

The University of Texas at Arlington
College of Nursing and Health Innovation
N5303 Psychiatric Management in Advanced Practice Nursing
Fall 2016

Instructor(s):

Marcia Harris, DNP, APRN, FNP-BC, PMHNP-BC

Clinical Assistant Professor – Lead faculty

Office Number: Pickard Hall Rm. #626

Office Telephone Number: (817) 272-2776

Email Address: mmharris@uta.edu

Faculty Profile: <https://www.uta.edu/mentis/profile/?12292>

Section Information:

NURS 5303 Sections 001-003

Time and Place of Class Meetings:

Dates: See Calendar below

Pickard Hall, Rm. 223

August 26th, Sept 9th, Sept 23rd, Oct 14th from 9am to 5pm;

Nov 4th from 9am to 12pm

Practicums: either Nov 11 or 12th

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 or certificate program standing.

- 3 online tests are given on Blackboard on non-class dates (not comprehensive)
- A few of the class dates go over and end at 5 pm.
- A meeting with faculty occurs during lunch on the first class day.
- Clinical hours: 39 hours of med management clinical hours spent with preceptor at an assigned site; one (1) hour spent at a NA or AA meeting. —**Documented as 1 conference hour in Typhon.**
- The Practicum (clinical exam on one day only) is done on campus using Standardized Patients on 1 or 2 days on Friday or Saturday
- Credit for 5 clinical hours is given for suicide prevention practice and Mini Mental Status Exam (1 ½), practice practicum (2 hour) and ethical dilemma group discussion (1 ½) Missed clinical class time must be made up, determined by clinical faculty.—**Documented as 5 conference hours in Typhon.**
- Total 6 conference hours in Typhon

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.

1. Sadock, B., Sadock, V. & Ruiz, P. (2015). *Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*. (11th ed.). Philadelphia, PA: Lippincott Williams & Wilkins. **ISBN: 978-1-60913-971-1**
2. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders DSM-5*. (5th ed.). Washington DC: Author. **ISBN: 9780890425558**
3. Zimmerman, M., (2013). *Interview Guide for Evaluating DSM-5 Psychiatric Disorders and the Mental Status Examination*. (2nd ed.). Psych Products Press. **ISBN: 9780963382115**

Recommended:

1. Stahl, S. (2014). *The Prescriber's Guide* (5th ed.). New York, NY: Cambridge University Press. **ISBN: 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**

Descriptions of major assignments and examinations with due dates. Use UTA title page for all assignments submitted to your instructors.

Assignments	Weight	Due
Practice CDM. Posted August 26 th at 7 pm. Optional assignment. Send your completed practice CDM to your clinical faculty's email. You will receive feedback by date noted in course calendar.	Optional	Aug 30th
On line multiple choice test over syllabus using Respondus and webcam, and course expectations. Student will not be able to take Test 1 if this is not completed. Opens August 26th.	P/F	Sept 4th
Demonstration and Role Play: Kaltura Mash up Video. Students will receive 1 ½ hours of clinical time for these videos. You will submit a 10 minute demonstration of Mental Status Exam with Mini Mental evaluation or SLUMS exam. Student will also be expected to do mental status and mini mental status exam and submit for grading. **required clinical time** 1 hr of clinical time	P/F	Sept 22nd
Suicide Risk Assessment: Students are expected to interview “patient” in crisis, and do suicide assessment in class. **Required clinical time** 30 minutes of clinical time.	P/F	Class #2
Clinical Decision Making: (Scenario is provided as an online test, questions asked, answer one before given next question, essay or brief answer). Opens Sept 2 nd .	15%	Oct. 1st
Clinical Notebook: 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; and AA/NA attestation form included.	P/F	Class 2 Class 5
Drug of Abuse Paper: For this paper, you will be given a scenario and will write a 7-12 page paper, excluding title page and references, determining the diagnosis with rule out related to the scenario provided. See rubric in discussion section in Bb. Scenario posted Oct 7 th .	7.5%	Due Oct 21st 11:59 pm
Pediatric Dx paper or Gero NCD assignments For these papers, you will be given a choice to select one of the populations. You will be provided a scenario and will write a 5 -7 pg page paper, excluding references and title page, determining the diagnosis with rule out related to the scenario provided. See rubric in discussion section in Bb.	7.5 %	November 19th at 11:59 pm
Ethical Dilemma: 1 hr of REQUIRED clinical time! Scenario to be presented and student will work in pairs to answer the question assigned by their clinical faculty. Your clinical groups will be divided into partners who will present their views on how to manage the situation from various ethical approaches. Students will discuss in their groups and post their question responses to the assignment page for grading and to the discussion board for their peers to see their comments by midnight Class 5. May prepare a poster or other format. No powerpoints please. Scenario posted October 2 nd .	5%	Class 5- Please note class will start at 11 am that day!!
Practice Practicum: Practice interviewing skills using faculty role playing patient scenario. (Class 5) **Required clinical time** 2 ½ hrs	P/F	Class 5
Attestation form: Students will sign an attestation form stating they attended an AA or NA meeting. This is for one hour of clinical time. Place this form in your clinical notebooks.	Clinical time one hr.	Due by second journal check on class 5.
Class Group Work Exercises: Students are expected to participate in classroom activities.	P/F	Bipolar pretest; Child exercise; Anxiety exercise;

		Eating disorder exercise.
Test 1 -75 Multiple choice. 2 hours and 30minutes to take from 9 a.m. to 11:59	15%	See course calendar
Test 2 -75 Multiple choice. 2 hours and 30 minutes to take from 9 a.m. to 11:59	15%	See course calendar
Test 3 -60 Multiple choice. 2 hours.	12.5%	See course calendar
Practicum: Simulated final clinical exam using standardized patients, in the Smart Lab. 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 2) Write up is due 24 hrs after completion of the practicum. See evaluation form in Bb.</i>	15%	Nov 11 th and 12 th
Med management SOAP: Patient selected from clinical experiences. Assignment posted to assignment page in Bb and graded by clinical faculty. You may turn this 2-5 (max)page paper in at any time during this semester. As soon as you have a patient, write it up and submit. But due no later December 1 st at 11:59.	7.5%	Anytime during semester; latest Dec 1 st 11:59pm

Course Grading Scale

A = 90 to 100

B = 80 to 89

C = 70-79

D = less than 70 – cannot progress

F = less than 60 – 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. Tests can be made up only in cases of an emergency.

Test Reviews:

A synthesis of common errors on each test will be posted on the announcement page for your further review and study.

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.

Clinical time: You will spend 39 hours in an assigned clinical site; 1 hour attending an AA or NA meeting.

Attendance Policy: At The University of Texas at Arlington, taking attendance is not required, except for the first day of class in each semester. 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. As the instructor of this section, I allow students to attend class at their own discretion. Attendance at class meetings is not required but strongly encouraged. Students are responsible for all missed course information. If students must miss a required clinical and/or graded in class

experience, they must discuss this with their clinical faculty member to determine how or if they can make this time up.

Grade Grievances: 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. For graduate courses, see <http://catalog.uta.edu/academicregulations/grades/#graduatetext>. For student complaints, see <http://www.uta.edu/deanofstudents/student-complaints/index.php>.

CONHI – language

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://www.uta.edu/fao/> . The last day to drop a course is listed in the Academic Calendar available at <http://www.uta.edu/uta/acadcal.php?session=20166>

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 last day to drop may, receive a grade of W. Students dropping a course must:
 - (1) Contact your graduate advisor to obtain the drop form and further instructions before the last day to drop.

Census Day: September 12, 2016
Last day to drop or withdraw November 2, 2016 by 4:00 p.m.

Disability Accommodations: UT 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)*, *The Americans with Disabilities Amendments Act (ADAAA)*, and *Section 504 of the Rehabilitation Act*. 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 disability. Students are responsible for providing the instructor with official notification in the form of a **letter certified** by the Office for Students with Disabilities (OSD). Only those students who have officially documented a need for an accommodation will have their request honored. Students experiencing a range of conditions (Physical, Learning, Chronic Health, Mental Health, and Sensory) that may cause diminished academic performance or other barriers to learning may seek services and/or accommodations by contacting:

The Office for Students with Disabilities, (OSD) www.uta.edu/disability or calling 817-272-3364. Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at www.uta.edu/disability.

Counseling and Psychological Services, (CAPS) www.uta.edu/caps/ or calling 817-272-3671 is also available to all students to help increase their understanding of personal issues, address mental and behavioral health problems and make positive changes in their lives.

