groups, play therapy, individual therapy. Demonstrate with your peers (e.g. warm up exercise for group) Or can do adult /geri focused therapy strategy |

### University of Texas at Arlington College of Nursing

**Graduate Program**

### Psychiatric Mental Health Nurse Practitioner Program

**N5631/2/5332/5331 Advanced Practicum**

**Summer 2012**

**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_**

Preceptor Evaluations (8/8 summer; 12/2 fall) P/F \_\_\_\_\_\_

*Need evaluation of all preceptors with 12 or more hours of clinical)*

*Use psychotherapy evaluation tool for therapy evaluation by preceptor*

Clinical Notebook *(July 16 and Aug 12 for Summer; fall 10/, 11/15r)* P/F \_\_\_\_\_\_

Agency documentation or med management notes x 3 included

Clinical Practicum P/F \_\_\_\_\_\_

Business Practice Proposal P/F \_\_\_\_\_\_

*(N5631/2 due Aug 4; fall : 11/5 )*

Ask the experts (3 questions per student) P/F \_\_\_\_\_\_

*Dates: have all questions in by June 30 if possible*

Ethical Case Studies P/F \_\_\_\_\_\_

*Presented June 14*

Cultural discussion P/F *\_\_\_\_\_\_*

*Presented June 13*

Practice pearls /unforgettable patient/

on Blackboard ( *minimum 3 entries by Aug 12*) P/F\_\_\_\_\_\_

Total: Pass\_\_\_Fail\_\_\_\_

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

**N5332, N5631, N5632, N5331 PMHNP Practicum**

**CLINICAL NOTEBOOK GRADING**

**Check #1 Check #2**

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

Present to the preceptor specific clinical objectives

for the experience and discuss ways you can meet

these objectives. Describe in writing your experiences

toward these objectives in a journal format.

1. **E-Log Printout** \_\_\_\_\_\_ \_\_\_\_\_\_

Record all patients seen in E Log.

Include summary print out for all practicum hours.

1. **Clinical Tally Sheet \_\_\_\_\_\_ \_\_\_\_\_\_**

This is a record of your clinical time towards

your overall program (Family or Adult PMHNP).

**All preceptors must sign each day that you attend**

**clinical.** Yourpracticum seminars count toward

your clinicaltime and should be entered on the Tally

Sheet. Include grid completed for total program

Include a copy of your signed-preceptor agreements.

1. **Documentation notes: (3) \_\_\_\_\_\_ \_\_\_\_\_\_**

May use medication management notes guidelines

or can submit notes using agency documentation

Can send on Blackboard to advisor for feedback or include in

Notebook if using agency documentation

(2 are due July 18, 1 at final notebook check)

1. **Overall neatness and organization \_\_\_\_\_\_ \_\_\_\_\_**

Notebook is organized, assignments are

easy to locate. Grading sheets are included.

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

**Overall grade (Criteria Pass/Fail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**University of Texas at Arlington**

**College of Nursing Graduate Program**

**Psychiatric Mental Health Nurse Practitioner Program**

##### Nursing 5631/N5332/ 5331/5632

**PMHNP Business Plan**

This project focuses on developing a business plan for your practice as a PMHNP. Write a proposal for how you would design and implement this plan. **Include at least 3 references**.

# Objective Possible Points Actual Points

30

1. Salary or % of practice preferred and why;

credentialing and privileging plans, collaborating physician plan for consultation

Medically underserved or site based, 1 year goals, 5 year

goals.

1. Protocol: 40

To comply with BON rules of TX

If you don’t know future position, design with

made up name of the MD (your dream job). Include when you would

notify MD in case of crisis; when if ever you would

prescribe non-psychiatric medications, etc.

Include handling of samples, etc. CNAP example of protocol will be provided.

