**The University of Texas at Arlington**

**College of Nursing**

**N5303 Psychiatric Management in Advanced Nursing Practice**

**Spring 2013**

**Instructor(s):**

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| **Diane Snow, PhD, RN, PMHNP-BC, CARN, FAANP****Clinical Professor** Director, PMHNP ProgramOffice #: Pickard Hall Rm 627Office Phone: (817) 272-7087E-mail: snow@uta.edu |
| **Carol Lieser, PhD, RN, PMHNP-BC, OFS, MTS**Clinical Assistant ProfessorOffice : Pickard Hall, 211Office Phone : (817)272-2776Email : clieser@uta.edu |
| **Chad Collom, DNP, RN, PMHNP-BC**Assistant Clinical ProfessorOffice*:* Pickard Hall Rm 626Office Phone: (817) 272-2776. ext 24704E-mail: collom@uta.edu |
| **Mary Jo Perley, PhD, RN, PMHNP-BC****Clinical Assistant Professor**Office: # : Pickard Hall Rm 626Office Phone: (817) 272-2776Email: perley@uta.edu; perleymj@gmail.com  |
| **Dixie Stevenson, MSN, RN, PMHNP-BC**Clinical InstructorOffice*:* Pickard Hall Rm 626Office Phone: (817) 272-2776. ext 24885E-mail: dixies@uta.edu  |
| **Marcia Harris, MSN, RN, FNP-BC, PMHNP-BC****Clinical Instructor**Office*:* Pickard Hall RM 626Office Phone: (817) 272-2776 ext 24885E-mail : mmharris@uta.edu |

**All:** Office Fax: (817) 272-5006

 Office Hours: By Appointment

**Section Information:**

N5303 Sections001-011

**Time and Place of Class Meetings:**

Pickard Hall, Rm. 227, Friday, 9am-5pm

**Description of Course Content:**

Foundations of clinical management for commonly occurring psychiatric-mental health problems across the lifespan

**Student Learning Outcomes:**

Upon completion of the course, the student will be able to:

1. Integrate biopsychosocial theories in the screening, diagnosis and management of commonly occurring stress and psychiatric disorders.
2. Provide culturally, spiritually, ethnicity, age, gender and sexual orientation sensitive mental health care.
3. Develop a mutually acceptable plan of care for patients/families with mental health issues and/or psychiatric disorders.
4. Use evidence based psychopharmacological and non-pharmacological interventions in the management of commonly occurring stress and psychiatric disorders.
5. Demonstrate ethical decision-making in advanced nursing practice.

**Required Textbooks and Other Course Materials:**

1. Sadock, B., Sadock, V. (2007). *Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*. (10th ed.).Philadelphia, PA: Lippincott Williams & Wilkins. Required PMHNP Majors only ISBN: 978-0781773270
2. Sadock, B., Sadock V. (2008). *Kaplan and Sadock's Concise Textbook of Clinical Psychiatry*. (3rd ed.). Philadelphia, PA: Lippincott Williams & Wilkins. All students except PMHNP majors

ISBN: 978-0781787468

1. American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR*. (4th ed.). Washington DC: American Psychiatric Association.

ISBN: 978-0890420256

1. Zimmerman M. (1994). *Interview Guide for Evaluating DSM-IV Psychiatric Disorders and the Mental Status Examination*. (1st ed.). Psych Products Press ISBN: 978-0963382139
2. Hahn, R., Albers, L., Reist, C. (2010). *Psychiatry 2010 Edition*. Current Clinical Strategies. ISBN: 978-1934323250

**Recommended:**

1. Stahl, S. (2011). *The Prescriber's Guide* (4th ed.).New York, NY: Cambridge University Press.

ISBN: 978-0521173643

1. Stahl, S. (2008). *Stahl’s Essential Psychopharmacology: Neuroscientific Basis and Practical Applications*. (3rd ed.). New York, NY: Cambridge University Press. ISBN: 9780521673761 Recommended for PHMNP majors only
2. Fuller, M. (2009*). Drug Information Handbook for Psychiatry: Including Psychotropic, Nonpsychotropic, and Herbal Agents.* (7th ed.). Lexi-Comp. ISBN: 978-1591952534

**Other Requirements:**

Prerequisite: N5334, N5418

* Three 75-85 itemonline tests are given on Blackboard on non-class dates.
* A few of the class dates go over the 4 PM deadline and end at 5 or 5:30pm.
* A meeting with faculty occurs during lunch on the first class day.
* The Practicum (clinical exam on one day only) is done on campus using Standardized Patients on 2 days in Pickard Hall

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

Clinical decision making:1 (scenario is provided as an online test, questions asked, answer one before given next question, essay or brief answer, 2 weeks to complete) 12.5% of grade Due: **Feb 7, 2013**

Clinical decision making 2 (scenario is provided as an online test, questions asked, answer one before given next question, essay or brief answer, 2 weeks to complete) 12.5% of grade Due: **April 15, 2013**

Discussion board Case Study: Online blackboard assignment on discussion board by clinical group: questions answered and moderate discussion posts by peers. Week long: drug of abuse, dementia delirium, ethics, 2.5%, 2.5%, 2.5% (total 7.5%) week of **Feb. 16, March 19, April 16** (7 to 8 days to complete each-see calendar)

Class case study: Bipolar Disorder: Feb. 1 P/F. Discuss diagnosis,

Demonstration and Role Play: Students are expected to interview “patient” in crisis, and do suicide assessment and mental status exam in class. P/F. Date: **Feb 1, 2013** (class 2)

Case Presentation: Patient selected from clinical experiences; 2 page handout in SOAP format, presentation to peers 7.5% Due: **March 22, 2013** (class 5)

Practice Practicum: Practice interviewing skills using faculty role playing patient scenario P/F, **March 22, 2013**(class 5)

Class group work exercises: Students are expected to participate in classroom activities each class date. P/F

Test 1 – 75 Multiple choice and open ended questions given on blackboard timed test 15% **Feb. 13, 2013**

Test 2 – 75 Multiple choice and open ended questions given on blackboard timed test 15% **March 29, 2013**

Test 3- 75 Multiple choice and open ended questions given on blackboard timed test- 15% **May 7, 2013**.

