

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

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Office Hours: Varies by instructor

Time and Place of Class Meetings:

Section 001 – 8-9:50 am, Wednesday PKH 204

Section 002 – 10-11:50 am, Wednesday PKH 204

Description of Course Content:

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

Student Learning Outcomes:

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

1. Apply knowledge from the art and science of nursing and other scientific and humanistic disciplines in the provision of holistic psychiatric-mental health care of individuals, families, and groups.
2. Use analytical and critical reasoning for clinical judgment and nursing decision-making.
3. Relate core professional values and legal/ethical principles in the provision of holistic psychiatric-mental health care of individuals, families, and groups.
4. Use therapeutic communication techniques and effective interpersonal skills in the provision of psychiatric-mental health care of individuals, families, and groups.
5. Demonstrate ethical behaviors and conflict management skills in all professional interactions in order to implement change.
6. Employ collaboration between individuals, families, and others in establishing priorities for the provision of competent and cost-effective psychiatric-mental health care that promotes health and prevents illness.
7. Practice life-long learning, self-reflection and awareness in the provision of psychiatric-mental health care of individuals, families, and groups.
8. Model the standards of nursing practice and promote safety and quality improvement in the provision

- of psychiatric-mental health care of individuals, families, and groups.
9. Employ informatics in the planning, delivery, and evaluation of psychiatric-mental health care of individuals, families, and groups.

Requirements:

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

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

Required Textbooks and Other Course Materials:

CoursePoint+ for Boyd, M. (2017). *Psychiatric Nursing: Contemporary Practice Fifth Edition, Enhanced Update*. Walters-Kluwer. ISBN: 978-1-4698-9476-8

ATI (2013). *RN mental health nursing content mastery series review module*. (10th ed). Assessment Technologies Institute (**Ebook included in ATI purchase from J1**)

Optional Textbooks:

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

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

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

*Zerwekh, J. (2012). *Illustrated study guide for the NCLEX-RN® exam*. (8th ed). St. Louis, MO: Elsevier. ISBN 9780323082327

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

ADDITIONAL RESOURCES:

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

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

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

INFECTIOUS CONTROL PROCEDURES

- Standard/universal precautions

MISCELLANEOUS

- Psychiatric Nursing Documentation
- Therapeutic Communication Skills

Grading Policy: Students are expected to keep track of their performance throughout the semester and seek guidance from available sources (Faculty, Student Success). If their performance drops below satisfactory levels, if any of the proctored exams are less than 75%, students **must**: schedule an appointment with the Student Success Faculty for Psych to review their exams; discuss strategies for improvement, discuss time management and effective study habits; and create a plan for performance improvement based on Student Success recommendations.

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

Proctored exams (3 Content exams + Final)

Exam 1	20%
Exam 2	20%
Exam 3	20%
Comprehensive Final	25%
Total Proctored =	85%

Non-Proctored Assignments

ATI Practice A/Focused Review	4%
ATI Proctored Exam/ Focused Review	6%
Care Plan	1%
Process Recording	1%
Videos-Clinical Prep	3%
Non-Proctored Assignments =	15%

Comprehensive Assessment and Preparation Program (CAPP)

All students enrolled in this course will participate in the Course Content Mastery Assessment, which is a component of the program's Comprehensive Assessment and Preparation Program. The Course Content Mastery Assessment is worth 10% of the total course grade and consists of practice assessments, proctored assessments, focused reviews, and active learning exercises. Assignments are based on students' performance on practice and proctored assessments and students will not receive partial credit for late or incomplete assignments. After each proctored assessment, students are categorized into one of four proficiency levels:

LEVEL <1: Scores in the <1 category do not meet minimum expectations for performance in this content area.

LEVEL 1: Scores meeting the Proficiency Level 1 standard can be considered to meet the absolute minimum expectations for performance in this content area.

LEVEL 2: Scores meeting the Proficiency Level 2 standard can be considered to exceed minimum expectations for performance in this content area.

LEVEL 3: Scores meeting the Proficiency Level 3 standard can be considered to exceed most expectations for performance in this content area.

Phase 1 of the Course Content Mastery Assessment is worth 4% of the course grade. All students complete Practice Assessment A. Students scoring less than 75% on their **first attempt** of Practice Assessment A will be required to complete the Focused Review and submit all Active Learning Templates.

Phase 2 of the Course Content Mastery Assessment is worth 6% of the course grade. All students complete the Proctored Assessment. Students with proficiency levels of 1 or <1 will complete the Focused Review, submit all Active Learning Templates, then take Practice Assessment B. Students who score less than 70% on their **first attempt** of Practice Assessment B will enroll in NURS 2232: Learning Professional Nursing and Life Skills. Students in Proficiency Level 1 or <1 who do not complete Focused Review, Active Learning Templates, and Practice Assessment B prior to course completion date will receive an incomplete (I) and will not progress to the next clinical nursing course until Focused Review, Active Learning Templates, and Practice Assessment B is complete. Completing coursework during the Incomplete period does not guarantee your clinical placement in the next clinical course.

Student Success:

The Student Success Center (SSC) is a dedicated resource that provides support and guidance for nursing students seeking to:

- Create a plan for success
- Connect to campus resources
- Communicate academic needs
- Cope with stress related to nursing school

Students must schedule an appointment with an SSC faculty for the following reasons:

- Less than 75% on a course exam
- Making less than the required score on a standardized end-of-course exam

- Faculty referral

Professional Nursing and Life Skills Course:

- Professional Nursing and Life Skills (NURS 2232) assists students with testing, time management, and study habits. This course is required for students who fail a nursing course and/or make less than the required score on a standardized end-of-course exam. Students must take N2232 with their next nursing course.
- Students who score less than the required score on a standardized end-of-course exam and have already taken the course, must meet with the appropriate SSC faculty to assist with a remediation strategy.

Other Clinical Assignments may receive clinical time (see allocation of clinical hours).

The 3 content exams and comprehensive final count toward the required minimum course grade of 70.00% on proctored exams. In determining the final course grade for N3481, the weighted average on proctored exams will be checked first. If a student achieved a 70.00% with no rounding of weighted average on proctored exams, then non-proctored assignments will be averaged in. If the student did not achieve a 70.00% with no rounding of weighted average on proctored exams, the course grade calculation stops and the grade stands as a D or F as determined by the numerical value from the weighted average on proctored exams.