Non-Discrimination Policy: *The University of Texas at Arlington does not discriminate on the basis of race, color, national origin, religion, age, gender, sexual orientation, disabilities, genetic information, and/or veteran status in its educational programs or activities it operates. For more information, visit uta.edu/eos.*

Title IX: Title IX Policy: The University of Texas at Arlington (“University”) is committed to maintaining a learning and working environment that is free from discrimination based on sex in accordance with Title IX of the Higher Education Amendments of 1972 (Title IX), which prohibits discrimination on the basis of sex in educational programs or activities; Title VII of the Civil Rights Act of 1964 (Title VII), which prohibits sex discrimination in employment; and the Campus Sexual Violence Elimination Act (SaVE Act). Sexual misconduct is a form of sex discrimination and will not be tolerated. *For information regarding Title IX, visit www.uta.edu/titleIX or contact Ms. Jean Hood, Vice President and Title IX Coordinator at (817) 272-7091 or jmhood@uta.edu.*

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 <http://www.uta.edu/universitycollege/resources/index.php>.

The English Writing Center (411LIBR): The Writing Center Offers free tutoring in 20-, 40-, or 60-minute face-to-face and online sessions to all UTA students on any phase of their UTA coursework. Our hours are 9 am to 8 pm Mon.-Thurs., 9 am-3 pm Fri. and Noon-6 pm Sat. and Sun. Register and make appointments online at <http://uta.mywconline.com>. Classroom Visits, workshops, and specialized services for graduate students are also available. Please see www.uta.edu/owl for detailed information on all our programs and services.

The Library's 2nd floor Academic Plaza offers students a central hub of support services, including IDEAS Center, University Advising Services, Transfer UTA and various college/school advising hours. Services are available during the library's hours of operation. <http://library.uta.edu/academic-plaza>

Campus Carry: Effective August 1, 2016, the Campus Carry law (Senate Bill 11) allows those licensed individuals to carry a concealed handgun in buildings on public university campuses, except in locations the University establishes as prohibited. Under the new law, openly carrying handguns is not allowed on college campuses. For more information, visit <http://www.uta.edu/news/info/campus-carry/>

Student Success Faculty: In order to assist masters nursing students who are at academic risk or who need academic support, there are graduate faculty members available to you. The goal of the success faculty members is to support student achievement in masters-level coursework so students can reach their educational goals. Students may contact a success faculty member directly, or a course instructor may encourage you to contact a success faculty member.

The success faculty in the MSN Program:

Dr. Donelle Barnes is available as a writing coach to assist students in the MSN Core courses; theory,

research, and evidence based practice. Since these courses are writing intensive, Dr. Barnes can help students improve the clarity and organization of their written papers. She can be reached via email: donelle@uta.edu.

Dr. Mary Schira is available as a success faculty to assist with diverse resources that may include study skills, testing challenges/approaches, managing multiple responsibilities, and addressing personal issues impacting academic performance. Course content challenges may also be addressed, with referral to additional resources as indicated. Dr. Schira can be reached via email: schira@uta.edu.

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.

Student Feedback Survey: At the end of each term, students enrolled in face-to-face and online classes categorized as “lecture,” “seminar,” or “laboratory” are directed to complete an online 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 via the SFS database is aggregated with that of other students enrolled in the course. Students’ anonymity will be protected to the extent that the law allows. UT Arlington’s effort to solicit, gather, tabulate, and publish student feedback is required by state law and aggregate results are posted online. Data from SFS is also used for faculty and program evaluations. For more information, visit <http://www.uta.edu/sfs>.

Final Review Week: For semester-long courses, 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 individuals with disabilities.

Librarian to Contact:

Peace Williamson 817-272-6208 peace@uta.edu	Lydia Pyburn 817-272-7593 lpyburn@uta.edu	Heather Scalf 817-272-7436 scalf@uta.edu	Kaeli Vandertulip 817-272-5352 Kaeli.vandertulip@uta.edu
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Contact all nursing librarians:
library-nursing@listserv.uta.edu

Helpful Direct Links to the UTA Libraries' Resources

Research Information on Nursing	http://libguides.uta.edu/nursing
Library Home Page	http://library.uta.edu/
Subject Guides	http://libguides.uta.edu
Ask us	http://ask.uta.edu
Database List	http://libguides.uta.edu/az.php
Course Reserves	http://pulse.uta.edu/vwebv/enterCourseReserve.do
Library Catalog	http://uta.summon.serialssolutions.com/#!/
E-Journals	http://pulse.uta.edu/vwebv/searchSubject
Library Tutorials	library.uta.edu/how-to
Connecting from Off- Campus	http://libguides.uta.edu/offcampus
Academic Plaza Consultation Services	library.uta.edu/academic-plaza
Study Room Reservations	openroom.uta.edu/

In addition to providing the general library guide for nursing (<http://libguides.uta.edu/nursing>), we can put together course specific guides for your students. The subject librarian for your area can work with you to build a customized course page to support your class if you wish. For examples, visit <http://libguides.uta.edu/os> and <http://libguides.uta.edu/pols2311fm>
Please contact Kaeli if you would like this for your course.

UTA College of Nursing and Health Innovation - 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 80%**) 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 80%), the maximum grade the student can receive for the exam for purposes of grade calculation is 80%.** If the student fails the retake, the student will receive a grade of "F" for the course.

Clinical Clearance: All students must have current immunizations 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.

Please visit the “clinical coordinator” organization on Black Board (Bb) for all your clinical clearance questions or contact your clinical coordinators for clinical clearance questions.

Janyth Mauricio janyth.mauricio@uta.edu (students A-L)

Angel Korenek angel.korenek@uta.edu (students M-Z)

Student Requirement for Preceptor Agreements/Packets:

1. You must submit an online survey to “propose your site and preceptor”. You can find the survey in Step 4 in Bb’s “clinical coordinator” organization. Your preceptor and clinical site must be approved by your clinical coordinator **PRIOR** to completing any clinical hours.
2. After your site and preceptor are approved, submit a **preceptor packet** (*preceptor agreement and preceptor bio*) to your clinical coordinator **TWO WEEKS** before you begin your clinical hours. The *preceptor packet* can be found in Step 5 of Bb. The *preceptor agreement* **must be signed and dated** by the student and the preceptor. The *preceptor bio* is not necessary if the preceptor is already in Typhon.
3. The signed/completed agreement is part of the clinical clearance process. **FAILURE TO SUBMIT TWO WEEKS BEFORE YOUR CLINICAL START DAY WILL RESULT IN INABILITY TO DO YOUR CLINICAL HOURS AND DENIED ACCESS TO THE TYPHON SYSTEM.**

Clinical Electronic Logs:

During your first clinical semester you will receive a link to Typhon along with your unique login username and password. **You will receive Typhon access after the online survey has been submitted, your preceptor and site are approved, and you have submitted a preceptor packet to your clinical coordinator.**

Students are required to enter all patient encounters into the Typhon Group Healthcare Solutions (“Typhon”) electronic log system. **YOU ONLY HAVE 7 DAYS TO ENTER YOUR CASE LOGS AND TIME LOGS FROM THE DAY OF YOUR CLINICAL EXPERIENCE.**

Failure to log cases/hours within 7 days will result in a loss of those hours. Typhon is both a student learning opportunity and an evaluation method for your 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 Typhon account by entering their own unique username and password which will be accessible their first clinical semester.

The student’s electronic 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, the data is an essential requirement of the student’s clinical experience and is used to evaluate student clinical performance. The data is also used to meet course requirements and to evaluate student clinical performance. Upon completion of the Program, students will have access to an executive summary of their log entries through Typhon for their professional portfolio.

Students are expected to enter information accurately so 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 the Associate Dean, Department of Graduate Nursing. The complete policy about encumbered licenses is available online at: www.bon.state.tx.us

MSN Graduate Student Dress Code: The College of Nursing and Health Innovation expects students to reflect professionalism and maintain high standards of appearance and grooming in the clinical setting. Students must adhere to the Dress Code Policy. www.uta.edu/nursing/file_download/234/BSNDressCode.pdf **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.**

UTA Student Identification: MSN Students **MUST** be clearly identified as UTA Graduate Students and wear a UTA College of Nursing and Health Innovation 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/>

Ebola exposure: Please inform your faculty if you have been in contact with anyone who has Ebola/have traveled to a country that has Ebola virus.

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/conhi/students/msn-resources/index.php>

Student Code of Ethics: The University of Texas at Arlington College of Nursing and Health Innovation 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/conhi/students/msn-resources/index.php>

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

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 UTA CONHI 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 daily.

