

**Nurs 3481: Psychiatric-Mental Health Nursing of Individuals, Families and Groups****Lead Faculty:** Susan Justice, MSN, RN, CNS**Office Number:** Pickard Hall 633**Office Telephone Number:** 817-272-2776

Office numbers will not work before 0800 or after 1700. Please check with your clinical instructor for emergency contact information.

**Email Address:** Please contact Lead Instructor through Blackboard first – [justsu@uta.edu](mailto:justsu@uta.edu)**Faculty Profile:** <https://www.uta.edu/profiles/susan-justice>**Office Hours:** Office hours vary during week due to meetings. Please ask for appointment via Blackboard**Clinical Instructors:****Office Number:** Pickard Hall

Clinical Instructors will provide additional contact information. See list of instructors listed below.

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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 (course):**

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.

**STUDENT LEARNING OUTCOMES (clinical):**

Clinical Objectives:

- a. Demonstrate the ability to accurately perform a mental-status assessment.
- b. Demonstrate ethical behaviors and civility in all professional interactions.
- c. Use therapeutic communication techniques and effective interpersonal skills in the provision of psychiatric-mental health care to the patient.

- d. Verbalizes rationale for side effects of medications and treatments and provides patient medication education.
- e. Promptly and fully self-discloses facts, circumstances, events, errors and omissions when these disclosures will enhance health status of the patient diagnosed with a mental illness.
- f. Identifies the psychological and psychosocial effects of disease, trauma and hospitalization on the patient and family.
- g. Demonstrate ability to think critically in analyzing data and setting priorities when providing care to the patient diagnosed with a mental illness.
- h. Demonstrate an ability to formulate a plan of care for the patient diagnosed with a mental illness.
- i. Demonstrate the ability to provide safe and effective nursing care to the patient diagnosed with a mental illness.
- j. Demonstrate knowledge and understanding of the medications utilized in the care of the patient diagnosed with a mental illness.
- k. Demonstrate the ability to correctly utilize pertinent technological equipment in the clinical area.
- l. Integrate the psychological, sociocultural and spiritual needs of the mentally ill patient and significant others.
- m. Evaluate and adapt nursing care as patient needs require.
- n. Communicate effectively both orally and in writing with patients, families, colleagues, interdisciplinary team members and instructors.
- o. Collaborate with other nursing and ancillary staff in providing patient care.
- p. Demonstrate the ability to assess the health processes and long-term needs of chronically mentally ill patients and their families.
- q. Utilize nursing roles to implement the nursing process in providing care to patients and families with acute or chronic mentally illness, or with rehabilitative needs.
- r. Demonstrate accountability and responsibility in the clinical area.
- s. Promote a safe environment for patients diagnosed with a mental illness.

### Essential Skills

Students are required to complete identified “Essential Skills” and provide documentation on a self-reporting assessment form – “Skills Passport”. An essential skill may be completed at least one time in the lab or direct care setting. Documentation is a part of the clinical evaluation process. Students maintain an on-going record of skills. At the end of the term, student finalizes the record with all dates/settings and turns in document to Clinical Instructor. Note- Clinical Instructor must sign off on Essential Skills as verification of completion.

### Essential Skills NURS 3481 PSYCHIATRIC MENTAL HEALTH NURSING OF INDIVIDUALS, FAMILIES, AND GROUPS

#### Assessment

Mental status assessment (Direct patient care, Patient Interview, Simulation, vSims, Care Plan, SBAR)

Psychosocial assessment (Patient Interview, Simulation, vSims, Care Plan, SBAR)

Suicide risk assessment (Mental Status Assessment, Patient Interview, Simulation, vSims, Care Plan, SBAR)

Homicide risk assessment (Mental Status Assessment, Patient Interview, Simulation, vSims, Care Plan, SBAR)

Aggression risk assessment (Mental Status Assessment, Patient Interview, Simulation, vSims, Care Plan, SBAR)

Psychosis assessment (Mental Status Assessment, Patient Interview, Simulation, vSims, Care Plan, SBAR)

Falls assessment (Direct patient care, Mental Status Assessment, Patient Interview, Simulation, vSims, Care Plan, SBAR)

#### Infection Control

Standard/universal precautions (Clinical Orientation, Clinical, vSIMs,)

Handwashing/cleansing (Clinical Orientation, Clinical, vSIMs,)

#### Miscellaneous

Psychiatric Nursing Documentation (Initial Patient Interview, vSIMs, Care Plan, SBAR)

Therapeutic Communication Skills (Simulation, clinical, vSIMs, Process Recording, Care Plan, Post Conference, SBAR)

Interpret/Analyze normal and abnormal assessment findings (clinical, vSIMs, Care Plan, Post Conference, SBAR)

Communication: Abnormal findings (Post Conference, SBAR)

**Exposure to Bloodborne Pathogens: See the Undergraduate BSN Student Handbook by going to this link:**

<https://www.uta.edu/conhi/students/policy/index.php>

### REQUIRED TEXTBOOKS AND OTHER COURSE MATERIALS:

Varcrolis, E. (2017). *Essentials of psychiatric nursing: A communication approach to evidence-based care*. Evolve Health Sciences. 9780323389655

ATI (2013). *RN mental health nursing content mastery series review module*. (10<sup>th</sup> ed). Assessment Technologies Institute (eBook included in ATI purchase from J1). **Req. for all Junior 2 students: ATI Resources (from Junior 1) Cohort = 1219 Trad; Product ID = CDN005329827**

vSim for Nursing: Psychiatric Mental Health. ISBN: 9781469894232 To make sure you receive the correct product, please only purchase directly from [lippincottdirect.lww.com](http://lippincottdirect.lww.com) or the bookstore.”