Clinical Note book: Turn in mid-term and final with clinical objectives and write up of how met, elog, tally sheet signed by preceptor each clinical day, preceptor evaluations; due: **Feb. 15 & March 22, 2013**

Practicum: Simulated final clinical exam using standardized patients, in Pickard Hall 50 minute psychiatric evaluation; 10 minute presentation; determine diagnosis and treatment plan; complete SOAP note 15% **April 26 & April 27 (day and time will be assigned)**

**Grading Policy:**

Students 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 to 100

B = 83 to 91

C = 74 to 82

D = 68 to 73

F = below 74 – cannot progress

**Make-up Exams:**

Please contact your faculty for make-up exam 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:**

Beyond the time required to attend each class meeting, students enrolled in this course should expect to spend at least an additional 9 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 Friday, March 29, 2013**

**Census Day – Wednesday, January 30, 2013**

**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, 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. ***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

Research Information on Nursing:

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

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**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.
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 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. 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 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 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: is <http://www.uta.edu/nursing/student-resources/scholarship> 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.

**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 Spring 2013, 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 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

**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

**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

**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

**Janyth Arbeau,** Clinical Coordinator

Responsibilities: Clinical placement, Clinical Clearance, Background checks,

Facility contracts, Assists with immunization documentation, Clinical deficiencies

Office # 610- Pickard Hall, (817) 272-0788

Email: Arbeau@uta.edu or 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 or 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)-272-2043

Email: sdarr@uta.edu

**The University of Texas at Arlington**

**College of Nursing**

**N5303 Psychiatric Management in Advanced Nursing Practice**

**Spring 2013**

“*As lead teachers for this course, we reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course. –Diane Snow/Carol Lieser*