Graduate Nursing Support Staff

<p>Judy LeFlore, PhD, RN, NNP-BC, CPNP-PC & AC, ANEF, FAAN Associate Dean Chair, Graduate Nursing Programs Director, PNP, ACPNP, NNP Programs Pickard Hall Office #514 Email address: jleflore@uta.edu</p>	<p>Kathy Daniel, PhD, RN, ANP/GNP-BC, AGSF Associate Chair, Graduate Nurse Practitioner Programs Pickard Hall Office #511 817-272-0175 Email address: kdaniel@uta.edu</p>
<p>Rose Olivier, Administrative Assistant I Pickard Hall Office # 513 (817) 272-9517 Email address: olivier@uta.edu</p>	
<p>Janyth Mauricio, Clinical Coordinator Pickard Hall Office # 518 (A-L) (817) 272-0788 Email address: janyth.mauricio@uta.edu</p>	<p>Angel Trevino-Korenek, Clinical Coordinator Pickard Hall Office # 518 (M-Z) (817) 272-6344 Email address: angel.korenek@uta.edu</p>

Graduate Advisors:

<p><u>Campus-based Programs:</u> <u>NP Students with last Name A-K and Post MSN Certificate NP Program Students:</u> Lisa Rose Graduate Advisor II Pickard Hall Office # 119 (817) 272-9087 Email: lirose@uta.edu</p>	<p><u>Campus-based Programs:</u> <u>NP Students with Last Name L-Z and ALL NNP Program Students:</u> Luena Wilson Graduate Advisor II Pickard Hall Office # 119 (817) 272- 4798 Email: lvwilson@uta.edu</p>
<p>Emergency Phone Numbers: In case of an on-campus emergency, call the UT Arlington Police Department at 817-272-3003 (non-campus phone), 2-3003 (campus phone). You may also dial 911. For non-emergencies, call 817-272-3381.</p>	

University of Texas at Arlington College of Nursing and Health Innovation

N5303--Psychiatric Management

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 DSM-5.
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, MoCA, Folstein Mini Mental, etc.).
7. Evaluate cultural, gender and/or age factors relevant to APRN practice.
8. Use therapeutic interview skills in establishing rapport and building trust.

Addiction Clinical Objectives:

These will be met through tests, CDM or written papers as well as in evaluation you will do at your practicum evaluation at the end of the semester:

Course objectives for Addiction:

1. Identify medications and dosages used to safely medically detox a patient from alcohol, stimulants, opiates, and other drugs.
2. Recognize symptoms of withdrawal from drugs of abuse.
3. Complete a substance use assessment of a patient with substance use disorders.
4. Identify 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 or NA).
7. Describe approaches to use with those who have substance use disorders.

WRITING CLINICAL OBJECTIVES

In this course, you will create 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.

Respondus: Using LockDown Browser for Online Exams

This course requires the use of LockDown Browser and an external webcam for online exams. Click on link on face page of Blackboard and watch the video and then install respondus to your computer desktop. You will need to use a webcam to scan your student id card and to scan your environment before taking the exam and so must purchase a webcam if your computer does not have an internal webcam.

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, Contact Bb support or the HELP desk for any questions about this browser.

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. You will be recorded throughout the time you are taking the test for faculty review.
- Then you will be automatically sent to test area. You will not need to use a password. If asked for a password, you did not start in Respondus as directed above.

Late Assignments:

Assignments and due dates are posted in the syllabus. Late assignments will not be accepted without you receiving approval from your clinical instructor, prior to the due date.

APA formatting tips for references:

Do not cite 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.

Please use this UTA title page:

<http://www.uta.edu/nursing/files/APAFormat.pdf>

Tips on how to cite the DSM-V

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Text citation: (American Psychiatric Association, 2013)

Individual chapters and other parts of *DSM-5* have been assigned DOIs. If you used the online edition of the *DSM*, give the DOI in the publisher position.

American Psychiatric Association. (2013). Cautionary statement for forensic use of *DSM-5*. In *Diagnostic and statistical manual of mental disorders* (5th ed.). doi:10.1176/appi.books.9780890425596.744053

Text citation: (American Psychiatric Association, 2013)

Here's how it would look when used in your narrative:

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; *DSM-5*; American Psychiatric Association, 2013) is the most widely accepted nomenclature used by clinicians and researchers for the classification of mental disorders.

Once introduced, the acronym *DSM-5* can be used instead of the title and edition:

The *DSM-5's* classification involves a shift from the traditional categorical approach to a dimensional approach. The changes involving the removal of the legal problems criterion and the addition of a craving criterion were retained in the final revision of the diagnostic criteria (American Psychiatric Association, 2013).

If you decide to use an acronym for the author, introduce it at first reference:

The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.;

DSM-5; American Psychiatric Association [APA], 2013) is the most widely accepted nomenclature used by clinicians and researchers for the classification of mental disorders. . . . The changes involving the removal of the legal problems criterion and the addition of a craving criterion were retained in the final revision of the diagnostic criteria (APA, 2013).

Hume-Pratuch, J. (2013). *How to cite the the DSM-5 in APA style (updated)*.

Retrieved from: <http://blog.apastyle.org/apastyle/2013/08/how-to-cite-the-dsm5-in-apa-style.html>.

The University of Texas at Arlington
College of Nursing and Health Innovation
N5303 Psychiatric Management in Advanced Nursing Practice
Fall 2016

“As lead teacher 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. Marcia Harris, DNP, APRN

Date/Time	Topic	Reading Assignment
August 26th	CLASS I	
9-10:20 am	Introduction to Course	Syllabus and Overview of Assignments
10:45 -12:00 PM	Differential Diagnosis: DSM- 5 Psychiatric evaluation of adults/children/elders	DSM-5: Developmental and Lifespan considerations: 13-16 Use of the manual: pp 20- 23 Other Conditions that may be a focus of clinical attention pp 715-727 Kaplan & Sadock’s Synopsis of Psychiatry Ch 6 Kaplan & Sadock’s Synopsis of Psychiatry Chapter 2, 3, 4, 5 SEE Blackboard: Course materials for readings and resources and additional content.
12:00 to 1:00pm	Lunch	
1:00 to 2:15	Mood Disorders Major depressive disorder Dysthymia Premenstrual dysphoric disorder Post partum depression Post partum psychosis	DSM 5: Depression pp 155 and following (ff) (following pages). Kaplan & Sadock: Synopsis of Psychiatry: Chapter 8 Chapter 29: <i>Psychopharmacological Treatment</i> : p, 954; p 993-1000; pp 1010-1023; pp 1040-1045. SEE Blackboard: Course materials for readings and resources and additional content.
2:25-2:30	Bipolar pre-test	
2:30- 4:30	Bipolar lecture	DSM-5 : Bipolar Disorders pp 123 and ff. Kaplan & Sadock: Synopsis of Psychiatry: Chapter 8 <i>Psychopharmacological treatment</i> : 957-963; 981-991; 1045-1049 Atypical antipsychotics:1023-1033 SEE Blackboard: Course materials for readings and resources and additional content.
August 30th	Practice CDM due	Practice CDM. Optional assignment. Send your completed practice CDM to your clinical faculty’s email. You will receive feedback by 9/1/19

Date/Time	Topic	Reading Assignment
Sept 2 nd	CDM I open	Clinical Decision Making: (Scenario is provided as an online test, questions asked, answer one before given next question, essay or brief answer). Opens Due October st.
Sept 4 th	Syllabus test due	On line multiple choice test over syllabus using Respondus and webcam, and course expectations. <u>Student will not be able to take Test 1 if this is not completed.</u> Opens August 26th.
Sept 9 th	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: Put in front of your notebook for faculty to grade!	Even if you have not had clinical yet, please submit your organized notebook. Required submission of your personal objectives for med management in the notebook. Provide 2-3 objectives. 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 the objectives</u> , 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 with Suicide In-Class Activity	Kaplan & Sadock’s Synopsis of Psychiatry: Cognitive: pp 873-876. Emergency Psychiatric Medicine: Suicide. pp 763-774 Mini mental Status Examination Additional content in Blackboard: Course Materials. Suicide In Class Activity*** <u>required clinical time</u>
1:00 – 3:30 pm	Anxiety Disorders	DSM 5 Chapters of Anxiety, OC Disorder, Trauma pp 189-290. Kaplan & Sadock’s Synopsis of Psychiatry Ch 9, 10 & 11 <i>Psychopharmacological treatment:</i> pp 1017: review SSRIs/SNRIs/ Benzodiazepines pp 948; buspirone p 956; anticonvulsants: p 938 (gabapentin); 941 (pregabalin); 942-942 (hydroxyzine). Beta adrenergics receptor antagonists: 933-934 Additional content in Blackboard: Course materials

Date/Time	Topic	Reading Assignment
<p>You will be able to leave campus at 3:30 pm this day; but will spend 1 ½ hours creating this video.</p>	<p>Clinical Seminar: Students demonstrate Mental Status Exam, Assessment Skills, and Suicide Assessment/ Prevention Due Sept 22nd at 11:59 pm.</p>	<p>Review materials in the syllabus and Blackboard You will submit via Kaltura mash up, a suicide assessment of a family member or friend or classmate, based on a written scenario, that the “patient” will be given. This suicide assessment can be up to 20 minutes (IN CLASS) You will also provide a video in which you perform a Mental Status examination and Mini Mental assessment on the same or a different individual. This video should be about 10 minutes long. You will be give 1 ½ hours of clinical time for these videos. To initiate the video, click on the video assignment link, then click “write submission” button, record video and submit.</p> <p>*Required clinical time. You will do this from home/campus (outside of class).</p>
<p>Sept 16th</p>	<p>75 multiple choice questions; use Respondus Lockdown browser and webcam to scan student ID and your environment.</p>	<p>See Test blueprint in syllabus. You will not be able to see your grades immediately as faculty will review all tests before posting results. 2 and 30minutes test, taken anytime between the hours from 9 a.m. to 11:59 pm</p>
<p>Sept 23rd Class 3</p>		
<p>9-11am</p>	<p>Eating disorders</p>	<p>DSM 5 Eating Disorders pp329 and ff. Synopsis of Psychiatry: Eating disorders 509-532</p> <p>Course materials</p>
<p>11:00am-12:30pm</p>	<p>Psychosis</p>	<p>DSM-5: Schizophrenia/Psychosis disorders pp. 87 and ff Course materials</p> <p>Synopsis of Psychiatry: Schizophrenia spectrum and other psychotic disorders: pp 300-ff.</p>
<p>12:30-1:30pm</p>	<p>Lunch break</p>	

Date/Time	Topic	Reading Assignment
1:30-4:30 pm	Gero/Neuro	<p>DSM 5 Neurocognitive disorders: p 591 and ff. Synopsis of Psychiatry <i>Geriatric psychiatry</i> Ch 33; p 1334 and ff <i>Neurocognitive disorders</i> Ch 21 p 694 and ff. <i>Psychopharmacological treatment: cholinesterase inhibitors.</i> ch 29; pp 963-966 . Articles in Blackboard</p>
Oct 2 nd	Ethical Dilemma Scenario Posted	<p>Ethical Dilemma: 1 hr of REQUIRED clinical time! Scenario to be presented and student will work in pairs to answer the question assigned by their clinical faculty. Your clinical groups will be divided into partners who will present their views on how to manage the situation from various ethical approaches. Students will discuss in their groups and post their question responses to the assignment page for grading and to the discussion board for their peers to see their comments by midnight Class 5. May prepare a poster or other format. No powerpoints please.</p>
Oct 7 th	Drug of Abuse Scenario Posted	<p>Drug of Abuse Paper: For this paper, you will be given a scenario and will write a 7-12 page paper, excluding title page and references, determining the diagnosis with rule out related to the scenario provided. See rubric in discussion section in Bb.</p>
Oct 14 th 9 -12:30	<p>Child disorders ADHD Conduct Disorder Mood disorders Separation Anxiety disorder Oppositional Defiant Disorder Learning disabilities Autistic Spectrum Disorders (PDD) Parenting skills</p> <p>Adult ADHD</p>	<p>DSM-5: Child disorders Relevant sections: <i>Neurodevelopmental disorders</i> pp 31 and ff (Autism spectrum disorder pp50 and ff; Attention Deficit/Hyperactivity Disorder, pp 59 and ff; Tic disorders: p 81 and ff;). Review <i>bipolar & depressive disorders; anxiety disorders; Disruptive, impulse control and conduct disorders:</i> p 461 and ff.</p> <p>Kaplan & Sadock's Synopsis of Psychiatry ch 31; ch 19; Review <i>Psychopharmacological treatment</i> chapter 29, relevant sections, on SSRIs; anticonvulsants; alpha 1 adrenergic receptors, 929 and ff.; Stimulant drugs and atomoxetine, pp. 1033 and ff.</p> <p>Review section on ADHD in DSM 5; and Kaplan and Sadock's Synopsis of Psychiatry. In Blackboard: powerpoint for Adult ADHD with readings posted under Course Materials</p> <p>Additional resources and readings in Course Materials. On line powerpoint for Adult ADHD with readings posted under Course Materials.</p>
12:30-1:30	Lunch	

Date/Time	Topic	Reading Assignment
1:30-4:30	Addictions SBIRT Assessment and diagnosis Alcohol; illicit drugs Pharmacology of addictive disorders Fetal Alcohol syndrome Test One	DSM 5 Substance Use Disorders p 481 and ff. Synopsis of Psychiatry/ Chapter 20 pp 616 and ff. Psychopharmacological treatment chapter 29: 966; 1000-1008 Additional content in Blackboard: course materials
Oct 21 st	Drug of Abuse Paper due	For this paper, you will be given a scenario and will write a 7-12 page paper, excluding title page and references, determining the diagnosis with rule out related to the scenario provided. See rubric in discussion section in Bb. Scenario posted Oct 7 th .
Oct 22 nd	Pedi/Gero Scenario Posted	<u>Pediatric Dx paper or Gero NCD assignments</u> For these papers, you will be given a choice to select one of the populations. You will be provided a scenario and will write a 5 -7 pg page paper, excluding references and title page, determining the diagnosis with rule out related to the scenario provided. See rubric in discussion section in Bb.
Oct 28 th	75 multiple choice questions; use Respondus Lockdown browser and webcam to scan student ID and your environment.	See Test blueprint in syllabus. You will not be able to see your grades immediately as faculty will review all tests before posting results. 2 and 30minutes test, taken anytime between the hours from 9 a.m. to 11:59 pm
Nov 4 th 9am to 12 pm	Class 5 START AT 11AM-4PM	<u>Note</u> 11 a.m. start time; required clinical time.
	Clinical Notebooks Due <i>Objectives need a reflective evaluation from you discussing how you met or did not meet the objective.</i> Practice Practicum and Ethical Dilemma presentations	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. Include your NA/AA attestation form. If you have concerns on this, please discuss with your clinical faculty. Ethical dilemma presentations. * Bring a copy for each group member. Twenty minutes per student pair. Lead discussion on your response. Presentation guideline / grading criteria in Syllabus Each student must post their answer to the assignment page. Put on cover page the question you answered and who your partner was. You may indicate if your felt your worked on the assignment together of if one of you did the majority of the work. Post answer for faculty to grade on Blackboard

Date/Time	Topic	Reading Assignment
		<p>(assignments) by 11:59</p> <p>Practice doing complete psychiatric evaluation (to prepare for practicum with standardized patient) - be prepared to interview clinical faculty who will role play patient</p> <p>***Required Clinical Hours</p>
<p>Nov 11 or 12th 9am to 5pm</p>	<p>You will sign up for either Friday or Saturday in class.</p> <p>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)</p>	<p>Handout in Syllabus</p> <p>--Conduct psychiatric evaluation of Standardized Patient (50 minutes, 10 minute to present to faculty evaluator the diagnosis and treatment plan including medication and dosage.)</p> <p>--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.</p>
<p>Nov 19th</p>	<p>Pedi/Gero Paper due</p>	
<p>11/14/16 to 12/8/16</p> <p>On Line activity Please see PDF of PowerPoint presentation And required readings</p>	<p>Not in class; on line activities Violence Prevention Elder Abuse Domestic violence Treatment of violence Neurobiology of violence Sexual Assault Neglect Workplace violence (on Camtasia: Course materials in Bb.) Sleep Wake Disorders Complementary Therapies-voice over Power Point on Blackboard</p>	<p>DSM 5: Other conditions that may be a focus of clinical attention: pp 715 and ff.</p> <p>Synopsis of Psychiatry: Brain stimulation methods: ch 30; Forensic psychiatry and ethics in psychiatry: ch 36. Physical and Sexual Abuse of Adults: Ch 26 Child abuse: pp 1314-1320 Camtasia lecture. DSM 5 Sleep disorders chapter pp 361 and ff. Kaplan and Sadock's Synopsis of Psychiatry: ch 16 pp 564 and ff. See course materials. Review PowerPoint on Blackboard: course materials; additional articles on Blackboard Synopsis of Psychiatry: Complementary and alternative medicine in</p>

Date/Time	Topic	Reading Assignment
<p>On Line activity Please see PDF of PowerPoint presentation And required readings</p>	<p>Psychiatric care of medically ill children and adults Fibromyalgia Chronic Pain Coronary Artery Disease Chronic Fatigue Syndrome Diabetes Renal disease HIV Dementia Munchausen IBS and Liver</p>	<p>psychiatry; Ch 24, p 791-811.</p> <p>Synopsis of Psychiatry/concise textbook; relevant chapters: see index.</p> <p>Review PowerPoint presentation with voice over on Blackboard Course Materials page Articles on Blackboard</p> <p>Synopsis of Psychiatry Chronic Fatigue Syndrome and Fibromyalgia; Ch 14, p 504 and ff. Munchausen syndrome by proxy: 789-790 Psychological factors affecting other medical conditions: pp 477 and ff. Pain disorders pp 496 and ff.</p>
<p>Dec 1st</p>	<p>SOAP note; Final date to submit to assignment page.</p>	<p>---This is a med management note that you will submit in SOAP formatting. You can submit it anytime in the semester to the assignment page. This is the last date you can submit; by midnight. Write up on an interesting patient you have seen in your clinicals. You may agree with the treatment plan and diagnosis or you may provide rationale for a different dx and medication management plan. See rubric in syllabus.</p>
<p>Dec 9th</p>	<p>Test 3</p> <p>60 multiple choice questions; use Respondus Lockdown browser and webcam to scan student ID and your environment.</p> <p>Test blueprint below. You will not be able to see your grades immediately as faculty will review all tests before posting results. 2 hrs taken anytime between the hours from 9 a.m. to 11:59 pm</p>	<p>This is not a comprehensive final but will cover material since last test.</p>

The University of Texas at Arlington College of Nursing and Health Innovation

**N5303 Psych Management
Fall 2016**

All tests require Respondus lockdown browser and a Webcam so you can scan your id and your environment. 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 computer's capabilities, contact Center for Distance Education Support or call Blackboard support for assistance

Blueprint. None of your tests are comprehensive. You will have 1.6 minute per question for each multiple choice item.

<u>TEST</u>	<u>TOPICS</u>
Test 1 Blueprint Sept 28	<u>Test 1 : 75 questions</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 Nov 2	<u>Test 2 : 75 questions</u> Psychosis (10) Childhood Disorders (15) Adult ADHD (10) Dementia/Delirium/geri depression (15) Eating disorder (10) Substance Use Disorders (15)
Test 3 Blueprint Dec 7	<u>Test 3- 60 questions,</u> Violence prevention and treatment (12) Complementary therapies (12) Medically ill adult and children (12) Ethics (12) Sleep disorders (12)

**The University of Texas at Arlington College of Nursing and Health Innovation
N5303 --Psychiatric Management
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. Comments:</p>		
<p>Clinical Objectives/Evaluation (P/F) objectives and two personalized clinical objectives for each med management clinical. These must be SMART, using Bloom’s taxonomy language. Description of progress toward meeting these objectives is included at mid-term notebook check and final notebook check Comments:</p>		
<p>Typhon Printout Record all patients seen in Typhon. Include Case Log Highlights as a print out at midterm and at the final notebook check off. Comments:</p>		
<p>AA or NA attestation page included by second journal check.</p>		
<p>Preceptor evaluation of student; (DONE IN TYPHON—<i>maybe subject to change</i>) Copy of preceptor agreements; evaluation of preceptor (<u>SHOULD BE IN NOTEBOOK</u>) Comments:</p>		
<p>Overall neatness and organization. Comments:</p>		
<p>Notes:</p>		

Faculty Signature _____ Dates _____

**University of Texas at Arlington College of Nursing and Health Innovation
NURS 5303 Psych Management**

Attestation Form

I attest that I attended a one hour 12 step meeting (circle one): AA NA

Date of attendance:

Location:

Student signature: _____

University of Texas at Arlington College of Nursing and Health Innovation

N5303—Psychiatric Management Assignments/Grade Summary

Student _____ Faculty: _____ Date _____

Clinical Assessment	Due Date	Grade	
<i>Syllabus Test:</i> Practice using Respondus & Webcam	See course calendar	Pass/Fail	
<i>Clinical Decision Making –</i>	See course calendar	15%	
<i>Mental Status Exam, Mini Mental Status and Suicide Assessment Demonstration</i> (Kaltura mash up videos of each). 1 ½ clinical hours given for completion of assignment.	Following Class 2 See course calendar	Pass / Fail	
<i>Pediatric Diagnosis Paper/NCD Gero Paper:formal</i> 5-7 page double spaced paper, excluding references--determine dx and treatment for given scenario.	Following class 4. See course calendar	7.5%	
<i>Drug of Abuse formal paper</i> assess/develop a treatment plan for patient with substance use disorder 7-12 page formal paper (APA format/excluding references)	Following class 3. See course calendar	7.5%	
<i>Test 1 and Test 2:</i> 75 items; with Respondus Lockdown Browser and webcam monitor on Blackboard 9am-11:30 a.m.	See course calendar	15% each	
<i>Test 3:</i> 60 items: use respondus and webcam	See course calendar	12.5%	
<i>Med management SOAP</i> 2-5 pg paper Submit as soon as you have a patient you want to write note on; include SOAP style; rationale for dx and for meds used. Be sure to indicate any differences you would make in what occurred in clinical site as you dx or med choice could be different than your preceptor’s choices.	See course calendar	7.5%	
<i>Clinical Notebook Journal:</i> Include Objectives, Summaries, Preceptor Agreements, E-Logs, and Record of Clinical Hours, Attestation form	Class 2 Class 5	Pass / Fail	
<i>Preceptor Evaluation of Students</i> Include all sites where 12 or more clinical hours were completed (DONE IN TYPHON)	By final practicum	Pass /Fail	
<i>Evaluation of Preceptors (DONE IN TYPHON)</i>	By final practicum	Credit	
<i>Attestation of NA/AA meeting attendance</i>	Due by class 5	P/F	
<i>Practicum and SOAP Note</i> -SOAP note due 24hr after completion. See MSN forms for what you will be graded on during this evaluation.	See course calendar	15%	
<i>Ethical Dilemma Presentation:</i> in class discussion of assigned questions.	Class 5 posted by 11:59 that evening.	5%	

Total 100% _____

**University of Texas College of Nursing and Health Innovation
5303- Psychiatric Management**

Pediatric Diagnosis Paper or Gero NCD Diagnosis Paper: The purpose of this assignment is to use critical thinking to properly diagnose a pediatric or geriatric patient using age appropriate interview skills. The student will be able to compare and contrast the various diagnoses. For pediatric paper, you will consider diagnoses of Disruptive Mood Dysregulation Disorder, Attention Deficit Disorder, Bipolar Disorder, Oppositional Defiant Disorder and Conduct Disorder. For Gero NCD paper you will consider diagnoses of Alzhemiens Dementia, Vascular Dementia, psuedodementia or Delirium. This paper is 5-7 pages, excluding references and title page, with minimum of six references using APA Format. Your clinical faculty instructor will grade this paper. Paper is double-spaced, in APA format. Please Use the UTA title page noted below.

Criteria -- This is a formal paper; use topic headers, headers, as in your APA reference guide. 12 font, double -spaced	Points Possible	Points Earned
Subjective Data Give HPI using the assigned scenario. Then, compare and contrast the diagnostic criteria for Disruptive Mood Dysregulation, Attention Deficit Disorder, Oppositional Defiant Disorder, Bipolar Disorder and Conduct Disorder in order to make an appropriate diagnosis. Or for Alzheimer's, Vascular Dementia, Delirium and psuedodementia. This would be done nicely in a table format as you write what is alike and what is different for each of these diagnoses.	20	
Objective Data Apply age appropriate interview skills that would be use to assess the child or adult with the determined problem. Use your own words; questions you would ask to determine specific dx.	20	
Screening Tools and/or Labs that you would need to use to determine an accurate diagnosis with rational and how they are to be used.	10	
Diagnosis Provide your diagnosis (may be more than one) and give rationale to support your conclusion. Provide the appropriate codes according to the DSM5. Provide at least three rule out diagnoses you are considering for this patient and discuss how symptoms and key criteria overlap. How will you eliminate these rule out diagnoses?	20	
Plan What is your plan for this patient? Pharmacological treatment: drug, dosage, rationale and response goal. Therapy? Support groups? Possible referrals and plan for next visit (inpatient, outpatient, progress expected and prognosis, including suggestions for family members.	20	
Other: References in APA format. At least six references; <u>less than six years old</u> . Current, relevant and from appropriate resources. Correct formatting of references. Use your APA reference book for correct use of formatting. No book references: use a chapter and page numbers format instead for any books used; no course notes or syllabus references. Clinical peer reviewed articles are best source for this paper. Spelling, grammar, double spaced, within the specified pages, 5-7 pages, minus title page and references. Submit to Assignment page. UTA title page: http://www.uta.edu/nursing/files/APAFormat.pdf	10	
Total	100	

**The UTA College of Nursing and Health Innovation
Nurs 5303 Psych Management Summer
Rubric for Drug of Abuse Paper**

This is a 7-12 page, double spaced, 12 font, formal paper (excluding references and UTA title page). Please adhere to this requirement. As a formal paper, use correct APA format, as discussed in the syllabus and your APA reference guide. Page headers, topic headers and runners are expected; chapter references, not book references are required; no faculty course notes or syllabus references, proper punctuation and capitalization are essential. Respond to the three questions and upon completion, submit to the assignment page. Use topic headers for each question to organize your writing and to aid with grading, ie use full APA formatting, just as you learned in your Theory and Research courses.

Criteria	Points possible	Points earned
This is a formal paper; thus use all APA reference guidelines.		
Subjective Data Provide the additional information. What would you assess related to Jacob's anxiety and mood? Provide a thorough discussion of the anxiety disorders and mood, information needed to assist with clarification of Jacob's symptoms. Complete a thorough alcohol and drug assessment, based on the information you have and knowledge of the action of heroin.	20	
Past History Discuss the important areas to assess in Jacob's psych history, family history, social history, ROS (aimed at those areas that might cause the physical effects from his drug and alcohol use), mental status assessment, physical exam? Be specific related to the scenario.	15	
Screening Tools and/labs Discuss the at least 3 screening tools that you would use for Jacob, noting the name of the screening tool with detailed description, rationale, and scoring. What labs would be needed for Jacob with rationale for each test. How will you assess cravings?	15	
Diagnosis What is your working diagnosis (DSM 5 with F codes) – all the diagnoses that he has met criteria for), at least 3 rule outs (he has met some of the criteria but not all) and 2 differential diagnoses (possible medical causes of his symptoms)? What are the social, environmental and contextual issues that impact his mental health? Give a rationale for each diagnosis and for each rule out and differential.(List the DSM 5 criteria and indicate what symptoms or behaviors fit each criteria) Is there any additional information you need? Describe the genetic risk based on his family history and environmental risk factors for addiction and the major neurobiological factors associated with addiction.	20	
Plan and Teaching Discuss medication you would use for sleep if any. Discuss the pharmacological treatment options for heroin addiction. Recall he is homeless. Suggest over the counter meds including vitamins and rationale. How would you help Jacob develop a relapse prevention plan? What community resources would be helpful for Jacob? Develop a teaching plan for Jacob. What would be goals for group therapy? How would you explain AA to him? Indicate follow up. Be sure to use references including at least 1 article and text book in your answer to these questions.	20	
References in APA format. At least six references; <u>less than six years old</u> . Current, relevant and from appropriate resources. Correct formatting of references. Use your APA reference book for correct use of formatting. No book references: use a chapter and page numbers	10	

<p>format instead for any books used; no course notes or syllabus references. Clinical peer reviewed articles are best source for this paper. Spelling, grammar, within the specified pages, 7-12 pages, minus title page and references. Submit on assignment page. UTA title page: http://www.uta.edu/nursing/files/APAFormat.pdf</p>		
<p>Total</p>	<p>100</p>	

Mental Status/Mini Mental Status Exam Video Assignment Grading Rubric

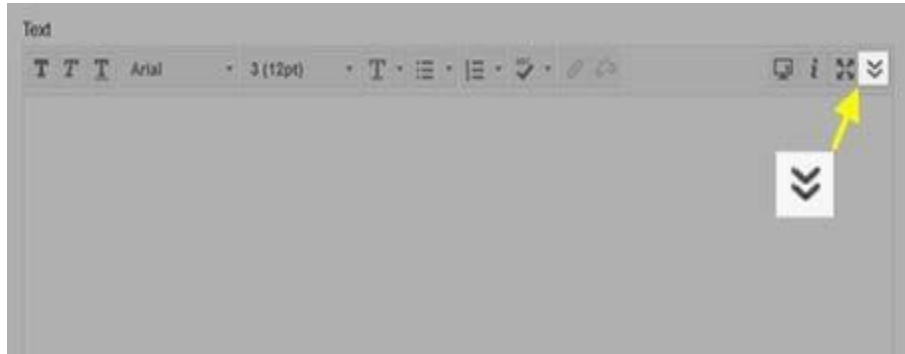
To prepare for this video please review pages 138-143 in Zimmerman. After you have become familiar with this material, prepare a 10 minute video of an adult family member or friend’s Mental Status and Mini Mental Status (please do **BOTH**, even if you use a “patient” is not over 65 or demonstrating cognitive decline, so that we can evaluate your skill). Verbalize the areas of the mental status exam that are observed. Demonstrate the parts of the exam that are inactive or inquired.

Category	Maximum Points Possible	Points Earned
Development of rapport with client	25	
Use of screening tool: Mental Status Exam and Mini Mental Status Exam/SLUMS: Uses appropriate questions to do complete mental status examination Please be sure to include each area of both exams to get full credit.	25	
Document both exams appropriately and email to your clinical faculty using your UTA email.	25	
Completed the assignment with the 10 minute time frame and uploaded video by due date	25	
Total	100	

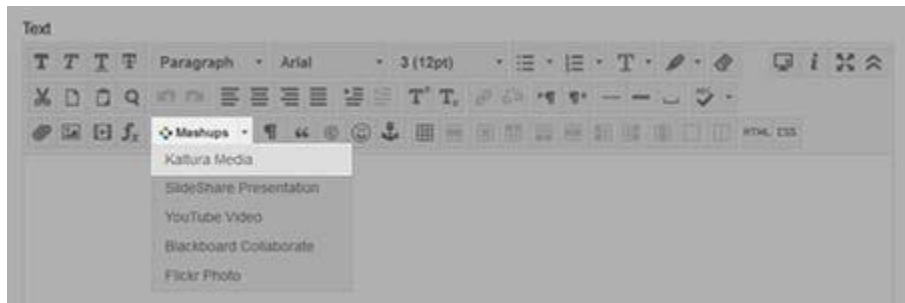
Needs a grade of 70 to equal a pass for this assignment

Kaltura Video Mashup Tool

1. Within a text editor (such as within an Assignment submission or Discussion thread), expand the tools by clicking “write submission”. The menu of the text editor by clicking the chevron button on the top right (NOTE: this step may not be necessary if you have expanded the menu in another location within the course).

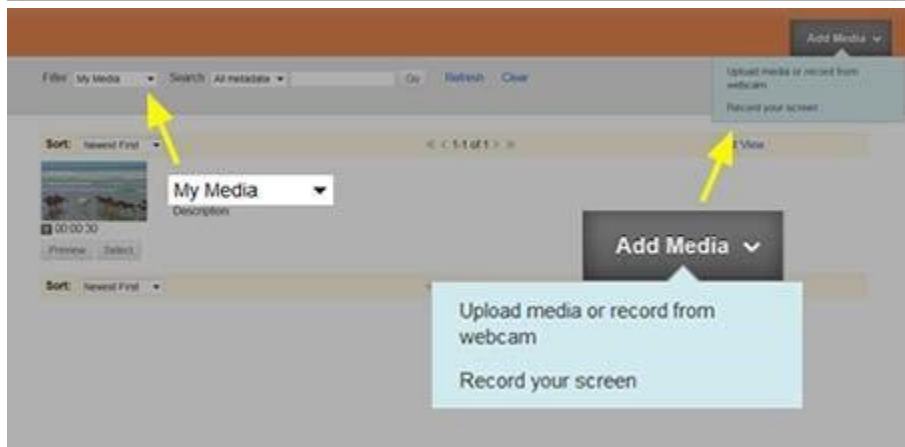


2. Click the **Mashups** button and select **Kaltura Media** from the dropdown menu.



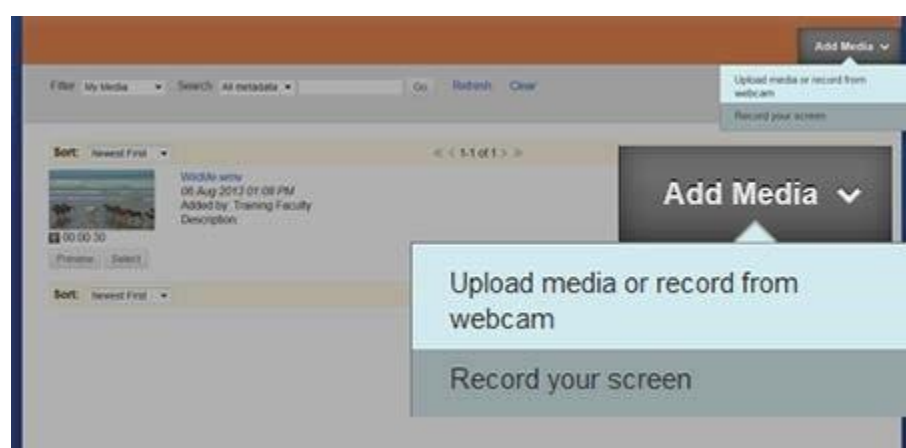
3. The Kaltura Media window will display. You will be given a few options for uploading:

- Choose the Record from Webcam Option

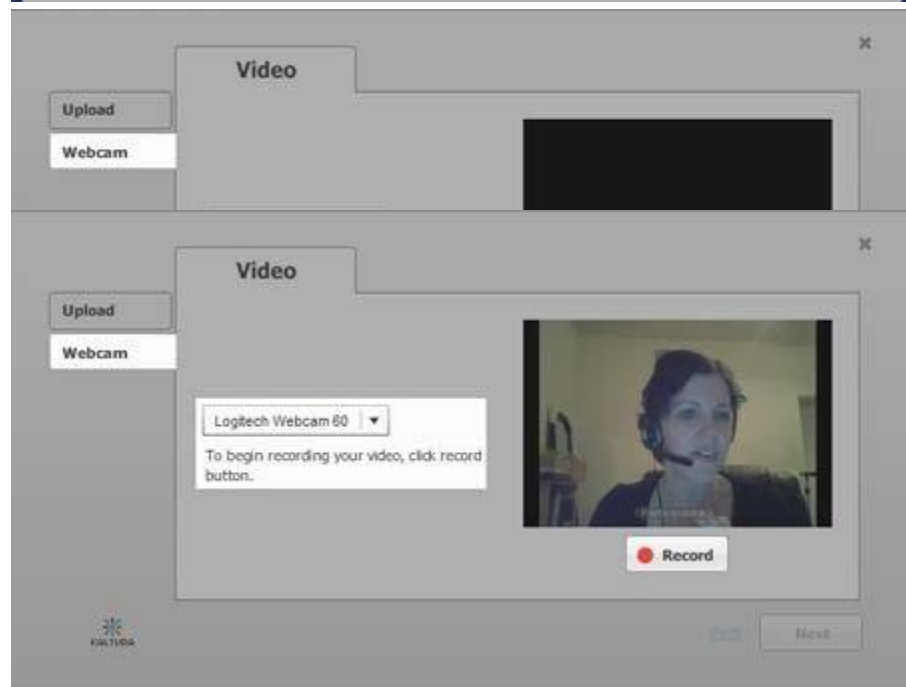


The instructions below detail how to record from your webcam directly into Blackboard Record from a Webcam

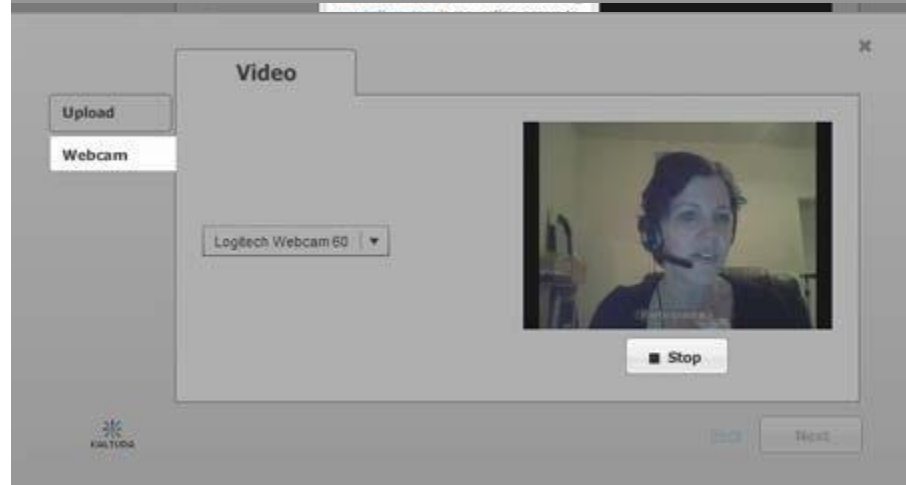
1. Click **Upload media or record from webcam.**



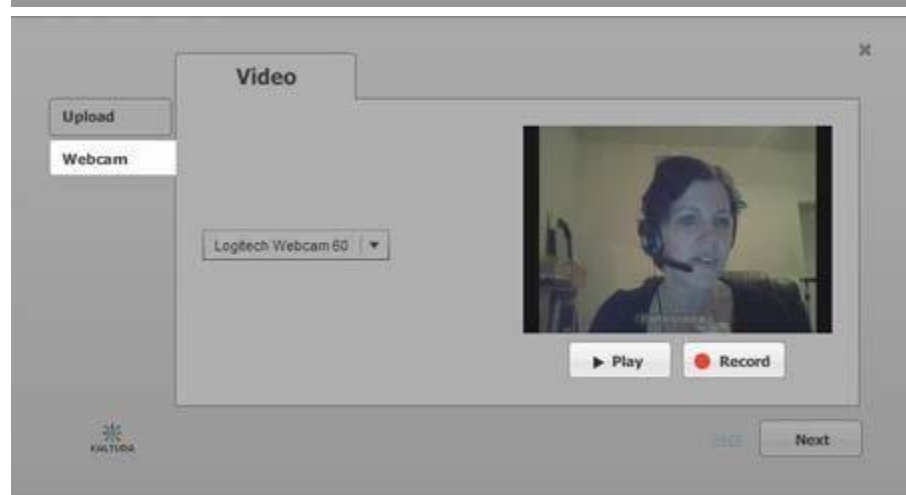
2. In the pop-up box select **Webcam** to create a video using your webcam.



3. Select the **Allow** button within the Adobe Flash Player Settings window.



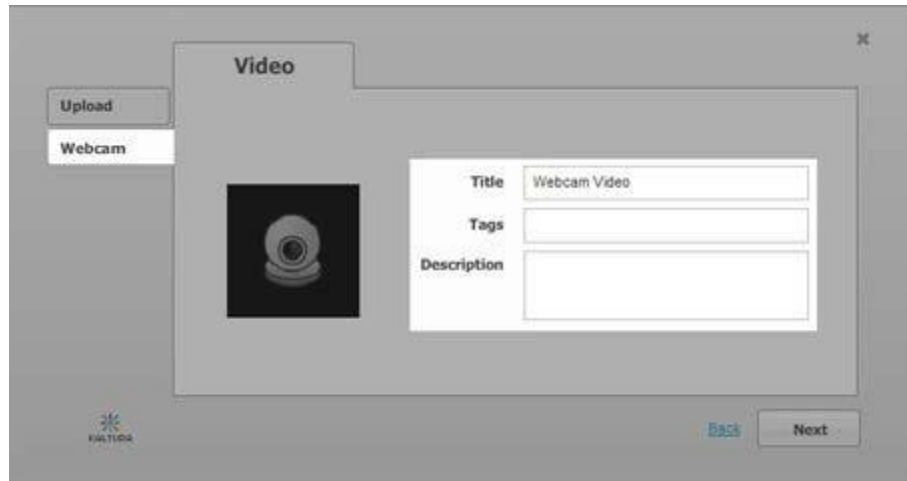
4. A list of available web cameras will display in the drop down menu. Once the appropriate webcam is connected (indicated by your image displaying in the window on the right), click the **Record** button.



5. Once you have completed your recording, click the **Stop** button.

6. Click **Play** to view the recording or **Record** to start the recording over. Once you are satisfied with your video, click Next.