### **Optional:**

Hogan, M. (2013) *Pearson reviews & rationales: Mental health nursing with nursing reviews & rationales*. (3<sup>rd</sup> ed.). Prentice Hall. ISBN: 978-0132956871

Silvestri, L. A. (2017). *Saunders comprehensive review for the NCLEX-RN examination* (7<sup>th</sup>ed.). St. Louis, MO: Saunders Elsevier.

Silvestri, L. & Silvestri, A. (2015) *Saunders 2016-2017 strategies for test success: passing nursing school and the NCLEX exam*, 4e (4<sup>th</sup> ed.). ISBN: 9780323296618

Varcarolis, E. (2018). *Psychiatric Mental Health Care Plans*. Evolve Health Sciences.

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

### **Other Course Materials:**

1. **Course Syllabus:** Available in Blackboard (NURS 3481 PSYCHIATRIC MENTAL HEALTH NURSING OF INDIVIDUALS, FAMILIES, AND GROUPS). Please print and read before the first day of class and/or clinical skills lab. Students are responsible for reading all information including material in the syllabus, related course content, and resources.
2. **Course Calendar:** Available in Blackboard (NURS 3481 PSYCHIATRIC MENTAL HEALTH NURSING OF INDIVIDUALS, FAMILIES, AND GROUPS). Please read before the first day of class and/or clinical orientation, lab and simulations. Students are responsible for all due dates in the calendar.
3. **Attestation Form:** Students are also responsible for completing and submitting the Attestation Form for N3481 Clinical Nursing Foundations in Blackboard. The due date for submitting the Attestation Form is also indicated in Blackboard in the Course Calendar and Attestation Form Section. (*Note: Please refer to the instructions on how to submit the Attestation Form, which can be found in the Attestation Form Section*).
4. **Simulation and Clinical Forms** are available in Blackboard in the Clinical Section. Students are responsible for printing forms from Blackboard for weekly clinicals and bringing forms to all skills practice and graded performance evaluation check-offs. Also, students will be required to complete, submit, and review the **Clinical Acknowledgment & Honor Code Form** on the first day of clinical skills lab with the clinical instructor.

### **Descriptions of Major Assignments and Examinations:**

This course involves multiple requirements as well as opportunities for success. The course schedule with dates and assignments are available in Blackboard, and also see the [COURSE CALENDAR OVERVIEW](#) document for major assignments, assessments, and other course requirements. (*Note: Dates for some clinical assignments are not included and will be assigned by each individual clinical instructor*).

1. Content Exams – Three (3) unit exams and a comprehensive final exam (85%).
2. Comprehensive Assessment and Preparation Program (CAPP) Content Mastery Assessment – Phase 1 and Phase 2 (ATI Products) (10%).
3. Clinical Paperwork (5%) – Care Plan, Process Recording, Evidenced Based Poster. Must pass all with at least 70%.
4. Other Clinical Related Assignments (pass/fail)– Skills Graded Performance Evaluation Check-Offs – **Must** pass each with benchmark score:
  - (1) **V-Sims:** Ten Virtual Simulations from the Lippincott 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 (10 hours), the V-sims are **required** and due by the Sunday at 2359 of the weeks in which they are scheduled. The **pretest, simulation, and the post-test with minimum grades of 90% on the post-test must be completed**.
  - (2) **Mental Health in the Community – Responding to Psychological Needs in a Crisis/Disaster:** Everyone will complete **Psychological First Aid (PFA) Online Training modules**. <https://learn.nctsn.org/> When listening to each slide in the modules, be sure to right-click on any of the hyperlinks contained within the module, listen to the ‘mentors tip’ and follow any instructions for responding to questions or scrolling over a scenario within the module. Once you have completed the modules (receives 6 hours of clinical time), click on the post-test assessment, follow the instructions and you will be able to access a certificate which you will then post on blackboard.
  - (3) **ATI Readings, Quizzes and Video Challenges:** Each week you will have chapters to read from your ATI *RN mental health nursing content mastery series review module*. These chapters will correspond to the content that is covered in Varcarolis Essentials each week and will be posted both on the course calendar

and weekly blackboard modules. You will also have ATI Quizzes (ATI Quiz 1, ATI Quiz 2, ATI Final Quiz) and Video Challenges (HIPPA, Cultural Diversity, Nursing Process, Polypharmacy, Therapeutic Communication, Anxiety, Bipolar, Depression, Survival Potential, Neurocognitive) scheduled through-out the semester. **ATI readings, Quizzes and Video Challenges are required**; in order to do well on Phase 1 and Phase 2 of CAPP, it is imperative that you keep up with these assignments.

#### **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. While UT Arlington does not require instructors to take attendance in their courses, the U.S. Department of Education requires that the University have a mechanism in place to mark when Federal Student Aid recipients "begin attendance in a course." UT Arlington instructors will report when students begin attendance in a course as part of the final grading process. Specifically, when assigning a student a grade of F, faculty report the last date a student attended their class based on evidence such as a test, participation in a class project or presentation, or an engagement online via Blackboard. This date is reported to the Department of Education for federal financial aid recipients.

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 are expected at all times.** No children are allowed in class. Adult visitors may attend class with permission of the instructor teaching the class.

#### **Clinical Attendance/Tardy Policy: (See Undergraduate Student Handbook)**

Clinical is defined as all experiences **contributing to clinical hours** including, but not limited to clinical orientation day, communication lab, simulations, hospital clinicals, ancillary experiences such as support groups, **Psychological First Aid (PFA) Online Training modules/certificate**, the 10 vSIMS for Psych Nursing Scenarios, completion of video assignments and ATI Video Challenges, completion of other designated activities and assignments receiving a grade **and/or** clinical time (see allocation of clinical hours). **Attendance at and completion of all clinical activities is mandatory.** The student must be in clinical in order to be evaluated on the clinical criteria and outcomes. Additionally, class attendance will potentially maximize clinical learning experiences. Clinical absences may result in a Performance Improvement Plan and/or failure of the course. Because on-site clinical time is limited, only 1 clinical may be missed and the time will be made-up with either an additional day or an assignment. Excused Absences include: legal obligation, military obligations, pre-approved university-sponsored events, emergency situations, religious holy days, death of family member, or illness. Please discuss with your clinical instructor.

