**The University of Texas at Arlington**

**College of Nursing**

**N5424 Psychiatric Mental Health Nursing**

**Fall 2014**

**Instructor(s):**

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| **Diane Snow, PhD, APRN, PMHNP-BC, FAANP**  ***Clinical Professor***  Director, PMHNP Program  Office Number: Pickard Hall Rm. # 627  Office Phone: (817) 272-7087  Office Hours: By Appointment  E-mail: [snow@uta.edu](mailto:snow@uta.edu)  Faculty Profile: <https://www.uta.edu/mentis/profile/?357> |
| **Carol Lieser, PhD, APRN, PMHNP-BC, SFO, MTS**  ***Assistant Clinical Professor***  Office Number: Pickard Hall Rm. # 617  Office Phone : (817) 272-2776  Office Hours: By Appointment  Email : [clieser@uta.edu](mailto:clieser@uta.edu)  Faculty Profile: <https://www.uta.edu/mentis/profile/?2801> |
| **Linda Trowbridge, MSN, APRN, PMHNP-BC**  ***Clinical Instructor***  Office Number: Pickard Hall, Rm. # 626  Office hours: By appointment  Email: TBA  Faculty profile: TBA |
| **Debra Lamont, MSN, APRN, PMHNP-BC**  ***Clinical Instructor***  Office Number: Pickard Hall, Rm. #626  Office Hours: By appointment  Email:TBA  Faculty Profile: TBA |

**Section Information:** NURS 5424 Sections 001-006

**Time and Place of Class Meetings:** Pickard Hall Room # 209 & 220, Wednesday 12pm-6pm

**Description of Course Content:** Advanced clinical management of individuals, families, and groups at risk for and experiencing acute and chronic psychiatric disorders.

**Other Requirements:** Prerequisite: NURS 5303; NURS 5305 or concurrent enrollment, or Certificate Program Standing. You will meet before or after class 2-3 times for “clinical supervision” related to your therapy experiences, which counts as clinical time, with your clinical advisor; some classes may be scheduled to end ½ to 1 hour past 6pm; 3 online tests on non-class days; most assignments are due on non-class days; online discussion on blackboard for several assignments with your clinical group; lectures posted before class day to be viewed/listened to before class.

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

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

**Required Textbooks and Other Course Materials:**

1. American Psychiatric Association, (2013). *Diagnostic and Statistical Manual of Mental*

*Disorders (DSM-5).* (5th ed.). Washington, DC: American Psychiatric Association **ISBN:**

**9780890425558**

1. Nichols, M. (2012) *Family Therapy: Concepts and Methods*. (10th ed.). Allyn & Bacon, Inc. **ISBN: 9780205827190**
2. Sadock, B. and Sadock, V. (2014). *Kaplan and Sadock's Synopsis of Psychiatry.* (11th ed.). Philadelphia: Lippincott Williams &Wilkins. **ISBN:**
3. Stahl, S. (2013). *Stahl’s Essential Psychopharmacology*: *Neuroscientific Basis and Practical Applications.* (4th ed.). Cambridge: Cambridge University Press **ISBN: 9781107686465**
4. Corey, G. (2012). *Theory and Practice of Counseling and Psychotherapy*. (9th ed.). Cengage Learning. **ISBN:** **9780840028549**
5. Wheeler, K. . *Psychotherapy for the Advanced Practice Psychiatric Nurse*.(2nd ed)Springer Publishing Company. **ISBN: 9780826110008**
6. Corey, MS, Corey, G and Corey, C. (2013). *Groups: Process and Practice*. (9th ed.). Cengage Learning. **ISBN: 9781133945468**
7. Stahl, S. *Prescriber’s Guide,* (5th ed.), Cambridge University Press. **ISBN: 9781107675025**
8. Stein, *Essential Evidence-Based Psychopharmacology.* (2nd ed.). Cambridge University Presss. **ISBN: 9781107400108**

