Instructor(s):

Marcia Harris, DNP, APRN, FNP-BC, PMHNP-BC
Clinical Assistant Professor – Lead faculty
Office Number: Pickard Hall Rm. #626
Office Telephone Number: (817) 272-2776
Email Address: mmharris@uta.edu
Faculty Profile: https://www.uta.edu/mentis/profile/?12292

Natalia Albright, DNP, MSN, RN, PMHNP-BC
Assistant Clinical Professor
Office Number: Pickard Hall, Rm. #553-B
Office Hours: By appointment
Email: Natalia.albright@uta.edu
Faculty Profile: https://mentis.uta.edu/public/#profile/profile/edit/id/25227/category/1

Section Information:
NURS 5303 Sections 001-005

Time and Place of Class Meetings:
Dates: See Calendar below
Pickard Hall, Rm. 206
June 9th, June 16th; July 7th, July 21th, from 9am to 5pm;
July 28th from 11am to 5pm
Practicums: either August 4th or 5th

Description of Course Content:
Foundations of clinical management for commonly occurring psychiatric-mental health problems across the lifespan

Other Requirements:
Prerequisite: NURS 5334 and NURS5418
• 2 online tests are given on Blackboard (not comprehensive)
• A few of the class dates go over and end at 5 pm.
• A meeting with faculty occurs during lunch on the first class day (optional).
• Clinical hours: 39 hours of med management clinical hours spent with preceptor at an assigned site. One (1) hour spent at a NA or AA meeting. Credit for 5 clinical hours is given for suicide prevention practice and Mini Mental Status Exam (1 ½), practice practicum (2 hour) and ethical dilemma group discussion ( 1 ½) Missed clinical class time must be made up, determined by clinical faculty.—
Documented as 6 conference hours in Typhon. (39med management, 6 hrs conference for total of 45hrs).

- The Practicum (clinical exam on one day only) is done on campus using Standardized Patients on 2 days on Friday or Saturday

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

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

Recommended:

Required for PMHNP Majors and Recommended for others ISBN: 9781107686465

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

<table>
<thead>
<tr>
<th>Assignments</th>
<th>Weight</th>
<th>Due</th>
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<tbody>
<tr>
<td>Practice CDM. Posted June 9th at 7 pm. Optional assignment. Send your completed practice CDM to your clinical faculty’s email by June 12th. You will receive feedback by date noted in course calendar.</td>
<td>Optional</td>
<td>June 12th</td>
</tr>
<tr>
<td>On line multiple-choice test over syllabus using Respondus and webcam, and course expectations. Student will not be able to take Test 1 if this is not completed. Opens June 9th.</td>
<td>P/F</td>
<td>June 16th</td>
</tr>
<tr>
<td>Demonstration and Role Play: Kaltura Mash up Video. Students will receive 1 ½ hours of clinical time for these videos. You will submit a 10 minute demonstration of Mental Status Exam with Mini Mental evaluation. Student will also be expected to do mental status and mini mental status exam and submit for grading. <strong>required clinical time</strong> <strong>1 hr of clinical time</strong></td>
<td>P/F</td>
<td>June 24th</td>
</tr>
<tr>
<td>Topic</td>
<td>Details</td>
<td>Weight %</td>
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<tr>
<td><strong>Suicide Risk Assessment:</strong></td>
<td>Students are expected to interview “patient” in crisis, and do suicide assessment in class. <strong>Required clinical time</strong> 30 minutes of clinical time.</td>
<td>P/F</td>
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<tr>
<td><strong>Clinical Decision Making:</strong></td>
<td>(Scenario is provided as an online test, questions asked, answer one before given next question, essay or brief answer). Opens June 16th at 7 a.m. Graded by July 17th.</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Clinical Notebook:</strong></td>
<td>Turn in mid-term and final with clinical objectives and write up of how met, Typhon print out, tally sheet signed by preceptor each clinical day; and AA/NA attestation form included. Due 9am via blackboard the day of class 2 and 5 unless otherwise approved by your clinical faculty.</td>
<td>P/F</td>
</tr>
<tr>
<td><strong>Drug of Abuse Paper:</strong></td>
<td>For this paper, you will be given a scenario and will write a 7-12 page paper, excluding title page and references, determining the diagnosis with rule out related to the scenario provided. Scenario posted June 24th.</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Pediatric Dx paper or Gero NCD assignments</strong></td>
<td>For these papers, you will be given a choice to select one of the populations. You will be provided a scenario and will write a 5 - 7 pg page paper, excluding references and title page, determining the diagnosis with rule out related to the scenario provided. See rubric in discussion section in Bb.</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Ethical Dilemma:</strong></td>
<td>1 hr of REQUIRED clinical time! Scenario to be presented and student will work in pairs to answer the question assigned by their clinical faculty. Your clinical groups will be divided into partners who will present their views on how to manage the situation from various ethical approaches. Students will discuss in their groups and post their question responses to the assignment page for grading and to the discussion board for their peers to see their comments by midnight Class 5. May prepare a poster or other format. <strong>No powerpoints please.</strong> Scenario posted July 3rd.</td>
<td>7.5%</td>
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<tr>
<td><strong>Practice Practicum:</strong></td>
<td>Practice interviewing skills using faculty role - playing patient scenario. <strong>Required clinical time</strong> 2 1/2 hrs.</td>
<td>P/F</td>
</tr>
<tr>
<td><strong>Attestation form:</strong></td>
<td>Students will sign an attestation form stating they attended an AA or NA meeting. This is for one hour of clinical time. Place this form in your clinical notebooks.</td>
<td>Clinical time one hr.</td>
</tr>
<tr>
<td><strong>Class Group Work Exercises:</strong></td>
<td>Students are expected to participate in classroom activities.</td>
<td>2.5%</td>
</tr>
<tr>
<td><strong>Test 1</strong></td>
<td>80 Multiple choice. 2 hours and 15 minutes to take from 9 a.m. to 11:59</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Test 2</strong></td>
<td>80 Multiple choice. 2 hours and 15 minutes to take from 9 a.m. to 11:59</td>
<td>20%</td>
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<tr>
<td><strong>Practicum:</strong></td>
<td>Simulated final clinical exam using standardized patients, in the Smart Lab. 50 minute psychiatric evaluation; 10 minute presentation; determine diagnosis and treatment plan; complete SOAP note. <strong>(sign up for 1 date and time in class 2) Write up is due 24 hrs after completion of the practicum. See evaluation form in Bb.</strong></td>
<td>15%</td>
</tr>
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</table>
**Make-up Exams:**
Please contact your faculty for approval and instructions. The schedule for the semester is provided at the

**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, I allow students to attend class at their own discretion. Attendance at class meetings is not required but strongly encouraged. Students are responsible for all missed course information. If students must miss a required clinical and/or graded in class experience, they must discuss this with their clinical faculty member to determine how or if they can make this time up.

**Grading Policy:** Students are expected to keep track of their performance throughout the semester and seek guidance from available sources (including the instructor) if their performance drops below satisfactory levels.

Course Grading Scale  
A = 90 to 100  
B = 80-89  
C = 70-79  
D = 60 to 69 – cannot progress  
F = below 59 – cannot progress

**Grade Grievances:** Any appeal of a grade in this course must follow the procedures and deadlines for grade-related grievances as published in the current University Catalog.  
[http://catalog.uta.edu/academicregulations/grades/#graduatetext](http://catalog.uta.edu/academicregulations/grades/#graduatetext) For student complaints, see  

**Test Reviews:** Contact faculty for instructions.

**Expectations of Out-of-Class Study:**
Beyond the time required to attend each class meeting, students enrolled in this course should expect to spend at least an additional 9 hours per week on their own time in course-related activities, including reading required materials, completing assignments, preparing for exams, etc.

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

**CONHI – language**

**Drop Policy:** Graduate students who wish to change a schedule by either dropping or adding a course must first consult with their Graduate Advisor.
Regulations pertaining to adding or dropping courses are described below. Adds and drops may be made through late registration either on the Web at MyMav or in person through the student’s academic department. Drops can continue through a point two-thirds of the way through the term or session. It is the student's responsibility to officially withdraw if they do not plan to attend after registering. **Students will not be automatically dropped for non-attendance.** Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. Contact the Office of Financial Aid and Scholarships at [http://www.uta.edu/fao/](http://www.uta.edu/fao/) . The last day to drop a course is listed in the Academic Calendar available at [http://www.uta.edu/uta/acadcal.php?session=20166](http://www.uta.edu/uta/acadcal.php?session=20166)

1. A student may not add a course after the end of late registration.
2. A student dropping a graduate course after the Census Date but on or before the last day to drop may, receive a grade of W. Students dropping a course must:
   (1) Contact your graduate advisor to obtain the drop form and further instructions before the last day to drop.

   **Census Day: June 22, 2017
   Last day to drop or withdraw July 20, 2017 by 4:00 p.m.**

**Disability Accommodations:** UT Arlington is on record as being committed to both the spirit and letter of all federal equal opportunity legislation, including *The Americans with Disabilities Act (ADA), The Americans with Disabilities Amendments Act (ADAAA),* and Section 504 of the Rehabilitation Act. All instructors at UT Arlington are required by law to provide “reasonable accommodations” to students with disabilities, so as not to discriminate on the basis of disability. Students are responsible for providing the instructor with official notification in the form of a [letter certified](http://www.uta.edu/di) 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://www.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 or contact Ms. Jean Hood, Vice President and Title IX Coordinator at (817) 272-7091 or jmhood@uta.edu.

**Academic Integrity:** All students enrolled in this course are expected to adhere to the UT Arlington Honor Code:

>I pledge, on my honor, to uphold UT Arlington’s tradition of academic integrity, a tradition that values hard work and honest effort in the pursuit of academic excellence.

>I promise that I will submit only work that I personally create or contribute to group collaborations, and I will appropriately reference any work from other sources. I will follow the highest standards of integrity and uphold the spirit of the Honor Code.