Prep U

Students are expected to come to class prepared for discussion and ready to participate in other interactive activities. Weekly assignments, based on the assigned reading, will be posted in the online Prep U application. **Students will earn 2 extra point(s) on their exam 1, 2, & 3 grades for mastering chapter content in Prep U.** There are assigned chapters in each module and 2 points will be added to the exam grade IF the student achieves a mastery level of "6" and completes **ALL** assigned chapters in each of the modules **prior** to each exam. These mastery levels must be achieved by the due dates. Mastery completion of Prep U **post-exam** will not be applied.

V-Sims

Ten Virtual Simulations from the Coursepoint + V-Sim application will be assigned to help the student develop clinical decision-making skills, competence, and confidence in the clinical setting. During the course as part of your clinical, V-sims are assigned to coincide with specific content. Because they receive clinical time, the V-sims are required and due by the Sunday at 2359 of the week they are scheduled. The **pretest, simulation, and the post-test with minimum grades of 90% must be completed.**

Computer Requirements:

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

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

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

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

UTA College of Nursing Grading Criteria

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

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

In undergraduate nursing courses, all grade calculations will be carried out to two decimal places and there will be

no rounding of final grades. Letter grades for tests, written assignments, and end of course grades, etc. shall be:

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

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

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

70% Weighted Exam Average

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

Unit and Comprehensive Exams	Weight
Exam 1	20%
Exam 2	20%
Exam 3	20%
Psych Comprehensive Final	25%
Total for Weighted Average	85%

Calculating your Exam grade with Weighted Averages

Example: This student made 100% on all exams:

	Weight of Exam	Student Grade	How to calculate:
Exam 1	20%	100	x 0.20 = 20
Exam 2	20%	100	x 0.20 = 20
Exam 3	20%	100	x 0.20 = 20
Psych Comprehensive Final	25%	100	x 0.25 = 25
Total	85%		Total = 85

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

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

	Weight of Exam	Student Grade	How to calculate:
Exam 1	20%	70	x 0.20 = 14.0
Exam 2	20%	70	x 0.20 = 14.0
Exam 3	20%	70	x 0.20 = 14.0
Psych Comprehensive Final	25%	70	x 0.25 = 17.5

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

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

Exams	Weight of exam	Your grade	How to calculate:
Exam 1	20%		x 0.20
Exam 2	20%		x 0.20
Exam 3	20%		x 0.20
Psych Comprehensive Final	25%		x 0.25
Total	85%		Total=

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

Attendance Policy:

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

- Class: Students attending on-campus classes are expected to attend all lectures, be on time and ready for class at the scheduled time. **Professional behavior and civility is expected at all times.** No children are allowed in class. Adult visitors may attend class with permission of the instructor teaching the class.
- Clinical: Clinical time is defined as all experiences contributing to clinical hours including but not limited to hospital assignments, outpatient facilities, support group meetings, simulation labs, and other designated activities and assignments. Because on-site clinical time is limited, only 1 clinical may be missed (see missed exam documentation policy) and the time will be made-up with either an additional day or an assignment.

Attendance at and completion of all clinical activities is required. This includes the required clinical orientation, communication lab/simulations, completion of videos/case studies, other designated activities and assignments, and all assignments receiving a grade or clinical time. Each clinical site may have specific clinical guidelines that the student is expected to follow. Students are expected to arrive at clinical prepared and ready to begin at the assigned time. If you have an emergency the day of a clinical assignment, you are to contact your assigned instructor. All clinical assignments must be submitted and students must achieve the designated minimum score in order to pass clinical. **Professional behavior and civility in clinical is expected at all times. You may not bring a cell phone into the clinical setting due to hospital policies and confidentiality!**

Required Simulation Sessions for N3481 Psychiatric Mental Health Nursing: There will be required orientation, lab, and simulation sessions for Psychiatric/Mental Health Nursing. Orientation on Thursday 8/31 or Friday 9/1; Communication Lab on 9/7 or 9/8; Psych Simulation on (part 1 is offered 9/11, 9/14, 9/15), (part 2 is offered 9/16, 9/18, 9/23); Interschool Convergence 9/21. Students will be required to sign-up and attend both part 1 and part 2 of Psych Simulation and attend both the assigned orientation session, communication lab and Convergence. Attendance is required in order to participate in N3481 clinicals and cannot be made-up.

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

Grade Grievances:

Any appeal of a grade in this course must follow the procedures and deadlines for grade-related grievances as published in the current University Catalog. <http://catalog.uta.edu/academicregulations/grades/#undergraduatetext>

Drop Policy:

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

Disability Accommodations: UT Arlington is on record as being committed to both the spirit and letter of all federal equal opportunity legislation, including *The Americans with Disabilities Act (ADA)*, *The Americans with Disabilities Amendments Act (ADAAA)*, and *Section 504 of the Rehabilitation Act*. All instructors at UT Arlington are required by law to provide "reasonable accommodations" to students with disabilities, so as not to discriminate on the basis of disability. Students are responsible for providing the instructor with official notification in the form of a **letter certified** by the Office for Students with Disabilities (OSD). Only those students who have officially documented a need for an accommodation will have their request honored. Students experiencing a range of conditions (Physical, Learning, Chronic Health, Mental Health, and Sensory) that may cause diminished academic performance or other barriers to learning may seek services and/or accommodations by contacting: **The Office for Students with Disabilities, (OSD)** www.uta.edu/disability or calling 817-272-3364. Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at www.uta.edu/disability.

Counseling and Psychological Services, (CAPS) www.uta.edu/caps/ or calling 817-272-3671 is also available to all

students to help increase their understanding of personal issues, address mental and behavioral health problems and make positive changes in their lives.

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

Title IX 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: Students enrolled all UT Arlington courses are expected to adhere to the UT Arlington Honor Code:

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

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

UT Arlington faculty members may employ the Honor Code as they see fit in their courses, including (but not limited to) having students acknowledge the honor code as part of an examination or requiring students to incorporate the honor code into any work submitted. If any exams are administered in a non-proctored environment, I reserve the right, at any time, to require a student to take or re-take any or all exams in a proctored environment. If I deem this necessary, the student is responsible for making the proctoring arrangements, subject to my approval. This policy applies to any and all assignments required in this course.

Per UT System Regents’ Rule 50101, §2.2, which states “Academic dishonesty includes, but is not limited to, cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts.” Suspected violations of university’s standards for academic integrity (including the Honor Code) will be referred to the Office of Community Standards. Being found responsible for violating Regents’ Rule 50101, §2.2 by the Office of Community standards will result in course failure. Violators will be disciplined in accordance with University policy, which may result in the student’s suspension or expulsion from the University.