**Recommended:**

1. Zimmerman. *Interview Guide for Evaluating DSM-5 Psychiatric Disorders & the Mental Status.* Psych Products Press. **ISBN: 9780963382115**
2. Linehan, M. (1993). *Skills Training Manual for Treating Borderline Personality Disorder.* New York: The Guilford Press **IBSN: 9780898620344**
3. Carlat. *Psychiatric Interview* (3rd ed.). Lippincott Williams & Wilkins. **ISBN: 9781451110197**
4. Burdick. *Mindfulness Skills Workbook for Clinicians & Clients.* CMI. **ISBN: 9781936128457**
5. Yearwood. *Child & Adolescent Behavioral Health.* John Wiley & Sons, Incorporated. **ISBN: 0813807867**

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

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| --- | --- | --- |
| **Description** | **Percentage/ P/F** | **Due Date** |
| 1. Preceptor Evaluations –management | Pass/ Fail | 12/3/14 |
| 1. Preceptor Evaluation-therapy | Pass/ Fail | 12/3/14 |
| 1. Clinical Notebook | Pass/ Fail | 10/29 and 12/3/14 |
| 1. Final Clinical Practicum (includes SOAP note due in 48 hr) | 10% | TBD |
| 1. SOAP Notes (1) | 5% | 10/22/14 |
| 1. CDM (2) | 20% | 9/19 and 11/19 |
| 1. Test #1 | 12.5% | 9/24/14 |
| 1. Test #2 | 12.5% | 11/05/14 |
| 1. Case study discussions | 10% | 9/17, 10/1, 10/29,11/12,11/26\* |
| 1. Final Exam (comprehensive) | 15% | 12/8/14 |
| 1. Moment therapy maps (2) | 5% | 10/6 and 11/10 |
| 1. Family case study | 5% | 11/26 |
| 1. Participation class & Blackboard 2. Diff. diagnosis, medication quizzes | Pass/ Fail  5% | 9/17, 10/1, 10/29, 11/12, 11/26 \* |
| \*one of the 5 grades may be dropped if student so chooses | **100%** |  |

**Attendance Policy Attendance Policy: Attendance:** At The University of Texas at Arlington, taking attendance is not required. Rather, each faculty member is free to develop his or her own methods of evaluating students’ academic performance, which includes establishing course-specific policies on attendance. **For this course a graded activity will occur at each class, and attendance is expected.** *See grading criteria for details.*

**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:** Contact your instructor for instructions.

**Test Reviews:** Test review dates will be forthcoming.

**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 University Catalog.

<http://catalog.uta.edu/academicregulations/grades/#graduatetext>.

**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.

**Census Day: September 8, 2014**

**Last day to drop or withdraw October 29, 2014**

**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.

**Title IX:** The University of Texas at Arlington is committed to upholding U.S. Federal Law “Title IX” such that no member of the UT Arlington community shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity. For more information, visit [www.uta.edu/titleIX](http://www.uta.edu/titleIX).

**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](mailto:resources@uta.edu), or view the information at [www.uta.edu/resources](http://www.uta.edu/resources).

**Electronic Communication:**  UT Arlington has adopted MavMail as its official means to communicate with students about important deadlines and events, as well as to transact university-related business regarding financial aid, tuition, grades, graduation, etc. **All students are assigned a MavMail account and are responsible for checking the inbox regularly.** There is no additional charge to students for using this account, which remains active even after graduation. Information about activating and using MavMail is available at <http://www.uta.edu/oit/cs/email/mavmail.php>.

If you are unable to resolve your issue contact the Helpdesk at [helpdesk@uta.edu](mailto:helpdesk@uta.edu).

**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 exit. 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**, *Nursing Librarian*

Phone: (817) 272-7433

E-mail: [peace@uta.edu](mailto: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](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>

**Course Schedule**

*As the instructor 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. Diane Snow, PhD, APRN, PMHNP-BC, FAANP*

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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.