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

Per UT System Regents’ Rule 50101, §2.2, suspected violations of university’s standards for academic integrity (including the Honor Code) will be referred to the Office of Student Conduct. Violators will be disciplined in accordance with the University policy, which may result in the student’s suspension or expulsion from the University. Additional information is available at https://www.uta.edu/conduct/.

"Scholastic dishonesty includes but is not limited to cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts."

As a licensed registered nurse, graduate students are expected to demonstrate professional conduct as set forth in the Texas Board of Nursing rule §215.8. in the event that a graduate student holding an RN license is found to have engaged in academic dishonesty, the college may report the nurse to the Texas BON using rule §215.8 as a guide.

**Plagiarism:** Copying another student’s paper or any portion of it is plagiarism. Copying a portion of published material (e.g., books or journals) without adequately documenting the source is plagiarism. Consistent with APA format, if five or more words in sequence are taken from a source, those words must be placed in quotes and the source referenced with author’s name, date of publication, and page number of publication. If the author’s ideas are rephrased, by transposing words or expressing the same idea using different words, the idea must be
attributed to the author by proper referencing giving the author’s name and date of publication. If a single author’s ideas are discussed in more than one paragraph, the author must be referenced, according to APA format. Authors whose words or ideas have been used in the preparation of a paper must be listed in the references cited at the end of the paper. Students are expected to review the plagiarism module from the UT Arlington Central Library via http://library.uta.edu/plagiarism/index.html

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

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

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

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

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

The success faculty in the MSN Program:

Dr. Donelle Barnes is available as a writing coach to assist students in the MSN Core courses; theory, research, and evidence based practice. Since these courses are writing intensive, Dr. Barnes can help students improve the clarity and organization of their written papers. She can be reached via email: donelle@uta.edu.
Dr. Mary Schira is available as a success faculty to assist with diverse resources that may include study skills, testing challenges/approaches, managing multiple responsibilities, and addressing personal issues impacting academic performance. Course content challenges may also be addressed, with referral to additional resources as indicated. Dr. Schira can be reached via email: schira@uta.edu.

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

If you are unable to resolve your issue contact the Helpdesk at helpdesk@uta.edu.

Student Feedback Survey: At the end of each term, students enrolled in face-to-face and online classes categorized as “lecture,” “seminar,” or “laboratory” are directed to complete an online Student Feedback Survey (SFS). Instructions on how to access the SFS for this course will be sent directly to each student through MavMail approximately 10 days before the end of the term. Each student’s feedback via the SFS database is aggregated with that of other students enrolled in the course. Students’ anonymity will be protected to the extent that the law allows. UT Arlington’s effort to solicit, gather, tabulate, and publish student feedback is required by state law and aggregate results are posted online. Data from SFS is also used for faculty and program evaluations. For more information, visit http://www.uta.edu/sfs.

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peace Williamson</td>
<td>817-272-6208</td>
<td><a href="mailto:peace@uta.edu">peace@uta.edu</a></td>
</tr>
<tr>
<td>Lydia Pyburn</td>
<td>817-272-7593</td>
<td><a href="mailto:lpyburn@uta.edu">lpyburn@uta.edu</a></td>
</tr>
<tr>
<td>Heather Scalf</td>
<td>817-272-7436</td>
<td><a href="mailto:scalf@uta.edu">scalf@uta.edu</a></td>
</tr>
</tbody>
</table>

Contact all nursing librarians:
library-nursing@listserv.uta.edu

Helpful!Direct!Links!to!the!UTA!Libraries'!Resources!!

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

For help with APA formatting, you can go to:

1) http://libguides.uta.edu
2) Scroll down and click on “Nursing”
3) Click on “APA Guide” for advice on various aspects of paper writing. This is a short-cut for the APA Manual. When in doubt, refer to the Manual.

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

UTA College of Nursing and Health Innovation - Additional Information:

Clinical Evaluations: Students must pass both the didactic and clinical portions of a clinical course in order to pass the course. In order to pass the clinical portion, the student must receive a passing grade (minimum of 80%) on the faculty evaluation of the student’s clinical performance.
(Nurse Practitioner Clinical Evaluation). Students who fail a faculty evaluation have a one-time option to retake the practicum. A second faculty member will be present during the clinical performance retake. If the student passes the clinical performance retake (minimum of 80%), the maximum grade the student can receive for the exam for purposes of grade calculation is 80%. If the student fails the retake, the student will receive a grade of “F” for the course.

Castle Branch: All students must have current immunizations and other compliance documents on file with the university to legally perform clinical hours each semester. These requirements are submitted to Castle Branch. Your clinical clearance in Castle Branch must be current and remain in compliance throughout the duration of your clinical experiences. Failure to maintain compliance will result in removal from your clinical site until compliance is achieved. If you are not able to complete clinical hours due to noncompliance in Castle Branch, this may result in a course failure.

Clinical Approval and Electronic Logs:

During your first clinical semester you will receive a link to Typhon along with your unique login username and password. You will receive Typhon access in the week or two prior to beginning your first clinical course after you have been fully cleared for your clinical with your clinical coordinator.

To be cleared for clinical, this means you have submitted the online proposal for your preceptor(s) and clinical site(s), received approval for your preceptor(s) and clinical site(s) from your clinical coordinator, submitted the online affiliation agreement information request for all clinical site(s) you will be attending, and submitted a signed and complete preceptor agreement(s) for each preceptor you will work with to the appropriate drop box to your clinical coordination organization on Blackboard (your Pathway to Graduation).

You must work with your preceptor(s) of record in the clinical site(s) of record. This means that you must work with the preceptor and clinical sites that appear in your Pathway to Graduation and have been approved by your clinical coordinator. Note: If your clinical site or preceptor has not been fully approved and does not appear in your Pathway to Graduation for your clinical course, you are not approved from a legal standpoint to be in the facility or with the preceptor.

Once you begin your clinical course, you may not make changes to your preceptors of record except in circumstances where your preceptor leaves their position or it is determined that the preceptor or clinical site is not allowing you to meet the objectives of the course. You will need to submit a written request through the Pathway to Graduation to make any changes to your preceptors of record at any time during the course. Approval is required by the clinical coordination team – your faculty’s approval alone is not sufficient to make a change.

Students are required to enter all patient encounters into the Typhon Group Healthcare Solutions (“Typhon”) electronic log system. Students can access their Typhon account by entering their own unique username and password which will be accessible their first clinical semester. You only have 7 days to enter your case logs and time logs from the day of your clinical
experience. Failure to log cases/hours within 7 days will result in a loss of those hours. No exceptions. Typhon is both a student learning opportunity and an evaluation method for your clinical courses. Patient encounters include patients the student assesses, diagnoses, and manages as part of their clinical coursework. Individual clinical courses may have additional guidelines/requirements related to their specific course and will be noted in the course syllabus (e.g. types of encounter required, number of patients required during course). The student’s electronic log data provides a description of the patients managed during the student’s clinical experience, including the number of patients, diagnoses of patients, and the type of interventions initiated. As a result, the data is an essential requirement of the student’s clinical experience and is used to evaluate student clinical performance. The data is also used to meet course requirements and to evaluate student clinical performance. Upon completion of the Program, students will have access to an executive summary of their log entries through Typhon for their professional portfolio.

Status of RN Licensure: All graduate nursing students must have an unencumbered license as designated by the Texas Board of Nursing (BON) to participate in graduate clinical nursing courses. It is also imperative that any student whose license becomes encumbered by the BON must immediately notify the Associate Dean, Department of Graduate Nursing. The complete policy about encumbered licenses is available online at: www.bon.state.tx.us

MSN Graduate Student Dress Code: The College of Nursing and Health Innovation expects students to reflect professionalism and maintain high standards of appearance and grooming in the clinical setting. Students must adhere to the Dress Code Policy, www.uta.edu/nursing/file_download/234/BSNDressCode.pdf Clinical faculty has final judgment on the appropriateness of student attire and corrective action for dress code infractions. Students not complying with this policy will not be allowed to participate in clinical.

UTA Student Identification: MSN Students MUST be clearly identified as UTA Graduate Students and wear a UTA College of Nursing and Health Innovation ID in the clinical environment.

Unsafe Clinical Behaviors: Students deemed unsafe or incompetent will fail the course and receive a course grade of “F”. Any of the following behaviors constitute a clinical failure:

1. Fails to follow standards of professional practice as detailed by the Texas Nursing Practice Act * (available at www.bon.state.tx.us)
2. Unable to accept and/or act on constructive feedback.
3. Needs continuous, specific, and detailed supervision for the expected course performance.
4. Unable to implement advanced clinical behaviors required by the course.
5. Fails to complete required clinical assignments.
6. Falsifies clinical hours.
7. Violates student confidentiality agreement.

*Students should also be aware that violation of the Nursing Practice Act is a “reportable offense” to the Texas Board of Nurse Examiners.
**Blood and Body Fluids Exposure:** A Health Verification form was signed by all MSN students at start of the program documenting personal health insurance coverage. All MSN students have mandatory health insurance and will need to manage exposure to blood and fluids. Current CDC guidelines can be found at: [http://www.cdc.gov/](http://www.cdc.gov/)

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

**Confidentiality Agreement:** You signed a Confidentiality Form in orientation and were provided a copy of the form. Please take your copy of this Confidentiality Form with you to your clinical sites. **Please do not sign** other agency confidentiality forms. Contact your faculty if the agency requires you to sign their confidentiality form.