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

Student Support Services: UT Arlington provides a variety of resources and programs designed to help students develop academic skills, deal with personal situations, and better understand concepts and information related to their courses. Resources include [tutoring](#), [major-based learning centers](#), developmental education, [advising and mentoring](#), personal counseling, and [federally funded programs](#). For individualized referrals, students may visit the reception desk at University College (Ransom Hall), call the Maverick Resource Hotline at 817-272-6107, send a message to resources@uta.edu, or view the information at <http://www.uta.edu/universitycollege/resources/index.php>. **The IDEAS Center** (2nd Floor of Central Library) offers **free** tutoring to all students with a focus on transfer students, sophomores, veterans and others undergoing a transition to UT Arlington. To schedule an appointment with a peer tutor or mentor email IDEAS@uta.edu or call (817) 272-6593.

The English Writing Center (411LIBR): The Writing Center Offers free tutoring in 20-, 40-, or 60-minute face-to-face and online sessions to all UTA students on any phase of their UTA coursework. Our hours are 9 am to 8 pm Mon.-Thurs., 9 am-3 pm Fri. and Noon-6 pm Sat. and Sun. Register and make appointments online at <http://uta.mywconline.com>.

Classroom Visits, workshops, and specialized services for graduate students are also available. Please see www.uta.edu/owl for detailed information on all our programs and services.

Electronic Communication Policy:

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

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

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

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

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

Emergency Exit Procedures: Should we experience an emergency event that requires us to vacate the building, students should exit the room and move toward the nearest exit, which is located at the northeast corner of Pickard Hall; exit the classroom and turn right. When exiting the building during an emergency, one should never take an elevator but should use the stairwells. Faculty members and instructional staff will assist students in selecting the safest route for evacuation and will make arrangements to assist individuals with disabilities.

The Library's 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>

Librarian to Contact:

Peace Ossom Williamson, MLS, MS, AHIP

Nursing Liaison Librarian, Central Library Office 216

<http://www.uta.edu/library> | peace@uta.edu

Research information on nursing: <http://libguides.uta.edu/nursing>

Undergraduate Support Staff:

Holly Woods, Program Coordinator, On-Campus BSN Program

643 Pickard Hall, (817) 272-7295

Email hwoods@uta.edu

Suzanne Kyle, Testing Specialist, On-Campus BSN Program

645 Pickard Hall, (817) 272-0237

Email skyle@uta.edu

Make-up Exam Policy:

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

Approved make-up exams will be given within seven days of the exam date unless other arrangements are made with lead teacher. Format for makeup exams may differ from regularly scheduled exam and will not correspond to the published study helps for that exam though will cover the same content. (This may be short answer, case study, discussion, alternative question format, essay, etc.).

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

We highly recommend that students utilize all of the resources, including lecture powerpoints, ATI Learning System 2.0, Prep-U Quizzes, vSim for Psych Nursing Scenarios and assigned videos as preparation for lectures and exams.

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

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

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

Required Assignments:

Guidelines for completion of the assignments will be provided the first day of class. Students will be expected to use the nursing process in assessing, planning, implementing and evaluating the care of selected clients in the clinical area. Guidelines may be revised during the semester and students will be provided with revisions. All clinical paperwork including medication card teaching, support group, care plan, process recording, reflection journal entries, poster presentation, formative and summative evaluations **must be submitted and receive a minimum of 70% in order to pass the clinical portion of N3481.** Late submissions may receive a 10-point deduction for each day late with a maximum of 30 points deducted.

1. One Clinical Orientation (Receives 6 hours of clinical time): **Orientation is required and cannot be made-up.**
2. One Communication Lab (Receives 6 hours of clinical time): **Lab is required and cannot be made-up.**
3. Simulation (2 parts - receives 8 hours of clinical time): **Simulation is required and cannot be made-up.**
4. One Medication Card Teaching Assignment (Preparation receives counts as 2 hours of clinical time). You will receive your assignment via N3481 Blackboard announcement post and your presentation will take place after the communication lab session.
5. One Initial Patient Interview (to be completed during 1st on-site clinical). Due as assigned by clinical instructor (date TBA – presented in post conference).
6. Reflection-Critical Thinking Journals. Due after each clinical.
7. One **Satisfactory** Nursing Care Plan with Mental Status Assessment, (CP receives 1% of non-proctored grade). Due as assigned by clinical instructor– submit on Blackboard.
8. One Evidenced -Based Poster Presentation. (Completion is required and receives 4 hours of clinical time). Due as assigned by clinical instructor– submit on Blackboard.
9. One AA Support Group Meeting Report. (Completion is required and receives 2 hours of clinical time). Due as assigned by clinical instructor– submit on Blackboard.
10. One Process Recording (Receives 1% of non-proctored grade). Due as assigned by clinical instructor– submit on Blackboard.
11. Weekly Prep-U quizzes (coincide with assigned chapters). (Successful completion by the deadlines **each**

week will result in 2 points being added to the content exam falling after the quizzes assigned in the weeks prior). See calendar for due dates (Assigned quizzes must be completed by the due dates to receive points).

12. 10 vsim's for Nursing (found in CoursePoint+ for Boyd, M.). (Completion is required and receives 10 hours of clinical time). Due on the Sunday by 2359 - see calendar for due dates.
13. Weekly ATI Clinical Modules/Practice Exam A (Completion is required and receives 4% of non-proctored grade): See CAPP policy (pg. 3 syllabus) and calendar for due dates.
14. Proctored ATI Assessment (6% of non-proctored grade). See calendar for testing date (at UTA).