**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](mailto: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](mailto:npclinicalclearance@uta.edu) or Janyth Arbeau at [arbeau@uta.edu](mailto: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](mailto: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](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 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**

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| **Mary Schira,** PhD, RN, ACNP-BC  Associate Dean and Chair; Graduate Advisor  Email: [sCollege of Nursingra@uta.edu](mailto:schira@uta.edu) | **Rose Olivier**, Administrative Assistant I  Office # 605-Pickard Hall, (817) 272-9517  Email: [olivier@uta.edu](mailto:olivier@uta.edu) |
| **Sheri Decker**, Assistant Graduate Advisor  Students: A-J  Office # 611-Pickard Hall, (817) 272-0829  Email: [s.decker@uta.edu](mailto:s.decker@uta.edu) | **Janyth Arbeau,** Clinical Coordinator  Office # 610- Pickard Hall, (817) 272-0788  Email: [Arbeau@uta.edu](mailto:Arbeau@uta.edu) or [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu) |
| **Luena Wilson**, Graduate Advisor I  Students: K-Z  Office # 613-Pickard Hall, (817) 272- 4798  Email: [lvwilson@uta.edu](mailto:lvwilson@uta.edu) | **Kimberly Hodges,** Support Specialist II  Office #612 Pickard Hall, (817) 272-9373  E-mail: [khodges@uta.edu](mailto:khodges@uta.edu) or [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu) |

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

**N5424 Psychiatric Mental Health Nursing I**

**Fall 2014**

Room 220 (Subject to Change)