**Graduate Student Handbook:** Students are responsible for knowing and complying with all policies and information contained in the Graduate Student handbook online at: [http://www.uta.edu/conhi/students/policy/index.php](http://www.uta.edu/conhi/students/policy/index.php)

**Student Code of Ethics:** The University of Texas at Arlington College of Nursing and Health Innovation supports the Student Code of Ethics Policy. Students are responsible for knowing and complying with the Code. The Code can be found in the student handbook online: [http://www.uta.edu/conhi/students/msn-resources/index.php](http://www.uta.edu/conhi/students/msn-resources/index.php)

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

**Online Conduct:** The discussion board should be viewed as a public and professional forum for course-related discussions. Students are free to discuss academic matters and consult one another regarding academic resources. The tone of postings should be professional in nature.

It is not appropriate to post statements of a personal or political nature, or statements criticizing classmates or faculty. Inappropriate statements/language will be deleted by the course faculty and may result in denied access to the Discussion boards. Refer to UTA CONHI Graduate Student Handbook for more information.

*For this course Blackboard communication tools, discussion boards, and UTA MAV email will be used extensively and should be checked often.*

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**Emergency Phone Numbers:** [Optional but strongly recommended] In case of an on-campus emergency, call the UT Arlington Police Department at 817-272-3003 (non-campus phone), 2-3003 (campus phone). You may also dial 911. For non-emergencies, call 817-272-3381.
Graduate Nursing Support Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judy LeFlore, PhD, RN, NNP-BC</td>
<td>Associate Dean, Chair, Graduate Nursing Programs</td>
<td>Email address: <a href="mailto:jleflore@uta.edu">jleflore@uta.edu</a></td>
</tr>
<tr>
<td>Kathy Daniel, PhD, RN, ANP/GNP-BC, AGSF</td>
<td>Associate Chair, Graduate Nurse Practitioner Programs</td>
<td>Pickard Hall Office #511, 817-272-0175, Email address: <a href="mailto:kdcollins@uta.edu">kdcollins@uta.edu</a></td>
</tr>
<tr>
<td>Rose Olivier</td>
<td>Administrative Assistant II</td>
<td>Email address: <a href="mailto:olivier@uta.edu">olivier@uta.edu</a></td>
</tr>
<tr>
<td>Lauri John, PhD, RN, CNS</td>
<td>Associate Chair, Graduate Educator and Administration Programs</td>
<td>Email address: <a href="mailto:ljohndoch@uta.edu">ljohndoch@uta.edu</a></td>
</tr>
<tr>
<td>Angel Trevino-Korenek</td>
<td>Clinical Coordinator</td>
<td>Email address: <a href="mailto:angel.korenek@uta.edu">angel.korenek@uta.edu</a></td>
</tr>
<tr>
<td>Janette Rieta</td>
<td>Clinical Coordinator</td>
<td>Email address: <a href="mailto:jrieta@uta.edu">jrieta@uta.edu</a></td>
</tr>
<tr>
<td>Christina Gale</td>
<td>Administrative Assistant</td>
<td>Email address: <a href="mailto:christina.gale@uta.edu">christina.gale@uta.edu</a></td>
</tr>
</tbody>
</table>

Graduate Advisors – see the link below

http://www.uta.edu/conhilinks/students/advising/nursing-grad.php


University of Texas at Arlington College of Nursing and Health Innovation

N5303--Psychiatric Management

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

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

Course objectives:
1. Identify medications and dosages used to treat common psychiatric symptoms, such as anxiety, depression, mania, agitation, attention deficit and psychosis.

2. Complete a comprehensive psychiatric evaluation and/or follow up medication management visit.

3. Derive a psychiatric diagnosis, using the DSM-5.

4. Use evidence based treatment approaches to recommend pharmacological and non-pharmacological interventions for patients.

5. Assess a patient for risk of harm to self or others.

6. Use common psychiatric screening tools (e.g. MMSE, BDI, MDQ, Zung, MoCA, Folstein Mini Mental, etc.).

7. Evaluate cultural, gender and/or age factors relevant to APRN practice.

8. Use therapeutic interview skills in establishing rapport and building trust.

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

Course objectives for Addiction:
1. Identify medications and dosages used to safely medically detox a patient from alcohol, stimulants, opiates, and other drugs.

2. Recognize symptoms of withdrawal from drugs of abuse.


4. Identify evidence based treatment approaches to motivate patient towards abstinence or reduced consumption of harmful drugs and alcohol and describe the stage of change and intervention used.

5. Use therapeutic communication skills with one patient with substance use disorders.

6. Identify significance of 12 step program for recovery (e.g. AA or NA).

7. Describe approaches to use with those who have substance use disorders.
WRITING CLINICAL OBJECTIVES

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

Respondus: Using LockDown Browser for Online Exams

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

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

For additional details on using LockDown Browser, Contact Bb support or the HELP desk for any questions about this browser.

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

- Ensure you’re in a location where you won’t be interrupted
- Turn off all mobile devices, phones, etc.
- Clear your desk of all external materials — books, papers, other computers, or devices
- Remain at your desk or workstation for the duration of the test
- LockDown Browser will prevent you from accessing other websites or applications; you will be unable to exit the test until all questions are completed and submitted
- Scan your student id card for identification purposes and scan the environment of the area where you are taking the exam. You will be recorded throughout the time you are taking the test for faculty review.
- Then you will be automatically sent to test area. You will not need to use a password. If asked for a password, you did not start in Respondus as directed above.

Late Assignments:

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

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

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

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

Please use this UTA title page:
http://www.uta.edu/nursing/files/APAFormat.pdf

Tips on how to cite the DSM-V


Text citation: (American Psychiatric Association, 2013)

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


Text citation: (American Psychiatric Association, 2013)

Here’s how it would look when used in your narrative:
The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013) is the most widely accepted nomenclature used by clinicians and researchers for the classification of mental disorders.

Once introduced, the acronym DSM–5 can be used instead of the title and edition:
The DSM–5’s classification involves a shift from the traditional categorical approach to a dimensional approach. The changes involving the removal of the legal problems criterion and the addition of a craving criterion were retained in the final revision of the diagnostic criteria (American Psychiatric Association, 2013).

If you decide to use an acronym for the author, introduce it at first reference:
The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association [APA], 2013) is the most widely accepted nomenclature used by clinicians and researchers for the classification of mental disorders. . . . The changes involving the removal of the legal problems criterion and the addition of a craving criterion were retained in the final revision of the diagnostic criteria (APA, 2013).


The University of Texas at Arlington
College of Nursing and Health Innovation
N5303 Psychiatric Management in Advanced Nursing Practice
Summer 2017

“As lead teacher for this course, I reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course”. Marcia Harris, DNP, APRN