| **Date/Time** | **Topic** | **Reading Assignment** |
| --- | --- | --- |
|  |  |  |
| **Jan. 18** | Class I |  |
| 9-10 am | Introduction to Course | Syllabus |
| 10 -11AM | Differential Diagnosis: DSM-IVPsychiatric evaluation of adults/children/elders | DSM-IV: pages 1-35Synopsis of Psychiatry: Chapters 7 and 37; pages 1350-51 orConcise Text Clinical Psychiatry: Chapter 1 and 5 \*Psychiatric evaluation of adults: APA guidelines:<http://psychiatryonline.org/data/Books/prac/PEV_QRG.pdf>**Example of psychiatric interview:** Standardized patient interview with PMHNP student conducting the interview. Found on LRC VOD webpage.\*Please review on  <https://wweb.uta.edu/convod/>\*Here is the link: <http://kyoto.uta.edu/preview/5303/default.html>Please review before class and clinical. .Will need QuickTime software on your computer. |
| 11-12AM 1-2:30PM  | Mood DisordersMajor depressive disorderDysthymiaPremenstrual dysphoric disorderPost partum depression Post partum psychosesBereavement | DSM-IV TR: Chapter on Mood Disorders: Focus on mood disorders covered in this lecture (not bipolar disorder)Synopsis of Psychiatry: Chapter 15; pages 1080-1086 and 865-868Concise : Mood Disorders: Chapter 12 (not section on bipolar disorder)APA Guidelines 2010<http://psychiatryonline.org/data/Books/prac/PG_Depression3rdEd.pdf>VA Treatment Protocol MDD (2009)<http://www.healthquality.va.gov/mdd/mdd_full09_c.pdf>See Blackboard for additional resourcesE-reserves: Depression and Bipolar Disorders Chapter by Snow, D. from *Primary Care*, Singleton et al. 1999 |
| Noon – 1PM | Bring lunch / meet with faculty/ review HPI  | Discuss practice CDM –this will be posted on blackboard, optional, not graded, HPI only, for feedback. **Due Jan. 22 for feedback by Jan. 24 CDM open Jan 24 due Feb. 14** (2 weeks to complete) |
| 2:30 – 4:30PM | Anxiety DisordersGroup exercise on recognizing diagnosis | DSM-IV TR: Chapter on Anxiety Disorders and Somatoform DisordersSynopsis of Psychiatry: Chapters 16 and 17 orConcise Textbook: Chapter 13 Anxiety DisordersAm Assoc Family Practice<http://www.aafp.org/afp/2008/0701/p131.html?printable=afp>Obsessive-Compulsive Disorder: Guidelines <http://psychiatryonline.org/data/Books/prac/OCDPracticeGuidelineFinal05-04-07.pdf>AACAP guidelines for OCD in children<http://aacap.org/galleries/PracticeParameters/JAACAP_OCD_Jan_2012.pdf>Panic Disorder: Guidelines <http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1680635>Post-Traumatic Stress Disorder: Guidelines<http://psychiatryonline.org/data/Books/prac/AcuteStressDisorder-PTSD_GuidelineWatch.pdf>VA Guidelines PTSD<http://www.healthquality.va.gov/ptsd/CPG_Summary_FINAL_MgmtofPTSDfinal.pdf>Blackboard articlesGuess, K (2005) PTSD. *Nurse Practitioner*. |
|  |  |  |
| **Jan. 22** | Practice CDM Due | Feedback for practice CDM returned Jan 25 or as otherwise arranged |
| **Jan 24** | CDM I open  | Blackboard under CDM . Due 2/7 |
|  |  |  |
| **Feb. 1** | Class 2 |  |
| 9 – 12Noon | Seminar on Suicide assessment and therapies Cognitive TherapyMotivational InterviewingSuicide Assessment and Prevention StrategiesMini Mental Status Exam | Synopsis of Psychiatry: Chapter 34; pages 953-961, 1258-1266Concise Textbook: CBT 461, Interpersonal therapy 464, chapter 30-428-433Suicide Risk Assessment and Treatment: APA guidelines <http://focus.psychiatryonline.org/data/Books/prac/Suibehavs_QRG.pdf>Lange, W. & Tigges, B.B. Influence positive change with motivational interviewing. Nurse Practitioner. 30( 44-55).<http://continuum.uta.edu:2048/login?url=http://search.epnet.com/login.aspx?direct=true&db=aph&an=16299564> OR [Off-campus requires UTA NetID username & password] |
| 1- 2:30PM | **Clinical Seminar:** Students demonstrate Mental Status Exam, Assessment Skills, and Suicide Assessment/ Prevention  | Review materials in the syllabus and BlackboardBe prepared to do a complete mental status exam and suicide assessment. See guidelines\*Required clinical time. (break out into clinical groups or as assigned) |
| 2:30- 4:30pm (note time) | Bipolar Disorder | DSM-IV : Bipolar Disorder (Chapter on Mood Disorders)Synopsis of Psychiatry: Chapter 15; pages 1266-1270, 1007-1011, and 1054-1063Concise Textbook: Chapter 12 (section on bipolar disorder)Children with bipolar disorder<http://www.aacap.org/galleries/PracticeParameters/JAACAP_Bipolar_2007.pdf>Practice Guideline for the Treatment of Patients with Bipolar Disorder<http://psychiatryonline.org/data/Books/prac/Bipolar.watch.pdf>E reservesSnow, D. (1999). *Depression and Bipolar Disorder*. In Singleton et al, Primary Care, Philadephia: Lippincott.Go to ereserves on UTA library page, then look up Snow |
| 4:30-5pm | Case Study by Clinical group | Bipolar Disorder |
| **Feb. 7** | **CDM 1 Due (no class)** **Returned Feb 21** | Located on Blackboard under “CDMs” Taken as an“online test with 2 weeks to complete |
|  |  |  |
| **Feb. 13** | **Test 1** | Online from 7a to 11:59p Test blueprint below |
|  |  |  |
|  |  |  |
| **Feb. 15** | **Class 3****Clinical Notebooks Due**Grading sheet in the syllabusTurn in to clinical advisor at 9am to be returned by 4pm | Include preceptor signed tally sheet/grid, E-log summary, written summary of how you met or did not meet objectives up to this date; grading sheet for notebook in front; evaluation of preceptor; evaluation by preceptor (if hours completed). Will be due for final check class 5 |
| 9 -11 AM | Eating Disorders*Group exercise*  | DSM IV Eating DisordersSynopsis of Psychiatry: Chapter 23 or Concise Text : Chap 19APA Guidelines for Treatment of Eating Disorders<http://psychiatryonline.org/data/Books/prac/EDs_QRG.pdf>NIMH Guidelines for Eating disorders<http://www.nimh.nih.gov/health/publications/eating-disorders/nimheatingdisorders.pdf> |
| 11-12noon | Psychosis | DSM-IV: SchizophreniaSynopsis of Psychiatry: Chapter 13; pages 498-504Concise Textbook: Chapter 10 APA Guideline watch 2009<http://psychiatryonline.org/data/Books/prac/Schizophrenia_Guideline%20Watch.pdf>Blackboard Articles  |
| 1-4pm  | **Addictions** Addictive DisordersSBIRTAssessment of Abuse and dependencyAlcohol; illicit drugsPharmacology of addictive disordersFetal Alcohol syndromePrevention Twelve step programRelapse preventionDetox management*Group exercise* | Concise Textbook: chapter 9Blackboard: CIWA and AUDIT Scales; CRAAFT Harwood, G.A. (2005). Alcohol abuse screening in primary care. *Nurse Practitioner,30*(2), 56-61Snow, D. (2000). Managing the patient with alcohol use disorder. Lippincott’s Primary Care Practice. Mar/Apr 133-148.[Course E-reserve under Snow: use UTA ID and password) <http://www.ncbi.nlm.nih.gov/books/NBK64827/>SAMHSA TIP # 24 A Guide for substance abuse treatment for primary care providersClinicians Guide: Helping Patients Who Drink Too Much.<http://pubs.niaaa.nih.gov/publications/practitioner/cliniciansguide2005/guide.pdf> **(Bring to class)**Quick screen for drug abuse NIDA <http://www.drugabuse.gov/nmassist/>Drugs of Abuse Chart: <http://nida.nih.gov/pdf/CADchart.pdf>Fetal alcohol syndrome Guidelines for Referral and Diagnosis:<http://www.cdc.gov/ncbdd/fas/documents/FAS_guidelines_accessible.pdf> |
|  |  |  |
| **Feb. 16-24** | **Drug of Abuse online**  | Blackboad discussion. Post answer to question 1, 2 and 3 (you will be assigned one question, generally 2 people to answer one question together) about case study by clinical group under discussion board (separate one for your clinical group) and at least 1 post by each moderator when responding to peer’s post. At least 1 reference other than text required in your answers to questions, using correct APA format. At least one response post should have reference. |