| Date/Time | **Topic** | **Readings Assignments\*** | **Speaker** |
| --- | --- | --- | --- |
| Monday  9/1/2014 | **Lectures posted: Overview of individual therapies; intro to Group therapy. Making accurate DSM 5 diagnosis**  **Role of PMHNP** | Corey and Corey  Corey : Group chap 1-3 |  |
| Wednesday  9/3/2014  Class 1  12-1pm | Course Overview and introductions |  |  |
| 1-1:55 pm | **Boundaries/transference/ counter transference issues/self-disclosure/self-awareness/role of therapy in PMHNP practice; ethics of therapy.** | Blackboard. Articles  Scope and Standards of Psychiatric Nursing (see ANA/APNA to order)  Powerpoint on Blackboard  Wheeler, Chapter 1  Sadock: relevant chapters | Diane, Linda, Carol, Debra |
| 2-3:30pm | Solution Focused Therapy | Corey, p. 433-35  Sadock & Sadock, relevant chapters  Nichols Chapter 6,7  Readings on Blackboard. | Jeanneane Keene, MSN, RN |
| 3:45-4:30 | **Make an accurate DSM 5 diagnosis workshop** | DSM-5 –specifiers, rules of precedence, multiple diagnoses, V codes  **Bring DSM-5**  Read DSM 5 for rules of precedence, specifiers, V codes, etc. anxiety, mood, psychosis, addiction, dementia specifiers and course of illness, etc  (work in clinical groups; ) |  |
| 4:45-6pm | **Group therapy- principles, ice breakers, starting and ending a session; types of groups, curative factors; confidentiality; multifamily groups**  **(in CLINICAL GROUPS)** | Corey and Corey (Group Therapy): Chapter 1-3  Corey on group therapy  Sadock and Sadock on group therapy  You Tube  <https://www.youtube.com/watch?v=PwnfWMNbg48>  Irving Yalom and group therapy  <https://www.youtube.com/watch?v=XYc_APlH7VY>  This covers using REBT in a group  <https://www.youtube.com/watch?v=cV3IzZDDuAQ>  This covers Reality Therapy (see Cory)  <https://www.youtube.com/watch?v=Le8tEIHD_hk>  This talks about common mistakes in conducting group therapy  <https://www.youtube.com/watch?v=EYHthbg1nmY>  This gives an example of doing a go around and working with one person in group  <https://www.youtube.com/watch?v=ziPuilrd4Xs>  This talks about the gestalt concept of unfinished business    **Powerpoint on course materials** | Diane, Linda. Carol, Debra  (in groups) |
| Friday 9/5/2014 | **CDM I open: (under tests in blackboard)**  **Due 9/19** |  |  |
| Monday  **9/15/2014** | **Lectures posted: intro to family therapy; strategies of group therapy; CBT: case conceptualization, setting agenda, making homework assignments; REBT, antidepressants** |  |  |
| Wednesday  9/ 17/ 2014  Class 2  12- 12: 30 | **Depression Case Study / Differential Diagnosis and Pharmacology Decision Making**  **Quiz #1**  **(you are asked to write differential diagnosis on each quiz and determine medication to start and then next step to add or change)** | **Review depression DSM5 diagnoses, antidepressants (side effects, drug/ drug interactions, starting doses, pharmacokinetics, neurotransmitters and decision making**  **Stahl: Evidence based psychopharm**  **Stahl: Prescribers Guide**  **Stahl: Essential Psychopharmacology**  **Power point lecture posted on antidepressants** |  |
| 12:30- 3 | **CBT and REBT workshop.**  **Case conceptualization, setting agenda, homework assignments.Thought record, cognitive distortion; REBT ABC principles** | **Review Corey: CBT, Sadock: CBT, readings on course materials, you tube** |  |
| 3-6pm | **Depression Case Study Discussion of Evidence Based Nonpharmacological Treatment (therapy, etc)**  **Graded Discussion**  **(rubric will be posted)**  **Clinical Groups** | Be prepared to discuss and demonstrate which therapies would be appropriate for Depression Case Study.  Strategies will focus on their use in depression (be prepared)  1. Light therapy/ exercise and mood  2. Mood diaries and journaling  3. Interpersonal therapy  4. Behavioral activation  5. Psychoeducational manualized treatment  6. Mindfulness therapy for depression  7. CBT  8. REBT  Rubric will be posted: e.g. asks relevant question, responds to peers, engages with group, content knowledge, demonstrates therapy (TBC) |  |
| Friday  9/19/2014 | **CDM #1 Due on blackboard.** |  |  |
| Wednesday 9/24/2014 | Test 1-Online quiz on blackboard **Test is open 7am to 11:59 pm** | Test blueprint –See blackboard |  |
| Monday 9/29/ 2014 | **Lecture posted ahead: DBT ; Family Therapy structural and strategic; group therapy strategies; Anxiety Therapies** |  |  |
| Wednesday October 1, 2014  12-1:30 | **Class 3**  **Theory of Stress and Mindfulness Therapy** | Articles and youtubes posted. | Lynn Kutler, RN, PhD student, UTA CON |
| 1:30-3PM | **Personality Disorders** | Sadock and Sadock  DSM 5: 10 Personality Disorders | Howard Cohen, MD |
| 3-3:30 pm | **Anxiety Case Study : Differential Diagnosis and Pharmacology Decision Making**  **Quiz #2** | Power point on course materials.  Review: SSRIs/ SNRIs, benzodiazepines, anticonvulsants used for anxiety  Review in Sadock, and pharm books,etc  Study DSM 5 differential diagnosis for anxiety/ trauma/ OC disorders |  |