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Topic</th>
<th>Reading Assignment</th>
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</thead>
<tbody>
<tr>
<td>June 9&lt;sup&gt;th&lt;/sup&gt;</td>
<td><strong>CLASS I</strong></td>
<td><strong>Introduction to Course</strong></td>
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<tr>
<td>9-10 am</td>
<td><strong>CLASS I</strong></td>
<td><strong>Differential Diagnosis: DSM- 5</strong></td>
</tr>
<tr>
<td>10 -11:30AM</td>
<td><strong>Bring lunch: Meet with Clinical Faculty (optional)</strong></td>
<td><strong>This will be time to meet with your clinical faculty, question and answers. This is an optional activity.</strong></td>
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<tr>
<td>12:00- 12:45</td>
<td><strong>Mood Disorders</strong> Major depressive disorder Dysthymia Premenstrual dysphoric disorder Post partum depression Post partum psychosis</td>
<td><strong>DSM 5:</strong> Depression pp 155 and following (ff) (following pages). <strong>Kaplan &amp; Sadock:</strong> Synopsis of Psychiatry: Chapter 8 Chapter 29: <em>Psychopharmacological Treatment:</em> p, 954; p 993-1000; pp 1010-1023; pp 1040-1045. SEE Blackboard: Course materials for readings and resources and additional content.</td>
</tr>
<tr>
<td>12:45-2:30</td>
<td><strong>Bipolar pre-test</strong></td>
<td><strong>Bipolar lecture</strong></td>
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<tr>
<td>June 12&lt;sup&gt;th&lt;/sup&gt;</td>
<td><strong>Practice CDM due</strong></td>
<td><strong>Practice CDM.</strong> Optional assignment. Send your completed practice CDM to your clinical faculty’s email. You will receive feedback by 6/15/17.</td>
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<tr>
<td>Date/Time</td>
<td>Topic</td>
<td>Reading Assignment</td>
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<td>June 16th</td>
<td>CDM I open</td>
<td>Clinical Decision Making: (Scenario is provided as an online test, questions asked, answer one before given next question, essay or brief answer). Opens June 16th at 7 a.m. Due July 3rd. Graded by July 17th.</td>
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<tr>
<td>June 16th</td>
<td>Syllabus test</td>
<td>On line multiple choice test over syllabus using Respondus and webcam, and course expectations. Student will not be able to take Test 1 if this is not completed. Opens June 9th, due June 16th.</td>
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<tr>
<td>June 16th</td>
<td>CLASS 2</td>
<td>You will sign up for practicums during this class. Please be prepared knowing whether you require a Friday or a Saturday slot.</td>
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<td><strong>Clinical Notebooks Due</strong></td>
<td>Even if you have not had clinical yet, <strong>please submit your organized notebook. Required submission of your personal objectives for med management in the notebook.</strong> Provide 2-3 objectives. Your objectives must be written in SMART (specific, measurable, attainable, relevant and time oriented) format using Bloom’s taxonomy verbs. (Google Bloom’s taxonomy if you are not familiar with this. If you have had clinical times, please insert your updated tally sheet, elogs and preceptor agreements. Final notebook check 5th class, requires your signed updated tally sheets, elogs, objectives with reflection on how you have or have not met the objectives. Grading sheet in the syllabus and <strong>Please submit in one PDF document to your faculty by 9am on 6/16/17 via blackboard.</strong></td>
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<tr>
<td>9 – 12Noon</td>
<td>Cognitive Behavioral Therapy</td>
<td>Kaplan &amp; Sadock’s Synopsis of Psychiatry:</td>
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<td>Motivational Interviewing</td>
<td>Cognitive: pp 873-876.</td>
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<td>Suicide Assessment and</td>
<td>Emergency Psychiatric Medicine: Suicide. pp 763-774</td>
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<td></td>
<td>Prevention Strategies</td>
<td>Mini mental Status Examination</td>
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<td>Mini Mental Status Exam/</td>
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<td>MOCA/ Primary care screening</td>
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<td>Seminar on Suicide assessment</td>
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<td>and therapies with</td>
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<td>Suicide In-Class Activity</td>
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<td>Additional content in Blackboard: Course Materials.</td>
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<tr>
<td>1:00 – 3:30 pm</td>
<td>Anxiety Disorders</td>
<td>DSM 5 Chapters of Anxiety, OC Disorder, Trauma pp 189-290.</td>
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<td></td>
<td></td>
<td>Kaplan &amp; Sadock’s Synopsis of Psychiatry Ch 9, 10 &amp; 11</td>
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<td><em>Psychopharmacological treatment:</em> pp 1017: review SSRIs/SNRIs/</td>
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<td>Benzodiazepines pp 948; buspirone p 956; anticonvulsants: p 938</td>
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<td>(gabapentin); 941 (pregabalin); 942-942 (hydroxyzine). Beta adrenergics</td>
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<td></td>
<td></td>
<td>receptor antagonists: 933-934</td>
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<td>Additional content in Blackboard: Course materials</td>
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<tr>
<td>Date/Time</td>
<td>Topic</td>
<td>Reading Assignment</td>
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<tr>
<td>You will be able to leave campus at 3:30 pm this day; but will spend 1½ hours creating these 2 videos.</td>
<td>Clinical Seminar: Students demonstrate Mental Status Exam, Assessment Skills, and Suicide Assessment/Prevention Due June 24th by midnight.</td>
<td>Review materials in the syllabus and Blackboard. You will submit via Kaltura mash up, a suicide assessment of a family member or friend or classmate, based on a written scenario, that the “patient” will be given. This suicide assessment can be up to 20 minutes <strong>IN CLASS</strong>. You will also provide a video in which you perform a Mental Status examination and Mini Mental assessment on the same or a different individual. This video should be about 10 minutes long. You will be give 1½ hours of clinical time for these videos. *Required clinical time. You will do this from home/campus (outside of class).</td>
</tr>
<tr>
<td>July 3rd</td>
<td>CDM due at 11:59 pm on July 3rd Ethical Dilemma Posted</td>
<td>CDM due at 11:59 pm on July 3rd <strong>Ethical Dilemma Posted</strong> For your review (and for those of you who like to get ahead of schedule); your faculty will assign you to a partner to answer one question based on the scenario. <strong>This will be presented at class 5 in class, from 11 a.m to 4 p.m.</strong> Your clinical instructors will give you your assignments for your Ethical Dilemma presentation via email by 7pm.</td>
</tr>
<tr>
<td>July 7th</td>
<td>Class 3 9-12</td>
<td>DSM-5: Child disorders Relevant sections: Neurodevelopmental disorders pp 31 and ff (Autism spectrum disorder pp50 and ff; Attention Deficit/Hyperactivity Disorder, pp 59 and ff; Tic disorders: p 81 and ff; ). Review bipolar &amp; depressive disorders; anxiety disorders; Disruptive, impulse control and conduct disorders: p 461 and ff. Kaplan &amp; Sadock’s Synopsis of Psychiatry ch 31; ch 19; Review Pharmacological treatment chapter 29, relevant sections, on SSRIs; anticonvulsants; alpha 1 adrenergic receptors, 929 and ff.; Stimulant drugs and atomoxetine, pp. 1033 and ff. Review section on ADHD in DSM 5; and Kaplan and Sadock’s Synopsis of Psychiatry. In Blackboard: powerpoint for Adult ADHD with readings posted under Course Materials Additional resources and readings in Course Materials. On line powerpoint for Adult ADHD with readings posted under Course Materials.</td>
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<td>1:00 to 1:30pm</td>
<td>Child exercise</td>
<td>In class activity</td>
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<td>Date/Time</td>
<td>Topic</td>
<td>Reading Assignment</td>
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<td>1:45-4:30</td>
<td>Addictions</td>
<td>DSM 5 Substance Use Disorders p 481 and ff.</td>
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<td>SBIRT</td>
<td>Synopsis of Psychiatry/ Chapter 20 pp 616 and ff.</td>
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<td>Assessment and diagnosis</td>
<td>Psychopharmacological treatment chapter 29: 966; 1000-1008</td>
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<td>Alcohol; illicit drugs</td>
<td>Additional content in Blackboard: course materials</td>
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<td>Pharmacology of addictive disorders</td>
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<td>Fetal Alcohol syndrome</td>
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<td>Test One</td>
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<td>July 14th</td>
<td>80 multiple choice questions; use Respondus Lockdown browser and</td>
<td>NOT AN ON CAMPUS CLASS DAY</td>
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<td>webcam to scan student ID and your environment.</td>
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<td>Test blueprint below. You will not be able to see your grades</td>
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<td>immediately as faculty will review all tests before posting results.</td>
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<td>2 and 15 minutes test, taken anytime between the hours from 9 a.m.</td>
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<td>to 11:59 pm</td>
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<tr>
<td>July 20th</td>
<td>Drug of Abuse Paper Due at 11:59pm</td>
<td>For this paper, you will be given a scenario and will write a 7-12 page paper</td>
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<td>determining the diagnosis with rule out related to the scenario provided. See</td>
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<td>rubric in discussion section in Bb.</td>
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<tr>
<td>July 21st</td>
<td>Class 4</td>
<td>DSM 5 Eating Disorders pp329 and ff.</td>
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<tr>
<td>9-11:00</td>
<td>Eating disorders</td>
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<td>Date/Time</td>
<td>Topic</td>
<td>Reading Assignment</td>
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<td><strong>Synopsis of Psychiatry</strong>: Eating disorders 509-532</td>
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<td>Course materials</td>
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<tr>
<td>11:00-12:30</td>
<td>Psychosis</td>
<td><strong>DSM-5</strong>: Schizophrenia/Psychosis disorders pp. 87 and ff</td>
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<td>Course materials</td>
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<td><strong>Synopsis of Psychiatry</strong>: Schizophrenia spectrum and other psychotic disorders: pp 300-ff.</td>
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<tr>
<td>12:30-1:30</td>
<td>Lunch break</td>
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<td>1:30-4:30</td>
<td>Gero psych lecture</td>
<td><strong>DSM 5</strong> Neurocognitive disorders: p 591 and ff.</td>
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<td>Neurocognitive disorders:</td>
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<td></td>
<td><strong>Synopsis of Psychiatry</strong></td>
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<td><em>Geriatric psychiatry</em> Ch 33; p 1334 and ff</td>
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<td><em>Neurocognitive disorders</em> Ch 21 p 694 and ff.</td>
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<td><em>Psychopharmacological treatment: cholinesterase inhibitors and memantine</em> ch 29; pp 963-966</td>
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<td>Articles posted on Blackboard; resources in course materials.</td>
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<tr>
<td>July 21st</td>
<td>Gero NCD scenario posted.</td>
<td>Select one of the two topics and write a 5-7 page paper, formal paper,</td>
</tr>
<tr>
<td></td>
<td>Pedi Diagnosis paper scenarios</td>
<td>excluding references and title page. <strong>Due August 1st at midnight</strong>. See</td>
</tr>
<tr>
<td></td>
<td>posted in Discussion Board.</td>
<td>syllabus for rubric. Submit into assignment page.</td>
</tr>
<tr>
<td>July 28th</td>
<td>Class 5 START AT 11AM-4PM</td>
<td><strong>Note</strong>: 11 a.m. start time; required clinical time!</td>
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<td><strong>Clinical Notebooks Due</strong></td>
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<td><em>Objectives need a reflective evaluation from you discussing how you met or did not meet the objective.</em></td>
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<td>Be sure your grading sheet is in front of your notebook. All Typhon print out,</td>
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<td></td>
<td>tally sheets, objectives with reflections on how they were met, preceptor</td>
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<td>agreement and evaluations must be turned in to your clinical faculty today.</td>
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<td>Remember personal objectives must be SMART and use Bloom’s taxonomy.</td>
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<td>You are required to give a reflection on how you met or did not meet each</td>
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<td>objective. Include your NA/AA attestation form. If you have concerns on this,</td>
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<td>please discuss with your clinical faculty.</td>
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<td><strong>Practice Practicum:</strong></td>
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<td>Practice doing complete psychiatric evaluation (to prepare for practicum with</td>
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<td>standardized patient) - be prepared to interview clinical faculty who will role</td>
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<td>play patient</td>
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<td>*Required Clinical Hours</td>
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<td>1:30-4</td>
<td>Ethical dilemma presentations.</td>
<td>(can break for lunch or eat during presentations )</td>
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<td>Bring a copy of your handout</td>
<td>Present copy of your answer to the class to hand out to your group members.</td>
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<td>for each group member to have.</td>
<td>* Bring a copy for each group member.</td>
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<tr>
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<td>Check syllabus for grading</td>
<td>Twenty minutes per student pair. Lead discussion on your response.</td>
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<td>criteria.</td>
<td>Presentation guideline / grading criteria in Syllabus</td>
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<td>Each student must post his/her answer to the assignment page. Put on cover</td>
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<td>page the question you answered and who your partner was. You may indicate</td>
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<td>if you felt you worked on the assignment together of if one of you did the</td>
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<td>majority of the work. Post answer or faculty to grade on Blackboard</td>
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<td>(assignments) by 11:59 pm <strong>Required clinical hours</strong></td>
</tr>
<tr>
<td>Date/Time</td>
<td>Topic</td>
<td>Reading Assignment</td>
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</tbody>
</table>
| **August 1st to August 10th** | Not in class; on line activities                        | **DSM 5**: Other conditions that may be a focus of clinical attention: pp 715 and ff.  
**Synopsis of Psychiatry**:  
Brain stimulation methods: ch 30;  
Forensic psychiatry and ethics in psychiatry: ch 36.  
Physical and Sexual Abuse of Adults: Ch 26  
Child abuse: pp 1314-1320                                                                 |
| On Line activity   | Violence Prevention                                     | Camtasia lecture.  
**DSM 5**: Sleep disorders chapter pp 361 and ff.  
**Kaplan and Sadock’s Synopsis of Psychiatry**: ch 16 pp 564 and ff.  
See course materials.                                                                 |
| On line activity   | Sleep Wake Disorders                                    | Review PowerPoint on Blackboard: course materials; additional articles on Blackboard  
**Synopsis of Psychiatry**: Complementary and alternative medicine in psychiatry; Ch 24, p 791-811.  
Synopsis of Psychiatry/concise textbook; relevant chapters: see index. |
| Online activity    | Complementary Therapies-voice over Power Point on Blackboard | Review PowerPoint presentation with voice over on Blackboard Course Materials page  
Articles on Blackboard  
**Synopsis of Psychiatry**:  
*Chronic Fatigue Syndrome and Fibromyalgia*: Ch 14, p 504 and ff.  
*Munchausen syndrome by proxy*: 789-790  
*Psychological factors affecting other medical conditions*: pp 477 and ff.  
Pain disorders pp 496 and ff. |
<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Topic</th>
<th>Reading Assignment</th>
</tr>
</thead>
</table>
| August 4<sup>th</sup> or 5<sup>th</sup> | You will sign up for either Friday or Saturday in class. **Simulation Practicum** using Standardized Patients and guided by template in syllabus. The note is due within 24 hours of completion of your practicum. (will sign up in class for preferred day and time) | Handout in Syllabus  
Conduct psychiatric evaluation of Standardized Patient (50 minutes, 10 minute to present to faculty evaluator the diagnosis and treatment plan including medication and dosage.)  
Complete documentation write-up. An example is used as an outline in Syllabus / post to Practicum in Assignment page within 24 hours of completing your practicum.  
You may bring resources with you to this practicum: eg DSM5; drug book and your template from syllabus. |
| August 11<sup>th</sup> | **Test 2**  
80 multiple choice questions; use Respondus Lockdown browser and webcam to scan student ID and your environment. Test blueprint below. You will not be able to see your grades immediately as faculty will review all tests before posting results. 2 and 15 minutes test, taken anytime between the hours from 9 a.m. to 11:59 pm | This is not a comprehensive final but will cover material since last test.  
80 multiple choice items 9 a.m. to 11:59 pm using Respondus and webcam  
Grades will be visible by Aug 12<sup>th</sup>, after all have been reviewed. |
All tests require Respondus lockdown browser and a Webcam so you can scan your id and your environment. Be sure to review test taking tips on Blackboard. Do NOT use a wireless connection. If you need help with this or are concerned about your computer’s capabilities, contact Center for Distance Education Support or call Blackboard support for assistance.