|  |  |  |
| **Feb 21** | **CDM 1 Graded** |  |
|  |  |  |
| **March 8** | **Class 4** |  |
| 9am-12 noon1-2: 30 PM | Child disordersADHDConduct DisorderMood disordersSeparation Anxiety disorderOppositional Defiant DisorderLearning disabilitiesAutistic Spectrum Disorders (PDD)Parenting skills**Group exercise** Adult ADHD | DSM-IV: Sections on childrenSynopsis of Psychiatry: Chapters 37, 39, 42, 43, 44, 46, 49, 50, 54Concise Text: Chapter 33-42AACAP practice guidelines for ADHD <http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-2654>9 steps to parenting<http://familydoctor.org/familydoctor/en/kids/parenting/nine-steps-to-more-effective-parenting.html>Tips on parenting the ADHD child<http://helpguide.org/mental/adhd_add_parenting_strategies.htm><http://www.umm.edu/cgi-bin/printpage.cgi>Canadian Guidelines for ADHD : Adult (2011)<http://www.caddra.ca/cms4/pdfs/caddraGuidelines2011Chapter05.pdf>DeNisco, S, Tiago, C, & Kravitz, C. (2005) Evaluation and treatment of pediatric ADHD. Nurse Practitioner, 14-23. <http://continuum.uta.edu:2048/login?url=http://search.epnet.com/login.aspx?direct=true&db=hch&an=17770050>Additional Articles posted on BlackboardScreening<http://w3.addresources.org/?q=node/43>Diagnosing Adult ADHD<http://ajp.psychiatryonline.org/cgi/reprint/161/11/1948>Practice Guidelines 2003<http://www.sfdph.org/dph/files/cbhsdocs/MHPdocs/AdultADHDGuide052003.pdf> |
| 2:30 – 5 PM(note time) | DementiaDeliriumHIV dementiaManagement of agitation in elderlyPsychiatric assessment of elderlyDepression in elderly | Synopsis of Psychiatry: Chapters 10, 56Concise Textbook: chapter 7 and chap 32: page 499Articles posted on Blackboard Maynard, C. (2003). Differentiate depression from dementia. *Nurse Practitioner, 28* (3), 18-25.<http://continuum.uta.edu:2048/login?url=http://search.epnet.com/login.aspx?direct=true&db=aph&an=9334944> APA Practice Guidelines- Alzheimers<http://psychiatryonline.org/data/Books/prac/AlzPG101007.pdf> |
|  |  |  |
| **March 19- March 26** | Dementia case study by clinical group on blackboard | See grading criteria above under drug of abuse case discussion |
|  |  |  |
| **March 22** | **Class 5****Clinical Notebooks Due** | \* Required clinical hours |
| 9 – 10:30 am | Practice Practicum**:**  | Practice doing complete psychiatric evaluation (to prepare for practicum with standardized patient next week )\* - be prepared to interview clinical faculty who will role play patient \*Required Clinical Hours |
| 10: 30-2pm | Case Study Presentations  | (can break for lunch or eat during presentations )Present case study to peers\* Ten minutes per student Presentation guideline / grading criteria in SyllabusPost case study (2 page soap note) for faculty to grade on Blackboard (assignments) by 11:59 pm \*Required clinical hours |
| 2-3:30 | Sleep disorders | Synopsis of Psychiatry: Chapter 24Concise Textbook: chapter 20DSM IV section on sleep disorders |
|  |  |  |
| **March 29** | **Test 2**  | **2 hr anytime from 7am to 12 midnight Blueprint below** |
|  |  |  |
| **April 15** | **CDM II due****Returned April 29** | See Guidelines for AssignmentOnline blackboard “test” One question at a time, Focus is on diagnosis and management (second half of completed CDM) |
| On Line activity Please see PDF of PowerPoint presentationAnd required readings | Violence PreventionElder AbuseDomestic violenceTreatment of violenceNeurobiology of violenceSexual AssaultNeglectWorkplace violence(on Camtasia or LRC VOD page) Sleep disorders | Review PowerPoint and recorded lecture on Camtasia on LRC VOD pageSynopsis of Psychiatry: Chapter 32 orConcise Textbook: chapter 28Prevention of Elder Abuse - Guideline: <http://www.guideline.gov/summary/pdf.aspx?doc_id=6829&stat=1&string>=Snow, D. Neurobiology of violence. Journal of Addictions Nursing. Will post on Blackboard or ereserves“Protecting Battered Women”. Harvard Mental Health Letter,May 2003, Vol. 19. Issue 11, p. 7, 2 p.<http://continuum.uta.edu:2048/login?url=http://search.epnet.com/login.aspx?direct=true&db=aph&an=9635419> OR  [Off-campus requires UTA NetID username & password]“Countering Domestic Violence”, Harvard Mental Health Letter, Apr 2004, Vol. 20, Issue 10, p. 1, 5 p.<http://continuum.uta.edu:2048/login?url=http://search.epnet.com/login.aspx?direct=true&db=aph&an=12519932> OR  [Off-campus requires UTA NetID username & password]  |
| Online activity  | Complementary Therapies-voice over Power Point on Blackboard | Review PowerPoint on Web CT; additional articles on BlackboardSynopsis of Psychiatry: Chapter 29Concise Text --TBDDecker, G. (2000). An overview of complementary and alternative therapies. Clinical Journal of Oncology Nursing, 4(1), 49-52.<http://continuum.uta.edu:2048/login?url=http://search.epnet.com/login.aspx?direct=true&db=aph&an=9534203> [Off-campus requires UTA NetID username & password] “Alternative Treatment of Anxiety and Depression”, Harvard Mental Health Letter, Oct 2001, Vol. 18, Issue 4, p. 8, 3/4 p. <http://continuum.uta.edu:2048/login?url=http://search.epnet.com/login.aspx?direct=true&db=hch&an=5289754> OR <http://continuum.uta.edu:2048/login?url=http://infotrac.galegroup.com/itw/infomark/441/648/79067044w2/purl=rc1_HRCA_0_A79031430&dyn=13!xrn_7_0_A79031430?sw_aep=txshracd2597> |
| On Line activity | Psychiatric care of medically ill children and adultsFibromyalgiaChronic PainCoronary Artery DiseaseChronic Fatigue SyndromeDiabetesRenal diseaseHIV DementiaMunchhausen IBSLiver | Review PowerPoint presentation with voice over on Blackboard Course Materials pageArticles on BlackboardSadock: consensus or synopsis textPeterson, J. (2005). Understanding fibromyalgia and its treatment options. *Nurse Practitioner*, *30*(1), 48-57.<http://continuum.uta.edu:2048/login?url=http://search.epnet.com/login.aspx?direct=true&db=aph&an=15554254> OR [Off-campus requires UTA NetID username & passwordMind and mood after a heart attack. (2006). *Harvard Mental Health Letter, 22*(8), 1-3<http://continuum.uta.edu:2048/login?url=http://search.epnet.com/login.aspx?direct=true&db=hch&an=19709990>requires UTA NetID username & password |
|  |  |  |
| **April 16- April 24** | **Ethics discussion online** | Each group is given an ethical dilemma discussing what other information is needed, what ethical principles are involved, what are relevant mental health or other laws, what are nurse practice act regulations relevant to the case; what are resources in the community. More instruction on announcement page.  |
|  |  |  |
| **April 26-April 27**  | **Simulation Practicum** using Standardized Patients and SOAP note write up; SOAP note due by 12 noon the day after practicum. (will sign up in class for preferred day and time) | Handout in SyllabusConduct psychiatric evaluation of Standardized Patient (50 minutes, 10 minute to present to faculty evaluator the diagnosis and treatment plan including medication and dosage.)Complete documentation SOAP note as outlined in Syllabus / send to faculty who graded your evaluation  |
|  |  |  |
| **May 7** | **Test 3 on Blackboard.** | Blue print below. Online test 7am-midnight- 2 hours to complete |
|  |  | \*E-reserve: Go to uta.edu/library. Then go to library resources, then pulse, then course reserves, then snow |