| 3:30-6pm | **Anxiety/OC/Trauma Case Study Discussion of Evidence Based Nonpharmacological Treatment (therapy, etc)**  **Graded Discussion**  **(rubric will be posted)**  **Clinical Groups** | Be prepared to discuss and demonstrate which therapies would be appropriate for Anxiety/OC/Trauma Case Study.  Strategies will focus on their use in anxiety/trauma/OC (be prepared)   1. Exposure response prevention 2. CBT 3. DBT   4. Psychoeducational manualized treatment  5. Mindfulness therapy for anxiety  6.Relaxation & imagery; breath control  7. Habit reversal training  8. EMDR |  |
| Monday  10/06/14 | **TMM #1 due on blackboard discussion by clinical group for 1 week. 10-6- 10/13**  **(can opt for collaborate or other online method for discussion with instructor)** |  |  |
| Wednesday  10/22/2014  No class | **SOAP #1 due** |  |  |
| Monday 10/27/14 | **Lecture posted: Social Rhythm therapy for Bipolar Disorder, Family focused therapy for bipolar disorder, Therapies for patients with schizophrenia** |  |  |
| Wednesday  10/29/14  Class 4  Bipolar and Schizophrenia | **Clinical notebooks-can send electronically by 7am, or bring to class**  **including Reflective Learning Journal with at least 1 entry for each therapy clinical day..**  **(can be 1 page )** | Boyd and Fales (1983) state that "reflective learning is the process of internally examining and exploring an area of concern triggered by an experience which creates and clarifies learning in terms of self which results in change of perspective." |  |
| 12-1:30pm | **Narrative Therapy** | Corey, 431-438  Nichols-Chapter 6 and 7  Articles on blackboard (links) | Mary Bittle, PhD  TBC |
| 1:45-2:15pm | **Bipolar/Psychosis Case Study Differential Diagnosis and Pharmacology Decision Making**  **Quiz #3** | DSM 5 diagnoses for bipolar disorders, schizoaffective and schizophrenia  Evidence based medications to treat  (See power point on medications on course materials) Review antipsychotics, lithium, anticonvulsants. |  |
| 2:30-3:30 | **DBT** | Linehan, Corey, Sadock, power point  YouTube | TBD |
| 3:30-6pm | **Bipolar/Schizoaffective/Schizophrenia Case Study Discussion of Evidence Based Nonpharmacological Treatment (therapy, etc)**  **Graded Discussion**  **(rubric will be posted)**  **Clinical Groups** | Voice Over Power Point  Sadock and Sadock  Articles  SP demonstration of bipolar disorder (TBD) |  |
| Wednesday  11/05/2014 | **Test 2 on Blackboard, no class**  **Open 7a to 11:59**  **CDM 2 posted-Due 11/19/14** | Test Blueprint on Blackboard discussion board |  |
| Monday  11/10/2014 | **TMM #2 due on blackboard discussion board by group. Lead discussion x 1 week.**  **11/10-11/116** |  |  |
| Monday 11/10/2014 | **Lectures posted on Addiction therapies: transgenerational Family Therapy; addicted family; Motivational Interviewing, Eating disorder- therapies** |  |  |
| Wednesday11/12 /2014  Class 5  \ | Addiction and Eating Disorder  Therapies |  |  |
| 12-1:30pm | Eating Disorders and other Childhood Therapies | Wheeler  Sadock  Corey | Shari Scott, MSN, PhD |
| 1:30-3pm | **Anxiety disorders therapy with children** | TBA  Articles on blackboard. | Kathleen Norris, LPC  Private Practice, TBC Bedford |
| 3-3:30 | **Addiction and Eating Disorder Case Study Differential Diagnosis and Pharmacology Decision Making**  **“ Quiz #3”** | DSM 5 diagnoses for substance use disorders and eating disorders  Evidence based medications to treat  (See power point on medications on course materials) Review Chantix, Suboxone, Naltrexone/Vivitrol, Antabuse, Campral, topiramate, SSRIs |  |
| 3:30 – 6pm | **Addiction/Eating Disorder Case Study Discussion of Evidence Based Nonpharmacological Treatment (therapy, etc)**  **Graded Discussion**  **(rubric will be posted)**  **Clinical Groups**  **Addicted Family Demonstration** | Be prepared to discuss and demonstrate which therapies would be appropriate for Addiction and Eating Disorder Case Studies.  Strategies will focus on their use in substance use disorders and eating disorders (be prepared)   1. 12 step 2. Family therapy 3. Motivational interviewing/ SBIRT 4. Nutritional therapy   5.DBT  6. CBT |  |
| Monday  11/24/2014 | **Lectures posted ahead: Bereavement therapy; ADHD therapies, Group therapy with children; others TBA** |  |  |
| Wednesday  11/26/2014  Class 6  12- 12:30  12:45-2: 45 pm | Age related therapies  **Child and Geri Case Studies Differential Diagnosis and Pharmacology Decision Making**  **“ Quiz #5”** Child CBT and Play Therapy/Parent Training/ **Collaboarative Parenting** | **Relevant chapters in Sadock, Corey**  **Online references** | TBA  Jesse Tucker |
| Wednesday  11/19/14 | **CDM II Due** |  |  |
| Wed  12/3/2014 | **Clinical notebooks due –send electronically. Elogs will be viewed by faculty online on this date** |  |  |
| Monday  12/8/2014 | Comprehensive Final Exam. Blackboard/online 7am to 11:59pm |  |  |