Blueprint. None of your tests are comprehensive. You will have 1.6 minute per question for each multiple choice item. All tests are available from 9 a.m to 11:59 on test date; but you must have completed the test by 11:59 on those dates.

<table>
<thead>
<tr>
<th>TEST</th>
<th>TOPICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test 1 Blueprint</td>
<td>Test 1: 80 questions</td>
</tr>
<tr>
<td></td>
<td>DSM-5and psychiatricevaluation(10)</td>
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<tr>
<td></td>
<td>Depression (10)</td>
</tr>
<tr>
<td></td>
<td>Substance UseDisorders (15)</td>
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<tr>
<td></td>
<td>Anxiety Disorders (10)</td>
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<tr>
<td></td>
<td>Cognitive Behavioral Therapy,Motivational Interviewing (5)</td>
</tr>
<tr>
<td></td>
<td>Bipolar (10)</td>
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<td></td>
<td>Suicide prevention(5)</td>
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<td>Childhood disorders (10)</td>
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<td>Adult ADHD (5)</td>
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<tr>
<td>Test 2 Blueprint</td>
<td>Test 2 :80 questions</td>
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<td>Psychosis (10)</td>
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<td>Dementia/ Delirium/ geri depression (10)</td>
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<td></td>
<td>Eating disorder (10)</td>
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<td></td>
<td>Violence prevention and treatment –10</td>
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<td></td>
<td>Complementary therapies -10</td>
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<td></td>
<td>Medically ill adult and children -10</td>
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<td></td>
<td>Ethics 10</td>
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<td>Sleep disorders 10</td>
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</tbody>
</table>
# N5303 --Psychiatric Management
## CLINICAL NOTEBOOK GRADING

<table>
<thead>
<tr>
<th>Item</th>
<th>Mid-term P/F</th>
<th>Final P/F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Tally Sheet</strong>&lt;br&gt;This is a record of your clinical time toward your overall experience.&lt;br&gt;All documented clinical hours are co-signed by the preceptor on the day the hours were completed.&lt;br&gt;Counseling seminars, a total of five hours, count toward the total clinical time requirement and are entered on the Clinical Tally Sheet.&lt;br&gt;A signed-preceptor agreement for each clinical site.&lt;br&gt;<strong>Comments:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Objectives/Evaluation (P/F)</strong>&lt;br&gt;objectives and two personalized clinical objectives for each med management clinical. These must be SMART, using Bloom’s taxonomy language.&lt;br&gt;Description of progress toward meeting these objectives is included at mid-term notebook check and final notebook check</td>
<td></td>
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<tr>
<td><strong>Comments:</strong></td>
<td></td>
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<tr>
<td><strong>Typhon Printout</strong>&lt;br&gt;Record all patients seen in Typhon. Include Case Log Highlights as a print out at midterm and at the final notebook check off.&lt;br&gt;<strong>Comments:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AA or NA attestation page included by second journal check.</strong>&lt;br&gt;Preceptor evaluation of student; *(DONE IN TYPHON—<em>maybe subject to change</em>)&lt;br&gt;Copy of preceptor agreements; evaluation of preceptor <em>(SHOULD BE IN NOTEBOOK)</em>&lt;br&gt;<strong>Comments:</strong></td>
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<tr>
<td><strong>Overall organization.</strong>&lt;br&gt;<strong>Comments:</strong></td>
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<tr>
<td><strong>Notes:</strong></td>
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</tbody>
</table>

Faculty Signature___________________________________ Dates____________________________________
University of Texas at Arlington College of Nursing and Health Innovation
Nurs 5303 Psych Management
Summer 2017

Attestation Form

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

Date of attendance:

Location:

Student signature:_________________________________________________________
## Assignments/Grade Summary

<table>
<thead>
<tr>
<th>Student</th>
<th>Faculty:</th>
<th>Due Date</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Assessment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syllabus Test: Practice using Respondus &amp; Webcam</td>
<td>See course calendar</td>
<td>Pass/Fail</td>
<td></td>
</tr>
<tr>
<td>Clinical Decision Making –</td>
<td>See course calendar</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Mental Status Exam, Mini Mental Status and Suicide Assessment Demonstration (Kaltura mash up videos of each). 1 ½ clinical hours given for completion of assignment.</td>
<td>Following Class 2 See course calendar</td>
<td>Pass/Fail</td>
<td></td>
</tr>
<tr>
<td>Pediatric Diagnosis Paper/NCD Gero Paper: formal 5-7 page double spaced paper, excluding references--determine dx and treatment for given scenario.</td>
<td>Following class 4. See course calendar</td>
<td>10%</td>
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</tr>
<tr>
<td>Drug of Abuse formal paper assess/develop a treatment plan for patient with substance use disorder 7-12 page formal paper (APA format/excluding references)</td>
<td>Following class 3. See course calendar</td>
<td>10%</td>
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</tr>
<tr>
<td>Test 1: 80 items; with Respondus Lockdown Browser and webcam monitor on Blackboard 9am-11:30 a.m.</td>
<td>See course calendar</td>
<td>20%</td>
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<tr>
<td>Test 2: 80 items: use respondus and webcam</td>
<td>See course calendar</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Clinical Notebook Journal: Include Objectives, Summaries, Preceptor Agreements, E-logs, and Record of Clinical Hours, Attestation form</td>
<td>Class 2</td>
<td>Class 5</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Preceptor Evaluation of Students Include all sites where 12 or more clinical hours were completed (DONE IN TYPHON)</td>
<td>By final practicum</td>
<td>Pass/Fail</td>
<td></td>
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<tr>
<td>Evaluation of Preceptors (DONE IN TYPHON)</td>
<td>By final practicum</td>
<td>Credit</td>
<td></td>
</tr>
<tr>
<td>Attestation of NAA/AA meeting attendance</td>
<td>Due by class 5</td>
<td>P/F</td>
<td></td>
</tr>
<tr>
<td>Practicum and SOAP Note-SOAP note due 24hr after completion. See MSN forms for what you will be graded on during this evaluation.</td>
<td>See course calendar</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Ethical Dilemma Presentation: in class discussion of assigned questions.</td>
<td>Class 5 posted by 11:59 that evening</td>
<td>10%</td>
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</tr>
</tbody>
</table>

**Total** | 100%
Pediatric Diagnosis Paper or Gero NCD Diagnosis Paper: The purpose of this assignment is to use critical thinking to properly diagnose a pediatric or geriatric patient using age appropriate interview skills. The student will be able to compare and contrast the various diagnoses. For pediatric paper, you will consider diagnoses of Disruptive Mood Dysregulation Disorder, Attention Deficit Disorder, Bipolar Disorder, Oppositional Defiant Disorder and Conduct Disorder. For Gero NCD paper you will consider diagnoses of Alzheimers Dementia, Vascular Dementia, psuedodementia or Delirium. This paper is 5-7 pages, excluding references and title page, with minimum of six references using APA Format. Your clinical faculty instructor will grade this paper. Paper is double-spaced, in APA format. Please Use the UTA title page noted below.