|  |  |
| --- | --- |
| Test 1 Blueprint Feb 13Test 2 BlueprintMarch 29Test 3 BlueprintMay 7 | Test 1 : 75 questionsDSM-IV and MSE (8)Depression (15)Anxiety Disorders (15)Cognitive Behavioral Therapy, Motivational Interviewing, Crisis Intervention (12)Bipolar (15)Suicide prevention (10)Test 2 : 75 questions Eating Disorders (12)Bipolar disorder (14)Psychosis (9)Childhood Disorders (19)Dementia/Delirium/geri depression (16)Adult ADHD (5)Test 3 - 75 questionsViolence prevention and treatment -17Complementary therapies -16Medically ill adult and children -20Ethics 7Sleep disorders 15 |

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

**N5303--Psychiatric Management**

**Spring 2013**

**Assignments/Grade Summary**

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Clinical Assessment** | **Due Date** | **Grade** |
| Clinical Decision Making – I  | Feb. 7(Returned 2/21) | 12.5% |  |
| Mental Status Exam and Suicide Assessment Demonstration (in class) | Feb. 1 | Pass / Fail |  |
| Drug of abuse case study on discussion board  | Feb 16-Feb 24 | 2.5% |  |
| Delirium/dementia on discussion board | March 19-March 26 | 2.5% |  |
| Clinical Decision Making – II | April 15(Returned April 29) | 12.5% |  |
| Test I on Blackboard open 7am to 12 mn (2 hour)  | Feb 13 | 15% |  |
| Case Study Presentation in class and 2 page SOAP note (SOAP note due midnight March 22) and handout for peers (approx. 12 students) | March 22 | 7.5% |  |
| Practicum and SOAP Note-SOAP note 12 noon next day | April 26 & April 27 |  15% |  |
| Clinical Notebook: Include Objectives, Summaries, Preceptor Agreements, E-Logs, and Record of Clinical Hours, | Feb 15Mar 22 | Pass / Fail |  |
| Ethics Case Discussion  | April 16-April 23 | 2.5% |  |
| Preceptor Evaluation of StudentsInclude all sites where 12 or more clinical hours were completed | March 22 | Pass /Fail |  |
| Evaluation of Preceptors | March 22 | Credit |  |
| Test 2 on Blackboard-open 7am to 12 mn (2 hour ) | April 1 | 15% |  |
| Test 3 on Blackboard- open 7am to 12 mn (2 hour) | May 7 | 15% |  |

**Total** 100%

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

**N5303--Psychiatric Management**

**Spring 2013**

**Crisis/Suicide Prevention Therapies Seminar (required clinical hours)**

During this seminar, each student will be expected to demonstrate a **Mental Status examination and suicide assessment and prevention plan** using crisis intervention principles useful in a primary care or other settings. Students will be evaluated (pass/fail) on techniques and application of principles discussed in class. A patient interview and the full mental status exam is posted on LRC VOD page., You will be expected to complete Mini Mental Status Exam and document correctly

**Objectives**:

Establishes therapeutic rapport, good eye contact, give full attention, use active listening, validation, identify self as able and willing to help.