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

**N5424 Psychiatric Mental Health Nursing I**

**Fall 2014**

**Case Study Discussion of Evidence Based Nonpharmacological Treatment (therapy, etc)**

**Graded Discussion –Classroom**

**N5424**

The purpose of this assignment is to determine and demonstrate the appropriate evidence based non pharmacological treatments (therapies, etc) for a case study “patient”. There are 5 main topics: depression, anxiety/OC/trauma, bipolar and schizophrenia, addiction and eating disorders, and age related (child and geri).

**Each student will be graded on participation for each topic.**.

One grade may be dropped (grade on 1 out of 5 class dates) at student discretion

*Rubric for grading will be posted on blackboard (TBD*)

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

**N5424 Psychiatric Mental Health Nursing I**

**Fall 2014**

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

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

**ASSIGNMENTS/GRADE SUMMARY**

**ASSIGNMENTS DUE DATE GRADE**

1. SOAP Notes (1 total) 10/22 5% \_\_\_\_\_
2. Clinical Decision Making (1) 9/19 10% \_\_\_\_\_
3. Clinical Decision Making (2) 11/19 10% \_\_\_\_\_\_
4. Preceptor Evaluations 12/03 Pass/Fail\_\_\_\_\_\_

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

1. Practicum Evaluation TBA 10%\_\_\_
2. Family Case Study online 11/26 5%\_\_\_\_\_\_
3. Clinical Notebook 10/29 / 12/3 Pass/Fail\_\_\_\_\_\_\_

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

1. Evaluation of Preceptors/Faculty 12/3 Credit \_\_\_\_\_
2. Test 1 9/24 12.5% \_\_\_\_\_\_
3. Test 2 11/05 12.5% \_\_\_\_\_\_
4. Case Study Discussion (5) 9/17, 10/1, 10/29, 11/5, 11/26 \* 10%\_\_\_\_\_\_

1. Diff. Diagnosis /medication quizzes(5) 9/17, 10/1, 10/29, 11/5, 11/26\* 5%\_\_\_\_\_\_
2. Comprehensive Final Exam 12/8 15% \_\_\_\_\_\_
3. Therapy Moment Mapping (2) 10/6 and 11/10 5% \_\_\_\_\_

(lead discussion x 1 week)

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

Respond to discussion of therapy moment mapping

Submitted by peers;

Classroom participation –come prepared for workshops

Respond to family case study by clinical group x1 post minimum

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

\*one test grade can be dropped at student’s discretion **The University of Texas at Arlington College of Nursing**

**N5424 Psychiatric Mental Health Nursing I**

**Fall 2014**

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

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

APA and referencing: You will be asked to have at least one peer-reviewed article, and there may be other requested references besides your texts. Please reference using correct APA format. Also the DSM 5 should be referenced (author is American Psychiatric Association), and Zimmerman, etc. Please use articles and texts rather than class notes. Please remember as you make your responses that this CDM is a formal paper so use complete sentences unless otherwise specified.

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

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

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

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

**N5424 Psychiatric Mental Health Nursing I**

**Fall 2014**

**SOAP Note Grading Sheet**

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

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

**Possible Actual**

**Points Points**

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

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

15 pts \_\_\_\_\_ C. Assessment- Complete list of diagnoses formulated (psychiatric, medical and V factors/ stress and contextual factors)At least 2 differential diagnosis and 2 rule outs. Provide rationale for psychiatric diagnoses using DSM-5 criteria. Discuss decision making regarding differential and rule outs (e.g. what criteria are not met; what information will need to find out)

10 pts \_\_\_\_\_ D. Neurobiology of disorder(s). Include genetics/family history, neurotransmitters, neuroanatomy , current theories of causation, cultural factors specific for this patient of primary and secondary diagnoses (if there is more than 1); Include and cite references.