**Clinical/lab Tardiness** – Usual start time for Clinical Simulation and Lab is 0800 hrs. Usual start time for the hospital setting varies among clinical sites and clinical instructors (your clinical instructor will advise you of hours/days for your specific site). **Students must speak in person by phone to the clinical instructor if there is a possibility of being tardy.** Students who are late more than one hour may be sent home at the discretion of the Clinical Instructor— (which will be an unexcused absence). Tardiness and unexcused absences will be considered unprofessional behavior (See course/clinical outcomes).

Sending email and/or a text message (prior to calling) to notify the clinical instructor of a tardy or absence is unacceptable. First tardy will result in a Verbal Counseling.

- Second tardy will result in a Performance Improvement Plan.
- Third tardy may result in clinical failure.

**A Performance Improvement Plan** may be instituted when a student arrives **more than one hour late without prior arrangement or valid excuse.**

**Required Pre-Clinical Activities: Orientation, Communication Lab and Simulation Sessions Intercollege Convergence for N3481 Psychiatric Mental Health Nursing:** The 1<sup>st</sup> few weeks of the semester everyone will attend the following (attendance at all sessions are required – assigned day for each): **Orientation Day** (either 8/23 or 8/24 as assigned – all Monday clinical students will be assigned to one of these days); **Communication Lab** (either 8/30 or 8/31 as assigned – all Monday clinical students will be assigned to one of these days); **Psych Simulation** (Part 1 - 9/6, 9/7 or 9/10 as assigned & Part 2 – 9/13, 9/14 or 9/17 as assigned); **Intercollege Convergence 9/20.** Attendance at all of these activities is required in order to participate in N3481 clinicals and **there is no make-up for these days** which all count as one clinical day each.

#### **CLINICAL PASS/FAIL**

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

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

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

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

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

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

The following behaviors may lead to course failure: a pattern of lack of accountability for clinical preparation, 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".

**UTA COLLEGE OF NURSING GRADING CRITERIA:**

In order to successfully complete N3481 Psychiatric Mental Health Nursing, 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); Successful Completion of ATI Phase 1 & ATI Phase 2; Attendance at the week 1 Orientation; Attendance at the Psych Communication Lab; Attendance at both Part 1 & Part 2 of the Psych Simulation; Successful completion of 10 psych vSIMS; Successful Completion of all clinical-related assignments (Nursing Care Plan, Process Recording, Evidenced-Based Poster Presentation, 12-Step Assignment, 3 Clinical Prep-Videos) and Successful Completion of N3481 Clinical Hours.**

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.

**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.

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:**

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
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.**

Exams	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
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
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.**

#### EXAM POLICY:

1. Excused Absences: legal obligation, military obligations, pre-approved university-sponsored events, emergency situations, religious holy days, death of family member, or illness
  - Requirements: To be considered for a re-scheduled exam, the student must notify faculty prior to exam start date and time; documentation of incident is required and must be provided within 48 hours following exam due date and time. Documentation for illness requires proof of a visit to a healthcare provider. There are no exceptions to this rule.
  - **There will be no point deductions for an excused exam absence.**
2. Unexcused Absences: oversleeping, exam date oversight, computer / technical issues, or other reasons not listed under excused absences
  - Requirements: To be considered for a re-scheduled exam, the student must notify faculty with their request within 48 hours of the exam due date and time. The exam must be scheduled within 7 days of the original exam due date and time.
  - The make-up exam may include an alternative test format and will have a point penalty of 20 points.
  - A student may only have one unexcused absence per course. Subsequent unexcused absences will result in a '0' on the exam.
  - In addition, students will not be allowed to take exam in another section without penalty due to an unexcused absence.
3. Exam Tardy Policy:
  - Proctored Exams: If a student arrives late to a proctored exam, they are only allowed the remaining time to complete the exam. For example, for a 60-minute exam, if a student arrives and has only 13 minutes left, that is all the time they will be given to complete their exam.
  - Respondus Lockdown Browser Exams (if applicable):
    - If a student submits an online exam after the due date and time, they will receive a 20-point penalty on their grade the first time it occurs.
    - Blackboard will not auto-submit an exam at the due date and time of the exam. The student is responsible for submitting their exam by the assigned due date and time.
    - If the student submits an online exam after the due date and time for a second time in the course, they will receive a zero for that exam.
4. Students will only be allowed one 20-point penalty per course, whether it is the result of an unexcused absence or a late submission through Respondus monitor.

#### COMPREHENSIVE ASSESSMENT & 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. Students will not receive partial credit for late or incomplete assignments. Any activity submitted

after the due date will result in a score of zero for the entire phase. 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 a Practice Assessment and submit three critical points for 5 Major Content Areas based on Topics to Review (for a total of 15 critical points). Students who do not complete Phase 1 by the due date will not be eligible to take the Proctored Assessment in Phase 2.