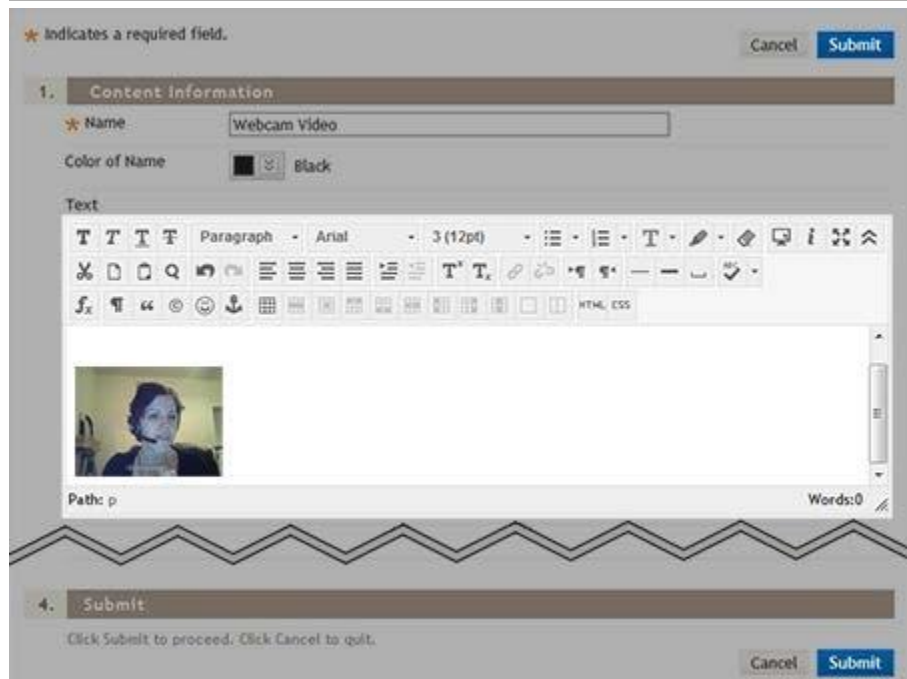
7. Add a Title and tags or a description then click the **Next** button.



8. Select the Mashup Options for the item and click **Submit**.



9. A thumbnail of the video will appear in the description box. Select any other necessary options for the item and click **Submit**.



**N5303, Psychiatric Management in Advanced Nursing Practice
Grading Rubric, Ethical Decision Making In-Class Activity**

Category Description	Point Value
<p><u>Moderator/Question Facilitator Role (55%)</u></p> <ul style="list-style-type: none"> (A): Student presents information to introduce and facilitate discussion, addressing all aspects of the assigned question (B): Student facilitates on-going discussion with other students regarding their presentation, and responds to questions/comments with appropriate information/feedback <p><i>(Presentation should include information that is relevant to your assigned question, and will cover various aspects such as: additional information needed in the history, ethical principles, relevant mental health laws/other laws, relevant Nurse Practice Act regulations/considerations, utilization of appropriate community resources)</i></p>	<p>(A): 35 points possible / _____</p> <p>(B): 20 points possible / _____</p>
<p><u>Participant Role (30%)</u></p> <ul style="list-style-type: none"> Student provides verbal feedback to facilitating peers' question presentation, and offers additional information/commentary to support on-going dialogue 	<p>30 points possible / _____</p>
<p><u>Written Work Submission (10%)</u></p> <ul style="list-style-type: none"> Written copy of the student group's work on assigned question submitted (<u>individually/each student to submit a copy</u>) to Blackboard Assignment Drop-box by the due date at 1159 PM Central Time; Correct grammar, spelling, punctuation, and APA formatting expected *** Be sure to include References page. The dropbox will be available at 5:30pm,after class 5. 	<p>10 points possible / _____</p>
<p><u>References (5%)</u></p> <ul style="list-style-type: none"> References used to support oral presentation and written work; Should be current, relevant, and from appropriate sources ***At least two (2) references 	<p>5 points possible / _____</p>
<p>TOTAL</p>	<p>100 possible / _____</p>

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

During this semester, each student will be expected to demonstrate a **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. **Kaplan and Sadock's Synopsis of Psychiatry: Emergency Psychiatric Medicine, Suicide pp. 763-774.**

You will be given a scenario. From this, you will partner up in class:

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

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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?

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 has this patient indicated they need during your interview?

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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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
8. Write up includes neurobiology of the primary diagnosis and neurotransmitter/psychopharmacology; explanation for all medications prescribed.

The student will write-up the exam in a way similar to what occurs in clinical practice, using the **template in this syllabus**. 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. UTA title page:
<http://www.uta.edu/nursing/files/APAFormat.pdf>

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 (older than 65 yr of age) 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.

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Med management SOAP Note : The purpose of this assignment is to synthesize and present in a written 2-5page paper, the assessment, diagnostic reasoning, and management of an interesting patient. Select a patient with whom you are familiar from your clinical experience. This is a chance to use your critical thinking; You may put any differences in diagnosis or med plan that you may have with your preceptors diagnosis or plan. Be sure to note if your diagnosis was different from your 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.

Criteria—LAST DAY TO TURN IN See Couse Calendar	Points Possible	Points Earned
<p>Subjective Data <u>Reason for selecting this particular patient;</u> <u>Is this new or follow up 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 or other anxiety; OCD and trauma disorders; 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) etc.</p>	30	
<p>Objective Mental status assessment and physical examination (what would evaluate); lab work; Vital signs; results of screening and other tools (e.g. Connor’s ADHD teacher and parent rating: give results)</p>	15	
<p>Assessment DSM 5 : (may have more than one diagnosis) one Rule Out and one Differential Diagnosis. Challenges encountered in making the diagnosis. Be sure to include differences you might consider from those your preceptor selected, if possible.</p>	20	
<p>Plan Write any different selections you might made from your preceptor. Pharmacological treatment: drug, dose, rationale, response goal. Labs: ordered, results, needed. Non-pharmacological treatment: therapy, resources, referrals. Disposition: inpatient, outpatient, progress, prognosis: BE SMART with your goals for teaching and therapy. What to focus on in next visit: target symptoms; adverse effects?</p>	25	
<p>Presentation/References Organized, systematic, logical, concise, double spaced State what you learned from this patient References: use at least two references;one can be a textbook; the second needs to be an EBP clinical article or research article that supports the treatment approach for the patient. UTA title page: http://www.uta.edu/nursing/files/APAFormat.pdf</p>	10	
<p>Comments</p>		
<p>Total:</p>	100	

**University of Texas at Arlington College of Nursing and Health Innovation
N5303--Psychiatric Management in Advanced Nursing Practice**

Psychiatric Evaluation Guide:

The following is a suggested format for Psychiatric Evaluation of Patient-Please note that this is only a template, not a cookbook approach. For child, adjust language to developmental level of child, and add developmentally specific questions on parenting, discipline, ADHD etc. For older adult or disabled, add functional assessment and additional questions on cognitive function, memory, executive function, MMSE 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 worst. Define mood first: is it sad mood they are rating? Is it manic mood? Is it anxious mood? (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?

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 have you as evaluator determined the patient has and what is their insight into their problem or need for care?

Good intact fair limited

Assets/strengths: what you have determined is included here: 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.

Give neurobiology and neuroanatomy r/t to diagnosis.

Plan:

Medication choices with dose and quantity and number of refills. Give rationale for choice

Teaching Plan: Be SMART with your teaching plan. See Bloom's taxonomy and p.

Non pharmacological plan: therapy, exercise, nutrition, etc. with SMART goals and objectives for patient. See Syllabus, p. 50 for review of what this means.

APA formatting tips for references:

Do not cite 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.

UTA title page:

<http://www.uta.edu/nursing/files/APAFormat.pdf>

Use of Bloom's taxonomy and SMART for objectives; goals in this course.

Google Bloom's taxonomy to learn about appropriate verbs that will be considered measurable. Be **SMART**: specific, measurable, attainable, relevant and time oriented. Thus, for example: by the end of this semester student will be able to describe appropriate SSRIs to use for management of a patient with anxiety disorders. Or: The patient will be able to identify triggers to his bipolar disorder following a three week period of psychoeducation using handouts and verbal instruction on his diagnosis.

University of Texas at Arlington College of Nursing and Health Innovation
N5303--Psychiatric Management in Advanced Nursing Practice
Fall 2016
(WEEKLY) CLINICAL HOUR TALLY SHEET

NAME: _____ **MAJOR:** _____

Week of:	Aug 29	Sept 6	Sept 12	Sept 19	Sept 26	Oct 3	Oct 10	Oct 17	Oct 24	Oct 31	Nov 7	Nov 14	Nov 21	Nov 28	Dec 5	Total
Adult /Pedi/Gero Psych Management																
Addiction (1hour) NA/ AA meeting																
In class Seminars (5)																
Total Hours																

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

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