All elements should be up to date with latest legislative changes

4. Resume: 30

(encouraged to submit earlier to clinical advisor for feedback)

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

Total: 100

**The University of Texas at Arlington**

**College of Nursing**

**Psychiatric-Mental Health**

**Nurse Practitioner Program**

**N5631/5632/N5332**

**“Practice Pearl” or the “Patient I’ll Never Forget” (3)**

**Due Dates: June 22 July 13, July 27(can post earlier) . Post on Discussion Board and list the type in the title. Please give feedback to your peers about their post (but not required)**

The purpose of this assignment is to present “Practice Pearls” (something important regarding practice that you have learned) and/or “r “The Patient I will never forget” (story of a patient who touched your life)

Here are some examples to describe the assignment:

**Practice Pearls :**

1. In working with a patient who had been sexually abused as a child, I was frustrated with the lack of trust this patient felt towards people and especially towards me. The message inside this person’s head was “No one is safe. You are not safe.” One day I handed this person a piece of paper that said, “You are safe.” That piece of paper seemed to be the catalyst for her to begin to trust. She kept it in her wallet for years. I hope you get to give this message to someone one day.

2. I keep a pack of 2x3 or 4x6 index cards on my desk and write down the changes in meds as well as the goals/ decisions that we come up with during the session, and when they are to call me. It does only ½ the job to write your plan on the chart. The patient needs the same information, to improve accountability. You can ask patient to post this on their refrigerator.

**The Patient I’ll Never Forget**

A 16yo white male is brought to Psych ED for “sulking, isolating, weight loss.”

When seen he was a tall [6 feet], thin [weight 135lb] young man, appearing younger than his stated age, pale, frightened and overwhelmed.

Interview alone with his mother: She was worried he had an eating disorder as she was “constantly nagging him to eat” but he continued to lose weight. She had used multiple strategies to get him to eat > grounding him if he didn’t eat all she had put on his plate. His weight loss had been so great that he couldn’t participate on his schools baseball or basketball teams. She was tearful, but generally offered a negative view of her son.

He had a negative medical history / negative psych history.

When interviewed he said that he had been eating – eating all the time – but just kept losing weight. His was distraught over his inability to play on the teams at his school but said he was just too tired. Another concern was his Summering grades from 4.0 to 2.5 GPA. His mother had nagged him so much about his eating habits and kept accusing him of not eating that he couldn’t stand to eat meals with the family as it always turned into a fight. A 24 hour dietary recall suggested a food intake of ~ 3800 calories. Assessment for anorexia / bulimia were both negative.

He endorsed depressed mood – worse as the day went on; poor sleep with frequent awakenings and difficulty Summering back to sleep; fatigue; decreased motivation and energy; feeling overwhelmed. He could not identify a triggering event but symptoms had been present for more than 3 months. Symptoms associated with anxiety were present only when he anticipated being with his mother and during meal times; “at school I’m okay – I feel okay there.”

Thyroid was not enlarged and TSH was WNL. CBC was WNL. Drug screen was negative.

While I was convinced he was depressed I just kept thinking….why would a kid drop 40+ lbs in 4 months.

I ordered a FSBS – it was greater than 500! I then had a glucose and lytes done > but also repeated the FSBS – again it was greater than 500. The lab called and reported his glucose was 713. His weight loss, etc was due to new onset diabetes. I explained to the patient what was going on and he was appropriately tearful…but glad that his mother would see he wasn’t lying and the weight loss wasn’t his fault. Then I spoke with his mother who was not convinced he had a medical problem. Again and again the social worker and I addressed her questions but she said, “I know he is crazy and you can’t tell me any differently.”

Arrangements were made for him to go to The Medical Hospital for insulin drip and stabilization until he could be admitted to a children’s hospital. Later the ER Resident told me they had to ask the mother to leave because she kept berating her son – telling him the reason he had diabetes was because he hadn’t been eating. “If you had eaten what I told you to this wouldn’t have happened. It’s your own fault.”

I often think of the lessons I learned from him and wonder how he is doing.