<table>
<thead>
<tr>
<th>Criteria -- This is a formal paper; use topic headers, headers, as in your APA reference guide. 12 font, double –spaced</th>
<th>Points Possible</th>
<th>Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subjective Data</strong> Give HPI using the assigned scenario. Then, compare and contrast the diagnostic criteria for Disruptive Mood Dysregulation, Attention Deficit Disorder, Oppositional Defiant Disorder, Bipolar Disorder and Conduct Disorder in order to make an appropriate diagnosis. <strong>Or</strong> for Alzheimers’s, Vascular Dementia, Delirium and psuedodementia. This would be done nicely in a table format as you write what is alike and what is different for each of these diagnoses.</td>
<td>20</td>
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</tr>
<tr>
<td><strong>Objective Data</strong> Apply age appropriate interview skills that would be use to assess the child or adult with the determined problem. Use your own words; questions you would ask to determine specific dx.</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td><strong>Screening Tools and/or Labs</strong> that you would need to use to determine an accurate diagnosis with rational and how they are to be used.</td>
<td>10</td>
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<tr>
<td><strong>Diagnosis</strong> Provide your diagnosis (may be more than one) and give rationale to support your conclusion. Provide the appropriate codes according to the DSM5. Provide at least three rule out diagnoses you are considering for this patient and discuss how symptoms and key criteria overlap. How will you eliminate these rule out diagnoses?</td>
<td>20</td>
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</tr>
<tr>
<td><strong>Plan</strong> What is your plan for this patient? Pharmacological treatment: drug, dosage, rationale and response goal. Therapy? Support groups? Possible referrals and plan for next visit (inpatient, outpatient, progress expected and prognosis, including suggestions for family members.</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td><strong>Other:</strong> References in APA format. At least six references; less than six years old. Current, relevant and from appropriate resources. Correct formatting of references. Use your APA reference book for correct use of formatting. No book references: use a chapter and page numbers format instead for any books used; no course notes or syllabus references. Clinical peer reviewed articles are best source for this paper. Spelling, grammar, double spaced, within the specified pages, 5-7 pages, minus title page and references. Submit to Assignment page. UTA title page: <a href="http://www.uta.edu/nursing/files/APAFormat.pdf">http://www.uta.edu/nursing/files/APAFormat.pdf</a></td>
<td>10</td>
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<tr>
<td>Total</td>
<td>100</td>
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</tbody>
</table>
This is a 7-12 page, double spaced, 12 font, formal paper (excluding references and UTA title page). Please adhere to this requirement. As a formal paper, use correct APA format, as discussed in the syllabus and your APA reference guide. Page headers, topic headers and runners are expected; chapter references, not book references are required; no faculty course notes or syllabus references, proper punctuation and capitalization are essential. Use topic headers for each question to organize your writing and to aid with grading, ie use full APA formatting.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points possible</th>
<th>Points earned</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subjective Data</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide the additional information. What would you assess related to Jacob’s anxiety and mood? Provide a thorough discussion of the anxiety disorders and mood, information needed to assist with clarification of Jacob’s symptoms. Complete a thorough alcohol and drug assessment, based on the information you have and knowledge of the action of heroin.</td>
<td>20</td>
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<tr>
<td><strong>Past History</strong></td>
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<td>15</td>
</tr>
<tr>
<td>Discuss the important areas to assess in Jacob’s psych history, family history, social history, ROS (aimed at those areas that might cause the physical effects from his drug and alcohol use), mental status assessment, physical exam? Be specific related to the scenario.</td>
<td></td>
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</tr>
<tr>
<td><strong>Screening Tools and/labs</strong></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Discuss the at least 3 screening tools that you would use for Jacob, noting the name of the screening tool with detailed description, rationale, and scoring. What labs would be needed for Jacob with rationale for each test. How will you assess cravings?</td>
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<tr>
<td><strong>Diagnosis</strong></td>
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<tr>
<td>What is your working diagnosis (DSM 5 with F codes) – all the diagnoses that he has met criteria for), at least 3 rule outs (he has met some of the criteria but not all) and 2 differential diagnoses (possible medical causes of his symptoms)? What are the social, environmental and contextual issues that impact his mental health? Give a rationale for each diagnosis and for each rule out and differential.(List the DSM 5 criteria and indicate what symptoms or behaviors fit each criteria) Is there any additional information you need? Describe the genetic risk based on his family history and environmental risk factors for addiction and the major neurobiological factors associated with addiction.</td>
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<tr>
<td><strong>Plan and Teaching</strong></td>
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<td>20</td>
</tr>
<tr>
<td>Discuss medication you would use for sleep if any. Discuss the pharmacological treatment options for heroin addiction. Recall he is homeless. Suggest over the counter meds including vitamins and rationale. How would you help Jacob develop a relapse prevention plan? What community resources would be helpful for Jacob? Develop a teaching plan for Jacob. What would be goals for group therapy? How would you explain AA to him? Indicate follow up. Be sure to use references including at least 1 article and text book in your answer to these questions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>References</strong></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>References in APA format. At least six references; less than six years old. Current, relevant and from appropriate resources. Correct formatting of references. Use your APA reference book for correct use of formatting. No book references: use a chapter and page numbers format instead for any books used; no course notes or syllabus references. Clinical peer reviewed articles are best source for this paper. Spelling, grammar, within the specified pages, 7-12 pages, minus title page and references. Submit on assignment page.</td>
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<td>UTA title page:</td>
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<td><a href="http://www.uta.edu/nursing/files/APAFormat.pdf">http://www.uta.edu/nursing/files/APAFormat.pdf</a></td>
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<td>Total</td>
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Mental Status/Mini Mental Status Exam Video Assignment Grading Rubric

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

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

Needs a grade of 70 to equal a pass for this assignment
Kaltura Video Mashup Tool

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

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

3. The Kaltura Media window will display. You will be given a few options for uploading:
   - Choose the **Record from Webcam** Option

The instructions below detail how to record from your webcam directly into Blackboard
**Record from a Webcam**
1. Click Upload media or record from webcam.

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

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

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

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

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

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

9. A thumbnail of the video will appear in the description box. Select any other necessary options for the item and click **Submit**.
### N5303, Psychiatric Management in Advanced Nursing Practice
Grading Rubric, Ethical Decision Making In-Class Activity

<table>
<thead>
<tr>
<th>Category Description</th>
<th>Point Value</th>
</tr>
</thead>
</table>
| **Moderator/Question Facilitator Role (55%)** | (A): 35 points possible / ____________  
(B): 20 points possible / ____________  |
| • (A): Student presents information to introduce and facilitate discussion, addressing all aspects of the assigned question  
• (B): Student facilitates on-going discussion with other students regarding their presentation, and responds to questions/comments with appropriate information/feedback  
(*Presentation should include information that is relevant to your assigned question, and will cover various aspects such as: additional information needed in the history, ethical principles, relevant mental health laws/other laws, relevant Nurse Practice Act regulations/considerations, utilization of appropriate community resources*) | |
| **Participant Role (30%)** | 30 points possible / ____________  |
| • Student provides verbal feedback to facilitating peers’ question presentation, and offers additional information/commentary to support on-going dialogue | |
| **Written Work Submission (10%)** | 10 points possible / ____________  |
| • Written copy of the student group’s work on assigned question submitted (individually/each student to submit a copy) to Blackboard Assignment Drop-box by the due date at 1159 PM Central Time; Correct grammar, spelling, punctuation, and APA formatting expected.  
***Be sure to include References page. The dropbox will be available at 5:30pm, after class 5.*** | |
| **References (5%)** | 5 points possible / ____________  |
| • References used to support oral presentation and written work; Should be current, relevant, and from appropriate sources  
***At least two (2) references*** | |
| **TOTAL** | 100 possible / ____________ |
Crisis/Suicide Prevention Therapies Seminar (required clinical hours):

During this semester, each student will be expected to demonstrate a suicide assessment and prevention plan using crisis intervention principles useful in a primary care or other settings. Students will be evaluated (pass/fail) on techniques and application of principles discussed in class. Kaplan and Sadock’s Synopsis of Psychiatry: Emergency Psychiatric Medicine, Suicide pp. 763-774.

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

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

Assesses lethality of suicide plan, dangerousness to self or others

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

Set up follow up meeting
Tips: Mental Status Examination:
Note: Some aspects are documented from observation, memory, insight, judgment, SI, HI, other aspects from directed questions + observations.

General appearance: Clothing, personal hygiene, makeup, manner of dress; any body odor
Attitude: Cooperative, evasive, arrogant, angry, manipulative, apathetic, hostile
Motor behavior: Normal, agitated (motor excitation), decreased, tics, restlessness, akathisia
Speech: Rate – normal, fast, slow, pressured; volume – normal, loud, soft, neologisms,
*Mood: Happy, euthymic, depressed, sad, angry, irritable, dysphoric, euphoric patient to rate mood on 1-10 scale
Affect: Flat, blunted, labile, agitated, inappropriate, congruent, constricted

Thought Content:
*Delusions: Somatic, religious, persecutory, grandiose, paranoid, reference, controlling, controlled
*Obsessions: Intrusive or repetitive thought
*Compulsions: Rituals; describe, i.e. hand washing, counting, checking, symmetry, perfectionism;
*Suicidal Ideation: Passive, chronic, active, planned, denies
*Homicidal Ideation: Passive, active, planned, denies
*Thought Process: Organized, goal directed, tangential, circumstantial, loose associations, flight of ideas
*Perceptual Disturbance: Ask about and describe hallucinations (is patient responding to internal stimuli?)

Visual: What do they see, size / color of object(s), when do they see it, does it frighten them?
Auditory: What do they hear, when do they hear it, what is said, do voices talk to or about them? Commanding (most serious)?
Tactile: Describe what they feel, where / when do they feel it, what do they think the feeling is?
Olfactory: Describe what they smell, when do they smell it, does it make them nauseated, hungry?