Assesses lethality of suicide plan, dangerousness to self or others

Demonstrate management of crisis in a safe manner –establish what happened, what is precipitating event, explore alternatives, develop action plan with measurable goals

Set up follow up meeting

Uses appropriate questions to do complete mental status examination

Uses the appropriate technique to complete the Folstein Mini Mental Status Examination

Document mental status exam

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

**N5303--Psychiatric Management**

**Spring 2013**

 **Tips: Mental Status Examination**

**Note: Some aspects are documented from observation, memory, insight, judgment, SI, HI, other aspects from directed questions +observations.**

**General appearance: C**lothing, personal hygiene, makeup, manner of dress; any body odor

**Attitude:** Cooperative, evasive, arrogant, angry, manipulative, apathetic, hostile

**Motor behavior: N**ormal, agitated (motor excitation), decreased, tics, restlessness, akathisia

**Speech:** Rate – normal, fast, slow, pressured; volume – normal, loud, soft, neologisms,

**\*Mood:** Happy, euthymic, depressed, sad, angry, irritable, dysphoric, euphoric patient to rate mood on 1-10 scale

**Affect:**  Flat, blunted, labile, agitated, inappropriate, congruent, constricted

**Thought Content:**

 **\*Delusions:**  Somatic, religious, persecutory, grandiose, paranoid, reference, controlling, controlled

 **\*Obsessions:** Intrusive or repetitive thought

 \* **Compulsions:**  Rituals; describe, i.e. hand washing, counting, checking, symmetry, perfectionism;

 \* **Suicidal Ideation:**  Passive, chronic, active, planned, denies

 \* **Homicidal Ideation:** Passive, active, planned, denies

 **\*Thought Process:**  Organized, goal directed, tangential, circumstantial, loose associations, flight of ideas

 **\*Perceptual Disturbance:**  Ask about and describe hallucinations (is patient responding to internal stimuli?)

**Visual:**  What do they see, size / color of object(s), when do they see it, does it frighten them?

 **Auditory**: What do they hear, when do they hear it, what is said, do voices talk to or about them? Commanding (most serious)?

 **Tactile:**  Describe what they feel, where / when do they feel it, what do they think the feeling is?

 **Olfactory:** Describe what they smell, when do they smell it, does it make them nauseated, hungry?

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 **Time:** Hypnogogic (when they are falling asleep); hypnopompic (when they wake up)(these are less pathological, more related to PTSD); ask how often hear voices

 **\*Depersonalization:** Feel disconnected, detached

 **\* Illusions:** Misrepresent objects (see shadow and think it is person, etc). **Cognition:**  Describe level of education, language, comprehension;

 \***Executive Function:** Clock test; proverbs, similarities

 \***Verbal fluency: N**ame all animals can think of in 60 seconds or all words that start with F, A or S. Ask to repeat “no ifs ands or butts”

 **\*Concentration:**  Spell T-E-X-A-S or W-O-R-L-D forward then backward; serial 7’s; (from MMSE)

 **\*Short Term Memory:** By giving 3 objects and asking them to recall immediately and in 5 minutes. (recall intact or impaired)

 **\*Long Term Memory:** Name 3 past presidents, dates of wars, name of first grade teacher

 **\*Fund of Knowledge:**  “Who is the Governor?” “Who was Jonas Salk?” “Who was JFK?”, name 3 large states; ask what is current event in the news

**Reasoning:** Ask similarities and opposites: “How are painting and music alike?”

 **\*Abstract thinking:**  Meaning of a proverb: “What does a stitch in time saves nine mean?”

 Document as abstract, concrete or bizarre;

 **\*Visual Spatial** Copy pentagon; document intact or impaired if lines not crossed

 \***Recognition**  Name “watch” and ‘pen’ when pointed to;

 **\*3 step command** Give 3 steps to take paper, fold in half, put on floor (test of apraxia)

**Insight:**  Good, fair, poor; give example of level of insight – What kind of help do you

 need?

**Judgment:** Good, fair, poor-ask question re judgment, write their response to your question;

 What would you do if you saw a child separated from parent? Letter with stamp, addressed, lying on ground? Realized you had locked yourself out of the car? Can also determine from their recent decision making

**Folstein Mini Mental Status Exam (MMSE) and score (1-30)- (actual test is found in Zimmerman, or can download from the web) ; Montreal Cogntive Assessment (MOCA) (posted in blackboard and on website** [**www.mocatest.org**](http://www.mocatest.org) **Be familiar with this!**

**See also the template for psych evaluation for more information on Mental Status Assessment**

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

**N5303--Psychiatric Management**

**Spring 2013**

**Practice Practicum**

 During this practice practicum, students will be grouped according to clinical group or major. The faculty member serves as the “practice patient.” Students will be provided a scenario / context for the evaluation. Students will conduct a patient interview, asking questions in an organized manner. When the necessary data has been gathered the group determines the appropriate diagnosis and management plan. Students will have a chance to ask questions about the simulated practicum. You may bring helpful materials such as Zimmerman, drug book. Be sure to ask patient to elaborate on the chief complaint, get thorough history of the circumstances surrounding the visit first. Pick up on cues, ask patient to elaborate. Questions such as; What happened next? How is that affecting you now? Validate such as I am glad that you came for help, etc. These are mandatory clinical hours. If you are not present, you must complete the exercise with your clinical faculty.

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

**N5303--Psychiatric Management**

**Spring 2013**

**General Psychiatry Clinical Objectives**

Focus on these objectives when appropriate and **add 1-2 of your own personal objectives** for this experience. Review with clinical faculty-send by **email or Blackboard by 2nd week of** school.

**Discuss the objectives with preceptor**. **Evaluate how well each objective was met by providing a brief narrative for each objective at mid-term and final notebook check**.