Date Type Pass or Fail Comments

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**University of Texas at Arlington**

**College of Nursing**

**Psychiatric Mental Health Nurse Practitioner Program**

**Nursing 5631/N5332/N5632/ 5331**

Ethical Dilemma Discussion

Select from the following list of potential ethical dilemmas issue. You will work in groups of 3. You will have 30 minutes in class to discuss the issues in your group. Your group will present (briefly) to class with 1-brief discussion.

Pick from following list of dilemmas. Sign up on blackboard for the dilemma you will discuss. Your group will be assigned. No paper to turn in. (more directions will be on announcement page)

# Objectives Points Actual Points

1.Discuss the issue from 20

various relevant perspectives

What are the issues here?

2. Analyze the situation, citing 30

relevant points of practice

regulations including

Nurse Practice Act, Psychiatric

Mental Health Nursing Scope and Standards of Care

Texas Mental Health Code,

JCAHO standards, risk management principles,

and any other relevant standards of care.

3. Discuss the “solution” to the 20

dilemma within your theoretical framework

and an ethical framework.

4. Lead a discussion with your peers 30

on the issues.

100

Comments:

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

Psychiatric Mental Health NP Program

Nursing 5631/2; N5332/1

Ethical Dilemmas

Directions: See blackboard for sign up in discussion board.

1. Patient Emily, age 45, is in the medical hospital for a suicide attempt (overdose) and is not medically stable. She wants to leave the hospital. The police were asked to file detention papers on her to keep her from leaving, but they say she is in a “safe environment” and can’t do so. She is not cognitively impaired. What will you do as the PMHNP?
2. Patient Jaspar, made a suicide attempt in the jail, having cheeked his medications in an overdose attempt. He was transferred to the medical hospital where you are the PMHNP. What will you do to ensure a safe discharge plan?
3. The primary care doctor in the general medical hospital orders Elavil for Jeremy, a severely depressed patient. The doctor refuses to order an SSRI, even though you inform him of the increased safety with SSRIs. The patient has a history of a suicide attempt with an overdose. What would be your plan?
4. Jason came to the ED with case of cellulitus from shooting up cocaine and heroin. The ED doctors started the patient on methadone. Two weeks later he was discharged. You as the PMHNP tried to convince the doctor to detox him before he left but they refused. The patient was approached about going for detox or to methadone clinic and his response was “I can kick this on my own.” His girlfriend stole his tools to get heroin while he was in the hospital. What is the hospital’s ethical and moral obligation to this patient; i.e., what would you do?
5. Your patient Amy is an elementary school special education teacher. She is Bipolar I and has severe PTSD (is on several meds including Effexor 450 mg) and comes regularly for her appointments) and recently had a depressive episode in which she was hiding in the closet in the classroom, and was not able to provide the students with basic teaching. The principal asked you to write a letter saying she would not be doing anything unsafe in front of the children and could continue to work. She has a history of manic episodes also, which has put her at risk, and she gets to school late when she is depressed (can’t get out of bed). You are working in a MHMR clinic.
6. Your patient has severe social phobia and depression and has a history of polysubstance dependency. He has taken small doses of Klonopin for anxiety. He had neck surgery for cervical disc herniation. You make rounds at the hospital for his psychiatric needs and find him in severe pain. What will be your plan of care?
7. Child Protective Services were called when Jennifer, single parent, who abuses Methamphetamine was admitted to hospital for dehydration and anemia and was found to have a positive UDS. She is distraught having her children, ages 2 and 4 taken away. What would be your obligation in this situation and what kinds of approaches would you use with her?
8. You are seeing a 12 year old boy, Michael, whom you have tentatively diagnosed as Bipolar NOS. He lives at home with his single mother, Angie. Angie and Michael are in your office and Michael is much worse, and his labs indicate that he is not taking the depakote. You notice that Angie has pressured speech, distractible, admits to not sleeping for 2 days, and both Angie and Michael are disheveled and in danger of losing their apartment. What are your next steps as the PMHNP..
9. Your patient is a 32 year old female with a BMI of 40, blood sugars running between 400-600. The patient refuses to seek medical care to treat her diabetes. She has schizophrenia, with positive symptoms controlled with 20 mg of Zyprexa. What are your next steps as the PMHNP.
10. Your patient Emily, age 35, is on 1800 mg of Lithium and she has not had a lithium level in 9 months. You remind her at every visit, she agrees, and then she doesn’t follow through. She has no health insurance and is Bipolar I, and is on no other mood stabilizer. She refuses to take an antipsychotic because of fear of weight gain and side effects.
11. Sally age 45 has severe PTSD and MDD, as well as borderline personality disorder. She has 2 boys ages 12 and 15 at home who are also your patients. Sally and the boy’s father are divorced and he is a heavy pot smoker. She has no health insurance. Sally is suicidal and severely depressed, and calls and tells you she made a suicide attempt 3 days ago, overdosing on flexeril, soma and vicodin that she has stashed in her closet. What are your responsibilities?
12. Your patient Jackie tells you that another patient of yours, Maria, who is her friend, has been doing drugs with her “boarders” and that she “scares her” . What action will you take when Maria comes in for her appointment today? (she has not signed a waiver for you to be able to give consent to discuss this patient)?