Phase 2 of the Course Content Mastery Assessment is worth 6% of the course grade. All students complete the Proctored Assessment. Students scoring <1 will receive an Incomplete for the course. A learning contract from course faculty will include a due date for completion of the Focused Review and Active Learning Templates during the Incomplete period. Students who complete Focused Review and Active Learning Templates by the assigned deadline in the Incomplete period will receive full credit for Phase 2 and progress in the program. Students scoring <1 who do not satisfactorily complete Focused Review and Active Learning Templates by the assigned deadline will not receive a passing grade in the course regardless of course grade and will not progress to their next clinical course. The complete Comprehensive Assessment and Preparation Procedure can be found here:

[http://www.uta.edu/conhi/doc/unurs/capp\\_procedure.pdf](http://www.uta.edu/conhi/doc/unurs/capp_procedure.pdf)

**SCHOLASTIC DISHONESTY (CHEATING AND/OR COLLUSION) ON EXAMINATIONS will result in referral for academic dishonesty and/or automatic failure of the course. YOU WILL ALSO BE REFERRED TO THE UTA OFFICE OF STUDENT CONDUCT.**

#### **POLICY ON SUBMITTING LATE ASSIGNMENTS:**

Late submissions may receive a 10-point deduction for each day late with a maximum of 20 points deducted.

**Assignments submitted after two days will not receive credit.**

The lead instructor sets the due dates/times for theory assignments. Any assignment which you submit electronically must be received prior to the due date and time. Please double check that you have properly attached your file and that it is not corrupted. A corrupted file or forgetting the attachment will not be excused as you are responsible for turning in your work on time. Don't procrastinate—start early.

Computer crashes, server downtimes, and/or any other computer-related problems are NOT valid excuses. A pattern of late papers will be reflected on mid-term & final evaluations under documentation, time management, and professional behaviors. An unsatisfactory score in any of these areas on the final evaluation results in clinical failure.

Designated class and clinical assignments are required (mandatory) and must be completed and submitted according to course guidelines. Therefore, fabricating any assignment, copying another student's work or using assignments previously submitted by a prior student will result in a referral for academic dishonesty and possible assignment point deduction penalty, a zero "0" for the assignment, and/or failure of the course. Late work is defined as anytime past the due date/time and is assigned a zero "0" but must still be turned in to the Faculty to pass the course.

#### **The following assignments are graded by Lead Faculty**

##### **Proctored examinations – 85%**

- **Three proctored examinations** and a comprehensive final are administered for this course. Minimum passing score on the competency assessment is 90% in order to administer medications in the clinical setting.
- **Students who achieve 70% weighted on their proctored exams will have their non-proctored scores averaged in for their course total.** It is strongly suggested that students use all resources available to achieve the maximum scores on their proctored exams. The lead faculty, Student Success Center and/or clinical instructors are available to assist you with content. Students who do not score 70% weighted average will not pass N3481.

#### **The following assignments are graded by Clinical Instructor**

- **Practice ATI Fundamentals Assessment A (Phase 1) – 4% \*\***  
The Practice ATI Mental Health Assessment A is a practice assessment of basic comprehension and mastery of fundamental principles for nursing practice and is administered per the designated date/time as indicated in



the course schedule and/or per the lead faculty's discretion. As part of phase 1 you will complete and submit three critical points for 5 Major Content Areas based on Topics to Review (for a total of 15 critical points).

- **Proctored ATI Fundamentals Assessment (Phase 2) – 6% \*\***  
The Proctored ATI Fundamentals Assessment will be taken prior to the final exam. The standardized proctored assessment consists of approximately 70-items which offers an assessment of basic comprehension and mastery of fundamental principles for nursing practice.
- **ATI Prep Assignments – Required \*\***  
ATI Prep Assignments are tutorials, learning modules, designated quizzes and interactive simulations (video challenges) designed to help with using the ATI products and to support NCLEX and clinical practice success. The ATI Prep Assignments prepare students for both the Practice and Proctored ATI Fundamentals Assessments. **See Required Assignments in Blackboard Course Calendar.**
- **Initial Patient Interview Assignment – Required \*\***  
The goal of the **Initial Patient Interview Assignment is to help the student** overcome the apprehension of the first interaction with clients in the inpatient behavioral health setting who are diagnosed with a Mental Illness, and to practice: documentation; mental status exam assessment; therapeutic communication; self-awareness. The grade recorded and calculated into the non-proctored course grade will be the score earned based on the Evaluation Rubric. (Please refer to guidelines for the Initial Patient Interview Assignment on Blackboard.)
- **Nursing Care Plan Assignment – 2% \*\***  
The goal of the nursing care plan is to ensure that care provided for a client is consistent with the client's needs and progress toward identified expected outcomes. One **Satisfactory** Nursing Care Plan with Mental Status Assessment will be completed and required while in the lab and/or hospital setting during the semester. The grade recorded and calculated into the non-proctored course grade will be the score earned based on the Evaluation Rubric. (Please refer to guidelines for the Process Recording on Blackboard.)  
**NOTE: Any Nursing Care Plan NOT submitted according to the course guidelines will be returned and the student will be asked to correct and resubmit or complete another care plan on a new patient.**
- **Process Recording – 2% \*\* Same critique**  
A process recording provides a means of collecting, interpreting, analyzing, and synthesizing data gathered during a nurse-patient therapeutic encounter. The purpose is to critically evaluate your communication with your patient and its impact on behavioral change, leading to improved quality of therapeutic communication patterns with your patients. One successful Process Recording Due as assigned by clinical instructor. The grade recorded and calculated into the non-proctored course grade will be the score earned based on the Evaluation Rubric. (Please refer to guidelines for the Process Recording on Blackboard.)
- **Evidenced-Based Clinical Poster Presentation– 1% \*\* same critique**  
The **Evidenced-Based Clinical Poster Presentation** provides an opportunity to evaluate recent literature related to a relevant and effective intervention for clients with a psychiatric problem. A poster presentation will also provide an experience that will facilitate the professional nursing role development. Posters are a strategy used to communicate relevant ideas and important data. The Evidenced -Based Poster Presentation includes a professional poster, evidence table, handout and a 10-minute presentation on a topic developed for student and patient education. The presentation is performed in post conference during the hospital experience. The grade recorded and calculated into the non-proctored grade will be founded on the score earned based on the Evidenced-Based Clinical Poster Presentation Rubric. (Please refer to guidelines for the Evidenced-Based Clinical Poster Presentation on Blackboard.)
- **12-Step Support Group Assignment – Required (Receives Clinical Time) \*\***  
Attending and observing support groups that are available in the community for your patients and their families will serve to emphasize the value of including these community resources in your discharge plan. One AA Support Group Meeting is scheduled by the student according to instructions on Blackboard. The grade recorded and calculated into the non-proctored grade will be founded on the score earned based on the AA 12-Step Support Group Meeting Report Rubric. (Please refer to guidelines for the 12-Step Support Group Assignment on Blackboard.)
- **Clinical Reflection Journals – Required \*\***  
Clinical reflection journals are weekly reflections of a clinical experience. It should reflect significant experiences and the student's response to them. This clinical experience also demonstrates learning regarding **critical incidents** in the health care environment. Therefore, the clinical reflection journal should be more