1. Identify medications and dosages used to treat common psychiatric symptoms, such as anxiety, depression, mania, agitation, attention deficit and psychosis.
2. Complete a comprehensive psychiatric evaluation and/or follow up medication management visit.
3. Derive a psychiatric diagnosis, using the five axis of the DSM-IV-TR.
4. Use evidence based treatment approaches to recommend pharmacological and non-pharmacological interventions for patients.
5. Assess a patient for risk of harm to self or others.
6. Use common psychiatric screening tools (e.g. MMSE, BDI, MDQ, Zung).
7. Evaluate cultural, gender and/or age factors relevant to NP practice.
8. Use therapeutic interview skills in establishing rapport and building trust.

**Addiction Clinical Objectives**

Focus on these objectives when appropriate and add 1-2 of your own personal objectives for this experience. Review with clinical faculty. Discuss the objectives with preceptor. Evaluate how well each objective was met by providing a brief narrative. **If you are unable to meet some of these objectives at the clinical agency, that is ok. Turn in with clinical notebook**.

1. Identify medications and dosages used to safely medically detox a patient from alcohol, stimulants, opiates, and other drugs.
2. Monitor a patient for symptoms of withdrawal from drugs of abuse.
3. Complete a substance use assessment of a patient with substance use disorders.
4. Use evidence based treatment approaches to motivate patient towards abstinence or reduced consumption of harmful drugs and alcohol and describe the stage of change and intervention used.
5. Use therapeutic communication skills with one patient with substance use disorders.
6. Identify significance of 12 step program for recovery (e.g. AA).
7. Assist patient with relapse prevention.

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

**N5303--Psychiatric Management**

**Spring 2013**

**Practicum Evaluation**

This will be a simulated initial psychiatric evaluation. A Standardized Patient will portray a patient, who presents for diagnosis and treatment of a commonly seen psychiatric disorder(s). The student will interview, diagnose, and establish an appropriate management plan for the patient.

The student will have fifty (50) minutes to complete the interview. Be sure to ask age appropriate questions. Ten (10) minutes is then allowed to present a brief synopsis to the evaluating faculty. At the end of the interview the student should be prepared to present:

 1. Axis I through V diagnoses

 2. One Rule Out Diagnosis

 3. One Differential Diagnosis

 4. A summary of diagnostic testing

 5. Patient disposition (inpatient / outpatient)

 6. An overview of pharmacological intervention(s), including drug / dose. If screening is appropriate and part of the exam, indicate what screening tool will be used (e.g. Beck Depression Inventory, etc.)

 7. An overview of the non-pharmacological interventions, including therapies / referrals

The student will write-up the exam in a way similar to what occurs in clinical practice, using the **SOAP note format (see guidelines)**. Be sure to include the Review of Systems. During your write up be sure to document pertinent positives and negatives for the history, document a full mental status examination, then write up the interview including the seven key elements as noted above Include the evidence-based rationale supporting plan decisions.

The student has until **12 noon** the following day to send the completed documentation to **the evaluating faculty** of the practicum via Blackboard.

Students are not expected to perform a physical examination. If, however, there are clues in a physical examination to support / rule out a diagnosis or treatment this should be noted. The SOAP should include the physical exam that would be appropriate for this patient.

Scheduled times are from 8 a.m. – 4 p.m. The same faculty will observe the interview and grade the SOAP note. Turn in your write up to the advisor who conducted your practicum.

Meet in assigned room at scheduled time.

The student may bring any checklists / note cards / references into the interview.

Practice is very important, as is BUILDING RAPPORT, following cues from patient, using age and developmentally appropriate questions. The evaluation tool used is the Clinical evaluation of the student by the faculty, found on the forms page. [www.uta.edu/nursing](http://www.uta.edu/nursing).

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

**N5303--Psychiatric Management**

**Spring 2013**

**CASE PRESENTATION**

The purpose of this assignment is to synthesize and present, in a time-limited "grand rounds" format, the assessment, diagnostic reasoning, and management of an interesting patient. Select a patient with whom you are familiar from your clinical experience. You will have 10 minutes to present to your peers (with similar NP specialty). Write 2 page SOAP note (can be single space) and bring copies for 7-10 other students. Be sure to note if your diagnosis was different from preceptors and/ or if your plan for care would have been different. Make sure assessment is age appropriate (e.g. functional assessment for elderly). Post SOAP note on assignment page for grading.

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Points Possible** | **Points****Earned** |
| **Subjective Data** Reason for selecting this particular patient**;**Is this new or follow up med management visit? Include clinical site and preceptorGo through all areas of SOAP note format.Provide significant positives and negatives; e.g. denies mania; denies GAD, Social Phobia, Panic Disorder; admits to hopelessness; hears voices at night when going to sleep; admits to physical abuse by step father; current meds: fluoxetine 20 mg –reports no missed doses, some decreased libido (side effects) | 30 |  |
| **Objective** Mental status assessment and physical examination (what would evaluate); lab work; Vital signs; results of screening and other tools (e.g. Connor’s ADHD teacher and parent rating: give results) | 15 |  |
| **Assessment**DSM IV Diagnosis Axis I-V: (may have more than one dx on Axis I)one Rule Out and one Differential DiagnosisChallenges encountered in making the diagnosis | 20 |  |
| **Plan**Pharmacological treatment: drug, dose, rationale, response goalLabs: ordered, results, neededNon-pharmacological treatment: therapy, resources, referralsDisposition: inpatient, outpatient, progress, prognosisWhat to focus on in next visit: target symptoms; adverse effects? | 25 |  |
| **Presentation**Organized, systematic, logical, conciseState what you learned from this patient | 10 |  |
| **Comments** |  |  |
| **Total Points** | 100 |  |