**UTA Graduate Nursing**

**PMHNP Program**

**Medication Management Note**

You are to submit minimum of 3 medication management notes using following format; can be in narrative format for subjective; be very descriptive and specific to patient. Adapt to settings/ patient problems. For practicum can use agency documentation format or this format. **IF USE AGENCY DOCUMENTATION INSTEAD (ideal) ADD A PARAGRAPH TO EXPLAIN THE RATIONALE FOR DIAGNOSIS AND TREATMENT PLAN.**

Date; Clinical site/preceptor

S:

Patient: Demographic: who came with patient; age, gender, race marital status, reliability;

CC: (patient’s words in quotes)

HPI

Summary of patient’s explanation of chief complaint, including response of medications on target symptoms, affect on functioning

Sleep:

Appetite:

Energy:

Anhedonia:

Mood:

SI/HI

Anxiety (if anxiety disorder, give progress on each disorder)

Mania

Psychosis

Other targeted symptoms: memory, attention, focus, concentration, agitation, violence, function, alcohol and drug use, weight loss, gain)

Current list of meds (all including non psych meds) with doses and list any, therapeutic or side effects, # missed doses, patient assistance

OTC including vitamins

Herbal

Current medical problems/new and/or progress of existing ( ROS)

Stressors –old, new and coping skills employed

(emergency meds, restraints, etc)

Current therapy, classes attending, school progress

Other psychosocial data, e.g. applied for SSI,

Any new history discovered during the session (e.g. FH data on bipolar disorder)

O:

VS Wt/BMI./ waist circumference, etc

Recent Labs: (e.g. record lithium, depakote levels, WBC, thyroid, relevant lab results and date)

Appearance:

Behavior:

Speech:

Mood : rate

Affect

Perceptual disturbance

Thought content: delusions/SI

Thought process

Alertness and level of consciousness

Orientation

Memory

Concentration and attention

3 stage command

Capacity to read and write

Visuospatial

Abstract thinking

Fund of information

Judgment

Insight:

Assets/strengths

Liabilities

Screenings done

A:

Axis I-V:

Any rule outs, differential?

Progress: (describe summary of progress, or worsening of symptoms, or response to meds and treatment)

Problems: ongoing, new, resolved

(Brief rationale for decisions about diagnosis)

P:

1. Medications: (Continue/start, (#mg, schedule), change, discontinue, how to taper, how to titrate, consider at future appointment + rationale, # pills provided, RX , # pills, # refills, samples (#)
2. Labs or other tests
3. Therapy: (referral to x, continue with x, for what goals)
4. Education: (e.g. mood diary, food diary) what bibliotherapy provided, what written information provided (can attach copy)
5. Counseling: (e.g. goals: patient agrees to not drink for next 2 weeks)
6. Call or come in:
7. Referral/ consultation
8. Follow up.