substantive, applicable, and thought-provoking about the actual clinical experience as opposed to only what nursing care was provided. The clinical reflection journal is designed to enhance critical thinking and clinical decision making.

- **SBAR Clinical Documentation Post Conference Report Form Assignments – Required \*\***

The SBAR Documentation Forms consist of an in-depth written report on the student's clinical patient in order to facilitate prompt and appropriate communication during post conference. The SBAR documentation form will be completed and submitted weekly in the clinical setting. This SBAR report demonstrates critical thinking pertaining to documentation of patient care in the clinical environment and improves the communication process thereby maintaining patient safety. The SBAR Documentation Forms are submitted to weekly to the clinical instructor after post-conference to review student's documentation and assessment of and individualized plan for their patient. (Please refer to guidelines for the SBAR Presentation on Blackboard.)

- **vSim Assignments – Receives clinical hours \*\***

vSim assignments simulates real nursing scenarios and allows students to interact with virtual patients in a safe, online environment. To receive a grade of 100 for the vSim assignments, students must complete three (3) components of the assignment by the designated deadline (See Blackboard for specific assignments and deadlines). Students have unlimited attempts to complete the assignment, but must meet the designated deadline and complete the following criteria: (1) Pre-Simulation Quiz (2) Actual simulation activity with a score of 90% or higher (3) Post-Simulation Quiz with a score of 90% or higher. The grade recorded and calculated into the final course grade will be 100% or 0.

- **Psychological First Aid (PFA) – Receives clinical hours \*\***

PFA consists of 6-hour interactive modules putting the participant into the role of a post-disaster scene provider. Students will complete the **online training modules and post-test. The PFA certificate** will be posted on Blackboard. See calendar for due dates.

**\*\*NOTE: Designated clinical assignments are required (mandatory) to pass the clinical component of the course. (See clinical assignments above with asterisks \*\*)**

#### 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>  
<http://www.uta.edu/deanofstudents/complaints/index.php>

#### 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 non-attendance.** 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/>).

Drop dates: [https://academicpartnerships.uta.edu/documents/UTA\\_Drop\\_Dates.pdf](https://academicpartnerships.uta.edu/documents/UTA_Drop_Dates.pdf)

#### 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)** <http://www.uta.edu/disability/> or calling 817-272-3364. Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at [www.uta.edu/disability](http://www.uta.edu/disability).

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

make positive changes in their lives.

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

**TITLE IX POLICY:** : The University of Texas at Arlington ("University") is committed to maintaining a learning and working environment that is free from discrimination based on sex in accordance with Title IX of the Higher Education Amendments of 1972 (Title IX), which prohibits discrimination on the basis of sex in educational programs or activities; Title VII of the Civil Rights Act of 1964 (Title VII), which prohibits sex discrimination in employment; and the Campus Sexual Violence Elimination Act (SaVE Act). Sexual misconduct is a form of sex discrimination and will not be tolerated. For information regarding Title IX, visit [www.uta.edu/titleIX](http://www.uta.edu/titleIX) or contact Ms. Michelle Willbanks, Title IX Coordinator at (817) 272-4585 or [titleix@uta.edu](mailto:titleix@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 in their courses by 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 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/>. Faculty are encouraged to discuss plagiarism and share the following library tutorials <http://libguides.uta.edu/copyright/plagiarism> and <http://library.uta.edu/plagiarism/>

#### **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.

#### **ELECTRONIC COMMUNICATION POLICY:**

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>.

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

#### **COMPUTER REQUIREMENTS:**

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

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

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

**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.

**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 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, 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. Evacuation plans may be found at [http://www.uta.edu/campus-ops/ehs/fire/Evac\\_Maps\\_Buildings.php](http://www.uta.edu/campus-ops/ehs/fire/Evac_Maps_Buildings.php). Subscribe to the MavAlert system to receive information in case of an emergency to your cell phones or email accounts. <https://mavalert.uta.edu/> or <https://mavalert.uta.edu/register.php>

**STUDENT SUPPORT SERVICES:**

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

The IDEAS Center (2<sup>nd</sup> Floor of Central Library) offers **FREE** tutoring to all students with a focus on transfer students, sophomores, veterans and others undergoing a transition to UT Arlington. Students can drop in, or check the schedule of available peer tutors at [www.uta.edu/IDEAS](http://www.uta.edu/IDEAS), or call (817) 272-6593.

**THE ENGLISH WRITING CENTER (411LIBR):**

The Writing Center offers **FREE** tutoring in 15-, 30-, 45-, and 60-minute face-to-face and online sessions to all UTA students on any phase of their UTA coursework. Register and make appointments online at <https://uta.mywconline.com>. Classroom visits, workshops, and specialized services for graduate students and faculty are also available. Please see [www.uta.edu/owl](http://www.uta.edu/owl) for detailed information on all our programs and services.