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

*Depersonalization: Feel disconnected, detached
*Illusions: Misrepresent objects (see shadow and think it is person, etc). Cognition:

Describe level of education, language, comprehension;
*Executive Function: Clock test; proverbs, similarities
*Verbal fluency: Name all animals can think of in 60 seconds or all words that start with F, A or S. Ask to repeat “no ifs ands or butts”
*Concentration:* Spell T-E-X-A-S or W-O-R-L-D forward then backward; serial 7’s; (from MMSE)

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

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

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

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

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

*Visual Spatial* Document as abstract, concrete or bizarre;

*Recognition* Copy pentagon; document intact or impaired if lines not crossed

*3 step command* Name “watch” and ‘pen’ when pointed to;

Insight: Good, fair, poor; give example of level of insight – What kind of help has this patient indicated they need during your interview?

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

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

Can also determine from their recent decision making

Folstein Mini Mental Status Exam (MMSE) and score (1-30)- (actual test is found in Zimmerman, or can download from the web) ; Montreal Cognitive Assessment (MOCA) (posted in blackboard and on website www.mocatest.org and SLUMs. Be familiar with these specific tests for cognitive concerns.

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

During this practice practicum, students will be grouped according to clinical group or major. The faculty member serves as the “practice patient.” Students will be provided a scenario / context for the evaluation. Students will conduct a patient interview, asking questions in an organized manner. When the necessary data has been gathered the group determines the appropriate diagnosis and management plan. Students will have a chance to ask questions about the simulated practicum. You may bring helpful materials such as Zimmerman, drug book, DSM 5. Be sure to ask patient to elaborate on the chief complaint, get thorough history of the circumstances surrounding the visit first. Pick up on cues, ask patient to elaborate. Questions such as; What happened next? How is that affecting you now? Validate such as I am glad that you came for help, etc. These are mandatory clinical hours. If you are not present, you must complete the exercise with your clinical faculty. You will be graded according to criteria in MSN Forms, N5303. Please download this form so you will understand how your evaluation of the final practicum will be weighed and what areas will be assessed by your instructor.
Practicum Evaluation:
This will be a simulated initial psychiatric evaluation. A Standardized Patient will portray a patient, who presents for diagnosis and treatment of a commonly seen psychiatric disorder(s). The student will interview, diagnose, and establish an appropriate management plan for the patient.

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

1. DSM 5 diagnoses
2. One Rule Out Diagnosis
3. One Differential Diagnosis
4. A summary of diagnostic testing
5. Patient disposition (inpatient / outpatient)
6. An overview of pharmacological intervention(s), including drug / dose. If screening is appropriate and part of the exam, indicate what screening tool will be used (e.g. Beck Depression Inventory, etc.)
7. An overview of the non-pharmacological interventions, including therapies / referrals
8. Write up includes neurobiology of the primary diagnosis and neurotransmitter/psychopharmacology; explanation for all medications prescribed.

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

The student has until 24 hours after the completion of their practicum, to submit the completed documentation to Blackboard: Assignment page, so that the faculty who was present during your practicum can grade these submission. UTA title page: http://www.uta.edu/nursing/files/APAFormat.pdf.

Students are not expected to perform a physical examination. If, however, there are clues in a physical examination to support / rule out a diagnosis or treatment this should be noted. The write up should include the physical exam that would be appropriate for this patient. The student will do cognitive assessment on all geriatric patients (older than 65 yr of age) or any patient who is noted to have a cognitive decline as you evaluate them. Otherwise a Folstein’s or SLUMS Mini Mental Status evaluation will not be needed.

Scheduled times are provided to you using the sign up pages you complete at the second class. The same faculty will observe the interview and grade the write-up. Turn in your write up Bb assignments: Practicum.

Meet in assigned room at scheduled time.

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

Practice is very important, as is BUILDING RAPPORT, following cues from patient, using age and developmentally appropriate questions. The evaluation tool used is the Clinical evaluation of the student by the faculty, found on the forms page. www.uta.edu/nursing. Please download this page as a resource for you.
Psychiatric Evaluation Guide:

The following is a suggested format for Psychiatric Evaluation of Patient-Please note that this is only a template, not a cookbook approach. For child, adjust language to developmental level of child, and add developmentally specific questions on parenting, discipline, ADHD etc. For older adult or disabled, add functional assessment and additional questions on cognitive function, memory, executive function, MMSE or MOCA score. Remember to tailor questions to the patient if you use this template. If you have questions for sections you don’t see here then address those questions in the proper area.

Patient (age, marital status, gender; ethnicity, reliable?)

Source of Data:

SUBJECTIVE DATA

Chief Complaint: What can I help you with today? (build rapport!) Put answer in quotes.

History of Present Illness: (explore issues in depth-get details of patient’s story and validate patient’s feelings. Do symptom analysis of each area of concern)

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

When did symptoms begin?

What was going on in your life when this began?

Have you ever had this before? Get details

How long has this been going on? Get details

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

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

Neurovegetative Symptoms:

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

How many hours do you sleep?
Do you wake up before the alarm?

Do you feel rested when you get up?

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

Do you take any medications to help you go to sleep?

Have you changed your routine?

Do you drink caffeine before going to bed? Exercise before going to bed?

Does your mind race when you try to go to sleep?

Any nightmares?

What is your normal amount of sleep?

Do you take naps?

**Appetite and weight: (recent)**

How is your appetite? Increased? Decreased?

Have you lost or gained any weight? If yes, over what period of time?

Do you feel that you need to lose weight?

Do you ever binge or fast? (if yes, then get full details)

Use any laxatives or vomiting to lose weight? (if yes, then get details)

Do you use exercise to lose weight?

Are you afraid of gaining weight?

Are you afraid you won’t be able to stop eating if you start?

What do you think about the appearance of your body?

What is your usual food intake in a day?

**Psychomotor Agitation or Retardation**

Feel body is in constant motion, feel agitated?

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

How would you describe your energy level?

Is there a certain time of the day that you have more energy?

Do you have more energy lately? Or less energy recently? For how long?

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

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

How long have you not been able to enjoy things you once enjoyed?

**Concentration:** Are you able to concentrate? (give examples: remember what you read, concentrate on movie, pay attention to conversations)

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

**Mood:** Rate mood on 1-10 scale with 10 as worst. Define mood first: is it sad mood they are rating? Is it manic mood? Is it anxious mood? (or 1-100 with 50 being “level or stable mood” if suspect bipolar disorder, and below 50 depressed and above 50 manic)

Have you been feeling sad? Irritable? Angry? Happy?

(get details… most days.. how long.. 2 weeks or more? Is this is a change for you?)

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

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

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

Have you ever wanted to hurt yourself or kill yourself? Are you having these thoughts now? Have you ever hurt yourself or made a suicide attempt? (if so, get details of dates, methods, help received)

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

When was the last time? What do you do when these thoughts occur?

Do you feel your life is worth living? Or do you feel hopeless

Do you have a plan? What would keep you from acting on this plan?
If yes, has plan, get details; what kind of plan? Access to plan? How close have you come to acting on the plan?

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

Current Plan? Intent?

**Anxiety/ OC and related disorders/ PTSD:** (Ask at least 3 key screening questions for each disorder; if “yes” to any of the screening questions, you will need to assess all the criteria for that disorder to arrive at diagnosis using DSM 5 criteria (not all criteria are listed here); if no’s then no further questions needed re that disorder.

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

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

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

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

Sleep disturbance? Lasting 6 months or more?

**Panic disorder:** Ever have short burst (abrupt surge) of anxiety that comes on very fast (within 10 minutes) when you feel you can’t breathe, your heart is racing, you get sweaty and feel like you are going to die? How long do they last? (less than 1 hour?) Do these attacks ever happen out of the blue like in middle of night? (unexpected) Do you fear another one will happen? Avoid things that might bring on another panic attack? Go through the 13 symptoms,

**Agoraphobia:** Do you have fear or anxiety about situations where you might not be able to escape or that you won’t be able to get the help you need or if you have panic like symptoms? Do you have fear or anxiety about using public transportation, being in open spaces, being in enclosed spaces, standing in line or being in a crowd, being outside of the home alone?
**Social Anxiety Disorder (Social Phobia):** Do you feel uncomfortable around people in social situations (e.g. social interactions, being observed, and performing in front of others?) and think that they are scrutinizing you? Do you avoid certain social situations? Feel you will say or do something embarrassing or lead to rejection or offend others? Has this lasted at least 6 months?

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

**OC and Related disorders**

**OCD:** Do you constantly go back and check things that you did to see if you did them or feel the need to wash your hands? Or any other kind of rituals that you feel compelled to do? Do you have thoughts that are intrusive, and unwanted and that you try to ignore, suppress or neutralize with a compulsion? Does this take up an hour or more of your day?

**Body Dysmorphic Disorder:** Are there parts of your body that you feel are defective? Do you stand in front of mirror for long periods of times or do excessive grooming, or compare yourself to others?

