

The University of Texas at Arlington
College of Nursing
N5303 Psychiatric Management in Advanced Nursing Practice
Fall 2014

Instructor(s):

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All: Phone: Office Fax: (817) 272-5006; CON phone: 817-272-2776
Office Hours: By Appointment

Section Information:
NURS 5303 Sections 001-009

Time and Place of Class Meetings:

Pickard Hall, Rm. 223, 227 breakout

Friday, 9am-5pm

Description of Course Content:

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

Other Requirements:

Prerequisite: NURS 5334 and NURS5418

- 3 online tests are given on Blackboard on non-class dates (not comprehensive)
- 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
- Credit for 5 clinical hours is given for suicide prevention practice (1 ½), bipolar case study (1/2 hour), practice practicum (1 ½ hour) and case study presentation (1 ½). Missed clinical class time must be made up, determined by clinical faculty.

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: You will need to install Respondus Lock down browser and you will need to purchase a webcam for use in all test taking in this course.

Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry Paperback– by Benjamin J. Sadock(Author), Virginia A. Sadock(Author) **ISBN-13: 978-0781773270****ISBN-10: 078177327X****Edition:** Tenth, North American Edition for psych majors

Benjamin J. Sadock (Author) & Virginia Sadock . Concise Textbook of Clinical Psychiatry. (3rd ed.). **ISBN-13: 978-0781787468****ISBN-10: 0781787467**- for non psych majors.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders DSM-5*. (5th ed.). Washington DC: American Psychiatric Association. **ISBN: 9780890425558**

Zimmerman, M., (2013). *Interview Guide for Evaluating DSM-5 Psychiatric Disorders and the Mental Status Examination*. (2nd ed.). PsychProducts Press. **ISBN: 9780963382115**

Recommended:

1. Stahl, S. (2014). *The Prescriber's Guide* (5th ed.). New York, NY: Cambridge University Press. **ISBN: ISBN-10: 1107675022 | ISBN-13: 978-1107675025**
2. Stahl, S. (2013). *Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications*. (4th ed.). New York, NY: Cambridge University Press
Required for PMHNP Majors and Recommended for others **ISBN: 9781107686465**
3. Yearwood, E., Pearson, G. S., & Newland, J.A. (2012). *Child and adolescent behavioral health: A resource for advanced practice psychiatric and primary care practitioners in nursing*. UK: Wiley-Blackwell. **ISBN 978-0-8138-0786-7**

Descriptions of major assignments and examinations with due dates:

Assignment	Weight	Due
On line multiple choice test over syllabus using Respondus. Posted Saturday after first class.	P/F	Aug 30
<u>Clinical Decision Making 1:</u> (Scenario is provided as an online test, questions asked, answer one before given next question, essay or brief answer.	12.5	Sept 18
<u>Clinical Decision Making 2:</u> (Scenario is provided as an online test, questions asked, answer one before given next question, essay or brief answer.	12.5	Nov 17
<u>Discussion Board Case Study:</u> Online blackboard assignment on discussion board by clinical group: questions answered and moderate discussion posts by peers : drug of abuse, dementia delirium, ethical dilemma.	Total 10.5	See course calendar
<u>In Class:</u> Bipolar Disorder exercise. Compare what you know before the lecture with what you know after the lecture.	P/F	Class 1
<u>Demonstration and Role Play:</u> Students are expected to interview “patient” in crisis, and do suicide assessment and mental status exam in class. (Class 2)	P/F	Class 2
<u>Case Presentation:</u> Patient selected from clinical experiences; 2 page handout provided to all group members at time of class in SOAP format, presentation to peers. (Class 5). Assignment posted to assignment page in Bb	7.5%	Class 5
<u>Practice Practicum:</u> Practice interviewing skills using faculty role playing patient scenario. (Class 5)	P/F	Class 5
<u>Class Group Work Exercises:</u> Students are expected to participate in classroom activities each class date.	P/F	See course calendar
<u>Test 1 –75 multiple choice questions given on Bb using Respondus; timed test</u>	14%	Sept 24 9 a to 1 pm
<u>Test 2 –75 multiple choice questions given on Bb using Respondus; timed test</u>	14%	Oct 29 9 a to 1 pm
<u>Test 3- 75 multiple choice questions given on Bb using Respondus; timed test</u>	14%	Dec 9 9 a to 1 pm
<u>Clinical Notebook:</u> 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;	P/F	Class 2 Class 5

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. <i>(sign up for 1 date and time in class)</i>	15%	Nov 21 and 22
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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 – cannot progress

F = below 68 – cannot progress

Make-up Exams:

Please contact your faculty for approval and instructions. The schedule for the semester is provided at the first class. It is important to prioritize these tests days and arrange work and vacation times around these dates.

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.

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

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://grad.pci.uta.edu/about/catalog/current/general/regulations/#grade_grievances

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 Office of Financial Aid and Scholarships at <http://wweb.uta.edu/aao/fao/>. The last day to drop a course is listed in the Academic Calendar available at <http://www.uta.edu/uta/acadcal.php?session=20146>

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) Contact course faculty to obtain permission to drop the course with a grade of “W”.
 - (2) Contact your graduate advisor to obtain the form and further instructions.

<p style="text-align: center;">Census Day: September 8, 2014 Last day to drop or withdraw October 29, 2014</p>
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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 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.

UT Arlington faculty members may employ the Honor Code as they see fit in their courses, including (but not limited to) having students acknowledge the honor code as part of an examination or requiring students to incorporate the honor code into any work submitted.

Per UT System Regents’ Rule 50101, §2.2, suspected violations of university’s 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/plagiarism/index.html>

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.

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>.

Final Review Week: A period of five class days prior to the first day of final examinations in the long sessions shall be designated as Final Review Week. The purpose of this week is to allow students sufficient time to prepare for final examinations. During this week, there shall be no scheduled activities such as required field trips or performances; and no instructor shall assign any themes, research problems or exercises of similar scope that have a completion date during or following this week *unless specified in the class syllabus*. During Final Review Week, an instructor shall not give any examinations constituting 10% or more of the final grade, except makeup tests and laboratory examinations. In addition, no instructor shall give any portion of the final examination during Final Review Week. During this week, classes are held as scheduled. In addition, instructors are not required to limit content to topics that have been previously covered; they may introduce new concepts as appropriate.

Emergency Exit Procedures: Should we experience an emergency event that requires us to vacate the building, students should exit the room and move toward the nearest stairwell. When exiting the building during an emergency, one should never take an elevator but should use the stairwells. Faculty members and instructional staff will assist students in selecting the safest route for evacuation and will make arrangements to assist handicapped individuals.

Librarian to Contact:

PEACE WILLIAMSON
STEM LIBRARIAN
 CENTRAL LIBRARY
 702 Planetarium Place
 Office #216, Arlington, TX 76019
<http://www.uta.edu/library/> | peace@uta.edu
 Research Information on Nursing
<http://libguides.uta.edu/nursing>

Library Home Page.....	http://www.uta.edu/library
Subject Guides	http://libguides.uta.edu
Subject Librarians.....	http://www.uta.edu/library/help/subject-librarians.php
Database List.....	http://www.uta.edu/library/databases/index.php
Course Reserves	http://pulse.uta.edu/vwebv/enterCourseReserve.do
Library Catalog.....	http://discover.uta.edu/
E-Journals.....	http://liblink.uta.edu/UTALink/az
Library Tutorials	http://www.uta.edu/library/help/tutorials.php
Connecting from Off- Campus	http://libguides.uta.edu/offcampus
Ask A Librarian.....	http://ask.uta.edu

The following URL houses a page where we have gathered many commonly used resources needed by students in online courses: <http://www.uta.edu/library/services/distance.php>

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.

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.

Student Requirement For Preceptor Agreements/Packets:

1. Preceptor Agreements must be **signed and dated** 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 including their student 1000 number and course number before beginning clinical experience and those agreements are scanned and emailed to Kim Hodges @ npclinicalclearance@uta.edu or Janyth Arbeau at arbeau@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. If he/she is a returning preceptor have them fill out the phone number and email address section of the preceptor agreement.
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.

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).

Students can access their Elogs by entering their own unique Elogs username and password which will be accessible their first clinical semester. <http://totaldot.com/> The username consists of the student's first, middle, and last initials (in CAPS) with the last four digits of their 1000#. Example: Abigail B. Cooper, 1000991234 is ABC1234. If the student does not have a middle

initial, then only two initials will be used. The student's password is simply their last name. Example: Cooper (note first letter is a capital letter).

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

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)
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 Writing Center provides the workshops below to help guide graduate students through the demands of writing at the graduate level. In order to sign up for workshops, students must register with the Writing Center at <http://uta.mywconline.com/>. Workshops are listed on the regular appointment schedule. If you experience any difficulty signing up for any of these, please call (817) 272-2601 and one of our staff will be happy to assist.

All Workshops hosted by the Writing Center are held in 411 Central Library and are offered at 6 p.m. on Mondays, Tuesdays, Wednesdays or Thursdays. These are not recorded and are not available online.

Department of Advanced Practice Nursing Office/Support Staff

Mary Schira , PhD, RN, ACNP-BC Associate Dean and Chair; Graduate Advisor Email: schira@uta.edu	Rose Olivier , Administrative Assistant I Office # 605-Pickard Hall, (817) 272-9517 Email: olivier@uta.edu
Sheri Decker , Assistant Graduate Advisor Students: A-J Office # 611-Pickard Hall, (817) 272-0829 Email: s.decker@uta.edu	Janyth Arbeau , Clinical Coordinator Office # 610- Pickard Hall, (817) 272-0788 Email: Arbeau@uta.edu or npclinicalclearance@uta.edu
Luena Wilson , Graduate Advisor I Students: K-Z Office # 613-Pickard Hall, (817) 272- TBA Email: lvwilson@uta.edu	Kimberly Hodges , Support Specialist II Office #612 Pickard Hall, (817) 272-9373 E-mail: khodges@uta.edu or npclinicalclearance@uta.edu
Sonya Darr , Support Specialist I Office # 609-Pickard Hall, (817) 272-2043 Email: sdarr@uta.edu	Timara Spivey , Admissions Assistant Office # 606, Pickard Hall (817) 272-4796 Email: tspivey@uta.edu or npadmasst@exchange.uta.edu

See test taking tips in Blackboard. Nowireless connections. If you have concerns, call Blackboard support before the first test to ensure your computer is acceptable for online testing.

Respondus: Using LockDown Browser for Online Exams

This course requires the use of LockDown Browser for online exams. Click on link on face page of Blackboard and watch the video and then install respondus to your computer desktop.

To take an online test, start LockDown Browser and navigate to the exam. (You won't be able to access the exam with a standard web browser.)

For additional details on using LockDown Browser, review this [Student Quick Start Guide \(PDF\)](#).

Finally, when taking an online exam, follow these guidelines:

- Ensure you're in a location where you won't be interrupted
- Turn off all mobile devices, phones, etc.
- Clear your desk of all external materials — books, papers, other computers, or devices
- Remain at your desk or workstation for the duration of the test
- LockDown Browser will prevent you from accessing other websites or applications; you will be unable to exit the test until all questions are completed and submitted
- Scan your student id card for identification purposes and scan the environment of the area where you are taking the exam.

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College of Nursing
N5303 Psychiatric Management in Advanced Nursing Practice
Fall 2014

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

Date/Time	Topic	Reading Assignment
Aug 22	CLASS I	
9-10 am	Introduction to Course	Syllabus
10 - 11:30AM	Differential Diagnosis: DSM-5 Psychiatric evaluation of adults/children/elders	DSM-5: Intro. SEE Blackboard: Course materials for readings and resources and additional content.
11:30-12:00	Assignment for addictions clinical day: Janyth Arbeau	
12:00-12:45	Bring lunch: Meet with Clinical Faculty/review of HPI of CDM	Discuss practice CDM; this will be posted on Bb this evening; optional assignment, no grade, for feedback only. During clinical time, you will be given a pre-test r/t Bipolar disorders. Take the test and then after the lecture, compare your original answers to what you have learned from the lecture. Practice CDM due: Aug 26; returned by Aug 28. CDM 1 posted August 28 ; due September 18
12:45-2:15	Mood Disorders Major depressive disorder Dysthymia Premenstrual dysphoric disorder Post partum depression Post partum psychosis	DSM 5: Depression : Synopsis of Psychiatry and Concise textbook: relevant chapters. See index SEE Blackboard: Course materials for readings and resources and additional content.
2:15-2:45	Bipolar	In class exercise.
2:30- 4:30	Bipolar lecture	DSM-5 : Bipolar Disorders Synopsis of Psychiatry and Concise Textbook: see relevant chapters. SEE Blackboard: Course materials for readings and resources and additional content.
		Bipolar Disorder. Do you see differences in your knowledge?
August 28	CDM I open	
		Blackboard under” CDM” Due September 18
August 30	Syllabus test due	Practice using Respondus. P/F credit given for this practice test.
Sept 12	CLASS 2	You will sign up for practicums during this class. Please be prepared knowing whether you require a Friday or a Saturday slot.
	Clinical Notebooks Due Grading sheet in the syllabus:	Even if you have not had clinical yet, please submit your organized notebook. Required submission of your personal objectives for

Date/Time	Topic	Reading Assignment
	Put in front of your notebook for faculty to grade! Turn in to clinical advisor at noon; to be returned by 4pm	addictions and med management in the notebook. Provide 2-3 objectives for each. Your objectives must be written in SMART (specific, measurable, attainable, relevant and time oriented) format using Bloom's taxonomy verbs. (Google Bloom's taxonomy if you are not familiar with this. If you have had clinical times, please insert your updated tally sheet, elogs and preceptor agreements. Final notebook check 5 th class, requires your signed updated tally sheets, elogs, objectives <u>with reflection on how you have or have not met</u> the objectives, your preceptor evaluations of you and your evaluation of the preceptor as well.
9 – 12Noon	Cognitive Behavioral Therapy Motivational Interviewing Suicide Assessment and Prevention Strategies Mini Mental Status Exam/ MOCA/Primary care screening Seminar on Suicide assessment and therapies	Synopsis of Psychiatry and Concise Textbook of Psychiatry : relevant chapters. Additional content in Blackboard: Course Materials.
1- 2:15 PM	Clinical Seminar: Students demonstrate Mental Status Exam, Assessment Skills, and Suicide Assessment/Prevention	Review materials in the syllabus and Blackboard Be prepared to do a complete mental status exam and suicide assessment. See guidelines *Required clinical time. (break out into clinical groups or as assigned)
2:30-4:30	Anxiety Disorders	DSM 5 Chapters of Anxiety, OC Disorder, Trauma pp 189-290. Synopsis of Psychiatry and Concise textbook of Psychiatry : relevant chapters. See index. Additional content in Blackboard: Course materials
August 26	Practice CDM due	Email to your clinical instructor
August 28	CDM 1 posted	Blackboard: Tests taken as an online test. You will have several short essay questions. You may get in and out of the test as this assignment will take many hours. You must answer each question as you go and hit submit once the question has been answered. You then proceed to the next question. You will not be able to go back to a previous question as the questions build on one another.
Sept 18	(no class)	
	CDM 1 Due Returned Oct 2	Taken as an online test; Answer each question individually. Post your answer and hit submit; then move on to the next question. You will not be able to backtrack, but you can get in and out of the assignment as often as you want. Faculty have two weeks to grade, then lead faculty will review all papers and submit grades by Oct 4.

Date/Time	Topic	Reading Assignment
Sept 24	Test one For the test review, a synthesis/synopsis of common errors will then be posted on the announcement page. No individual review of tests will be provided.	9 to 1 pm. Use Respondus. All tests will be reviewed and grades will be posted by noon on Saturday, September 27. You will not be able to see your grades immediately as faculty will review all tests before posting results.
Oct 3	Class 3	
9 -12	Child disorders ADHD Conduct Disorder Mood disorders Separation Anxiety disorder Oppositional Defiant Disorder Learning disabilities Autistic Spectrum Disorders (PDD) Parenting skills Adult ADHD	DSM-5: Child disorders Synopsis of Psychiatry /Concise text book of Psychiatry : relevant chapters: see index Additional resources and readings in Course Materials. On line powerpoint for Adult ADHD with readings posted under Course Materials.
1-2	Child exercise	In class activity
2-4:30	Addictions /Substance Use disorders SBIRT Assessment and diagnosis Alcohol; illicit drugs Pharmacology of addictive disorders Fetal Alcohol syndrome Prevention Twelve step program Relapse prevention Detox management	DSM 5 Substance Use Disorders Synopsis of Psychiatry /Concise textbook of psychiatry : relevant chapters: see index. Additional content in Blackboard: course materials
Discussion opens Saturday 7 a.m.-	Drug of Abuse Discussion Saturday, opens on Oct 4 at 8 a.m. First post Monday Oct 6 at 8 a.m. Please review the rubric for this assignment. Specific requirements for time element, interaction with	Discussion board: Q1 posted: Monday, Oct 6 at 8 a.m. –Wed Oct 8 at 8pm Q2 Posted Wednesday Oct 8 at 8 pm—Friday Oct 10 at 8 pm Q3 posted Friday Oct 10 at 8 pm—Sunday Oct 12 at 8 pm. 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) <u>and at least 1 post by each moderator when responding to each</u>

Date/Time	Topic	Reading Assignment
	peers and references are components of the grade for this assignment as well as the content that is useful and meaningful to the discussion	<u>peer's post</u> . At least 1 reference other than text, and websites are needed. The syllabus is not appropriate nor are powerpoints created by the faculty. Use correct APA format. At least one response post should have reference per question among the participants. Post to clinical instructor group discussion. See rubric and syllabus grading sheet.
Oct 2	CDM 1 graded	Clinical faculty have two weeks to grade; and lead faculty will then review all grades before posting them, at least two days after all are graded. You will have a one time view of your graded CDMs with faculty comments. Please watch announcements for when this will be available to you. Usually this will be within a day or two after faculty have finished grading the papers.
Oct 17	Class 4	
9-11:30	Eating disorders	DSM 5 Eating Disorders Synopsis of Psychiatry/concise textbook of psychiatry : relevant chapter; see index.
11:30-12:30	Psychosis	DSM-5: Schizophrenia Synopsis of Psychiatry/ Concise textbook of psychiatry : relevant chapters: see index.
12:30-1:30	Lunch break	
1:30-4:30	Gero psych lecture Neurocognitive disorders:	DSM 5 dementia and delirium chapters Synopsis of Psychiatry/Concise textbook of psychiatry : relevant chapters: See index. Articles posted on Blackboard
	Discussion board online: Note time of end of posting for each question. Try to complete about 15 minutes before end of time for each.	Please review the rubric for this assignment. Specific requirements for time element, interaction with peers and references are components of the grade for this assignment as well as the content that is useful and meaningful to the discussion.
Opens Oct 18; first question posted Oct 20	Gero: Delirium/Dementia Q1 posted Monday Oct 20 8 a.m- Oct 22, 8pm Q2 Posted Oct 22 at 8p.m. – Oct 24 at 8 pm Q3 posted Oct 24 at 8 pm – Oct 26 at 8 pm.	Blackboard 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) <u>and at least 1 post by each moderator when responding to each peer's post</u> . At least 1 reference other than text, and websites are needed. The syllabus is not appropriate nor are powerpoints created by the faculty. Use correct

Date/Time	Topic	Reading Assignment
		APA format. At least one response post should have reference per question among the participants. Post to clinical instructor group discussion.
Oct 27	CDM 2 posted	Due Nov 17; Clinical faculty have two weeks to grade; and lead instructor will then review all grades before posting them, at least two days after all are graded
		As in CDM 1, this is an online test consisting of several short answer questions. You must answer each question as you go; hit submit after you have completed answering a question and proceed to next question. This assignment takes several hours and so you can stop and start your work with multiple attempts allowed, but you cannot go back to see questions you have already seen.
Oct 29	Not a class day	ONLINE TEST
	Test 2 —Grades will be reviewed before being released to students. This may take 2-3 days. A synthesis/synopsis of common errors will then be posted on the announcement page as a review of the test.	Online from 9a.m. – 1 pm Use Respondus lockdown browser and webcam to scan student ID and your environment. Test blueprint below (not class date)
Nov 7	Class 5	
	Clinical Notebooks Due <i>Objectives need a reflective evaluation from you discussing how you met or did not meet the objective.</i>	Be sure your grading sheet is in front of your notebook. All elogs, tally sheets, objectives with reflections on how they were met, preceptor agreement and evaluations must be turned in to your clinical faculty today. Remember personal objectives must be SMART and use Bloom's taxonomy. You are required to give a reflection on how you met or did not meet each objectives. If you have concerns on this, please discuss with your clinical faculty.
9 – 10:30am	Practice Practicum:	Practice doing complete psychiatric evaluation (to prepare for practicum with standardized patient) - be prepared to interview clinical faculty who will role play patient *Required Clinical Hours
10: 30-2pm	Case Study Presentations Bring a copy of your handout for each group member to have. Check syllabus for grading criteria.	(can break for lunch or eat during presentations) Present case study to peers * Bring a copy for each group member. Ten minutes per student Presentation guideline / grading criteria in Syllabus Post case study (2 page soap note) for faculty to grade on Blackboard (assignments) by 11:59 pm Nov 7. Post after class discussion so you can revise your SOAP before submitting for grade. *Required clinical hours
On Line activity	Violence Prevention Elder Abuse	Review PowerPoint and recorded lecture on Camtasia on LRC VOD page

Date/Time	Topic	Reading Assignment
Please see PDF of PowerPoint presentation And required readings	Domestic violence Treatment of violence Neurobiology of violence Sexual Assault Neglect Workplace violence (on Camtasia or LRC VOD page)	Synopsis of Psychiatry/Concise textbook relevant chapters
On line activity	Sleep Wake Disorders	Camtasia lecture. DSM 5 Sleep disorders chapter See course materials.
Online activity	Complementary Therapies-voice over Power Point on Blackboard	Review PowerPoint on Blackboard: course materials; additional articles on Blackboard Synopsis of Psychiatry/concise textbook; relevant chapters: see index.
On Line activity	Psychiatric care of medically ill children and adults Fibromyalgia Chronic Pain Coronary Artery Disease Chronic Fatigue Syndrome Diabetes Renal disease HIV Dementia Munchhausen IBS Liver	Review PowerPoint presentation with voice over on Blackboard Course Materials page Articles on Blackboard Synopsis of Psychiatry/Concise textbook: relevant chapters/see index
Nov 17	CDM 2 due	Clinical faculty have two weeks to grade; and lead instructor will then review all grades before posting them, at least two days after all are graded. You will then see an announcement on announcement page letting you know that the CDM is opened for a one time review of grades and faculty comments. Please watch for this as this opportunity closes within 24 hours after the site is opened for review.
Nov 21 and 22	You will sign up for either Friday or Saturday in class.	

Date/Time	Topic	Reading Assignment
	Simulation Practicum using Standardized Patients and guided by template in syllabus. The note is due within 24 hours of completion of your practicum. (will sign up in class for preferred day and time)	Handout in Syllabus Conduct 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 write-up. An example is templated as an outline in Syllabus / post to Practicum in Assignment page within 24 hours of completing your practicum. You may bring resources with you to this practicum: eg DSM5; drug book and your template from syllabus.
Nov 25 Ethical dilemma posted at 7 a.m.	ONLINE Note time of end of posting for each question. Try to complete about 15 minutes before end of time for each. <i>Please note: Q1 moderator will have three days to prepare, in order to have Thanksgiving day off. Q1 will be posted on Friday morning after Thanksgiving day.</i>	Please review the rubric for this assignment. Specific requirements for time element, interaction with peers and references are components of the grade for this assignment as well as the content that is useful and meaningful to the discussion
	Ethics discussion online Q1 posted 8 a.m. Nov 28. – 8 pm Nov 30 at 8 pm; Q2 posted Nov 30 at 8 pm- Dec 2 at 8pm; Q 3 posted Dec 2 at 8 pm – Dec 4 at 8 pm.	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. 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) <u>and at least 1 post by each moderator when responding to each peer's post.</u> At least 1 reference other than text, and websites are needed. The syllabus is not appropriate nor are powerpoints created by the faculty. Use correct APA format. At least one response post should have reference per question among the participants
Dec 9	Test 3	This is not a comprehensive final but will cover material since last test.
		Respondus and webcam needed to scan student ID and your environment. Take test between 9 a.m. to 1 pm. Blueprint below

All tests require Respondus lockdown browser. Be sure to review test taking tips on Blackboard. Do NOT use a wireless connection. If you need help with this or are concerned about your computers capabilities, contact Center for Distance Education Support or call Blackboard support for assistance.

<u>TEST</u>	<u>TOPICS</u>
Test 1 Blueprint	<u>Test 1 : 75 questions 120 minutes; 2 hours</u> DSM-5 and psychiatric evaluation(10) Depression (15) Anxiety Disorders (15) Cognitive Behavioral Therapy , Motivational Interviewing (10) Bipolar (15) Suicide prevention(10)
Test 2 Blueprint	<u>Test 2 : 75 questions 120 minutes; two hours</u> Psychosis (10) Childhood Disorders (15) Adult ADHD (5) Dementia/Delirium/geri depression (15) Eating disorder (10) Substance Use Disorders (20)
Test 3 Blueprint	<u>Test 3- 75 questions 120 minutes: two hours</u> Violence prevention and treatment –15 Complementary therapies -14 Medically ill adult and children -18 Ethics 10 Sleep disorders 18

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CLINICAL NOTEBOOK GRADING

Item	Mid-term P/F	Final P/F
<p>Clinical Tally Sheet This is a record of your clinical time toward your overall experience. All documented clinical hours are co-signed by the preceptor on the day the hours were completed. Counseling seminars, a total of five hours, count toward the total clinical time requirement and are entered on the Clinical Tally Sheet. A signed-preceptor agreement for each clinical site.</p> <p>Comments:</p>		
<p>Clinical Objectives/Evaluation (P/F) Addiction and psychiatry objectives and two personalized clinical objectives for each area are included. Description of progress toward meeting these objectives is included at mid-term notebook check and final notebook check</p> <p>Comments:</p>		
<p>E-Log Printout Record all patients seen in E Log. Include a summary print out at midterm and at the final notebook check off. (ok to not input patients from addictions day)</p> <p>Comments:</p>		
<p>Preceptor evaluation of student; evaluation of preceptor Copy of preceptor agreements</p> <p>Comments:</p>		
<p>Overall neatness and organization.</p> <p>Comments:</p>		
<p>Notes:</p>		

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Assignments/Grade Summary

Student _____ Faculty: _____ Date _____

Clinical Assessment	Due Date	Grade	
Syllabus Test: Practice using Respondus & Webcam		Pass/Fail	
Clinical Decision Making – I	See course calendar	12.5%	
Bipolar exercise: In class	Class 1	Pass/Fail	
Mental Status Exam and Suicide Assessment Demonstration (in class)	Class 2	Pass/Fail	
1) Drug of abuse discussion board 2) Delirium/dementia discussion board 3) Ethical dilemma discussion board	See course calendar	10.5%	
Clinical Decision Making – II	See course calendar	12.5%	
Test I with Respondus Lockdown Browser and webcam monitor on Blackboard 9am-1 pm.	See course calendar	14%	
Case Study Presentation in class and 2 page SOAP note to give to each group member in class.	Class 5 ; revision due by midnight posted to assignment page for grading	7.5%	
Clinical Notebook: Include Objectives, Summaries, Preceptor Agreements, E-Logs, and Record of Clinical Hours,	Class 2 Class 5	Pass/Fail	
Preceptor Evaluation of Students Include all sites where 12 or more clinical hours were completed	By final practicum	Pass/Fail	
Evaluation of Preceptors	By final practicum	Credit	
Test 2 on Blackboard-open 9 am –1 pm – Use Respondus and webcam monitor	See course calendar	14%	
Practicum and SOAP Note-SOAP note due 24hr after completion. See MSN forms for what you will be graded on during this evaluation.	See course calendar	15%	
Test 3 on Bb: opens 9 a.m – 1 pm Use Respondus and webcam.	See course calendar	14%	

Total 100%_____

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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

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Tips: Mental Status Examination:

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

General appearance: Clothing, personal hygiene, makeup, manner of dress; any body odor

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

Motor behavior: Normal, 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: Hypnagogic (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:** Name 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 Cognitive Assessment (MOCA) (posted in blackboard and on website www.mocatest.org and SLUMs. Be familiar with these specific tests for cognitive concerns.

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

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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, DSM 5. 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. You will be graded according to criteria in MSN Forms, N5303. Please download this form so you will understand how your evaluation of the final practicum will be weighed and what areas are being assessed by your instructor.

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General Psychiatry Clinical Objectives:

Focus on these objectives when appropriate and add 2-3 of your own personal objectives for this experience. (SMART using Bloom's taxonomy). Bring to class 2 so your clinical faculty can review these and provide feedback.

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

Course objectives:

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 2-3 of your own personal objectives for this experience. (SMART using Bloom's taxonomy). Review with clinical faculty by turning these in with clinical journal at class 2. Discuss the objectives with preceptor. Evaluate how well each objective was met by providing a brief narrative/reflection. **If you are unable to meet some of these objectives at the clinical agency, that is ok. Turn in with clinical notebook.**

Course objectives for Addiction:

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.

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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. DSM 5 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 **template in this syllabus beginning on p 34**. 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 **24 hours after the completion of their practicum**, to submit the completed documentation to Blackboard: Assignment page, Practicum so that the faculty who was present during your practicum can grade these submission.