(Include a paragraph on rationale for treatment decisions including neurobiology and rationale for therapy approach)

**Tips for Follow up Medication Management Notes**

1. Subjective Data: Focus on what has happened since the last visit-update on symptoms, include relevant quotes from patient. Include significant positives and negatives. Include duration and severity of symptoms/problems. Select patient who you have significant amount of information.
2. Objective data- brief notation of each area-include significant positives and negatives-e.g. denies reckless behavior ( judgment ), rates mood 40/50 (50 being level), no A/V/Hallucinations, note change (more restless, more fidgety), eye contact good
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, other physical symptoms
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 (e.g. if taking in AM and is sedating, change to PM)
5. Write Axis I-V diagnosis for this patient, updating for this visit; write current mood or most recent mood if Bipolar.
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

### University of Texas at Arlington College of Nursing

**Graduate Program**

**N5631/N5332/N PMHNP Practicum**

**Cultural/Spiritual Discussion (10 minutes)**

View of health in this culture P/F\_\_\_\_\_\_\_\_\_

How do their beliefs impact their view of health?

What is role of family, religion in their view of health?

Physical illness and mental illness & addiction P/F \_\_\_\_\_\_\_\_

Beliefs and values that influence their view

e.g. What causes mental illness?

Symptoms that are culturally accepted as normal?

Culture Bound Syndromes in DSM IV

Health practices specific to the culture P/F\_\_\_\_\_\_\_\_\_

Do they change with time spent in the US?

Treatment for mental illness and addiction

Beliefs about medication and therapy (include herbs)

Practices that are culturally accepted or not accepted

Approaches in diagnosing and treatment of this population P/F\_\_\_\_\_\_\_\_\_

Communication skills, building rapport

Community support –e.g. curandaro

References and resources P/F\_\_\_\_\_\_\_\_\_

Library references & culture discussion in DSM-IV

Interview of someone from this cultural group (when feasible)

Federal resources or helpful websites

Handout ( 1 page bullet points )and presentation skills P/F\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade P/F\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: Sign up for selected cultural group on Blackboard. Can include homeless, migrant workers, etc. Bring something that represents this culture if appropriate and personal to you..**

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

**PMHNP Program**

**N5631/2; N5332/1**

**Ask the Experts**

This is will be a chance to get any practice questions answered in 5 major areas of focus: schizophrenia, bipolar, addiction/co-occurring disorder, child and geripsych.

A brief summary of a clinical situation for the expert to address, or specific questions about medication management for a certain patient, or a differential diagnosis question or other concerns.

Submit on Blackboard on discussion board heading for each area.

1) Briefly describe the clinical situation (who, what, strategies tried)

2) What worked?

3) What didn't work?

4) What is specific question to help in future situations/with other similar patients

5) Ethical questions are ok, as well as health promotion/prevention

Guideline; Each student has 3 topics (1 entry for each of the 3 topic areas)

Last name: A-Har: Child, addiction/co-occurring disorders, geripsych

Last name Hav-W- Bipolar, schizophrenia, geri or child

(if you wish to ask about another focus area, that is ok, e.g.. DID

Each of the “experts” (most likely will be faculty or guests to blackboard ) will start with a few key things to remember about their topic.

Then we will read the cases and respond.

This will get you prepared re seeking consultation with your collaborating physician and your NP colleagues. Will be done on Blackboard.

You may ask more than 3 questions.

No responding required but discussion is always good.

You can ask additional questions in any of the areas.

Post by June 30.

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

**Family PMHNP Program**

**(WEEKLY) CLINICAL HOUR TALLY SHEET**

**Summer 2012**

**NAME: TOTALS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TYPE OF HOURS (Required) | May 15-June 4  (banked hours) |  | Week of  6/4 | Week of  6/11 | Week of  6/18 | Week of 6/25 | Week of 7/2 | Week of 7/9 | Week of 7/16 | Week of 7/23 | Week of 7/30 | Week of 8/6 | Hours from previous semesters | Total for Summer 2012 | Total |
| ADV. ASSESS.  45 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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  25 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Hours |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |