

**Nurs 3481: Psychiatric-Mental Health Nursing of Individuals, Families and Groups****Faculty:**

Susan Justice, MSN, RN, CNS  
Clinical Assistant Professor

**Office:** Pickard Hall

**Office Telephone Number:** 817-272-2776

**Office Fax for Faculty:** 817-272-5006

**Email Address:** Blackboard

Marcia Monghate, MSN, MPH, RN, APRN, PMHCNS-BC, CNE  
Clinical Assistant Professor

**Office:** Pickard Hall

**Office Telephone Number:** 817-272-2776

**Email Address:** Blackboard

Jeff Robbins, BSN, MBA, RN  
Clinical Assistant Professor

**Office:** Pickard Hall

**Office Telephone Number:** 817-272 2776

**Email Address:** Blackboard

Deborah Sanford-Wilson, MSN, APRN, PMHCNS-BC  
Clinical Assistant Professor

**Office:** Pickard Hall

**Office Telephone Number:** 817-272 2776

**Email Address:** Blackboard

Janet Stagg, MS, RN, PMHCNS  
Clinical Assistant Professor

**Office:** Pickard Hall

**Office Telephone Number:** 817-272 2776

**Email Address:** Blackboard

**Office Hours:** Varies by instructor

**Time and Place of Class Meetings:**

Section 001 – 8-9:50 am, Wednesday PKH 212

Section 002 – 10-11:50 am, Wednesday PKH 212

**Description of Course Content:**

NURS 3481 PSYCHIATRIC MENTAL HEALTH NURSING OF INDIVIDUALS, FAMILIES, AND GROUPS (2- 6)  
Application of the nursing process with emphasis on critical thinking, therapeutic nursing interventions, and effective communication and interpersonal skills as they relate to persons with psychiatric mental health conditions. Prerequisite: NURS 3632.

**Student Learning Outcomes:**

Upon Completion of this course, the student is expected to:

1. Apply knowledge from the art and science of nursing and other scientific and humanistic disciplines in the provision of holistic psychiatric-mental health care of individuals, families, and groups.
2. Use analytical and critical reasoning for clinical judgment and nursing decision-making.
3. Relate core professional values and legal/ethical principles in the provision of holistic psychiatric-mental health care of individuals, families, and groups.
4. Use therapeutic communication techniques and effective interpersonal skills in the provision of psychiatric-mental health care of individuals, families, and groups.
5. Demonstrate ethical behaviors and conflict management skills in all professional interactions in order

- to implement change.
6. Employ collaboration between individuals, families, and others in establishing priorities for the provision of competent and cost-effective psychiatric-mental health care that promotes health and prevents illness.
  7. Practice life-long learning, self-reflection and awareness in the provision of psychiatric-mental health care of individuals, families, and groups.
  8. Model the standards of nursing practice and promote safety and quality improvement in the provision of psychiatric-mental health care of individuals, families, and groups.
  9. Employ informatics in the planning, delivery, and evaluation of psychiatric-mental health care of individuals, families, and groups.

**Requirements:**

- Course syllabus and clinical supplement: Available on Blackboard for course N3481 or from UTA Nursing web site. Please print and read before first day of class. [Access/Read Attestation Course contract on Blackboard, initial and sign, and submit via blackboard link prior to the first class week.](#) You are responsible for all material in the syllabus.
- All Clinical forms for clinical assignments will be posted on Blackboard and are in the clinical supplement. Students are responsible for printing forms from Blackboard for weekly clinical and as announced.

Course Schedule with dates for lecture content are at the end of this document. As the instructor for this course, I reserve the right to adjust the schedule in any way that serves the educational needs of the students enrolled in this course.

**Required Textbooks and Other Course Materials:**

Halter, M. (2014). Varcarolis foundations of psychiatric mental health nursing: A clinical approach. (7th ed). Mosby. ISBN: 9781455753581

Townsend, M. (2014). Psychiatric nursing: Assessment, care plans, and medications. (9th ed). F.A. Davis Company. ISBN 9780803642379

HESI RN Practice Test ISBN 9781455727384

Evolve Case Studies ISBN 9781455741311 (From Jr 1)

Elsevier Adaptive Quizzing (EAQ) for Halter Varcarolis Foundations of Psychiatric Mental Health Nursing (Retail Access Card), 7th Edition. ISBN 9780323280211 (UTA Bookstore); ISBN 9780323287517 (evolve account)

**Recommended Textbooks:**

\*HESI. (2013). *Comprehensive review for the NCLEX-RN® examination*. (4th ed). Elsevier. ISBN: 9781455727520

Hogan, M. (2013) *Pearson Reviews & Rationales: Mental Health Nursing with Nursing Reviews & Rationales*. (3<sup>rd</sup> ed.). Prentice Hall. ISBN:9780132956871

Silvestri, L. & Silvestri, A. (2015) *Saunders 2016-2017 Strategies for Test Success: Passing Nursing School and the NCLEX Exam, 4e* (4<sup>th</sup> ed.). ISBN: 9780323296618

\*It is strongly recommended that a comprehensive NCLEX review book with synopsis of content and sample test items with rationales for answers be used throughout the course.

**HESI Elsevier Course Information:**

Evolve Case Studies 10394\_hwoods21\_1006 (required in MH-Benchmark score 90%)

HESI RN Practice Test 10376\_hwoods21\_1006 (required in MH-Benchmark score 90%)

Elsevier Adaptive Quizzing (EAQ) for Halter Varcarolis Foundations of Psychiatric Mental Health

Nursing 153180\_hwoods21\_1003 (required MINIMUM Benchmark LEVEL 2 80%; LEVEL 3 100%).

**ADDITIONAL RESOURCES:**

Texas Board of Nursing <https://www.bon.texas.gov/>

## N3481 Psych/Mental Health Nursing BSN Pre-Licensure Essential Skills

## ASSESSMENT

- Mental status exam
- Psychosocial assessment
- Suicide risk assessment
- Homicide risk assessment
- Aggression risk assessment
- Psychosis assessment

## INFECTION CONTROL PROCEDURES

- Standard/universal precautions

## MISCELLANEOUS

- Documentation
- Therapeutic communication techniques

**Grading Policy:** Students are expected to keep track of their performance throughout the semester and seek guidance from available sources (Faculty, Student Success). If their performance drops below satisfactory levels, if any of the 3 proctored exams are **75% or below**, students **must**: schedule an appointment with the Student Success Faculty for Psych to review their exams; discuss strategies for improvement, discuss time management and effective study habits; and create a plan for performance improvement based on Student Success recommendations. If the psych HESI score is below the benchmark of 850, students **must**: schedule an appointment with the Student Success Faculty where they will review their exams; discuss strategies for improvement, review the HESI practice test, talk about test-taking strategies related to the psych content, access the Evolve remediation info and identify the areas needed to review and master. See “Student Support Services,” below.

Three exams, a comprehensive final, psych HESI and class attendance/participation determine the theory portion of the grade. Exams will consist of multiple-choice and select all that apply items. The exams may be given either in the written (paper) format or on a computer at UTA. Tests are given at UTA only and are proctored. **Students must bring their UTA ID card in order to access all scheduled exams.**

**Proctored exams (Content exams + Comprehensive Final + HESI + Attendance/Participation)**

Exam 1	18%
Exam 2	18%
Exam 3	18%
Comprehensive Final	17%
HESI Exam	9%
Attendance/Participation	5%
Pharmacology Presentation	1%
Care Plan 1	2%
Care Plan 2	3%
Process Recording	2%
EAQ Chapter Quizzes/Videos	7%
<b>Other assignments</b>	<b>= 15 %</b>
<b>Total % of grade</b>	<b>= 100%</b>

**Proctored Exams:**

3 Content Exams and a Comprehensive Final: (71%)

- There are three content exams and a comprehensive final. Blueprints for content exams will be

posted on Blackboard at least one week in advance of the scheduled testing date.

- Exam question rationales will be available after each content exam; students are encouraged to take time to review these upon exam completion.

#### **Attendance/Participation: (5%)**

- Attendance evaluation will be via seating chart. You must be present when attendance is taken and remain throughout the lecture. Score of 100 will be given. If you leave early, arrive late or do not attend, a score of "0" will be given. Evaluation of class participation is based on contribution to class discussion and participation in in-class exercises throughout the term. Your participation will be recorded in class, as participation opportunities are made available, for the entire term. Your attendance participation will be evaluated at the end of the term as follows:
- You must be present when attendance is taken and remain through out the lecture. Score of 100 will be given. If you leave early, arrive late or do not attend, a score of "0" will be given.
- 100 - Regular (weekly) attendance and participation.
- 90 – Frequent (misses 1 class) attendance and participation.
- 80 - Average (misses 2 classes) attendance and participation.
- 70 - Infrequent (misses 3 classes) attendance and participation.
- 0 - Rare (misses 4 or more classes) attendance and participation.
- **HESI Exam: (9%)**
- At least 2 weeks (Due 11/20 by 2359) prior to taking the HESI, students must have achieved and submitted a minimum score of 90% on the HESI Practice Quiz and Exam (see calendar for due date and clinical supplement for instructions on purchasing).
- The HESI Exam must be taken at the specified date and time. Individual student printouts of results are available from the HESI Evolve website approximately 24 hours after the test is taken. These reports should be saved and reviewed for remediation purposes and to assist the student in preparing for the end of program HESI exam.
- The HESI is a computer administered exam, all rules related to exam taking are applied as in other course exams.
- There is no blueprint for the HESI, it is recommended that students use all resources to study for the HESI including: N3481 text; posted class outlines/notes; Elsevier Adaptive Quizzing, Evolve/Elsevier resources and psych Evolve case studies and psych related HESI and NCLEX study resources.
- All N3481 students will take the computerized psych HESI exam. There are 55 questions on the exam. It is set up like the NCLEX. Each question must be answered and you will not be able to go back to a previous question once you submit your answer.
  - Acceptable HESI score: The minimum acceptable performance level for HESI scores is 850.
  - Recommended HESI score: The minimum recommended score is 900.
- Once you have completed any HESI exam and received a score, it is highly recommended that you review your rationales. Your results will break down by subject area how you did on the test and let you know your areas of strengths/weaknesses. Reviewing rationales can be a helpful tool in preparation for Exit HESI. Please note, students will not have another opportunity to review rationales so we encourage all students to allow time for this before leaving the testing area.
- Your score on the HESI exams may be a predictor to your success for both exit HESI and NCLEX. It is important that you begin each course in the CON with the understanding that to prepare for your EXIT HESI, you will take HESI tests in each clinical course. The questions are written at the critical thinking level, so just as in all your nursing courses, you are not tested not for memorization but for your ability to apply what you know and the skills that you have learned in each clinical course to a relevant client scenario.

#### Student Success Course (Professional Nursing Life Skills):

- Students who score less than 850 on **ANY** course HESI are required to take NURS 2232, Professional Nursing and Life Skills. Students must take NURS 2232 with their next course.

- Any students who receives <850 in any HESI **must** meet with the appropriate Student Success Coordinator to review strategies and resources that can assist students to prepare for EXIT HESI. Please click on the following link for information from Evolve regarding HESI testing and accessing remediation information/materials:  
<https://evolve.elsevier.com/studentlife/video/remediationtraining.html>

**Other Assignments:**

EAQ Quizzes/Video Questions (7% EAQ quiz /Video grades are only averaged in if proctored exam average is 70% or higher).

Clinical Assignments (8% - Clinical Assignment grades are only averaged in if proctored exam average is 70% or higher).

- Medication Assignment (1%)
- Care Plan 1 (2%)
- Care Plan 2 (3%)
- Process Recording (2%)
- EAQ Chapter Quizzes/Videos (7%)

**All other Clinical Assignments receive clinical time (see allocation of clinical hours).**

Clinical Assignment grades only averaged in if proctored exam average is 70% or higher.

- ALL exams count toward the required minimum course grade of 70.00% on proctored exams. In determining the final course grade for N3481, the weighted average on proctored exams will be checked first. If a student achieved a 70.00% with no rounding of weighted average on proctored exams, then EAQ Quizzes (7%) and Clinical Assignments (10%) will be averaged in. If the student did not achieve a 70.00% with no rounding of weighted average on proctored exams, the course grade calculation stops and the grade stands as a D or F as determined by the numerical value from the weighted average on proctored exams. **Students must achieve a mastery level 2 or > on all EAQ Quizzes, 70% on all clinical assignments, 90% on each Evolve Case Study, 90% on HESI Practice quiz and exam to pass the course.**

**EAQ Quizzes:** EAQ quizzes will be available in your Elsevier resources for each chapter we cover. Elsevier Adaptive Quizzing allows you to advance at your own pace through multiple mastery levels for each of your text chapters. Quizzes will be available the entire semester but must be completed as scheduled along with the content being covered as a preparation for understanding/mastering the content, exams and HESI. EAQ Quiz questions are NCLEX type questions and are an excellent adjunct to exam preparation. Each individual student is responsible for ensuring she/he has browser access to the evolve website and EAQ in order to take the quiz. EAQ quizzes are mandatory and will be factored into the final grade. Benchmark mastery level 2 will be equivalent to 80 and benchmark mastery level 3 will be factored in as 100.

**Computer Requirements:**

All computers on campus will access BLACKBOARD and Evolve. If you choose to access from home you must have a computer and a quality Internet provider such as DSL, Cable, or Satellite (regular telephone is not adequate). Questions about adequate computer hardware should be directed to the UTA help desk at 817-272-2208 or [www.helpdesk@uta.edu](mailto:www.helpdesk@uta.edu)<<http://www.helpdesk@uta.edu>; they are open the same hours as the Library. Please do not bring your technical problems to class. Your instructors are not available for technical support please call or contact the helpdesk.

Your home computer's compatibility with BLACKBOARD and Evolve is your responsibility. Neither the helpdesk nor your instructor is responsible for the functionality of your home computer's configuration. If you have doubts about your own equipment you may wish to submit work at the many UTA Computer Labs on campus.

**Word of caution:** Do not rely on employer's computer systems to access Blackboard. Students have encountered various problems due to the special filters, fire walls, program blocking programs, and barriers they put on their systems. In addition, MAC computers may not be compatible with Blackboard.

Software: Your software (WORD, POWERPOINT, EXCEL and WINDOWS) should be up to date. As a student you may purchase the latest WINDOWS and OFFICE from the Computer Store at the UTA Bookstore for a very nominal fee. Please take advantage of this opportunity.

Grades will be earned based on the following scale; percentage indicates the contribution of each grade to the overall course grade.

Exam 1	18%
Exam 2	18%
Exam 3	18%
Comprehensive Final	17%
HESI	9%
Attendance/Participation	5%
EAQ Quizzes/Video Questions	7%
Clinical Assignments	8%
Total	100%

### UTA College of Nursing Grading Criteria

In order to successfully complete an undergraduate nursing course at UTA, the following minimum criteria must be met:

- 70% weighted average on proctored exams. (Non-proctored grades are only averaged in if proctored exam average is 70% or higher)
- 90% on math test (Not applicable in NURS 3481).
- 90% on practicum check off (Not applicable in NURS 3481).

In undergraduate nursing courses, all grade calculations will be carried out to two decimal places and there will be no rounding of final grades. Letter grades for tests, written assignments, and end of course grades, etc. shall be:

A =	90.00	–	100.00
B =	80.00	–	89.99
C =	70.00	–	79.99
D =	60.00	–	69.99

The existing rule of C or better to progress remains in effect; therefore, to successfully complete a nursing course, students shall have a course grade of 70.00 or greater. Students are reminded that any student, who fails two nursing courses, is no longer eligible to continue coursework toward a BSN from UTA CONHI.

**SCHOLASTIC DISHONESTY (CHEATING AND/OR COLLUSION) ON EXAMINATIONS WILL RESULT IN A “0” ON THE EXAM AND N3481 COURSE FAILURE (“F” FOR COURSE). YOU WILL ALSO BE REFERRED TO THE UTA OFFICE OF STUDENT CONDUCT.**

### 70% Weighted Exam Average

In order to successfully complete an undergraduate nursing course at UTA, a student must achieve a minimum 70% weighted average on proctored exams. In this course, that includes the four exams that compile the 85% of the final grade. None of the additional course work (15%) is figured into the grade unless the 70% weighted average is reached.

Unit and Comprehensive Exams	Weight
Exam 1	18%
Exam 2	18%
Exam 3	18%
Comprehensive Final	17%
HESI	9%
Attendance/Participation	5%
Total for Weighted Average	85%

**Calculating your Exam grade with Weighted Averages**

Example: This student made 100% on all exams:

	Weight of Exam	Student Grade	How to figure:
Exam 1	18%	100	$x 0.18 = 18$
Exam 2	18%	100	$x 0.18 = 18$
Exam 3	18%	100	$x 0.18 = 18$
HESI	9%	100	$x 0.09 = 09$
Comprehensive Final	17%	100	$x 0.17 = 17$
Attendance/Participation	5%	100	$x 0.05 = 5$
Total	85%		Total = 85

Last step: If you divide the 85 by 0.85 (85%—the weight of total exams) you will know what the average weighted score is on exams, in this case 100.00.

Example: This is the student who makes 70% on everything.

	Weight of Exam	Student Grade	How to figure:
Exam 1	18%	70	$x 0.18 = 12.6$
Exam 2	18%	70	$x 0.18 = 12.6$
Exam 3	18%	70	$x 0.18 = 12.6$
HESI	9%	70	$x 0.09 = 6.3$
Comprehensive Final	17%	70	$x 0.17 = 11.9$
Attendance/Participation	5%	70	$x 0.05 = 3.5$

Last step: If you divide the 59.5 by 0.85 (85% - the weight of total exams) you will know what the average weighted score is on exams, in this case 70.00.

Grid for your Grades in Psychiatric Mental Health (figure YOUR weighted average)

Exams	Weight of exam	Your grade	How to figure
Exam 1	18%		$x 0.18 =$
Exam 2	18%		$x 0.18 =$
Exam 3	18%		$x 0.18 =$
Comprehensive Final	17%		$x 0.17 =$
HESI	9%		$x 0.09 =$
Attendance/Participation	5%		$x 0.05 =$
Total	85%		Total

Last step: If you divide the total of the fourth column by 85% (the total weight of your exams) you will know your weighted average score. This is the sum total of the 85% of your grade. You must have 59.5 or more in column 4 to move to the next step of adding in your additional course work/grades. If the 70% weighted average is not achieved, a letter grade commensurate with the weighted average will be awarded as the class grade. Less than a C signifies a non-passing grade.

#### Attendance Policy:

At The University of Texas at Arlington, taking attendance is not required. Rather, each faculty member is free to develop his or her own methods of evaluating students' academic performance, which includes establishing course-specific policies on attendance. As the instructor of this section: Regular class attendance and participation is expected of all students. Students are responsible for all missed course information.

- Class: Students enrolled in the course are expected to attend all lectures, be on time and ready for class at the scheduled time. **Professional behavior and civility is expected at all times.** Classroom doors may be locked 10 minutes past the beginning of class at which time students are not to enter the class in session until the next break. No children are allowed in class. Adult visitors may attend class with permission of the instructor teaching the class.
- Clinical: Clinical time is defined as all experiences contributing to clinical hours including but not limited to hospital assignments, outpatient facilities, support group meetings, simulation labs, and other designated activities and assignments.

**Attendance at and completion of all clinical activities is required.** This includes the mandatory clinical orientation, communication lab/simulations, interschool convergence training and all assignments receiving clinical time. Each clinical site may have specific clinical guidelines that the student is expected to follow. Students are expected to arrive at clinical prepared and ready to begin at the assigned time. If you have an emergency the day of a clinical assignment, you are to contact your assigned instructor. All clinical assignments must be submitted and students must achieve the designated minimum score in order to pass clinical.

Professional behavior and civility in clinical is expected at all times.

**Required Orientation, Lab and Simulation Sessions for N3481 Psychiatric Mental Health Nursing:** There will be required orientation, lab and simulation session for Psychiatric/Mental Health Nursing on Thursday & Friday 8/25 & 8/26 (Orientation); 9/1 & 9/2 (Communication Lab); 9/8 & 9/9 (Med Teaching Lab), 9/15 & 9/16 (Psych Simulation), and 9/22 Interschool Convergence. You will be scheduled on either a Thursday or Friday for each of these activities depending on your med-surg clinical schedule, and attendance at each of the activities is mandatory and cannot be made-up. The interschool convergence training (9/22/16) is a required clinical activity for all j2 students

**Inclement Weather Procedures:** Faculty will provide students with information the first day of class regarding procedures for the event of severe inclement weather.

**Grade Grievances:**

Any appeal of a grade in this course must follow the procedures and deadlines for grade-related grievances as published in the current University Catalog.

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

**Drop Policy:**

Students may drop or swap (adding and dropping a class concurrently) classes through self-service in MyMav from the beginning of the registration period through the late registration period. After the late registration period, students must see their academic advisor to drop a class or withdraw. Undeclared students must see an advisor in the University Advising Center. Drops can continue through a point two-thirds of the way through the term or session. It is the student's responsibility to officially withdraw if they do not plan to attend after registering. Students will not be automatically dropped for nonattendance. Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. For more information, contact the Office of Financial Aid and Scholarships

(<http://www.uta.edu/aao/fao/>).

**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](http://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](http://www.uta.edu/disability).

**Counseling and Psychological Services, (CAPS)** [www.uta.edu/caps/](http://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](http://uta.edu/eos).*

**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](http://www.uta.edu/titleIX) or contact Ms. Jean Hood, Vice President and Title IX Coordinator at (817) 272-7091 or [jmhood@uta.edu](mailto:jmhood@uta.edu).*

**Academic Integrity:** Students enrolled all UT Arlington courses 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. If any exams are administered in a non-proctored environment, I reserve the right, at any time, to require a student to take or re-take any or all exams in a proctored environment. If I deem this necessary, the student is responsible for making the proctoring arrangements, subject to my approval. This policy applies to any and all assignments required in this course.

Per UT System *Regents’ Rule* 50101, §2.2, which states “*Academic 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.*” Suspected violations of university’s standards for academic integrity (including the Honor Code) will be referred to the Office of Community Standards. Being found responsible for violating Regents’ Rule 50101, §2.2 by the Office of Community standards will result in course failure. Violators will be disciplined in accordance with University policy, which may result in the student’s suspension or expulsion from the University.

**PLAGIARISM:** Copying another student’s paper or any portion of it is plagiarism. Additionally, copying a portion of published material (e.g., books or journals) without adequately documenting the source is plagiarism. 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 at the end of each paragraph. 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 encouraged to review the plagiarism module from the UT Arlington Central Library via <http://library.uta.edu/plagiarism/index.html>. Papers are now checked for plagiarism and stored in Blackboard.

**Student Support Services:** UT Arlington provides a variety of resources and programs designed to help students develop academic skills, deal with personal situations, and better understand concepts and information related to their courses. Resources include [tutoring](#), [major-based learning centers](#), developmental education, [advising and mentoring](#), personal counseling, and [federally funded programs](#). For individualized referrals, students may visit the reception desk at University College (Ransom Hall), call the Maverick Resource Hotline at 817-272-6107, send a message to [resources@uta.edu](mailto:resources@uta.edu), or view the information at <http://www.uta.edu/universitycollege/resources/index.php>.

**The IDEAS Center** (2<sup>nd</sup> Floor of Central Library) offers **free** tutoring to all students with a focus on transfer students, sophomores, veterans and others undergoing a transition to UT Arlington. To schedule an

appointment with a peer tutor or mentor email [IDEAS@uta.edu](mailto:IDEAS@uta.edu) or call (817) 272-6593.

**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](http://www.uta.edu/owl) for detailed information on all our programs and services.

**Electronic Communication Policy:**

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

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

**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 Feedback Survey:** At the end of each term, students enrolled in classes categorized as lecture, seminar, or laboratory shall be directed to complete a Student Feedback Survey (SFS). Instructions on how to access the SFS for this course will be sent directly to each student through MavMail approximately 10 days before the end of the term. Each student's feedback enters the SFS database anonymously and is aggregated with that of other students enrolled in the course. UT Arlington's effort to solicit, gather, tabulate, and publish student feedback is required by state law; students are strongly urged to participate. For more information, visit <http://www.uta.edu/sfs>.

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

**Emergency Exit Procedures:** Should we experience an emergency event that requires us to vacate the building, students should exit the room and move toward the nearest exit, which is located at the northeast corner of Pickard Hall; exit the classroom and turn right. 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.

The Library's 2<sup>nd</sup> 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>

**Librarian to Contact:**

**Peace Ossom Williamson, MLS, MS, AHIP**

Nursing Liaison Librarian, Central Library Office 216

<http://www.uta.edu/library> | [peace@uta.edu](mailto:peace@uta.edu)

Research information on nursing:

<http://libguides.uta.edu/nursing>

**Undergraduate Support Staff:**

Holly Woods, Administrative Assistant I, Pre-nursing & Senior II

643 Pickard Hall, (817) 272-7295

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

Suzanne Kyle, Administrative Assistant I, Junior I through Senior I

645 Pickard Hall, (817) 272-0237

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

**Make-up Exam Policy:**

Absences - The lead teacher must be notified in advance of any potential for missing any exam. **Written verification (e.g., a doctor's excuse dated the day of the missed exam) for an excused absence is required prior to taking a missed exam.**

Approved make-up exams will be given within seven days of the exam date unless other arrangements are made with lead teacher. Format for makeup exams may differ from regularly scheduled exam. (This may be short answer, case study, discussion, alternative question format, essay, etc.).

Tardy - A student who is late for a proctored exam may enter the testing area quietly and begin testing. No extra time will be allowed. However, if another student has completed the exam and left the exam room by the time the student arrives, the late student will not be allowed to test that day and will be required to take an alternative format exam and a penalty of 20 points will be subtracted from the make-up exam grade.

We highly recommend that students utilize all of the EVOLVE helps as preparation for lectures, exams, and psych HESI. There are practice questions, pre/post-tests, chapter review and critical thinking questions, EAQ chapter quizzes, HESI practice quiz and test (this is required with a benchmark of 90%) and seven (7) topic related computer-based Evolve Apply Case Studies (these are required with a benchmark of 90%). Case studies include: Alcoholism, Major Depressive Disorder (with anxiety), Depression (with psychosis), Schizophrenia, Psychosis, Alzheimer's, and Attention Deficit Disorder. Instructions on accessing the EAQ, Evolve Apply Case Studies and practice HESI are in the N3481 Clinical Supplement.

Teaching Strategies may include lectures, content audios, simulations, labs, case studies, pre/post conferences during clinical, group discussions, individual student/faculty interactions, role modeling, structured patient care, supervised clinical experiences and instructor facilitated learning experiences.

Clinical Experiences may be in psychiatric settings in public and private local and state hospitals, mental health clinics, community facilities, and with medical-surgical hospital clients with psychiatric/mental health concerns. Clinical conferences are related to class content and to the student clinical experiences. Students are expected to participate fully and professionally.

In order to pass NURS 3481, both the class (3 content exams, comprehensive final and psych HESI) and clinical components (successful clinical participation and clinical assignments) must be successfully completed with the minimum designated scores on both the theory and clinical portions. **Failure to pass either component will result in course failure.**

**Required Clinical Assignments:**

Guidelines for completion of the Clinical Assignments will be provided the first day of class. Students will be expected to use the nursing process in assessing, planning, implementing and evaluating the care of selected clients in the clinical area. Guidelines may be revised during the semester and students will be provided with revisions. All clinical paperwork including medication presentation, critical thinking journals, support groups, assessments, care plans, process recording, and teaching project **must be submitted and receive a minimum**

**of 70% in order to pass the clinical portion of N3481.** Late submissions may receive a 5-point deduction for each day late with a maximum of 30 points deducted. **Because they also receive clinical time, all EAQ quizzes must be submitted with a minimum level achieved (2) but a grade of zero "0" will be recorded if they are submitted after the due date/time.**

1. One Clinical Orientation (counts as 6 hours of clinical time): **Orientation is mandatory and cannot be made-up.**
2. One communication Lab (counts as 6 hours of clinical time): **Lab is mandatory and cannot be made-up.** At UTA, Room TBA.
3. Simulation (counts as 6 hours of clinical time): **Simulation is mandatory and cannot be made-up.**
4. Interschool Convergence Training (counts as 6 hours of clinical time): **Convergence training is mandatory and cannot be made up.**
5. One Medication Teaching Presentation (Counts as 1% of clinical grade). This requires prior preparation (see directions in Clinical Supplement). You will receive your assignment on week one and you will teach on your assigned content after the Biological Basis content is presented.
6. One Initial Patient Interview (to be completed during 1<sup>st</sup> on-site clinical): (See directions in Clinical Supplement - presented in clinical and posted on blackboard).
7. Reflection-Critical Thinking Journals: (See directions in Clinical Supplement). Due after each clinical experience instructor as assigned by clinical instructor.
8. Two Satisfactory Nursing Care Plans with Mental Status Assessment and discharge plan, (Care Plan # 1 counts as 2% of clinical grade and Care Plan #2 counts as 3% of clinical grade): (See directions in Clinical Supplement). Due as assigned by clinical instructor– submit on Blackboard.
9. One AA Support Group Meeting Report - AA 12-Step meeting (counts as 2 hours of clinical time): (See directions in Clinical Supplement). Due as assigned by clinical instructor– submit on Blackboard.
10. One Family (ALANON) Support Group Meeting Report – ALANON,12-Step Family Support meeting (counts as 2 hours of clinical time): (See directions in Clinical Supplement). Due as assigned by clinical instructor– submit on Blackboard.
11. One Process Recording (counts as 2% of clinical grade): (See directions in Clinical Supplement). Due as assigned by clinical instructor– submit on Blackboard.
12. Weekly EAQ quizzes/Videos (link to be posted on Blackboard – (counts as 6 hours of clinical time and 7% of clinical grade): (See directions in Clinical Supplement). Due as assigned – see course calendar.
13. Psychiatric Mental Health HESI Practice Quiz & Test (Receives Clinical Hours and must achieve 90%): (See directions in Clinical Supplement). (Date/time for completion TBA 2 weeks prior to psych HESI – due by 11/20/16).
14. Evolve Case Studies (counts as 7 hours of clinical time): The seven case studies are: *Alcoholism, Major Depressive Disorder, Depression, Schizophrenia, Psychosis, Alzheimer's and Attention Deficit Disorder.* Instructions on accessing the Evolve Apply Case Studies are in the N3481 Clinical Supplement. These are due as each topic is covered (see calendar). Receives Clinical Hours and must achieve 90% on each.

**Confidentiality:** Confidentiality is a PRIORITY in the psychiatric/chemical dependency/mental health setting. NO PART of a client's medical record may leave the unit. NO INFORMATION is given to any person without client's permission, not even the client's admission status. Information from the chart may be used with clinical assignments. Confidentiality statements are required to be signed for each clinical agency. All clients have code numbers or names that must be used by anyone requesting information.

#### **Course Process and Student Responsibilities:**

1. **Please note, personal recording devices of any kind are not allowed in the N3481 due to confidentiality.**
2. All students enrolled in clinical courses must show proof of current immunizations, TB tests, insurance, and CPR certification as described in the UTA Undergraduate Catalog and the College of Nursing Student Handbook. A checklist of compliance data is maintained in the Undergraduate Student Services Office (Nursing Advising Office) file. Additionally, all students are required to view the file "For Your Protection" prior to clinical practicum, and agree to follow the guidelines relevant to universal precautions published in the Student handbook.
3. Nursing Care Plans, process recording, critical thinking journals, quizzes, medication assignment, simulation lab activities, are for clinical credit (pass/fail and/or a designated % of course grade if

proctored exams average 70%); these assignments are not group work—all assignments are to be completed by each student alone. Cheating, collusion, and/or plagiarism on these assignments will result in a N3481 clinical failure (“F” for the course). You will also be referred to the UTA office of student conduct.

**\*\*Cheating:** copying the work of another; allowing someone to copy your work; giving aid to or seeking aid from another when not permitted by the instructor; using, obtaining, or attempting to obtain by any means, the whole or part of a work assignment that is not provided for your use by your instructor.

**\*\*Collusion:** unauthorized collaboration with another in preparing work that is offered for credit.

**\*\*Plagiarism:** Unacknowledged incorporation of the work of another in work that is offered for credit. (UTA Office of Student Conduct, 2011)

4. In the classroom, all beepers, cell phones, other electronic devices etc. are to be off or in a non-disruptive/silent/vibrate mode. Telephones are not to be used in the classroom for text messaging, talking, or taking pictures. Laptop computers may be used for NURS3481 note taking only. Surfing the web, Facebook and other work is very distracting to others in the class. Students using computers, telephones, or other electronic devices in a manner inconsistent with these rules or in a manner disruptive to the class may be asked to leave class, or not allowed to bring computers to class.
5. Students enrolled in the course are expected to attend and actively participate in all class periods. Attendance may be taken at various times during classes. A student signing the roll for another student is committing academic dishonesty and will be dealt with accordingly. Maximum learning occurs with active student involvement in a variety of modes, including listening to lecture and taking notes. Lecture notes and outlines will be the responsibility of each student. Faculty members may or may not provide audio, hard copies or online copies of lecture outline.
6. The clinical instructor and the clinical facility are to be notified of any necessary absence on or before the day of the absence, prior to the appointed time for clinical. Students are responsible for scheduling other activities around clinical times. Excused absences are only for extenuating and emergency situation (e.g., illness documented the day of the absence by a doctor’s excuse). An excused clinical absence will require make-up and may include time spent at a clinical agency, simulation or lab time, or another learning activity (presentation to clinical group etc.), provided guidelines for notification are followed (see course contract). Work, routine doctor’s appointments, birth of a friend’s baby, trips, attending a wedding etc. are not excused and may result in course failure. **Students may only make up one clinical day only and it must be for an excused absence (i.e. illness/surgery with Dr.’s note dated day of missed clinical).**
7. Students are expected to prepare for both clinical practice and classroom experiences. Students are expected to be on time for both clinical experiences and class. Completion of reading assignments prior to class is expected of students. Students are responsible for all learning materials assigned whether covered in lecture or not.
8. A test blueprint with the number of test items per topic will be posted prior to each test. Each content exam has approximately 50 questions. Tests will include material from lecture, discussion, audio visual aids, reading materials, and any other assigned materials or activities.
9. Conduct during tests: Students are assigned to a specific testing room **and must only test in the room they are assigned to.** The only items allowed with the student are pencils and student must present Mav ID badge (not driver’s license) in order to gain entrance. All cell phones and pagers must be turned off and placed at the front of the room during all exams. No cell phones, pagers, books, pages of books, papers, notes, or note cards of any type may be on your person or used in any manner during an exam. Caps or hats with bibs are not allowed to be worn. When students leave the exam room must again present Mav ID badge (not driver’s license) and sign-out. They are expected to leave the area so as not to disturb others still taking the test.
10. The policy for taking a missed examination: Everyone is expected to take exams at the scheduled time. In the event a student misses an exam, the lead teacher must be notified in advance. The lead teacher must approve a make-up exam (unforeseen legitimate excuses only with documentation supporting). The make-up will cover the designated material, but may be a different format/exam. **A missed exam must be made up within one week.** It is the student’s responsibility to notify the lead teacher and

schedule a makeup time. Failure to notify the lead teacher prior to missing an exam will result in a grade of "0" for that exam. The student must bring documentation (e.g., illness documented/signed the day of the missed exam by a clinic/doctor, etc.). A scheduled clinic/doctor appointment is not grounds for an excused missed examination.

11. Grades will be posted on Blackboard when scores have been received, and reviewed by faculty. **NO GRADES WILL BE GIVEN BY TELEPHONE OR EMAIL.** The lead teacher will counsel students experiencing difficulty in the course. It is the student's responsibility to make an appointment with the lead teacher in order to discuss progress in the course.
12. Assigned papers may be accepted beyond the due date/time when prior communication has been made with the receiving faculty. Depending on the reason for tardiness, late papers may be reason for a clinical contract and/or failing clinical grade.
13. All students in each group are expected to participate equally in the teaching project.
14. UTA uniforms will be worn for clinical experiences including labs, simulations and mental health court. UTA name tag with last name covered will be worn. No lab coats! The remainder of the UTA dress code will be followed (re jewelry etc.). Any variations related to clinical experiences or clinical agencies will be discussed by clinical instructor.
15. Classroom conduct should always be respectful of faculty and fellow classmates. Behaviors such as side conversations or leaving or entering class during class (unless there is an emergency) are disrespectful to others in the classroom. Disruptive behavior, disregard for the needs of others, or inattentiveness (talking, sleeping, reading the newspaper) will be addressed and may result in the student being dismissed from the room.
16. Students must demonstrate civility in all interactions with faculty, peers, clients, clinical staff and healthcare workers.
17. Students who miss any part of a class are responsible for obtaining any notes, handouts, etc., from a classmate.
18. Students are expected to use Blackboard as the principle means of non-verbal course communication. Students are responsible for checking Blackboard for course/instructor communication daily throughout the entire course. The Blackboard should be viewed as a public and professional forum for discussion. Students are free to discuss academic matters and consult one another regarding academic resources. The tone of postings on the Blackboard should remain professional in nature. It is not appropriate to post statements of a personal or political nature, or statements criticizing classmates or faculty. Inappropriate statements will be deleted by the course faculty. Announcements from student organizations may be posted with faculty permission.
19. The posting of any patient reference in any way (even if found in a public forum) on Facebook, My Space, YouTube or other internet forum, may result in course failure and possible expulsion from the nursing program.
20. Students must free of the influence of alcohol and any other drugs or substances that may impair judgment and/or behavior during class, clinical experiences, or any activities related to class or clinical experiences where the student represents UTACON.
21. **Students may not bring cell phones into the clinical settings or testing rooms.**

### **College of Nursing Information:**

#### APA Format

APA style manual will be used by the UTACON with some specific requirements for the undergraduate courses. The sample title page & instructions, as well as a Manuscript Preparation document can be found in the Student Handbook which can be found by going to the following link and clicking on BSN Student Handbook: [http://www.uta.edu/conhi/doc/unurs/BSN\\_student\\_handbook.pdf](http://www.uta.edu/conhi/doc/unurs/BSN_student_handbook.pdf)

#### Honors College Credit

Students who are members of the Honors College may wish to take this course for Honors credit. If you wish to do so, please provide the Lead Teacher (or other designated faculty member) with an Honors Credit Contract (downloaded from <http://honors.uta.edu/documents/credit.pdf>). You and the Lead Teacher/faculty member will together determine an appropriate supplemental assignment to justify the awarding of Honors credit. If you are not in the Honors College and would like to learn more about the benefits of membership, visit the website at <http://honors.uta.edu/>, where you will find an application form for electronic submission.

#### Classroom Conduct Guidelines

The Faculty of the BSN Program believes that classroom teaching has two goals: the provision of content pertinent to the discipline of nursing and the socialization of students into the professional role. We are committed to providing the curriculum in an atmosphere conducive to student learning and in a manner that will prepare graduates to be successful in the health care workplace. Refer to the Student Handbook for more information.

#### Essential skills Experience

Each UTACON clinical course has a designated set of essential nursing skills. An essential Nursing skill is one that is “required” for each student to have instruction on AND either laboratory or clinical experience performing. Experience is defined as “hands on” performance of a skill in a laboratory setting using standardized patients, manikins, human patient simulators, task trainers, and computer simulation modules or in a clinical setting involving actual patients or communities. UTACON students are responsible for acquiring essential skills experiences, documenting these experiences, obtaining verification from their clinical instructors, and maintaining an ongoing record of essential skills experience during all Junior and Senior clinical courses.

UTA students are required to perform ALL the essential skills for each course in order to obtain a passing grade for the clinical component of the course. Throughout the semester, as part of the clinical evaluation process, clinical instructors will monitor student progress in completing all essential skills designated in the syllabus for that course. It is the student’s responsibility to obtain the required essential skills experiences in a timely manner throughout the semester. The completed Course Specific skills will be reflected on the final clinical evaluation.

#### CLINICAL PASS/FAIL Clinical Failing Behaviors

Clinical failing behaviors are linked to the Texas Board of Nursing Standards of Professional Practice. Issues related to professional conduct, management of stress, clarification of course, clinical assignment, and/or professional role expectations, may warrant clinical warnings, contracts for remediation, or course failure.

Clinical Failing Behaviors	Matched to Nurse Practice Act
Performance is unsafe.	1,2,3,5,6,7,9,10,11,12,13,14
Questionable decisions are often made.	1,2,3,4,5,6,7,8,9,10,11,12,13,14
Lacks insight into own behaviors and that of others.	1,2,3,4,5,6,8,9,10,11,12,13,14
Difficulty in adapting to new ideas/functions.	4,5,6,7,8,9,10,11,13,14
Continues to need additional guidance and direction.	1,2,3,5,6,7,8,9,10,11,14

#### Standards of Professional Nursing Practice (BON 213.27, 217.11, 217.12)

1. Knows rationale for side effects of medications and treatments, and correctly administers same 217.11 (1) (C).
2. Documents nursing care accurately and completely, including signs and symptoms, nursing care rendered medication administration. Contacts health care team concerning significant events in patient health 217.11 (1) (D).
3. Implements a safe environment for patients and/or others, i.e., bed rails up, universal precautions 217.11 (1) (B).
4. Respects client confidentiality 217.11 (1) (E).
5. Accepts assignments commensurate with educational level, preparation, experience and knowledge 217.11(1) (T).
6. Obtains instruction and supervision as necessary when implementing nursing procedures or practices 217.11(1) (H).
7. Notifies the appropriate supervisor when leaving an assignment 217.11(1) (I).
8. Recognizes and maintains professional boundaries of the nurse/patient relationship 217.11(1) (J).
9. Clarifies orders, treatments, that nurse has reason to believe are inaccurate, non-effective or contraindicated 217.11(1) (N).
10. Able to distinguish right from wrong 213.27(b) (2) (A).
11. Able to think and act rationally 213.27(b) (2) (B).
12. Able to keep promises and honor obligations 213.27(b) (2) (C).

13. Accountable for own behavior 213.27(b) (2) (D).
14. Able to promptly and fully self-disclose facts, circumstances, events, errors and omissions when these disclosures will enhance health status of patients or protect patients from unnecessary risk or harm 213.27(b) (2)(G).

Please refer to the Board of Nursing at [www.BON.state.tx.us](http://www.BON.state.tx.us) for any additional information regarding the Texas Nursing Practice Act.

The following behaviors, violations may lead to student being given an initial warning or performance improvement plan depending on the severity including but not limited to: absences, tardiness, UTACONHI uniform violations, failure to complete required health immunizations, expired CPR certification, failure to complete assignments on time, lack of preparation, incivility.

The following behaviors may lead to course failure: a pattern of lack of accountability for clinical preparation, HIPPA violations, falsification of records, unsafe or unprofessional practices/behaviors, inability to pass required clinical assignments.

#### Clinical Dress Code:

The clinical dress code applies to all graduate and undergraduate students of The University of Texas at Arlington College of Nursing (UTACON), and has two primary purposes: to insure that, whenever in the clinical setting, students of the UTACON: 1) represent the nursing profession and UTACON in a professional and appropriate manner, and 2) are readily identifiable as students.

Students are to adhere to the dress code any time they present themselves to a clinical agency in the role of nursing student. This includes going to the agency prior to clinical to select a patient, arriving at the agency in street clothes to change into hospital scrubs, and attending post-conference or classroom time at the agency, as well as when attending clinical. Clinical faculty has final judgment on the appropriateness of student attire. Refer to the Student Handbook for more information.

Undergraduate, pre-licensure student nurses should wear their UTACON uniform and UTACON insignia patch ONLY when in simulation, clinical or other learning experiences authorized by UTACON faculty. Students are to provide nursing care to patients at clinical facilities ONLY when authorized by their UTACON instructor and when their clinical instructor and/or preceptor are present on site. Students who provide nursing care to patients when an instructor or preceptor IS NOT present on site will receive a FAILING grade for clinical and a course grade of "F".

#### Clinical Attendance When University is Closed

Some programs in the College of Nursing, such as the Academic Partnership Program, may require students to attend clinical on evenings, nights, week-ends, or holidays. Students are expected to attend their assigned clinical rotation as scheduled, even when the University is otherwise closed.

#### Award for Student Excellence in Clinical Nursing

This award is for an exceptional student who consistently exceeds the clinical expectations of the course. The student will be honored at an awards ceremony at the end of the semester. Clinical faculty will further discuss the award during the clinical rotation.

Criteria for selection:

**Consistently exceeds clinical performance standards** in the application of theoretical concepts, evidence-based practice, and communication (written and verbal). Demonstrates **exemplary performance** in the use of **critical thinking** and **problem solving skills**. Demonstrates **exemplary performance** in the application of **leadership principles** and **professionalism**. **Maintains a minimum of 'B' average on all exams and coursework in N3481.**

#### No Gift Policy:

In accordance with Regents Rules and Regulations and the UTA Standards of Conduct, the College of Nursing has a "no gift" policy. A donation to the UTA College of Nursing Scholarship Fund would be an appropriate way to recognize a faculty member's contribution to your learning. For information regarding the Scholarship Fund, please contact the Dean's office.

#### Observance of Religious Holy Days:

Undergraduate Nursing faculty and students shall follow the University policy regarding Observance of



Religious Holy Days: [http://www.uta.edu/catalog/content/general/academic\\_regulations.aspx#6](http://www.uta.edu/catalog/content/general/academic_regulations.aspx#6)

**Hazardous Exposure to Blood, Blood Products or Body Fluids:**

Note: The Centers for Disease Control and Prevention recommend that individuals who have been exposed to needle sticks or to potentially infectious blood, blood products, or body fluids should be evaluated and, when appropriate, have treatment initiated within two hours.

Upon sustaining a contaminated needle stick or being exposed to hazardous blood or blood products, the student will:

- ✓ Immediately report the incident to the clinical faculty and the designated person in the clinical site.
- ✓ Have the wound inspected, cleansed and dressed.
- ✓ Complete the institutional incident report and follow institutional policy as applicable.
- ✓ Seek medical attention as necessary based on level of exposure.

Please note that all students are responsible for obtaining and maintaining their own health insurance and are responsible for the costs of medical/health care assessment, treatment and follow-up that are not covered by the student's health insurance. Students should be aware of the coverage on their health insurance policy as most may not cover the full cost of required medical treatment and services in the case of a contaminated needle stick or hazardous exposure to blood or blood products.

**Policy on Invasive Procedures**

Allowing students to practice invasive skills (e.g., IM, SQ, IV's, NG tubes, intubation) on other students in the learning lab will no longer be used as a teaching strategy. Skills may be practiced on the simulators in the learning lab. Students will be able to perform the skills in the clinical setting under the appropriate faculty or preceptor supervision.

The Student Handbook can be found by going to the following link:

[http://www.uta.edu/conhi/doc/unurs/BSN\\_student\\_handbook.pdf](http://www.uta.edu/conhi/doc/unurs/BSN_student_handbook.pdf)

<p><b>Emergency Phone Numbers:</b> 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</p>
--

TOPICAL LECTURE OUTLINE – Fall 2016

Week/Date	Topics (*Reading Assignments* in textbook)	Hours
1 8/25 (Thursday) or 8/26 (Friday) As assigned (ROOMS-223) Class & Clinical Content 0800 - 1430	Intro to Course & Clinical Syllabus Intro to Mental Health (chap. 1) & Boundaries (chap. 8) Legal & Ethical Guidelines for safe Practice (chap. 6) Lunch - 30 minutes Assessment Strategies/Mental Status Exam (chap. 7) & Learning Activity Nursing Process for Psych Nursing (chap. 7) & Learning Activity Audio (on blackboard): Cultural Implications for Psychiatric Mental Health Nursing (chap. 5)	6 hours Clinical
2 8/31 - rm. 212	Therapeutic Relationships (chap. 8) Audio (on blackboard): Therapeutic Groups (chap. 2)	2 hours
3 9/7 - rm. 212	Biological Basis of Psychotropic Medications (chap. 3) Audio (on blackboard): Relevant Theories and Theorists (chap. 2)	2 hours
4 9/14 - rm. 212	Communication and the Clinical Interview (chap. 9) Audio (on blackboard): Settings for Psychiatric (Chap 33)	2 hours
5 9/21 - rm. 212	Schizophrenia (chap. 12) Audio (on blackboard): Serious Mental Illness (Chap 31)	2 hours
6 9/28 – rm. TBA	**Exam I** Rooms TBA/Time 10:15-11:45	75 minutes
7 10/5 - rm. 212	Depressive Disorders (chap. 14) & Suicide and Non-Suicidal Self-Injury (chap. 25) Audio (on blackboard): Addictive Disorders (chap. 22)	2 hours
8 10/12 - rm. 212	Bipolar Disorders (chap. 13) Audio (on blackboard): Anger, Aggression & Violence (chap. 27)	2 hours
9 10/19 - rm. 212	Understanding and Managing Responses to Stress (chap. 10) ,Anxiety/OCD (chap. 15) Audio (on blackboard): Crisis and Disaster (chap. 26)	2 hours
10 10/26 - rm. TBA	**Exam II** Rooms TBA/Time 10:15-11:45	75 minutes
11 11/2 - rm. 212 *Last Drop Date	Child, Older Adult, and Intimate Partner Abuse (chap. 28) & Sexual Assault (chap. 29) Audio (on blackboard): Sleep-Wake Disorders	2 hours
12 11/9 - rm. 212	Childhood and Neurodevelopmental Disorders (chap. 11) Conduct Disorders (Chap. 21) Audio (on blackboard): Family Interventions	2 hours
13 11/16 - rm. 212	Trauma, Stressor-Related & Dissociative (chap. 16), Somatic Symptom Disorders (chap. 17) Audio (on blackboard): Eating Disorders (chap. 18)	2 hours
14 11/23 - rm. 212	Personality Disorders (chap. 24) Audio (on blackboard): Integrative Care	2 hours
15 11/30 - rm. TBA	**Exam III** Rooms TBA/Time 10:15-11:45	75 minutes
16 12/7 - rm. TBA	**Psych HESI**	2 hours
17 12/13 - rm. 212	**Comprehensive Final** Rooms TBA/Time 1:00pm-3:00pm	85 minutes

(\*) Chapters in Varcarolis Text, 7<sup>th</sup> Edition.

Calendar is subject to change. *As the instructor for this course, I reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course. –Susan Justice*

## LECTURE OBJECTIVES

After completing all reading assignments, learning activities, and participating in class; the student should be able to complete the following objectives under each topic area:

CHAPTER 1: MENTAL HEALTH AND MENTAL ILLNESS

1. Describe the continuum of mental health and mental illness.
2. Explore the role of resilience in the prevention of and recovery from mental illness and consider resilience in response to stress.
3. Identify how culture influences the view of mental illnesses and behaviors associated with them.
4. Discuss the nature/nurture origins of psychiatric disorders.
5. Summarize the social influences of mental health care in the United States.
6. Explain how epidemiological studies can improve medical and nursing care.
7. Identify how the *Diagnostic and Statistical Manual, 5th edition (DSM-5)* is used for diagnosing psychiatric conditions.
8. Describe the specialty of psychiatric mental health nursing and list three phenomena of concern.
9. Compare and contrast a *DSM-5* medical diagnosis with a nursing diagnosis.
10. Discuss future challenges and opportunities for mental health care in the United States.
11. Describe direct and indirect advocacy opportunities for psychiatric mental health nurses.

CHAPTER 2: RELEVANT THEORIES AND THERAPIES FOR NURSING PRACTICE

1. Evaluate the premises behind the various therapeutic models discussed in this chapter.
2. Describe the evolution of therapies for psychiatric disorders.
3. Identify ways each theorist contributes to the nurse's ability to assess a patient's behaviors.
4. Provide responses to the following based on clinical experience:
  - a. An example of how a patient's irrational beliefs influenced behavior;
  - b. An example of countertransference in your relationship with a patient;
  - c. An example of the use of behavior modification with a patient.
5. Identify Peplau's framework for the nurse-patient relationship.
6. Choose the therapeutic model that would be most useful for a particular patient or patient problem.

CHAPTER 3: BIOLOGICAL BASIS FOR UNDERSTANDING PSYCHIATRIC DISORDERS AND TREATMENTS

1. Discuss major functions of the brain and how psychotropic drugs can alter these functions.
2. Identify how specific brain functions are altered in certain mental disorders (e.g., depression, anxiety, schizophrenia).
3. Describe how a neurotransmitter functions as a chemical messenger.
4. Describe how the use of imaging techniques can be helpful for understanding mental illness.
5. Develop a teaching plan that includes side effects from dopamine blockage (e.g., antipsychotic drugs) such as motor abnormalities.
6. Describe the result of blockage of the muscarinic receptors and the  $\alpha_1$  receptors by the standard neuroleptic drugs.
7. Identify the main neurotransmitters that are affected by the following psychotropic drugs and their subgroups:
  - a. Antianxiety and hypnotic drugs
  - b. Antidepressant drugs
  - c. Mood stabilizers
  - d. Antipsychotic drugs
  - e. Psychostimulants
  - f. Acetylcholinesterase Inhibitors
8. Identify special dietary and drug restrictions in a teaching plan for a patient taking a monoamine oxidase inhibitor.
9. Identify cautions you might incorporate into your medication teaching plan with regard to the following:
  - a. Herbal medicine
  - b. Genetic pharmacology (i.e., variations in effects and therapeutic actions of medications among different ethnic groups)

CHAPTER 4: SETTINGS FOR PSYCHIATRIC CARE

1. Compare the process of obtaining care for physical problems with obtaining care for psychiatric problems.

2. Analyze the continuum of psychiatric care and the variety of care options available.
3. Describe the role of the primary care provider and the psychiatric specialist in treating psychiatric disorders.
4. Explain the purpose of patient-centered medical homes and implications for holistically treating individuals with psychiatric disorders.
5. Evaluate the role of community mental centers in the provision of community-based care.
6. Identify the conditions that must be met for reimbursement of psychiatric home care.
7. Discuss other community-based care providers including assertive community treatment (ACT) teams, partial hospitalization programs, and alternate delivery of care methods such as telepsychiatry.
8. Describe the nursing process as it pertains to outpatient settings.
9. List the standard admission criteria for inpatient hospitalization.
10. Discuss the purpose of identifying the rights of hospitalized psychiatric patients.
11. Explain how the multidisciplinary treatment team collaborates to plan and implement care for the hospitalized patient.
12. Discuss the process for preparing patients to return to the community for ongoing care and promoting the continuation of treatment.

#### CHAPTER 5: CULTURAL IMPLICATIONS FOR PSYCHIATRIC MENTAL HEALTH NURSING

1. Explain the importance of culturally relevant care in psychiatric mental health nursing practice.
2. Discuss potential problems in applying Western psychological theory to patients of other cultures.
3. Compare and contrast Western nursing beliefs, values, and practices with the beliefs, values, and practices of patients from diverse cultures.
4. Perform culturally sensitive assessments that include risk factors and barriers to quality mental health care that culturally diverse patients frequently encounter.
5. Develop culturally appropriate nursing care plans for patients of diverse cultures.

#### CHAPTER 6: LEGAL AND ETHICAL GUIDELINES FOR SAFE PRACTICE

1. Compare and contrast the terms *ethics* and *bioethics* and identify five principles of bioethics.
2. Discuss at least five patient rights, including the patient's right to treatment, right to refuse treatment, and right to informed consent.
3. Identify the steps nurses are advised to take if they suspect negligence or illegal activity on the part of a professional colleague or peer.
4. Apply legal considerations of patient privilege (a) after a patient has died, (b) if the patient tests positive for human immunodeficiency virus, or (c) if the patient's employer states a "need to know."
5. Provide explanations for situations in which health care professionals have a duty to break patient confidentiality.
6. Discuss a patient's civil rights and how they pertain to restraint and seclusion.
7. Develop awareness of the balance between the patient's rights and the rights of society with respect to the following legal concepts relevant in nursing and psychiatric mental health nursing: (a) duty to intervene, (b) documentation, and (c) confidentiality.
8. Identify legal terminology (e.g., torts, negligence, malpractice) applicable to psychiatric nursing and explain the significance of each term.

#### CHAPTER 7: THE NURSING PROCESS AND STANDARDS OF CARE FOR PSYCHIATRIC MENTAL HEALTH NURSING

1. Compare the different approaches you would consider when performing an assessment with a child, an adolescent, and an older adult.
2. Differentiate between the use of an interpreter and a translator when performing an assessment with a non-English-speaking patient.
3. Conduct a mental status examination (MSE).
4. Perform a psychosocial assessment, including brief cultural and spiritual components.
5. Explain three principles a nurse follows in planning actions to reach agreed-upon outcome criteria.
6. Construct a plan of care for a patient with a mental or emotional health problem.
7. Identify three advanced practice psychiatric mental health nursing interventions.
8. Demonstrate basic nursing interventions and evaluation of care following the ANA's Standards of Practice.
9. Compare and contrast *Nursing Interventions Classification (NIC)*, *Nursing Outcomes Classification (NOC)*, and evidence-based practice (EBP).

#### CHAPTER 8: THERAPEUTIC RELATIONSHIPS

1. Explain the three phases of the nurse-patient relationship.
2. Compare and contrast a social relationship and a therapeutic relationship regarding purpose, focus, communications style, and goals.
3. Identify at least four patient behaviors a nurse may encounter in the clinical setting.
4. Explore qualities that foster a therapeutic nurse-patient relationship and qualities that contribute to a nontherapeutic nursing interactive process.
5. Define and discuss the roles of empathy, genuineness, and positive regard on the part of the nurse in a nurse-patient relationship.
6. Identify two attitudes and four actions that may reflect the nurse's positive regard for a patient.
7. Analyze what is meant by boundaries and the influence of transference and countertransference on boundary blurring.
8. Understand the use of attending behaviors (e.g., eye contact, body language, vocal qualities, and verbal tracking).
9. Discuss the influences of disparate values and cultural beliefs on the therapeutic relationship.

#### CHAPTER 9: COMMUNICATION AND THE CLINICAL INTERVIEW

1. Describe the communication process.
2. Identify three personal and two environmental factors that can impede communication.
3. Discuss the differences between verbal and nonverbal communication.
4. Identify two attending behaviors the nurse might focus on to increase communication skills.
5. Compare and contrast the range of verbal and nonverbal communication of different cultural groups in the areas of (a) communication style, (b) eye contact, and (c) touch. Give examples.
6. Relate problems that can arise when nurses are insensitive to cultural aspects of patients' communication styles.
7. Demonstrate the use of four techniques that can *enhance* communication, highlighting what makes them *effective*.
8. Demonstrate the use of four techniques that can obstruct communication, highlighting what makes them *ineffective*.
9. Identify and give rationales for suggested (a) setting, (b) seating, and (c) methods for beginning the nurse-patient interaction.
10. Explain to a classmate the importance of clinical supervision.

#### CHAPTER 10: UNDERSTANDING AND MANAGING RESPONSES TO STRESS

1. Recognize the short- and long-term physiological consequences of stress.
2. Compare and contrast Cannon's fight-or-flight theory, Selye's general adaptation syndrome, and psychoneuroimmunological models of stress.
3. Describe how responses to stress are mediated through perception, personality, social support, culture, and spirituality.
4. Assess stress level using the Recent Life Changes Questionnaire.
5. Identify and describe holistic approaches to stress management.
6. Teach a classmate or patient a behavioral technique to help lower stress and anxiety.
7. Explain how cognitive techniques can help increase a person's tolerance for stressful events.

#### CHAPTER 11: CHILDHOOD AND NEURODEVELOPMENTAL DISORDERS

1. Identify the significance of psychiatric disorders in children and adolescents.
2. Explore factors and influences contributing to neurodevelopmental disorders.
3. Identify characteristics of mental health and factors that promote resilience in children and adolescents.
4. Describe the specialty area of psychiatric mental health nursing.
5. Discuss the holistic assessment of a child or adolescent.
6. Compare and contrast at least six treatment modalities for children and adolescents with neurodevelopmental disorders.
7. Describe clinical features and behaviors of at least three child and adolescent psychiatric disorders.
8. Formulate one nursing diagnosis, stating patient outcomes and interventions, for patients with intellectual development disorder, autism spectrum disorder, and attention deficit hyperactivity disorder.

#### CHAPTER 12: SCHIZOPHRENIA AND SCHIZOPHRENIA SPECTRUM DISORDERS

1. Identify the schizophrenia spectrum disorders.

2. Describe the symptoms, progression, nursing care, and treatment needs for the prepsychotic through maintenance phases of schizophrenia.
3. Discuss at least three of the neurobiological-anatomical-genetic findings that indicate that schizophrenia is a brain disorder.
4. Differentiate among the positive and negative symptoms of schizophrenia in terms of treatment and effect on quality of life.
5. Discuss how to deal with common reactions the nurse may experience while working with a patient with schizophrenia.
6. Develop teaching plans for patients taking first-generation (e.g., haloperidol [Haldol]) and second-generation (e.g., risperidone [Risperdal]) antipsychotic drugs.
7. Compare and contrast the first-generation and second-generation antipsychotics.
8. Create a nursing care plan incorporating evidence-based interventions for symptoms of psychosis, including hallucinations, delusions, paranoia, cognitive disorganization, anosognosia, and impaired self-care.
9. Role-play intervening with a patient who is hallucinating, delusional, and exhibiting disorganized thinking.

#### CHAPTER 13: BIPOLAR AND RELATED DISORDERS

1. Assess a patient with mania for (a) mood, (b) behavior, and (c) thought processes, and be alert to possible dysfunction.
2. Formulate three nursing diagnoses appropriate for a patient with mania and include supporting data.
3. Explain the rationales behind five methods of communication that may be used with a patient experiencing mania.
4. Teach a classmate at least four expected side effects of lithium therapy.
5. Distinguish between signs of early and severe lithium toxicity.
6. Write a medication care plan specifying five areas of patient teaching regarding lithium carbonate.
7. Compare and contrast basic clinical conditions that may respond better to anticonvulsant therapy with those that may respond better to lithium therapy.
8. Evaluate specific indications for the use of seclusion for a patient experiencing mania.
9. Defend the use of electroconvulsive therapy for a patient in specific situations.
10. Review at least three of the items presented in the patient and family teaching plan (see Box 13-2) with a patient with bipolar disorder.
11. Distinguish the focus of treatment for a person in the acute manic phase from the focus of treatment for a person in the continuation or maintenance phase

#### CHAPTER 14: DEPRESSIVE DISORDERS

1. Compare and contrast major depressive disorder and dysthymic disorder.
2. Explore disruptive mood dysregulation disorder and its impact on children.
3. Describe the symptoms of premenstrual dysphoric disorder.
4. Discuss the complex origins of depressive disorders.
5. Assess behaviors in a patient with depression in regard to each of the following areas: (a) affect, (b) thought processes, (c) feelings, (d) physical behavior, and (e) communication.
6. Formulate five nursing diagnoses for a patient with depression and include outcome criteria.
7. Name unrealistic expectations a nurse may have while working with a patient with depression and compare them to your own personal thoughts.
8. Role-play six principles of communication useful in working with patients with depression.
9. Evaluate the advantages of the selective serotonin reuptake inhibitors (SSRIs) over the tricyclic antidepressants (TCAs).
10. Explain the unique attributes of two of the atypical antidepressants for use in specific circumstances.
11. Write a medication teaching plan for a patient taking a tricyclic antidepressant, including (a) adverse effects, (b) toxic reactions, and (c) other drugs that can trigger an adverse reaction.
12. Write a medication teaching plan for a patient taking a monoamine oxidase inhibitor, including foods and drugs that are contraindicated.
13. Write a nursing care plan incorporating the recovery model of mental health.
14. Discuss the use of electroconvulsive therapy (ECT) for depressive disorders

#### CHAPTER 15: ANXIETY AND OBSESSIVE-COMPULSIVE DISORDERS

1. Compare and contrast the four levels of anxiety in relation to perceptual field, ability to problem solve, and physical and other defining characteristics.
2. Identify defense mechanisms and consider one adaptive and one maladaptive (if any) use of each.

3. Describe clinical manifestations of each anxiety and obsessive-compulsive disorder.
4. Identify genetic, biological, psychological, and cultural factors that may contribute to anxiety and obsessive-compulsive disorders.
5. Formulate four appropriate nursing diagnoses that can be used in treating a person with anxiety and obsessive-compulsive disorders.
6. Describe feelings that may be experienced by nurses caring for patients with anxiety and obsessive-compulsive disorders.
7. Propose realistic outcome criteria for a patient with (a) generalized anxiety disorder, (b) panic disorder, and (c) obsessive-compulsive disorder.
8. Describe five basic nursing interventions used for patients with anxiety and obsessive-compulsive disorders.
9. Discuss four classes of medications appropriate for anxiety and obsessive-compulsive disorders.
10. Describe advanced-practice and basic-level interventions for anxiety and obsessive-compulsive disorders.

#### CHAPTER 16: TRAUMA, STRESSOR-RELATED, AND DISSOCIATIVE DISORDERS

1. Describe clinical manifestations of each disorder covered under the general umbrella of trauma-related and dissociative disorders.
2. Describe the symptoms, epidemiology, comorbidity, and etiology of trauma-related disorders in children.
3. Discuss at least five of the neurobiological changes that occur with trauma.
4. Apply the nursing process to the care of children who are experiencing trauma-related disorders.
5. Differentiate between the symptoms of posttraumatic stress, acute stress, and adjustment disorders in adults.
6. Describe the symptoms, epidemiology, comorbidity, and etiology of trauma-related disorders in adults.
7. Discuss how to deal with common reactions the nurse may experience while working with a patient who has suffered trauma.
8. Apply the nursing process to trauma-related disorders in adults.
9. Develop a teaching plan for a patient who suffers from posttraumatic stress disorder.
10. Identify dissociative disorders, including depersonalization/derealization disorder, dissociative amnesia, and dissociative identity disorder.
11. Create a nursing care plan incorporating evidence-based interventions for symptoms of dissociation, including flashbacks, amnesia, and impaired self-care.
12. Role-play intervening with a patient who is experiencing a flashback.

#### CHAPTER 17: SOMATIC SYMPTOM DISORDERS

1. Describe clinical manifestations of each disorder covered under the general umbrella of trauma-related and dissociative disorders.
2. Describe the symptoms, epidemiology, comorbidity, and etiology of trauma-related disorders in children.
3. Discuss at least five of the neurobiological changes that occur with trauma.
4. Apply the nursing process to the care of children who are experiencing trauma-related disorders.
5. Differentiate between the symptoms of posttraumatic stress, acute stress, and adjustment disorders in adults.
6. Describe the symptoms, epidemiology, comorbidity, and etiology of trauma-related disorders in adults.
7. Discuss how to deal with common reactions the nurse may experience while working with a patient who has suffered trauma.
8. Apply the nursing process to trauma-related disorders in adults.
9. Develop a teaching plan for a patient who suffers from posttraumatic stress disorder.
10. Identify dissociative disorders, including depersonalization/derealization disorder, dissociative amnesia, and dissociative identity disorder.
11. Create a nursing care plan incorporating evidence-based interventions for symptoms of dissociation, including flashbacks, amnesia, and impaired self-care.
12. Role-play intervening with a patient who is experiencing a flashback.

#### CHAPTER 18: FEEDING, EATING, AND ELIMINATION DISORDERS

1. Compare and contrast the signs and symptoms (clinical picture) of anorexia nervosa and bulimia nervosa and binge-eating disorder.
2. Describe the biological, psychological, and environmental factors associated with eating disorders.
3. Apply the nursing process to patients with anorexia nervosa, patients with bulimia nervosa, and patients with binge-eating disorder.
4. Identify three life-threatening conditions, stated in terms of nursing diagnoses, for a patient with an eating disorder.

5. Identify two realistic outcome criteria for a patient with anorexia nervosa, a patient with bulimia nervosa, and a patient with binge-eating disorder.
6. Describe three feeding disorders usually seen in childhood including pica, rumination disorder, and avoidant/restrictive food intake disorders.
7. Identify the elimination disorders, enuresis and encopresis.