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 write up should include the physical exam that would be appropriate for this patient. The student will do cognitive assessment on all geriatric patients or any patient who is noted to have a cognitive decline as you evaluate them. Otherwise a Folstein's or SLUMS Mini Mental Status evaluation will not be needed.

Scheduled times are provided to you using the sign up pages you complete at the second class. The same faculty will observe the interview and grade the write-up. Turn in your write up Bb assignments: 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 Please download this page as a resource for you.

WRITING CLINICAL OBJECTIVES

In this course, you will create 2-3 personal objectives for your addiction clinical and 2-3 personal objectives for your medication clinical. You will need to give these to your preceptor to see so s/he can help you meet your objectives. You need to place a copy of these objectives in your clinical journals and these will be turned in at class 2 to your clinical faculty for review. The objectives need to be written in **SMART** formatting that is: specific, measurable, attainable, relevant and time oriented. You need to use verbs such as those in **Bloom's taxonomy**. Google Bloom's taxonomy if you are not familiar with this type of verbs.

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CASEPRESENTATION: 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. Write 2 page SOAP note (can be single space) and bring copies for all students in your groups. 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 (functional assessment for elderly). Post SOAP note on assignment page for grading by midnight on day you present, having made revisions as suggested in class discussion.

Criteria	Points Possible	Points Earned
<u>Subjective Data</u> <u>Reason for selecting this particular patient;</u> <u>Is this new or followup med management visit?</u> <u>Include clinical site and preceptor</u> Go 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	
<u>Objective</u> 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	
<u>Assessment</u> DSM 5 : (may have more than one diagnosis) one Rule Out and one Differential Diagnosis. Challenges encountered in making the diagnosis	20	
<u>Plan</u> Pharmacological treatment: drug, dose, rationale, response goal Labs: ordered, results, needed. Non-pharmacological treatment: therapy, resources, referrals. Disposition: inpatient, outpatient, progress, prognosis What to focus on in next visit: target symptoms; adverse effects?	25	
<u>Presentation</u> Organized, systematic, logical, concise State what you learned from this patient	10	
Comments		

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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 used 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: Are you feeling a lot of guilt or low self esteem/down on yourself?

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 suicidal 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? (if so, get details of dates, methods, help received)

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?

If yes, has plan, get details; what kind of plan? Access to plan? How close have you come to acting on the plan?

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

Current Plan? Intent?

Anxiety/OC and related disorders/ PTSD: (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 5 criteria (not all criteria are listed here); if no’s then no further questions needed re that disorder.

Separation disorder: Do you feel distress thinking about being away from home or from family? Do you worry about harm happening to family members? Do you have fear of leaving home because of fear of separation?

Selective mutism: Do you have trouble speaking when spoken to?

Specific phobia: Do you have fear or anxiety about a particular situation or object, such as heights, animals, seeing blood or receiving an injection?

GAD: Do you worry a lot? Is it difficult for you to control the worry? Do you ever feel restless, fidgety, or on edge? Muscle tension, feel the worse thing will happen? Fatigue? Mind goes blank? Irritability? Sleep disturbance? Lasting 6 months or more?

Panic disorder : Ever have short burst (abrupt surge) 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? (unexpected) Do you fear another one will happen? Avoid things that might bring on another panic attack? Go through the 13 symptoms,

Agoraphobia: Do you have fear or anxiety about situations where you might not be able to escape or that you won't be able to get the help you need or if you have panic like symptoms? Do you have fear or anxiety about using public transportation, being in open spaces, being in enclosed spaces, standing in line or being in a crowd, being outside of the home alone?

Social Anxiety Disorder (Social Phobia: Do you feel uncomfortable around people in social situations (e.g. social interactions, being observed, and performing in front of others?) and think that they are scrutinizing you? Do you avoid certain social situations? Feel you will say or do something embarrassing or lead to rejection or offend others? Has this lasted at least 6 months?

PTSD: Were you exposed to actual or threatened death, serious injury, or sexual violence (witness, directly experiencing, learning a violent or accidental event occurred to close family member, repeated exposure to details of the event), If yes, then ask: Do you have nightmares, flashbacks of any traumatic events in your life? Startle easily, avoid talking about the trauma? Feel numb or detached from others, or hypervigilant? Inability to experience positive emotions? Sleep disturbance? Verbal or physical aggression? Reckless or self destructive behavior? Experience hearing voices or seeing things when falling asleep? Length of time 1 month or more/

OC and Related disorders

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 ? Or any other kind of rituals that you feel compelled to do? Do you have thoughts that are intrusive, and unwanted and that you try to ignore, suppress or neutralize with a compulsion? Does this take up an hour or more of your day?

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 times or do excessive grooming, or compare yourself to others?

Trichotillomania: Do you frequently pull out your hair resulting in hair loss?

Hoarding: Do you have difficulty letting go of possessions, throwing things away? Is your house very cluttered by these items that you accumulate?

Skin Picking: Do you frequently pick on your skin and cause skin lesions?