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

Course Process and Student Responsibilities:

1. **Please note, personal recording devices of any kind are not allowed in N3481 class/lecture hall due to confidentiality.**
2. All students enrolled in clinical courses must show proof of current immunizations, TB tests, insurance, and CPR certification as described in the UTA Undergraduate Catalog and the College of Nursing Student Handbook. A checklist of compliance data is maintained in the Undergraduate Student Services Office (Nursing Advising Office) file. Additionally, all students are required to view the file "For Your Protection" prior to clinical practicum, and agree to follow the guidelines relevant to universal precautions published in the Student handbook.
3. Nursing Care Plan, process recording, reflection-critical thinking journals, medication card assignment, poster presentation, video assignments, Prep U, simulation lab assignments are not group work (unless designated as such)—all assignments are to be completed by each student alone. Cheating, collusion, and/or plagiarism on these assignments will result in a N3481 clinical failure ("F" for the course). You will also be referred to the UTA office of student conduct.
 - **Cheating: copying the work of another; allowing someone to copy your work; giving aid to or seeking aid from another when not permitted by the instructor; using, obtaining, or attempting to obtain by any means, the whole or part of a work assignment that is not provided for your use by your instructor.
 - **Collusion: unauthorized collaboration with another in preparing work that is offered for credit. **Plagiarism: Unacknowledged incorporation of the work of another in work that is offered for credit. (UTA Office of Student Conduct, 2011)
4. In classroom sessions, all beepers, cell phones, other electronic devices etc. are to be off or in a non-disruptive/silent/vibrate mode. Telephones are not to be used in the classroom for text messaging, talking, or taking pictures. Laptop computers should be used for NURS3481 note taking only. Surfing the web, Facebook and other work is very distracting to others in the class. Students using computers, telephones, or other electronic devices in a manner inconsistent with these rules or in a manner disruptive to the class may be asked to leave class.
5. Students enrolled in the campus-based course are expected to attend and be prepared to actively participate in all class periods. Attendance may be taken at various times during classes. A student signing the roll for another student is committing academic dishonesty and will be dealt with accordingly. Maximum learning occurs with active student involvement in a variety of modes, including listening to lecture and taking notes. Lecture notes and outlines will be the responsibility of each student. Faculty members may or may not provide audio, hard copies or online copies of lectures.
6. The clinical instructor is to be notified of any necessary absence on or before the day of the absence, prior to the appointed time for clinical. Students are responsible for scheduling other activities around clinical times. Excused absences are only for extenuating and emergency situation (e.g., illness documented the day of the absence by a doctor's excuse). An excused clinical absence will require make-up and may include time spent at a clinical agency, simulation or lab time, or another learning activity (presentation to clinical group etc.), provided guidelines for notification are followed (see course contract). Work, routine doctor's appointments, birth of a friend's baby, trips, attending a wedding etc. are not excused absences, cannot be made up, and may result in course failure. **Students may only make up one clinical day only and it must be for an excused absence (i.e. illness/surgery with Dr.'s note dated day of missed clinical).**
7. Students are expected to prepare for both clinical practice and classroom experiences. Students are expected to be on time for both clinical experiences and class. Completion of reading assignments prior to class is expected of students. Students are responsible for all learning materials assigned whether covered in lecture or not.
8. An exam blueprint with the number of exam items per chapter will be posted prior to each test. Each of the 3 content exams has approximately 50 questions. Tests will include material from lecture, discussion, audio visual aids, reading materials, and any other assigned materials or activities.

9. Conduct during tests: Students are assigned to a specific testing room **and must only test in the room they are assigned to**. The only items allowed with the student are pencils and student must present Mav ID badge (not driver's license) in order to gain entrance. All cell phones and pagers must be turned off and placed in the area designated during all exams. No cell phones, pagers, smart watches, books, bags, pages of books, papers, notes, or note cards of any type may be brought into the testing room as stated above. Hoodies, caps or hats with bibs are not allowed to be worn. When students leave the exam room, they must present Mav ID badge (not driver's license) and sign-out. Once the exam is completed, students must leave the exam area.
10. The policy for taking a missed examination: Everyone is expected to take exams at the scheduled time. In the event a student misses an exam; the lead teacher must be notified in advance. The lead teacher must approve a make-up exam (unforeseen legitimate excuses only with supporting documentation). The make-up will cover the designated material, but may be a different format/exam. A missed exam must be made up within one week. **It is the student's responsibility to notify the lead teacher and schedule a makeup time**. Failure to notify the lead teacher prior to missing an exam will result in a grade of "0" for that exam. The student must bring documentation (e.g., illness documented/**signed the day of the missed exam** by a clinic/doctor, etc.). A scheduled clinic/doctor appointment is not grounds for an excused missed examination.
11. Grades will be posted on Blackboard; NO GRADES WILL BE GIVEN BY TELEPHONE OR EMAIL. The lead teacher will counsel students experiencing difficulty in the course. It is the student's responsibility to make an appointment with the lead teacher in order to discuss progress in the course.
12. Assignments may be accepted beyond the due date/time when prior communication has been made with the receiving faculty. Depending on the reason for tardiness, a pattern of late assignments may be reason for a written clinical performance improvement plan (PIP) which will be placed in the permanent record.
13. All students in each group are expected to participate equally in the poster presentation.
14. UTA uniforms will be worn for clinical experiences including labs, simulations and mental health court. UTA picture I.D. name tag with last name covered will be worn. No lab coats! The remainder of the UTA dress code will be followed (re: jewelry, hair, tattoos, piercings etc.). Any variations related to clinical experiences or clinical agencies will be discussed by clinical instructor.
15. Classroom conduct should always be respectful of faculty and fellow classmates. Behaviors such as side conversations or leaving or entering class during class (unless there is an emergency) are disrespectful to others in the classroom. Disruptive behavior, disregard for the needs of others, or inattentiveness (talking, sleeping, reading the newspaper) will be addressed and may result in the student being dismissed from the room.
16. Students must demonstrate civility in all interactions with faculty, peers, clients, clinical staff, healthcare workers proctors and testing center personnel.
17. Students who miss any part of a class are responsible for obtaining any notes, handouts, etc., from a classmate.
18. Students are expected to use Blackboard as the principle means of non-verbal course communication. Students are responsible for checking Blackboard and their UTA email account for course/instructor communication daily throughout the entire course. Blackboard should be viewed as a public and professional forum for discussion. Students are free to discuss academic matters and consult one another regarding academic resources. The tone of postings on Blackboard should remain professional in nature. It is not appropriate to post statements of a personal or political nature, or statements criticizing classmates or faculty. Inappropriate statements will be deleted by the course faculty. Announcements from student organizations may be posted with faculty permission.
19. The posting of any patient reference in any way (even if found in a public forum) on Facebook, My Space, Snapchat YouTube, Twitter or other internet social media forum, may result in course failure and possible expulsion from the nursing program.
20. Students must be free of the influence of alcohol and any other drugs or substances that may impair judgment and/or behavior during class, clinical experiences, or any activities related to class or clinical experiences where the student represents UTACONHI.
21. **Students may not bring cell phones into the clinical settings.**

College of Nursing Information:

APA Format

APA style manual will be used by the UTACONHI with some specific requirements for the undergraduate courses. The sample title page & instructions, as well as a Manuscript Preparation document can be found in the Student Handbook which can be found by going to the following link and clicking on BSN Student Handbook:

http://www.uta.edu/conhi/doc/unurs/BSN_student_handbook.pdf

Honors College Credit

Students who are members of the Honors College may wish to take this course for Honors credit. If you wish to do so, please provide the Lead Teacher (or other designated faculty member) with an Honors Credit Contract (downloaded from <http://honors.uta.edu/documents/credit.pdf>). You and the Lead Teacher/faculty member will together determine an appropriate supplemental assignment to justify the awarding of Honors credit. If you are not in the Honors

College and would like to learn more about the benefits of membership, visit the website at <http://honors.uta.edu/>, where you will find an application form for electronic submission.