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

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

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

**Manic Symptoms:** (Ask at least 5 screening questions to rule out mania; if yes to any, need thorough details of duration of symptoms and severity to determine if meets criteria for hypomania or mania episodes (BDI or II)
Do you ever have periods of extreme happiness or elevated mood or irritability? How long do they last?
How high do the “ups” go (1-10 for mania, with 10 as highest ever) and then, how low do the “lows” go?
(1=10, with 10 as lowest, suicidal feeling) Where you are today? Where have you been for the last two weeks?
Can you go 4-7 days without sleeping? Do you ever feel rested after little sleep? Is that happening now?
When was the last time?
Are you extremely talkative or has someone told you that you were during these times?
Do you have periods of excessive energy? Do others comment about this increased energy?
Racing thoughts? Feel agitated?
Spending sprees? Other reckless behavior? Increased sexual activity during these times? Sexual indiscretion? Drugs or alcohol? Get in fights?
Start lots of projects that don’t finish, and jump from one thing to another.
Get started with something and won’t stop even if it is hurting you or someone else?
Consequences of these episodes? (look for financial, legal, occupation, educational, and relational)

**Psychosis:** Hallucinations: See things that others don’t see? Hear things that others don’t’ hear? Hear your name called or strange sounds? Smell things? Feel something crawling on your skin? Taste strange things in your mouth,, Do they happen only when you are falling asleep?
Delusions: Ever think people are planning to hurt you? Ever feel that you have special talents or gifts?
Ever have the idea that you can read people’s minds or they can read yours? Ever feel you can put thoughts in someone’s head or they can put thoughts in yours? Feel the TV is talking just to you?
(paranoia, grandiose ideas, delusions of control, ideas of reference)

**Focus and attention:** problems with inattention (ADHD) Difficulty paying attention? Trouble understanding what you read or finishing a book? Happen before the age of 12? Trouble with procrastination, easily distracted? Late for meetings, misplace things? (adjust questions to age of patient)
Hyperactive as child? Impulsive-blurtng out answers? Finishing others sentences? (do thorough eval. if yes)
Consequences of any of the symptoms: (e.g. what problems have these symptoms caused for you in your relationships, in your job, etc.

Psychiatric History: Have you ever been diagnosed with any psychiatric disorders such as …. Have you ever been treated for a mental illness or stress problem? Get details; who treated; Ever have problem you think should have had treatment for? What meds were tried and did they work? (get medication history)

Ever been hospitalized? (get details)

Ever attempted suicide? (get details)

Ever go to counseling? (get details)

Alcohol and Other Drug use History:

Tobacco, alcohol, illicit drugs? (Make sure to ask about each specific drug in this section. This also includes prescription drugs as well (e.g. Soma, Vicodin, Xanax); if HPI includes drugs and alcohol, cover in HPI; can say see HPL.) What kind and how often? IV drug use?

Do you feel you may have a problem? (insight)

For any use of drugs/alcohol, ask questions to identify symptoms of intoxication, withdrawal, severity Have you ever had 3 or more drinks at one time? (female, males over 65) 4 or more drinks at one time? (males) How many times in past year? # drinks per week?

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

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

Ask about craving. (e.g. 1-10) even if they are not currently using, this question must be asked.
Financial burden? Drink when driving? Medical problems?
Go through each class of drugs (Current, past, first use, last use, consequences) illicit /street drugs
Marijuana, cocaine, methamphetamine, opiates (Vicodin, Lortab, Oxycodone), benzos, hallucinogens, inhalants, ecstasy,? (ask the questions about abuse and dependency, withdrawal and intoxication of any drugs admitted to using)
What are consequences of using drugs or alcohol-give example.. e.g. losing relationships, losing job?
Any illegal activities? Steal to get drugs? Arrested for possession or sales?
Cannot go without drugs or alcohol? Tried to stop? Need more to get high or same effect? Withdrawal symptoms if try to stop? Use more than intended?
Ever took more prescription drugs than prescribed? Such as Lortab, Vicodin, Xanax? (get details –now, in past, etc)
Abuse OTC such as dextromethorphan / bath salts?
Ever treated? (get details) 12 step? Last meeting? Sponsor? Formal treatment?
Nicotine use? # packs per day, how long, cigars, smokeless tobacco, SNUS, plans to change smoking habits?
Caffeine use per day (Red Bull, coffee, etc)
Ask if have plan to change drug use, alcohol use, nicotine use? (do MI)

**Current Health Status**

Allergies (drug/other)
Current psychiatric and other prescribed medications: (include dosages and when taking; any missed doses; side effects)
OTC, herbal
Immunization status (if applicable) *Required with Pedi
Health maintenance behaviors
Diet, exercise, self-exams, safety, etc.
Last physical exam (date, PCP) Last dental exam?
LMP; menstrual history
**Past Health Status:**

Past medical problems? (go through common illnesses: heart disease, diabetes, arthritis, asthma, etc)
Past operations? Accidents? Hospitalizations? Surgeries? (get dates, etc)
Head injuries? Did you lose consciousness?
Any past prescription, OTC, herbal medications? What kind? What did you take them for?
For women: Pregnancy history, complications? C-Section? Vaginal delivery?

**Family History:**

Psychiatric disorder such as depression, ADHD, bipolar, or drug and alcohol abuse?
Find out FH for above in each member (include parents, siblings, grandparents, aunts, uncles, cousins, offspring)
Health problems in family members (cardiac, diabetes, sudden death; etc)
Genogram of family
Relationship with family members? Who close to ? Any sexual, physical, emotional abuse or neglect?
Completed suicides in family or among close friends

**Developmental History:**

Normal delivery? Complications? Was Mom using drugs or alcohol during pregnancy?
Milestones on time?
Birth through 3 years, childhood, adolescence: social relationships, cognitive, motor development;
Problems with learning? Peer relationships? Activities in school? Special classes? Diagnosed with learning disability? Odd behavior? Stereotypic behaviors (e.g. head banging, )
How many jobs? Relationship with co-workers?
Lost any family members or friends?
Abuse history (physical, psychological, sexual)

**Social History:**

Current health habits/functional assessment of geriatric patient (ADL’s, IADLS)
Education (how far in school, major)
Hobbies, talents, interests
Legal history (current or past charges?)
Current living situation (housing needs; crowding conditions)
Marital & relationship history (# marriages, reasons for failure)
Work history (types of jobs, reasons for job loss, able to provide for self and family?)
Military history (if yes, was there combat?)
Religion/spirituality (source of support?)
Support systems (who would call to ask for help?)
Abuse in the past? Did you tell anyone? What happened? Are you safe now?

**Review of Systems**

Complete a system review for each system PERTINENT to episodic complaint

E.g. neurological, etc

**OBJECTIVE DATA**

Do memory test. 3 objects – ball, car, dog. Repeat now and later.

**Mental Status Exam:**

Appearance: Appears stated age

Body build:

Position:

Posture;

Eye contact:

Dress:

Grooming:

Manner/attitude:

Attentiveness:

Alertness:
Behavior and psychomotor activity: Mannerisms, ticks, gestures, twitches, hyperactivity, agitation, combativeness, etc.

Attitude toward examiner/reliability: cooperative, friendly, attentive, interested, frank, seductive, defensive, apathetic, hostile, evasive, etc.

Mood: Euthymic depressed sad tearful hopeless angry hostile suspicious sullen anxious belligerent; elated

Affect: normal, constricted, blunted, flat, labile (shifts rapidly); euphoric

Speech: quantity, rate, volume, and tone. Rapid, slow, pressured, hesitant, emotional, dramatic, monotonous, loud, whispered, slurred, mumbled; foul language; rhyming/punning

Perceptual disturbance: Hallucinations (auditory, visual, tactile, gustatory) illusions depersonalization

Thought processes: Clear coherent goal directed flight of ideas circumstantial loose associations word salad perseveration tangential thought blocking

Thought content:

Normal obsessions compulsions preoccupations phobias delusions paranoia religious somatic grandiose suicidal

Alertness and level of consciousness: alert, disoriented, lethargic, clouded, stuporous, comatose.

Orientation: person, place, time, and situation.

Memory: Recall objects at 1 min 3 min .

Can you name the last 3 presidents?

Concentration and attention: Spell world forward backward serial 7’s

Ask patient to follow a three-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor." (state all 3 commands and then hold paper out)

Capacity to read and write: Ask patient to write a sentence (say Write any sentence)

Visuospatial ability: correctly copy figure of intersecting pentagons
Abstract thinking, proverbs, and similarities: How are apples and oranges alike?

How are a chair and a table alike?

Abstract concrete impaired

Ask about proverb interpretation; e.g. Have you heard the expression: A bird in the hand is worth 2 in the bush? (if no then try another: Have you heard The grass is always greener on the other side of the fence? What does that mean to you?

Fund of information and intelligence: level of education and intelligence; e.g. Ask to say who current President is; then ask to name president before him and keep going; or Ask to name 3 large states; Ask Who is Jonas Salk? Ask current events;

Judgment: what do we know so far, are they drinking and driving, etc. look at whole picture; Can ask: What would you do if found a stamped letter with address lying on street: or What would you do if you found a child who lost her parent in the mall: or What would you do if you heard fire alarm in the movies?

Good; fair; poor and give example

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

Good intact fair limited

Assets/strengths: what you have determined is included here: motivation? What good at?

Liabilities: What have you determined from your interview is this patient’s liabilities?

Other objective assessments:

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

Focused Physical Exam pertinent to patient’s presenting problems.

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

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

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

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

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

R/O Rule out are diagnoses that you are considering as possibilities as cause of their mental health problems; just need more information: e.g. MDD would be Rule out Bipolar Disorder.

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

Give neurobiology and neuroanatomy r/t to diagnosis.

Plan:

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

Teaching Plan: Be SMART with your teaching plan.

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

APA formatting tips for references:

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

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

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

UTA title page:
http://www.uta.edu/nursing/files/APAFormat.pdf
Use of Bloom’s taxonomy and SMART for objectives: goals in this course.

Google Bloom’s taxonomy to learn about appropriate verbs that will be considered measurable. Be SMART: specific, measurable, attainable, relevant and time oriented. Thus, for example: by the end of this semester student will be able to describe appropriate SSRIs to use for management of a patient with anxiety disorders. Or: The patient will be able to identify triggers to his bipolar disorder following a three week period of psychoeducation using handouts and verbal instruction on his diagnosis.
# N5303--Psychiatric Management in Advanced Nursing Practice
## Summer 2017

**WEEKLY CLINICAL HOUR TALLY SHEET**

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**MAJOR:** 

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**N5303 Psych Management Summer 2017 Syllabus**
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