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

**Librarian Contact Information:**

**UTA Library:** <http://www.uta.edu/library/help/subject-librarians.php>

**Nursing Librarians:**

Gretchen Trkay [gtrkay@uta.edu](mailto:gtrkay@uta.edu)  
Peace Ossom Williamson [peace@uta.edu](mailto:peace@uta.edu)  
Lydia Pyburn [lpyburn@uta.edu](mailto:lpyburn@uta.edu)  
Heather Scalf [scalf@uta.edu](mailto:scalf@uta.edu)  
RaeAnna Jeffers [raeanna.jeffers@uta.edu](mailto:raeanna.jeffers@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](mailto:hwoods@uta.edu)

Suzanne Kyle, Testing Specialist, On-Campus BSN Program  
645 Pickard Hall, (817) 272-0237  
Email [skyle@uta.edu](mailto:skyle@uta.edu)

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

<https://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.

**CODE OF PROFESSIONAL CONDUCT:**

Nursing students in the UTACONHI are considered to be part of the nursing profession. As members of the profession, students are expected to commit to and maintain high ethical standards. Students are responsible and accountable for their own academic and professional behaviors and the resulting consequences.

Students will demonstrate self-discipline throughout all aspects of their nursing education, including meeting academic responsibilities and exhibiting professional conduct in the classroom and in the community, as outlined in the Texas Nurse Practice Act and Texas State Board of Nursing Policies.

It is each student's responsibility to promote scholastic honesty and professional ethics by actively participating with faculty in maintaining a quality academic environment. Students are expected to guard public safety by immediately reporting to faculty, any incident they observe or are aware of which would allow incompetent, unethical, or illegal practice by another individual. Having knowledge of and failing to report such behaviors constitutes a breach of both academic and professional responsibilities. Refer to the Student Handbook for more information.

**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.

**TESTING ENVIRONMENT:**

Although faculty strives to provide a quiet learning/testing environment there may be noises and distractions in any testing environment that are beyond the control of the exam proctors. If a student feels that the testing environment is

unduly noisy or distracting for any reason, it is the responsibility of the student to report this to an exam proctor as soon as possible during the exam so corrective action may be taken.

**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 at:

[http://www.uta.edu/nursing/file\\_download/52/APAFormat.pdf](http://www.uta.edu/nursing/file_download/52/APAFormat.pdf)

**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.

Please see document on the next page.

TOPICAL LECTURE OUTLINE – Fall 2018		
Week/Date	Topics (*Reading Assignments* in textbook)	Hours
1 8/22	Intro to Course & Clinical Syllabus Chapter 1: Practicing the Science and the Art of Psychiatric Nursing Chapter 2: Mental Health and Mental Illness	2 hours
1 8/23 (Thursday) or 8/24 (Friday) As assigned (ROOM TBA) Clinical Prep Content 0800- 1430	Course Attestation Boundaries in the Nurse-Patient Relationship, Confidentiality Chapter 6: Legal and Ethical Basis for Practice Contraband; Universal Precautions; Safety in the Inpatient Setting; Appropriate Dress for Community Activities Post-conference Debrief purpose & format; SBAR/ Learning Activity <b>ATI Video Challenge HIPPA</b> Lunch - 30 minutes Chapter 7: Nursing Process and QSEN: The Foundation for Safe and Effective Care Assessment Strategies/Mental Status Exam & Learning Activity Nursing Process for Psych Nursing & Learning Activity <b>ATI Video Challenge Nursing Process</b>	6 hours Clinical
Week 2 8/29	Chapter 8: Communication Skills: Medium for All Nursing Practice Chapter 9: Therapeutic Relationships and the Clinical Interview <b>Podcast:</b> Chapter 3-Theories and Therapies <b>ATI Video Challenge Cultural Diversity</b> <b>ATI Video Challenge Therapeutic Communication</b>	2 hours
Week 3 9/5	Chapter 4: Biological Basis for Understanding Psychopharmacology <b>ATI Video Challenge Polypharmacy</b>	2 hours
Week 4 9/12	Chapter 11: Anxiety, Anxiety Disorders, and Obsessive-Compulsive Anxiety Disorders - Meds, Assessment, Plan <b>ATI Video Challenge Anxiety</b>	2 hours
Week 5 9/19	<b>**Exam I**</b> (50 questions 1,2,3,4,6,7,8,9,11) Rooms/Time TBA <b>Podcast:</b> Chapter 10 - Trauma and Stress-Related Disorders <b>Podcast:</b> Chapter 20 - Crisis, Mass Disaster Management <b>ATI Video Challenge Survival Potential</b>	75 minutes
Week 6 9/26	Chapter 15: Mood Disorders: Depression Chapter 23: Suicidal Thoughts Mood Disorders: Depression Meds, Assessment, Plan <b>Podcast: Chapter 25-Care for the Dying and Those who Grieve</b> <b>ATI Video Challenge Depression</b>	2 hours
Week 7 10/3	Chapter 16: Mood Disorders- Bipolar Mood Disorders- Bipolar Meds, Assessment, Plan <b>Podcast:</b> Chapter 24-Anger, Aggression, and Violence <b>ATI Video Challenge Bipolar</b>	2 hours
Week 8 10/10	Chapter 17: Schizophrenia and Related Disorders Schizophrenia and Related Disorders Meds, Assessment, Plan <b>Podcast:</b> Chapter 5-Settings for Psychiatric Care	2 hours
Week 9 10/17	<b>**Exam II**</b> (50 questions - chapters 1,2,3,4,6,7,8,9,11) Rooms/Time TBA <b>Podcast:</b> Chapter 21-Child, Partner, Elder Violence <b>Podcast:</b> Chapter 22-Sexual Violence	
Week 10 10/24	Chapter 14: Eating Disorders Chapter 19: Substance-Use and Addictive Disorders <b>ATI Quiz 1</b>	75 minutes
Week 11 10/31 *Last day to Drop 11/2 by 4pm*	Chapter 12: Somatic and Dissociative Disorders Chapter 13: Personality and Impulse-Control Disorders <b>ATI Quiz 2</b>	2 hours
Week 12 11/7	Chapter 18: Neurocognitive Disorders Chapter 27: Mental Health Disorders of Adults <b>*Podcast:</b> Chapter 28- Older Adults <b>ATI Final Quiz</b>	2 hours