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

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

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

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

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

**Comments:**

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**N5424 Psychiatric Mental Health Nursing I**

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**Format for SOAP Note**

**A. SUBJECTIVE**

**Client identifying information**

**Chief Complaint**

**History of Present Illness**

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

Neurovegetative Symptoms:

Sleep

Appetite and weight

Energy

Concentration/ guilt/ self esteem,etc

Anhedonia

Mood

Diurnal variation of mood

SI/HI

Anxiety-all disorders

Mania

Psychosis

Sexual interest/performance

Attention/focus

**Psychiatric History**

**Alcohol and Other Drug use History**

**See template**

**Current Health Status:**

Allergies

Medical Conditions

Current prescribed medications

Health maintenance behaviors

Last menstrual period

Last physical exam

**Past Health Status:**

Major Childhood Illnesses

Major Illnesses

Accidents

Menstrual & pregnancy hx

Hospitalizations

Surgeries

**Developmental History**

See Practicum Guide

**Family History**

**See Practicum Guide**

**Social History**

Current health habits/ADLs

Educational History

Hobbies, talents, interests

Legal History

Current Living Situation

Marital and Relationship History

Work History

Financial Status

Military History

Religion/Spirituality

Social network/support system

Sexual History

**Focused Review of Systems**

**See Practicum Guide**

**B. OBJECTIVE**

**Mental Status Exam**

Appearance

Behavior & psychomotor activity

Attitude toward examiner/reliability

Mood

Affect

Speech

Perceptual disturbance

Thought processes

Thought content

Alertness and level of consciousness

Orientation

Memory

Concentration and attention

Capacity to read and write

Visuospatial ability

Abstract thinking, proverbs, and similarities

Fund of information and intelligence

Judgment

Insight

Assets/strengths

Liabilities

**Other objective data**

Vital Signs

Height/Weight/BMI

Lab results

Screening tool results

**Pertinent physical exam**

# C. ASSESSMENT

**Psychiatric disorders (prioritize)**

**Medical disorders,**

**Stressors/contextual factors:**

**Differential diagnoses:**

**Rule out diagnoses:**

**DSM-5 criteria and discussion of rationale**

**D. NEUROBIOLOGY**

**Genetics and family history**

**Neurotransmitters**

**Neuroanatomical changes**

**Current theories of causation**

**Cultural factors**

**E. PLAN & RATIONALE**

**Labs/ Diagnostic Tests/ Screening Tools**

**Medications**

Dosage & directions

Why this med?

Neurochemistry & MOA

Side effects

Expected benefits

Contraindications

Black Box Warnings

**Therapy prescription**

Type(s), duration, etc

Why this therapy?

Expected benefits

Therapy goals

**Teaching plan**

**Referrals and consultations**

**Follow up**

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**Tips for SOAP Note**

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

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**Therapy Moment Map**

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

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

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

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

Scenario and purpose

Points Actual

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

Describe appearance, mood, affect of client

Age, gender, cultural identity, other identifying factors

Therapy location and preceptor, type (individual, family/group)

Date and time of therapy moment.

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

Describe the room and where everyone is placed.

Are there distractions?

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

What was happening just before the session

What do you know, if anything about emergent situations

between sessions, where the patient was just before the

session, and what the transition was like. Discuss the

circumstances of the therapy session that led you to the

therapy moment

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

Identify the therapy goal for the session

using an identified theoretical framework and rationale for selecting

this theory to use in the intervention.

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

outcome of the therapy session for

the patient.

This should include an image from clip art or

photo or drawing, not just a verbal image.

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

toward meeting the imagined outcome

**Therapy Moment Map Dialogue**

8. Dialogue displays an example of an intervention 10 \_\_\_\_\_\_

that can be analyzed to demonstrate your

clinical reasoning process. Use dialogue of your intervention

not therapist’s intervention when at all possible. When possible, include at least 5-10 minutes

of dialogue to be analyzed. Dialogue should reflect the type of therapy identified in #5.

## *Analysi*s

9. Description of what you are thinking and feeling 10 \_\_\_\_\_\_

during the therapy moment. Share any anxiety, frustration, etc

demonstrating self -reflection and self -awareness.

Post an image that describes your feelings

.

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

is accurate and organized according to the

theory of particular therapeutic approach and

the relationship (with references)

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

patient toward achieving the outcome

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

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

therapy moment?

What do you think about yourself as beginning therapist?

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

At least two relevant discussion questions to guide

discussion about the therapy moment.

1. Response to peers posts online 5 \_\_\_\_\_\_\_

References –At least 2

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

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**N5424 Psychiatric Mental Health Nursing I/ Fall 2014**

**Family Case Presentations**

**Present In Blackboard on discussion board**

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

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

(Faculty may opt to use Collaborate and discuss as a group in a single session)

**Maximum Actual**

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

Who is in the family?