Classroom Conduct Guidelines

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

Essential skills Experience

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

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

CLINICAL PASS/FAIL

Clinical Failing Behaviors

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

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

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

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

Please refer to the Board of Nursing at www.BON.state.tx.us for any additional information regarding the Texas Nursing Practice Act.

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

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

Clinical Dress Code:

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

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

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

Award for Student Excellence in Clinical Nursing

This award is for an exceptional student who consistently exceeds the clinical expectations of the course.

The student will be honored at an awards ceremony at the end of the semester. Clinical faculty will further discuss the award during the clinical rotation.

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

No Gift Policy:

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

Observance of Religious Holy Days:

Undergraduate Nursing faculty and students shall follow the University policy regarding Observance of Religious Holy Days: http://web.uta.edu/catalog/content/general/academic_regulations.aspx#6

Hazardous Exposure to Blood, Blood Products or Body Fluids:

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

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

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

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

exposure to blood or blood products.

Policy on Invasive Procedures

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

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

http://www.uta.edu/conhi/doc/unurs/BSN_student_handbook.pdf

Emergency Phone Numbers: In case of an on-campus emergency, call the UT Arlington Police Department at 817-272-3003 (non-campus phone), 2-3003 (campus phone). You may also dial 911. Non-emergency number 817-272-3381

TOPICAL LECTURE OUTLINE – Fall 2017		
Week/Date	Topics (*Reading Assignments* in textbook)	Hours
1 8/30	Intro to Course & Clinical Syllabus Chapter 1: Introduction to Psychiatric-Mental Health Nursing Chapter 2: Mental Health and Mental Disorders: Fighting Stigma and Promoting Recovery	2 hours
1 8/31 (Thursday) or 9/1 (Friday) As assigned (ROOM TBA) Class & Clinical Content 0800 - 1330	Chapter 4, Patient Rights and Legal Issues Chapter 9, Communication and the Therapeutic Relationship Universal Precautions/Safety in the Inpatient Setting /Confidentiality Appropriate Dress for Community Activities Post-conference Debrief purpose, format, SBAR/ Learning Activity Lunch - 30 minutes Chapter 10, The Psychiatric Nursing Process Assessment Strategies/Mental Status Exam (chap. 10) & Learning Activity Nursing Process for Psych Nursing (chap. 10) & Learning Activity	6 hours Clinical
Week 2 9/6	Chapter 8, Biologic Foundations of Psychiatric Nursing Chapter 11, Psychopharmacology, Dietary Supplements, and Biologic Interventions Podcast: Chapter 13: Group Interventions	2 hours
Week 3 9/13	Chapter 6, Ethics, Standards, and Nursing Frameworks Chapter 7, Psychosocial Theoretic Basis of Psychiatric Nursing Podcast: Chapter 12, Cognitive Interventions	2 hours
Week 4 9/20	Chapter 22, Schizophrenia: Management of Thought Disorders Chapter 23, Schizoaffective, Delusional, and Other Psychotic Disorders	2 hours
Week 5 9/27	**Exam I** (50 questions) Rooms TBA/10:15-11:30	75 minutes
Week 6 10/4	Chapter 24, Depression: Management of Depressive Moods and Suicidal Behavior Chapter 21, Suicide Prevention: Screening, Assessment, and Intervention Chapter 31, Addiction and Substance-Related Disorders: Management of Alcohol and Drug Use Podcast: Chapter 3, Cultural/Spiritual Issues Related to Mental Health Care	2 hours
Week 7 10/11	Chapter 25, Bipolar Disorders: Management of Mood Lability Chapter 19, Management of Anger, Aggression, and Violence Podcast: Chapter 38, Caring for Persons Who Are Homeless and Mentally Ill	2 hours
Week 8 10/18	Chapter 26, Anxiety Disorders: Management of Anxiety and Panic Chapter 20, Crisis, Grief, and Disaster Management Podcast: Chapter 18, Stress and Mental Health	2 hours
Week 9 10/25	**Exam II** (50 questions) Rooms TBA/10:15-11:30	75 minutes
Week 10 11/1 *Last day to Drop 11/1 by 4pm*	Chapter 37, Delirium, Dementias, and Other Related Disorders Chapter 40, Caring for Survivors of Violence Podcast: Chapter 32, Sleep Disorders: Management of Insomnia and Sleep Problems	2 hours
Week 11 11/8	Chapter 27, Borderline Personality Disorder: Management of Emotional Dysregulation and Self-Harm Chapter 28, Antisocial Personality and Other Personality and Impulse-Control Disorders: Management of Personality Responses Podcast: Chapter 30, Eating Disorders: Management of Eating/Weight	2 hours
Week 12 11/15	Chapter 15, Mental Health Promotion for Children and Adolescents Chapter 29, Somatic Symptom Disorders: Management of the Consequences of Somatization Podcast: Chapter 14, Family Assessment and Interventions	2 hours
Week 13 11/22	Chapter 34, Mental Health Assessment of Children and Adolescents Chapter 35, Psychiatric Disorders of Childhood and Adolescence	2 hours
Week 14 11/29	EXAM 3 Rooms TBA/10:15-11:30	75 minutes
Week 15 12/6	Proctored Mental Health ATI (RN Mental Health Learning System) Rooms TBA/10:15-11:30	105 minutes
Week 16 12/12	Comprehensive Final Rooms TBA/11:00-2:00	120 minutes

(*) Chapters in Boyd Text, 5th Edition.