	<b>ATI Video Challenge <i>Neurocognitive Disorders</i></b>	
Week 13 11/14	Chapter 26: Mental Health Disorders of Children and Adolescence Mental Health Disorders of Children and Adolescence Meds, Assessment <b>ATI Non-Proctored Practice Assessment A – ATI Phase 1</b>	2 hours
Week 14 11/21	Thanksgiving	
Week 15 11/28	EXAM 3 Rooms/Time TBA	2 hours
Week 16 12/5	Proctored Mental Health ATI (RN Mental Health Learning System) Rooms/Time TBA	70 minutes
Week 17 12/11	Comprehensive Final Rooms/Time TBA	120 minutes

(\*) Chapters in Boyd Text, 5<sup>th</sup> Edition.

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

### 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, Practicing the Science and the Art of Psychiatric Nursing

1. Recognize the evidence-based practice (EBP), recovery, and trauma-informed care models.
2. Identify the “5 A’s” used in the process of integrating EBP into the clinical setting.
3. Discuss at least three dilemmas nurses face when attempting to utilize EBP.
4. Identify four resources that nurses can use as guidelines for best-evidence interventions.
5. Defend why the concept of “caring” should be a basic ingredient in the practice of nursing and how it is expressed while giving patient care.
6. Discuss what is meant by being a patient advocate.

#### Chapter 2, Mental Health and Mental Illness

1. Summarize factors that can affect the mental health of an individual and how they influence conducting a holistic nursing assessment.
2. Discuss some dynamic factors (including social climate, politics, cultural beliefs, myths, and biases) that contribute to making a clear-cut definition of mental health elusive.
3. Identify the processes leading up to stigmatization of an individual or group and some of the effects stigma can have on medical and psychological well-being.
4. Compare and contrast a DSM-5 diagnosis with a nursing diagnosis.
5. Give examples of how cultural influences and norms can affect making an accurate DSM-5 diagnosis.

#### Chapter 3, Theories and Therapies

1. Discuss the contributions of theories and therapies from a variety of disciplines and areas of expertise.
2. Choose two of the major theories that you believe are among the most relevant to psychiatric and mental health nursing care and defend your choice, giving examples.
3. Identify the origins and progression of dominant theories and treatment modalities.
4. Discuss the relevance of these theories and treatments to the provision of psychiatric and mental health care.
5. Demonstrate comprehensive understanding of Peplau’s theoretical base for practice that is beneficial to all settings.
6. Identify three different theoretical models of mental health care and demonstrate how each could be used in specific circumstances.
7. Distinguish models of care used in clinical settings and cite benefits and limitations of these models.

#### Chapter 4, Biological Basis for Understanding Psychopharmacology

1. Identify at least three major brain structures and eight major brain functions that can be altered by mental illness and psychotropic medications.
2. Describe how evidence-based neuroimaging is helpful in understanding abnormalities of brain function, structure and receptor pharmacology.
3. Explain the basic process of neurotransmission and synaptic transmission, using Figures 4-5, 4-6, and 4-7.
4. Identify the main neurotransmitter systems affected by the following psychotropic drugs:
  5. Antidepressants
  6. Antianxiety agents
  7. Sedative-hypnotics



8. Mood stabilizers
9. Antipsychotic agents
10. Anticholinesterase drugs
11. Explain the relevance of psychodynamic and psychokinetic drug interactions in the delivery of safe, effective nursing care.
12. Discuss safety concerns related to dietary and drug restrictions with monoamine oxidase inhibitors (MAOIs).
13. Compare and contrast typical and atypical antipsychotic drugs with regard to their side effect profiles and quality of life.
14. Discuss the relationship between the immune system and the nervous system in mental health and mental illness.
15. Describe how genes and culture affect an individual's response to psychotropic medication.

#### Chapter 5, Settings for Psychiatric Care

1. Describe the evolution of treatment settings for psychiatric care.
2. Compare and contrast inpatient and outpatient treatment environments in which psychiatric care is provided.
3. Discuss the role of mental health professionals in assisting people with mental illness symptoms or mental illnesses.
4. Explain methods for financing psychiatric care.

#### Chapter 6, Legal and Ethical Basis for Practice

1. Compare and contrast the different admissions procedures including admission criteria.
2. Summarize patients' rights as they pertain to the patient's (a) right to treatment, (b) right to refuse treatment, and (c) right to informed consent.
3. Delineate the steps nurses are advised to take to ensure patient safety if they suspect negligence or illegal activity on the part of a professional colleague or peer.
4. Discuss the legal considerations of patient privilege (a) after a patient has died, (b) if the patient tests positive for human immunodeficiency virus, or (c) if the patient's employer states a "need to know."
5. Summarize situations in which health care professionals have a duty to break patient confidentiality.
6. Discuss a patient's civil rights and describe how they pertain to restraint and seclusion.
7. Discuss in detail the balance between the patient's rights and the rights of society with respect to the following legal concepts relevant in nursing and psychiatric nursing: (a) duty to intervene, (b) documentation and charting, and (c) confidentiality.