What brought them for help?

What is their home like?

What is their environment like?

Occupation-work info?

Socio-economic data?

Religious information?

Previous experience with therapy?

Medical diagnoses of members?

(include psychiatric/addictive

disorders)

Lifestyle

Marital status

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

Analyze using concepts and assumptions

from family system theory that you have selected.

**GENOGRAM with correct symbols & detailed key**

Strengths of family over time

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

Describe theory used (concepts)

Analyze family dynamics using concepts and assumptions

from family system theory of choice

e.g. Structural therapy: boundaries, subsystems

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

# Sessions

Goals of session(s)

Who attended, etc.

Strategies used

Examples of dialogue

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

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

##### Organized, systematic

Responded to peers

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**Clinical Notebook Grading Sheet**

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

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

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

Present to each preceptor specific clinical

objectives for the experience and discuss ways to achieve these

objectives. **Evaluate each objective and describe**

**your experiences towards these objectives in journal format for each check off (reflective journaling for each therapy clinical day)**

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

Record all patients seen during your clinical rotations. Include therapy

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

Include summary print out. Therapy-enter patients such as

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

all individual therapy patients. Use correct billing codes for psychiatry

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

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

recording in appropriate category. Carry forward hours from other courses

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

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

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

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

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

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

[**http://www.uta.edu/nursing/msn/msn-forms/**](http://www.uta.edu/nursing/msn/msn-forms/)

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

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

are included. Send assignments to instructor by blackboardInclude all preceptor

agreements copies.

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

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

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

**N5303--Psychiatric Management in Advanced Nursing Practice**

**Fall 2014**

**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:** 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.**

**Specific phobia:**

**(see DSM 5)**

**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 (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?

Other: trichotillomania, skin picking, hoarding (see DSM 5)

**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 (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? 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?** 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)

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?

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 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?)

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?

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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**

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

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

Stressors/ contextual factors: social support; economic; educational; occupational; parenting; marital discord; list the specific stressors and contextual factors the patient is facing.

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; just need more information: e.g. MDD would be Rule out Bipolar Disorder.

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

**Plan:**

**Labs and diagnostic tests**

**Pharmacologic**

**Teaching plan**

**Counseling plan**

**Referrals and consultation**

**Follow up**

**DSM 5 criteria of diagnosis you chose and rational for this diagnosis**

**Neurobiology of diagnosis**

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

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

References:

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

**N5424 Psychiatric Mental Health Nursing I**

**Fall 2014**

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

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

**E-LOG WORKSHEET**

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

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

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

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

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

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Diagnosis (DSM 5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Diagnosis #2 (DSM 5): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical illnesses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stress/ V code/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pharmacology :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Client complexity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**(WEEKLY) CLINICAL HOUR TALLY SHEET – Fall 2014**

**NAME: TOTAL= 675 hr in program (585 psych clinical hours)**

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| **TYPE OF HOURS (Required)** | 9/4-9//7 | 9/8-9/14 | 9/15-9/21 | 9/22-28 | 9/29-10/5 | | 10/6-10/12 | | 1013-10/19 | 10/20-10/26 | 10/27-11/2 | 11/3-11/09 | 11/10-11/16 | 11/17-11/23 | 11/24-11/30 | 12/1-12/07 | 12/8-12/11 | **Hrs. From Previous Semesters** | **Hours this semester** | **TOTAL** |
| **ADULT PSYCH Managment**  **180 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **CHILD & ADOL PSYCH Management.**  **175 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **GERIATRIC PSYCH Management.**  **20 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **ADULT MEDICAL MT.**  **45 Required**  **(N5305)­­** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **ADDICTION**  **45 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **GROUP Therapy**  **50 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **FAMILY Therapy**  **40 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **INDIVIDUAL**  **Therapy**  **50 Required** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **SEMINARS**  **Practicum (5631)**  **25** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **Ped. Medical Management**  **45 Required**  **(Pedi management)** |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
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**N5424 Psych I**

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