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

CHAPTER LEARNING OBJECTIVES

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

Chapter 1, Psychiatric–Mental Health Nursing and Evidence-Based Practice

1. Identify the dynamic scope of psychiatric–mental health nursing practice.
2. Relate the history of psychiatric–mental health nursing to contemporary nursing practice.
3. Discuss the importance of evidence-based psychiatric–mental health nursing practice in all health care settings.
4. Outline the evolution of recovery in mental health care.
5. Discuss the impact of recent legislative and policy changes in the delivery of mental health evidence.

Chapter 2, Mental Health and Mental Disorders

1. Relate the concept of mental health to wellness.
2. Identify the rationale for promoting wellness for people with mental health challenges.
3. Differentiate the concepts of mental health and mental illness.
4. Discuss the significance of epidemiological evidence in studying the occurrence of mental disorders.
5. Describe the consequences of the stigma of mental illness on individuals and families.
6. Identify recovery components and their role in the treatment of mental illness.

Chapter 3, Cultural and Spiritual Issues Related to Mental Health Care

1. Discuss the ways that cultural competence is demonstrated in psychiatric nursing.
2. Describe the beliefs about mental health and illness in different cultural and social groups.
3. Differentiate concepts of religion and spirituality.
4. Discuss the role of spirituality and religiousness in persons with mental illness.
5. Discuss the beliefs of major religions and their role in shaping views on mental illnesses

Chapter 4, Patient Rights and Legal Issues

1. Define *self-determinism* and its implications in mental health care.
2. Discuss the legal protection of the rights of people with mental disorders.
3. Discuss the legal determination of competency.
4. Delineate the differences between voluntary and involuntary treatment.
5. Discuss the difference between privacy and confidentiality.
6. Discuss HIPAA and mandates to inform and their implications in psychiatric–mental health care.
7. Identify the importance of accurate, quality documentation in electronic and non-electronic patient records.

Chapter 5, Mental Health Care in the Community

1. Define and explain the goals of the continuum of care in mental health services.
2. Identify the different mental health treatment settings and associated programs along the continuum of care.
3. Discuss the role of the psychiatric nurse at different points along the continuum of care.
4. Discuss the influence of managed care on mental health services and use of these services in the continuum of care.
5. Explain how the concept of the least restrictive environment influences the placement of patients in different mental health treatment settings.
6. Describe the nurse's role throughout the mental health continuum of care.

Chapter 6, Ethics, Standards, and Nursing Frameworks

1. Identify ethical frameworks used in psychiatric nursing practice.
2. Delineate the scope and standards of psychiatric–mental health nursing practice.
3. Discuss the impact of psychiatric–mental health nursing professional organizations on practice.
4. Integrate the biopsychosocial framework within the wellness and recovery models.
5. Discuss the basic tools of psychiatric nursing.
6. Discuss selected challenges of psychiatric–mental health nursing.

Chapter 7, Psychosocial Theoretic Basis of Psychiatric Nursing

1. Discuss psychosocial theories that support psychiatric nursing practice.
2. Identify the underlying theories that contribute to the understanding of human beings and behavior.
3. Compare the key elements of each theory that provides a basis for psychiatric–mental health nursing practice.
4. Identify common nursing theoretic models used in psychiatric–mental health nursing.

Chapter 8, Biologic Foundations of Psychiatric Nursing

1. Describe the association between biologic functioning and symptoms of psychiatric disorders.
2. Locate brain structures primarily involved in psychiatric disorders and describe the primary functions of these structures.
3. Describe basic mechanisms of neuronal transmission.
4. Identify the location and function of neurotransmitters significant to hypotheses regarding major mental disorders.
5. Discuss the role of genetics in the development of psychiatric disorders.
6. Discuss the basic utilization of new knowledge gained from fields of study, including psychoneuroimmunology and chronobiology.

Chapter 9, Communication and the Therapeutic Relationship

1. Identify the importance of self-awareness in nursing practice.
2. Develop a repertoire of verbal and nonverbal communication skills.
3. Develop a process for selecting effective communication techniques.
4. Explain how the nurse can establish a therapeutic relationship with patients by using rapport and empathy.
5. Explain the physical, emotional, and social boundaries of the nurse–patient relationship.
6. Discuss the significance of defense mechanisms.
7. Explain what occurs in each of the three phases of the nurse–patient relationship: orientation, working, and resolution.
8. Describe what characterizes a nontherapeutic or deteriorating nurse–patient relationship.

Chapter 10, The Psychiatric Nursing Process

1. Define the nursing process in psychiatric–mental health nursing.
2. Conduct a biopsychosocial psychiatric nursing assessment.
3. Develop nursing diagnoses following a psychiatric nursing assessment.
4. Develop patient outcomes from a nursing diagnosis.
5. Apply psychiatric nursing interventions for persons with mental health problems and mental disorders.
6. Explain how patient outcomes are evaluated in psychiatric nursing.

Chapter 11, Psychopharmacology, Dietary Supplements, and Biologic Interventions

1. Differentiate target symptoms from side effects.
2. Identify nursing interventions for common side effects of psychiatric medications.
3. Explain the role of the governmental regulatory process in the approval of medication and the use of other biologic interventions.
4. Discuss the pharmacodynamics of psychiatric medications.
5. Discuss the pharmacokinetics of psychiatric medications.
6. Explain the major classifications of psychiatric medications.
7. Identify typical nursing interventions related to the administration of psychiatric medications.
8. Analyze the potential benefits of other forms of somatic treatments, including herbal supplements, nutrition therapies, electroconvulsive therapy, light therapy, transcranial magnetic stimulation, and vagus nerve stimulation.
9. Evaluate the significance of non-adherence and discuss strategies supportive of medication adherence.

Chapter 12, Cognitive Interventions

1. Discuss the history of cognitively based therapeutic interventions.
2. Identify the concepts underlying cognitive interventions.
3. Discuss three forms of cognitively based therapies.
4. Apply cognitive interventions in a clinical setting.
5. Describe the contexts in which psychiatric nurses use cognitive interventions.

Chapter 13, Group Interventions

1. Discuss concepts used in leading groups.
2. Compare the roles that group members can assume.
3. Identify important aspects of leading a group, such as member selection, leadership skills, seating arrangements, and ways of dealing with challenging behaviors of group members.
4. Identify types of groups: psychoeducation, supportive therapy, psychotherapy, and self-help.
5. Describe common nursing intervention groups.

Chapter 14, Family Assessment and Interventions

1. Discuss the changing family structure and mental health implications.
2. Discuss the balance of family mental health with family dysfunction.