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 (BDI or II)

Do you ever have periods of extreme happiness or elevated mood or irritability? How long do they last? How high do the “ups” go (1-10 for mania, with 10 as highest ever) and then, how low do the “lows” go? (1=10, with 10 as lowest, suicidal feeling) Where you are today? Where have you been for the last two weeks?

Can you go 4-7 days without sleeping? Do you 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?

Do you have periods of excessive energy? Do others comment about this increased energy?

Racing thoughts? Feel agitated?

Spending sprees? Other reckless behavior? Increased sexual activity during these times? Sexual indiscretion? Drugs or alcohol? Get in fights?

Start lots of projects that 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 falling 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 (ADHD) Difficulty paying attention? Trouble understanding what you read or finishing a book? Happen before the age of 12? 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)

For any use of drugs/alcohol, ask questions to identify symptoms of intoxication, withdrawal, severity

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 year? # drinks per week?

Ask about size of drink: use standardized drink chart for size of drink, 12 oz beer, 1 ½ oz liquor, 5 oz wine = 1 drink See the guidelines or asking these questions in Clinicians Guide. More than 14 drinks a week for men, 7 drinks a week for women is considered problem use. CAGE questionnaire (not as useful as AUDIT (or CRAAFT with teen) or questions about # drinks)

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?

Ask about craving. (e.g 1-10) even if they are not currently using, this question must be asked.

Financial burden? Drink when driving? 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 dextromethorphan / bath salts?

Ever treated? (get details) 12 step? Last meeting? Sponsor? 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)

Ask if have plan to change drug use, alcohol use, nicotine use? (do MI)

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?

Completed suicides in family or among close friends

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 patient (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?)

Abuse in the past? Did you tell anyone? What happened? Are you safe now?

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 of the fence? Or 'people in glass houses should not throw stones?

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 have you determined from your interview is this patient's liabilities?

Other objective assessments:

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

Focused Physical Exam pertinent to patient's presenting problems.

(Always include heart and lung and MSK; most always, need neuro exam)

ASSESSMENT

Psychiatric Disorders (prioritize), include DSM 5 coding for each

Medical Diagnoses: include unexpected weight loss; hypersomnia; arthritis, DJD, Diabetes, etc

Social and environmental factors that may be a factor in their illness Stressors/ contextual factors: social support; economic; educational; occupational; parenting; marital discord; list the specific stressors and contextual factors the patient is facing. These are V codes or Z codes. See DSM 5.

Disability: (examples) is patient able to work, negative outcomes with educational process, social problems, physical disability

R/O Rule out are diagnoses that you are considering as possibilities as cause of their mental health problems; 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.

APA formatting tips for references:

Do not cite Lieser or any of your faculty's PowerPoints in any work you submit in this class, as these are bullets only. Good references for use in your discussion boards and CDMs come from peer reviewed clinical or research articles and not from textbooks or websites or your syllabus.

When/if you cite an edited book, use the edited book reference in the APA referencing guide; you **do not cite the entire book but just the chapter that you are using in your reference**, thus giving page numbers in the reference.

Book titles and article titles: you only capitalize the first word or the first word that follows a colon.

Creating individual objectives:

In this course you will create personal objectives of learning. Create 2-3 personal objectives for med management clinics and 2 for your addiction days. These objectives are to be shown to your preceptor and a copy of these are to go in your clinical journals. Upon completion of your clinicals, you will evaluate how you met or did not meet your objectives. To do that you need to give a reflection, a few sentences, that describe examples of how you met or did not meet the objectives.

These should be SMART: specific, measurable, attainable, relevant and time oriented. In order for these to be measurable, certain verbs are required. You would not say "Learn" or "Understand" for example as these cannot be measured. Instead you would use words like: By the end of my clinical experience, I will be able to describe, or discuss, etc._____.

Bloom's taxonomy is an excellent guide in the type of verbs you would use. Here is a link that will give you some ideas on the types of verbs you want to use and the level of learning each one implies. <http://www.edpsycinteractive.org/topics/cognition/bloom.html>

University of Texas at Arlington College of Nursing
N5303--Psychiatric Management Fall 2014
(WEEKLY) CLINICAL HOUR TALLY SHEET

NAME: _____ **MAJOR:** _____

Week of:	Aug 25-30	Aug 31- Sept 6	Sept 7-13	Sept 14- 20	Sept 21- 27	Sept 28- Oct 4	Oct 5- Oct 11	Oct 12- 18	Oct 19-25	Oct 26- Nov 1	Nov 2- Nov 8	Nov 9- Nov 15	Nov 16- Nov 22	Nov 23- Nov 29	Nov 30- Dec 6	Total
TYPE OF HOURS (Required)																
Adult Psych Management																
Child/Adolesc ent Psych Management																
Geri Psych Management																
Addiction (8)																
In class Seminars (5)																
Total Hours																

Preceptor Signature: _____ **Date and Times:** _____

Preceptor Signature: _____ **Date and Times:** _____

Preceptor Signature: _____ **Date and Times:** _____

Preceptor Signature: _____ **Date and Times:** _____

Preceptor Signature: _____ **Date and Times:** _____