#### CHAPTER 19: SLEEP-WAKE DIORDERS

1. Discuss the impact of inadequate sleep on overall health and well-being.
2. Describe the social and economic impact of sleep disturbance and chronic sleep deprivation.
3. Recognize the risks to personal and community safety imposed by sleep disturbance and chronic sleep deprivation.
4. Describe normal sleep physiology and explain the variations in normal sleep.
5. Identify the major categories and medical diagnoses for sleep disorders.
6. Identify the predisposing, precipitating, and perpetuating factors for patients with insomnia.
7. Apply the nursing process in caring for individuals with sleep disorders.
8. Describe the use of two assessment tools in the evaluation of patients experiencing sleep disturbance.
9. Formulate three nursing diagnoses for patients experiencing a sleep disturbance.
10. Develop a teaching plan for a patient with insomnia disorder, incorporating principles of sleep restriction, stimulus control, and cognitive-behavioral therapy.
11. Develop a care plan for the patient experiencing sleep disturbance, incorporating basic sleep hygiene principles.

#### CHAPTER 21: IMPULSE CONTROL DISORDERS

1. Describe impulse control disorders.
2. Differentiate characteristics of oppositional defiant disorder, intermittent explosive disorder, and conduct disorder.
3. Discuss etiology and comorbidities of the impulse control disorders.
4. Compare your feelings about working with someone with an impulse control disorder with someone in your class.
5. Formulate three nursing diagnoses for impulse control disorders, identifying patient outcomes and interventions for each.
6. Identify evidence-based treatments for oppositional defiant, intermittent explosive, and conduct disorders.

#### CHAPTER 22: SUBSTANCE RELATED/ADDICTIVE DISORDERS

1. Describe the terms substance use, intoxication, tolerance, and withdrawal.
2. Define addiction as a chronic disease.
3. Describe the neurobiological process that occurs in the brain and neurotransmitters involved with substance use.
4. Identify potential co-occurring medical and psychological disorders.
5. Name the common classification of substances used.
6. Identify patterns of substance use.
7. Apply the nursing process to caring for an individual who is using substances.

#### CHAPTER 23: NEUROCOGNITIVE DISORDERS

1. Compare and contrast the clinical picture of delirium with that of dementia.
2. Discuss three critical needs of a person with delirium, stated in terms of nursing diagnoses.
3. Identify three outcomes for patients with delirium.
4. Summarize the essential nursing interventions for a patient with delirium.
5. Recognize the signs and symptoms occurring in the stages of Alzheimer's disease.
6. Give an example of the following symptoms assessed during the progression of Alzheimer's disease: (a) amnesia, (b) apraxia, (c) agnosia, and (d) aphasia.
7. Formulate three nursing diagnoses suitable for a patient with Alzheimer's disease and define two outcomes for each.
8. Formulate a teaching plan for a caregiver of a patient with Alzheimer's disease, including interventions for (a) communication, (b) health maintenance, and (c) safe environment.
9. Compose a list of appropriate referrals in the community—including a support group, hotline for information, and respite services—for persons with dementia and their caregivers.



CHAPTER 24: PERSONALITY DISORDERS

1. Identify characteristics of each of the ten personality disorders.
2. Analyze the interaction of biological determinants and psychosocial stress factors in the etiology of personality disorder.
3. Describe the emotional and clinical needs of nurses and other staff when working with patients who meet criteria for personality disorders.
4. Formulate a nursing diagnosis for each of the personality disorders.
5. Discuss two nursing outcomes for patients with borderline personality disorder.
6. Plan basic interventions for a patient with impulsive, aggressive, or manipulative behaviors.
7. Identify the role of the advanced practice nurse when working with patients with personality disorders.

CHAPTER 25: SUICIDE AND NON-SUICIDAL SELF-INJURY

1. Describe the profile of suicide in the United States, noting psychosocial and cultural factors that affect risk.
2. Identify three common precipitating events for suicide attempts.
3. Describe risk factors for suicide, including coexisting psychiatric disorders.
4. Name the most frequent coexisting psychiatric disorders.
5. Use the SAD PERSONS scale to assess suicide risk.
6. Describe three expected reactions a nurse may have when beginning work with suicidal patients.
7. Give examples of primary, secondary, and tertiary interventions.
8. Describe basic-level interventions that take place in the hospital or community.
9. Identify key elements of suicide precautions and environmental safety factors in the hospital.
10. Describe the problem of non-suicidal self-injury.

CHAPTER 26: CRISIS AND DISASTER

1. Differentiate among three types of crisis. Provide an example of each from the reader's own experience.
2. Delineate six aspects of crisis that have relevance for nurses involved in crisis intervention.
3. Develop a handout describing areas to assess during crisis. Include at least two sample questions for each area.
4. Discuss four common problems in the nurse-patient relationship that are frequently encountered by beginning nurses when starting crisis intervention. Discuss two interventions for each problem.
5. Compare and contrast the differences among primary, secondary, and tertiary intervention, including appropriate intervention strategies.
6. Explain to a classmate four potential crisis situations that patients may experience in hospital settings.
7. Provide concrete examples of interventions to minimize the situations.
8. List at least five resources in the community that could be used as referrals for a patient in crisis.
9. Recognize disaster occurrences and management as global concerns.
10. Differentiate among disaster types.
11. Describe three reasons why professional nurses should have disaster preparedness training

CHAPTER 27: ANGER, AGGRSSION, AND VIOLENCE

1. Compare and contrast three theories that explore the determinants for anger, aggression, and violence.
2. Compare and contrast interventions for a patient with healthy coping skills with those for a patient with marginal coping behaviors.
3. Apply at least four principles of de-escalation with a moderately angry patient.
4. Describe two criteria for the use of seclusion or restraint over verbal intervention.
5. Discuss two types of assessment and their value in the nursing process.
6. Role-play with classmates by using understandable but unhelpful responses to anger and aggression in patients; discuss how these responses can affect nursing interventions.

CHAPTER 28: CHILD, OLDER ADULT, AND INTIMATE PARTNER ABUSE

1. Identify the nature and scope of family violence and factors contributing to its occurrence.
2. Identify three indicators of (a) physical abuse, (b) sexual abuse, (c) neglect, and (d) emotional abuse.
3. Describe risk factors for both victimization and perpetration of family violence.
4. Describe four areas to assess when interviewing a person who has experienced abuse.
5. Identify two common emotional responses the nurse might experience when faced with a person subjected to abuse.

6. Formulate four nursing diagnoses for the survivor of abuse, and list supporting data from the assessment.
7. Write out a safety plan for a victim of intimate partner abuse.
8. Discuss the legal and ethical responsibilities of nurses when working with families experiencing violence.
9. Compare and contrast primary, secondary, and tertiary levels of intervention, giving two examples of intervention for each level.
10. Describe at least three possible referrals for an abusive family, including the telephone numbers of appropriate agencies in the community.
11. Discuss three psychotherapeutic modalities useful in working with abusive families.

#### CHAPTER 29: SEXUAL ASSAULT

1. Define sexual assault, sexual violence, rape, and attempted rape.
2. Discuss the implications for the underreporting of sexual assault.
3. Describe the profile of the victim and the perpetrator of sexual assault.
4. Distinguish between the acute and long-term phases of the rape-trauma syndrome, and identify some common reactions during each phase.
5. Identify five areas to assess when working with a person who has been sexually assaulted.
6. Analyze personal thoughts and feelings regarding rape and its impact on survivors.
7. Formulate two long-term outcomes and two short-term goals for the nursing diagnosis post-trauma syndrome.
8. Identify six overall guidelines for nursing interventions related to sexual assault.
9. Describe the role of the sexual assault nurse examiner to a colleague.
10. Discuss the long-term psychological effects of sexual assault that might lead a patient to seek psychological care.
11. Identify three outcome criteria that would signify successful interventions for a person who has suffered a sexual assault.

#### CHAPTER 31: SERIOUS MENTAL ILLNESS

1. Discuss the effects of serious mental illness on daily functioning, interpersonal relationships, and quality of life.
2. Describe three common problems associated with serious mental illness.
3. Discuss five evidence-based practices for the care of the person with serious mental illness.
4. Explain the role of the nurse in the care of the person with serious mental illness.
5. Develop a nursing care plan for a person with serious mental illness.
6. Discuss the causes of treatment nonadherence, and plan interventions to promote treatment adherence.

#### CHAPTER 33: THERAPEUTIC GROUPS

1. Identify basic concepts related to group work.
2. Describe the phases of group development.
3. Define task and maintenance roles of group members.
4. Discuss the therapeutic factors that operate in all groups.
5. Discuss seven types of groups commonly led by basic level registered nurses.
6. Describe a group intervention for (1) a member who is silent or (2) a member who is monopolizing the group.

#### CHAPTER 34: FAMILY INTERVENTIONS

1. Discuss the characteristics of a healthy family.
2. Differentiate between functional and dysfunctional family patterns of behavior as they relate to five universal family functions: management, boundaries, communication, emotional support, and socialization.
3. Compare and contrast insight-oriented family therapy and behavioral family therapy.
4. Identify five family theorists and their contributions to the family therapy movement.
5. Analyze the meaning and value of the family's sociocultural context when assessing and planning intervention strategies.
6. Construct a genogram using a three-generation approach.
7. Formulate seven outcome criteria that a therapist and family might develop together.
8. Identify strategies for family intervention.
9. Distinguish between the nursing intervention strategies of a basic level nurse and those of an advanced practice nurse with regard to counseling, psychotherapy, and psychobiological issues.
10. Explain the importance of the nurse's role in psychoeducational family therapy.
11. Recognize the significance of self-assessment to successful work with families

CHAPTER 35: INTEGRATIVE CARE

1. Define the terms integrative care and complementary and alternative medicine.
2. Identify trends in the use of nonconventional health treatments and practices.
3. Explore the category of alternative medical systems, along the domains of integrative care: natural products, mind and body approaches, manipulative and body-based practices, and other therapies.
4. Discuss the techniques used in major complementary therapies and potential applications to psychiatric mental health nursing practice.
5. Discuss how to educate the public in the safe use of integrative modalities and avoidance of false claims and fraud related to the use of alternative and complementary therapies.
6. Explore information resources available through literature and online sources.