3. Develop a genogram that depicts the family history, relationships, and mental disorders across at least three generations.
4. Develop a plan for a comprehensive family assessment.
5. Apply family nursing diagnoses to families who need nursing care.
6. Discuss nursing interventions that are useful in caring for families.

Chapter 15, Mental Health Promotion for Children and Adolescents

1. Describe common problems for children and adolescents.
2. Identify risk factors for the development of psychopathology in childhood and adolescence.
3. Describe protective factors in the mental health promotion of children and adolescents.
4. Analyze the role of the nurse in mental health promotion for children and families.

Chapter 18, Stress and Mental Health

1. Discuss the concept of stress as it relates to mental health and mental illness.
2. Discuss interpersonal and psychological factors affecting the experience of stress, including the person–environment relationship and appraisal.
3. Discuss the variety of stress responses experienced by individuals.
4. Explain the role of coping and adaptation in maintaining and promoting mental health.
5. Apply critical thinking skills to the nursing management process for a person experiencing stress.

Chapter 19, Management of Anger, Aggression, and Violence

1. Explore difference between healthy and maladaptive styles of anger.
2. Discuss principles of anger management as a psychoeducational intervention.
3. Discuss the factors that influence aggressive and violent behaviors.
4. Discuss theories used to explain anger, aggression, and violence.
5. Identify behaviors or actions that escalate and de-escalate violent behavior.
6. Recognize the risk for verbal and physical attacks on nurses.
7. Generate options for responding to the expression of anger, aggression, and violent behaviors in clinical nursing practice.
8. Apply the nursing process to the management of anger, aggression, and violence in patients.

Chapter 20, Crisis, Grief, and Disaster Management

1. Describe the types of crises.
2. Differentiate between grief and bereavement.
3. Compare models of bereavement.
4. Discuss nursing management for persons experiencing crises, grief, and disaster.
5. Evaluate the effects of the crisis or disaster experience on lifestyle and survival.
6. Explain the psychological impact of disaster on victims of catastrophic events.

Chapter 21, Suicide Prevention

1. Identify suicide as a major mental health problem in the United States.
2. Define *suicide*, *suicidality*, *suicide attempt*, *parasuicide*, and *suicidal ideation*.
3. Describe population groups that have high rates of suicide.
4. Describe risk factors associated with suicide completion.
5. Identify key factors associated with specific suicide acts.
6. Describe evidence-based interventions used to reduce imminent and ongoing suicide risk.
7. Explain the importance of documentation and reporting when caring for patients who may be at risk of suicide.

Chapter 22, Schizophrenia

1. Identify key symptoms of schizophrenia.
2. Analyze the prevailing theories relevant to schizophrenia.
3. Analyze the human response to schizophrenia with emphasis on hallucinations, delusions, and social isolation.
4. Formulate nursing diagnoses based on an assessment of people with schizophrenia.
5. Develop recovery-oriented nursing interventions for patients with psychotic disorders.
6. Analyze the implementation and evaluation of psychotherapeutic drugs used to treat people with schizophrenia and their impact on nursing care planning and intervening.
7. Analyze special concerns within the nurse–patient relationship common to caring for those with schizophrenia.
8. Identify expected outcomes and their evaluation for patients with schizophrenia.

Chapter 23, Schizoaffective, Delusional, and Other Psychotic Disorders

1. Define schizoaffective disorder and distinguish the major differences among schizophrenia, schizoaffective, and

mood disorders.

2. Discuss the important epidemiological findings related to schizoaffective disorder.
3. Explain the primary etiologic factors regarding schizoaffective disorder.
4. Explain the primary elements involved in assessment, nursing diagnoses, nursing interventions, and evaluation of patients with schizoaffective disorder.
5. Define delusional disorder and its subtypes.
6. Explain the important epidemiologic findings regarding delusional disorder.
7. Discuss the primary etiologic factors of delusional disorder.
8. Explain the nursing care of patients with delusional disorder.
9. Identify other disorders defined by the presence of psychosis, including schizophreniform, and brief psychotic, as well as psychotic disorders attributable to a substance.

Chapter 24, Depression

1. Describe the prevalence and incidence of depressive disorders and suicide within American society.
2. Delineate the clinical symptoms and course of depressive disorders and suicidal behavior.
3. Analyze the biopsychosocial theories of depressive disorders and suicidal behavior.
4. Assess the human responses to depressive disorders.
5. Formulate nursing diagnoses with recovery-oriented strategies, interventions, and evaluative approaches that address the cultural needs of persons diagnosed with depressive disorders and for those who exhibit suicidal behavior.

Chapter 25, Bipolar Disorders

1. Describe the prevalence and incidence of bipolar disorders.
2. Delineate the clinical symptoms of bipolar disorders with emphasis on mood lability.
3. Analyze the biopsychosocial theories explaining bipolar disorder and mood lability.
4. Identify evidence-based interventions for patients diagnosed with bipolar disorders and for those who exhibit mood lability.
5. Develop recovery-oriented strategies that address the needs of persons diagnosed with bipolar disorders and for those who exhibit mood lability.

Chapter 26, Anxiety, Obsessive-Compulsive, Trauma, and Stressor-Related Disorders

1. Differentiate normal anxiety responses from those suggestive of an anxiety disorder.
2. Identify biopsychosocial indicators for four levels of anxiety and nursing interventions appropriate for each level.
3. Describe the prevalence and incidence of anxiety, obsessive-compulsive, and trauma–stress-related disorders.
4. Delineate clinical symptoms and course of anxiety, obsessive-compulsive, and trauma–stress-related disorders.
5. Analyze biopsychosocial theories of anxiety, obsessive-compulsive, and trauma–stress-related disorders.
6. Apply nursing process with recovery-oriented interventions for persons with anxiety, obsessive-compulsive, and trauma–stress-related disorders.

Chapter 27, Borderline Personality Disorder

1. Describe the prevalence and incidence of personality disorders.
2. Delineate the clinical symptoms of borderline personality disorder (BPD) with emphasis on emotional dysregulation and self-harm.
3. Analyze the biopsychosocial theories explaining BPD, emotional dysregulation, and self-harm.
4. Identify evidence-based interventions for patients diagnosed with BPDs.
5. Develop recovery-oriented strategies that address the needs of persons diagnosed with BPD, emotional dysregulation, and self-harm.
6. Analyze communication issues within the nurse–patient relationship for those with emotional dysregulation.