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

**N5303--Psychiatric Management**

**Spring 2013**

 **(WEEKLY) CLINICAL HOUR TALLY SHEET**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAJOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF HOURS (Required)** | 1/21-1/27 | 1/28-2/3 | 2/4-2/10 | 2/11-2/17 | 2/18-2/24 | 2/25-3/3 | ¾-3/10 | 3/11-3/17 | 3/18-3/24 | 3/25-3/31 | 4/1-4/7 | 4/8-4/14 | 4/15-4/21 | 4/22-4/28 | 4/29-5/5 | **Hrs. From Previous Semesters** | **Hours this semester** | **TOTAL** |
| **ADULT PSYCH MANAGEMENT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CHILD & ADOL PSYCH MGMT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **GERIATRIC PSYCH MGMT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ADDICTION (8)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **IN CLASS SEMINARS (5)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Hours** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

**N5303--Psychiatric Management**

**Spring 2013**

**Psychiatric Management in Advanced Nursing Practice N5303**

**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 or MOCA 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:**

**SUBJECTIVE 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)**

Ask to describe the symptoms/concerns in detail.. track with patient, listen for cues;

When did symptoms begin?

What was going on in your life when this began?

Have you ever had this before? Get details

How long has this been going on? Get details

Is there anything that you can do to make it better? (or is there anything that’s helped?)

Any meds you are taking for this concern? (if yes, get details)Did they help?

**Neurovegetative Symptoms:**

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

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 going to sleep or staying asleep? How many times do you get up at night? How long does it take to fall 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?

**Psychomotor Agitation or Retardation**

Feel body is in constant motion, feel agitated?

 Or sluggish / slow/ not wanting to get out of bed?

**Energy:**

How would you describe your energy level?

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?

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

Are activities that you use to enjoy still enjoyable?If not then, is there anything that you still enjoy and can feel pleasure from doing?

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, concentrate on movie, pay attention to conversations)

**Guilt/Worthlessness:**

**Mood:** Rate mood on 1-10 scale with 10 as best (or 1-100 with 50 being “level or stable mood” if suspect bipolar disorder, and below 50 depressed and above 50 manic)

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?)

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

**Suicidal ideation;** (concern is recent/current thoughts, but also, history of suicideal thoughts and suicidal attempts

Have you ever thought it would be better if you were dead?

Have you ever wanted to hurt yourself or kill yourself? Are you having these thoughts now? Have you ever hurt yourself or made a suicide attempt?

How often do you these thoughts of wanting to hurt or kill yourself occur? (every day, twice a week, etc) When was the last time? 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?

**Homocidal ideation :** Have you ever thought that things would be better if someone else was dead?

Current Plan? Intent?

**Anxiety: ( Ask at least 3 key screening questions for each disorder; if yes to any of the screening questions, you will need to assess all the criteria for that disorder to arrive at diagnosis using DSM IV criteria (not all criteria are listed here); if no’s then no further questions needed re that disorder.**

**GAD:** Do you worry a lot? Do you ever feel restless, fidgety, or jittery? Muscle tension, feel the worse thing will happen?Fatigue?

**Panic disorder** : Ever have short burst of anxiety that comes on very fast (within 10 minutes) when you feel you can’t breathe, your heart is racing, you get sweaty and feel like you are going to die?How long do they last? (less than 1 hour?) Do these attacks ever happen out of the blue like in middle of 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? Hallucination when falling asleep?

**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?

**Social Phobia:** Do you feel uncomfortable around people and think that they are scrutinizing you? Do you avoid going to certain places? Feel you will say or do something embarrassing?

**Body Dysmorphic Disorder**; Are there parts of your body that you feel are defective? Do you stand in front of mirror for long periods of time?

**Manic Symptoms: (Ask at least 5 screening questions to rule out mania; if yes to any, need thorough details of duration of symptoms and severity to determine if meets criteria for hypomania or mania episodes (BPI or II)**

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

Can you go 4-7 days without sleeping or ever feel rested after little sleep? Is that happening now? When was the last time?

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? Drugs or alcohol?

Start lots of projects, don’t finish, and jump from one thing to another..

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

Consequences of these episodes? (look for financial, legal, occupation, educational, and relational)

**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?** Difficulty paying attention? 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? (do thorough eval if yes)

**Consequences of any of the + symptoms**: (e.g. what problems have these symptoms caused for you in your relationships, in your job, etc.

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

Have you ever been treated for a mental illness or stress problem? Get details; who treated; Ever have problem you think should have had treatment for?

What meds were tried and did they work? (get medication history)

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 (e.g. Soma, Vicodin, Xanax) ; 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)

Ask if has used more then 3 drinks in one occasion (women) in past year (more than 4 drinks for men). See the guidelines or asking these questions in Clinicans Guide. More than 14 drinks a week for men, 7 drinks a week for women is considered problem use. (ask about size of drink :

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, 12 oz beer, 1 ½ oz liquor, 5 oz wine =`1 drink

When did you have first drink/drug, last ? (look for symptoms of withdrawal), Do you have blackouts, withdrawal symptoms (ask about specifics for drugs/alcohol has been using)? Ever been through detox? How many times? Seizure?

Financial burden? Drink when driving? Arrested for? Medical problems.

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, bath salts?

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

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 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)

**Social History:**

Current health habits/functional assessment of geriatric pt ( ADL’s, IADLS

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

**E.g. neurological, etc**

**OBJECTIVE DATA**

**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;

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;

Nursing Diagnosis:

 **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