Chapter 28, Antisocial Personality and Other Personality and Impulse-Control Disorders

1. Describe the prevalence and incidence of personality disorders.
2. Delineate the clinical symptoms of antisocial personality with emphasis on temperament and impulsivity.
3. Analyze the theories explaining personality disorders, temperament, and impulsivity.
4. Identify evidence-based interventions for patients with personality disorders.
5. Develop recovery-oriented strategies that address the needs of persons with personality disorders.
6. Compare and contrast the disruptive, impulse-control disorders.

Chapter 29, Somatic Symptom and Related Disorders

1. Explain the concept of somatization and the occurrence of somatic symptom and related disorders in people with mental health problems.
2. Analyze the prevailing biopsychosocial theories related to somatic symptom and related disorders.

3. Analyze the human response to somatic symptom and related disorders with an emphasis on somatization and cognitive distortions.
4. Formulate nursing diagnoses based on a biopsychosocial assessment of people with somatic symptom and related disorders.
5. Develop recovery-oriented nursing interventions for patients with somatic symptom and related disorders.
6. Analyze the implementation and evaluation of psychotherapeutic drugs used by people with somatic symptom and related disorders and their impact on nursing care planning and intervening.
7. Analyze special concerns within the nurse–patient relationship common to caring for those with somatic symptom and related disorders.
8. Identify expected outcomes and their evaluation for patients with somatic symptom disorders.

Chapter 30, Eating Disorders

1. Distinguish the signs and symptoms of anorexia nervosa from those of bulimia nervosa.
2. Describe theories explaining anorexia nervosa and bulimia nervosa.
3. Differentiate binge eating disorder from anorexia nervosa and bulimia nervosa.
4. Describe the risk factors and protective factors associated with the development of eating disorders.
5. Explain the importance of body image, body dissatisfaction, and gender identity in developmental theories that explain etiology of eating disorders.
6. Explain the impact of sociocultural norms on the development of eating disorders.
7. Formulate the nursing diagnoses for individuals with eating disorders.
8. Analyze special concerns within the nurse–patient relationship for the nursing care of individuals with eating disorders.
9. Develop recovery-oriented nursing interventions for individuals with anorexia nervosa and bulimia nervosa.
10. Identify strategies for prevention and early detection of eating disorders.

Chapter 31, Addiction and Substance-Related Disorders

1. Describe the actions, effects, and withdrawal symptoms of alcohol, marijuana, stimulants, tobacco, hallucinogens, opioids, inhalants, and gambling disorder.
2. Discuss the evidence that serves as a basis of care and treatment of persons with substance-related and non–substance-related disorders.
3. Formulate nursing diagnoses based on a biopsychosocial assessment of people with substance-related disorders.
4. Compare intervention approaches of substance-related and non–substance-related disorders.
5. Implement treatment interventions for patients with substance-related and non–substance-related disorders.

Chapter 32, Sleep–Wake Disorders

1. Describe the major features of sleep.
2. Identify common sleep–wake disorders that co-occur with other mental disorders.
3. Discuss the impact of changes in sleep associated with psychiatric disorders.
4. Perform a sleep history during a patient’s assessment.
5. Formulate a model nursing care plan for patients with sleep–wake disorders.

Chapter 34, Mental Health Assessment of Children and Adolescents

1. Define the assessment process for children and adolescents.
2. Discuss techniques of data collection used with children and adolescents.
3. Delineate important biopsychosocial areas of assessment for children and adolescents.

Chapter 35, Psychiatric Disorders of Childhood and Adolescence

1. Describe mental disorders usually diagnosed in childhood or adolescence.
2. Analyze the prevailing theories relevant to the disorders diagnosed in childhood and adolescence.
3. Discuss the nursing care of children with neurodevelopmental disorders.
4. Analyze the nursing assessment, diagnosis, intervention, and evaluation processes in caring for a child or adolescent with attention-deficit hyperactivity disorder.
5. Discuss the epidemiology, etiology, psychopharmacologic interventions, and nursing care of children with tic disorders.
6. Discuss the nursing care of children and adolescents with separation anxiety and obsessive-compulsive disorders.
7. Discuss the significance of behavioral intervention strategies for children who have elimination disorders.
8. Compare the nursing care of children and adolescents with mood disorders and schizophrenia with that for adults with similar disorders.

Chapter 37, Neurocognitive Disorders

1. Distinguish the clinical characteristics, onset, and course of delirium and dementia.
2. Integrate biologic, psychological, and social theories related to delirium and dementia.
3. Explain the important epidemiologic findings regarding delirium and dementia.
4. Discuss the primary etiologic factors of delirium and dementia.
5. Analyze human responses to delirium and dementia, with emphasis on the concepts of impaired cognition and memory.
6. Explain the primary elements involved in assessment, nursing diagnoses, nursing interventions, and evaluation of patients with delirium and dementia.

Chapter 38, Caring for Persons Who Are Homeless and Mentally Ill

1. Define the meaning of homelessness to the person and family.
2. Describe risk factors for becoming homeless.
3. Differentiate characteristics of various populations who are homeless.
4. Discuss personal and societal attitudes and beliefs about homelessness.
5. Describe assessment of people who are homeless and mentally ill.
6. Formulate some nursing diagnoses relevant to the homeless population.
7. Summarize interventions and discharge plans for people who are homeless and have psychiatric disorders.
8. Discuss trends that target improvement of services to people who are homeless and experiencing psychiatric disorders.

Chapter 39, Caring for Persons With Co-occurring Mental Disorders

1. Define the term co-occurring disorders.
2. Describe the cycle of relapse in *co-occurring disorders*.
3. Discuss the epidemiology of co-occurring disorders.
4. Discuss patterns of substance abuse and other mental disorders.
5. Analyze barriers to the treatment of patients with co-occurring disorders.
6. Discuss the significance of an integrated treatment approach to co-occurring disorders.
7. Describe nursing management of persons with co-occurring disorders.

Chapter 40, Caring for Survivors of Violence

1. Describe types of violence and abuse, including intimate partner violence, stalking, rape and sexual assault, child abuse, and elder abuse.
2. Describe selected theories of violence.
3. Analyze the reasons some people become abusive and why some victims remain in violent relationships.
4. Describe consequences of and responses to violence for the survivor.
5. Formulate nursing care plans for survivors of violence and abuse.
6. Describe treatment for perpetrators of abuse.