#### Chapter 7, Nursing Process and QSEN: The Foundation for Safe and Effective Care

1. Conduct a mental status examination (MSE).
2. Perform a psychosocial assessment including cultural and spiritual components.
3. Explain three principles a nurse follows in planning actions to reach approved outcome criteria.
4. Construct a plan of care for a patient with a mental or emotional health problem.
5. Identify three advanced practice psychiatric nursing interventions.
6. Demonstrate basic nursing interventions and evaluation of care using the Standards of Practice (ANA, APNA, ISPN, 2014) 2014.
7. Compare and contrast the Nursing Interventions Classification, Nursing Outcomes Classification, and evidence-based nursing practice.
8. Using informatics, access [www.qsen.org](http://www.qsen.org) and read the prelicensure quality and safety competencies for knowledge, skills, and attitudes (KSAs) needed to prepare nurses for employment in the health care system.

#### Chapter 8, Communication Skills: Medium for All Nursing Practice

1. Identify three personal and two environmental factors that can impede accurate communication.
2. Discuss the differences between verbal and nonverbal communication and demonstrate at least five areas of nonverbal communication.
3. Identify two attending behaviors that you will work on to increase your communication skills.
4. Relate problems that can arise when nurses are insensitive to cultural differences in patients' communication styles.
5. Compare and contrast the range of verbal and nonverbal communication of your cultural groups with two other cultural groups in the areas of (a) communication style, (b) eye contact, and (c) touch. Give examples.
6. Demonstrate with a classmate the use of four techniques that can enhance communication, highlighting what makes them effective.
7. Demonstrate with a classmate the use of four techniques that can obstruct communication, highlighting what makes them ineffective.
8. Role play with a classmate the techniques of "What if" and the "Miracle Question" and then switch roles. Identify what new information you might have learned about your classmate, and what new insight you might have about yourself.
9. Identify the advantages of telemedicine and telepsychiatry in the community in which you live.

## Chapter 9, Therapeutic Relationships and the Clinical Interview

1. Compare and contrast the three phases of the nurse–patient relationship.
2. Compare and contrast a social relationship and a therapeutic relationship regarding purpose, focus, communication style, and goals.
3. Identify at least four patient behaviors a nurse may encounter in the clinical setting.
4. Explore aspects that foster a therapeutic nurse–patient relationship and those that are inherent in a nontherapeutic nursing interactive process.
5. Define and discuss the role of empathy, genuineness, and positive regard on the part of the nurse in a nurse–patient relationship.
6. Role-play with a classmate or group two attitudes and four actions that may reflect the nurse’s positive regard for a patient.
7. Analyze what is meant by boundaries and the influence of transference and countertransference on boundary blurring.
8. Act out the use of attending behaviors (eye contact, body language, vocal qualities, and verbal tracking) with a classmate or friend.
9. Discuss the influences of different values and cultural beliefs on the therapeutic relationship.

## Chapter 10, Trauma and Stress-Related Disorders

1. Discuss four examples of how *eustress* has helped you in your life and two examples of how *distress* has affected you in your life.
2. Describe some of the common symptoms people experience when they are stressed.
3. Describe the physiological manifestations of the fight-or-flight response of the autonomic nervous system when triggered by a stressor.
4. Describe the physiological manifestations of the hypothalamus-pituitary-adrenal cortex axis in the role of chronic stress in terms of the fight-or-flight response.
5. Teach a classmate about posttraumatic stress disorder (PTSD), including (a) the symptoms, (b) the way it could affect our war veterans and others exposed to trauma, (c) possible sequelae (results) of untreated PTSD, (d) potential treatments, and (e) the potential for PTSD in first responders.
6. Discuss how health care workers are vulnerable to compassion stress and compassion fatigue and describe the steps.
7. Explain how assessing for traumatic brain injury (TBI) is best practice when working with returning war veterans, as well as other members of the population who are involved in traumatic injury (eg, head injuries, sports injuries, physical abuse).
8. Compare and contrast the differences between PTSD and acute stress disorder.
9. Describe what is meant by secondary traumatic stress/compassion fatigue in terms of (a) symptoms and (b) health care workers who might be the most vulnerable.

## Chapter 11, Anxiety, Anxiety Disorders, and Obsessive-Compulsive and Related Disorders

1. Differentiate among normal anxiety, acute anxiety, and chronic anxiety.
2. Contrast and compare the four levels of anxiety in relation to perceptual field, ability to learn, and physical and other defining behavioral characteristics.
3. Summarize five properties of the defense mechanisms.
4. Give a definition for at least six defense mechanisms.
5. Rank the defense mechanisms from healthy to highly detrimental.
6. Describe clinical manifestations of each anxiety disorder
7. Formulate four NANDA International nursing diagnoses that might be appropriate in the care of an individual with an anxiety disorder.
8. Name three defense mechanisms commonly used in excess by patients with anxiety disorders.
9. Propose realistic outcome criteria for patients with (a) generalized anxiety disorder, (b) panic disorder, and (c) obsessive-compulsive disorder.
10. Discuss three classes of medications that have demonstrated **evidence-based effectiveness** in treating anxiety disorders.
11. Identify the patient’s experience and needs when planning **patient-centered care** for a person with obsessive-compulsive disorder.
12. Compare and contrast the differences between hoarding behaviors with obsessive-compulsive disorder (OCD) and hoarding behaviors without OCD.

## Chapter 12, Somatic Symptom Disorders and Dissociative Disorders

1. Compare and contrast the etiologies and basic symptoms of somatic and dissociative disorders.
2. Differentiate the significant differences between the bulk of the somatic symptoms disorders and factitious disorder. Understand how this would affect your thought process while giving nursing care.

3. Identify factors that can make it difficult to identify somatic symptom disorders.
4. Keeping in mind that dissociative disorders are trauma based, describe how this might change your approach in providing nursing care to this population.

#### Chapter 13, Personality Disorders

1. Summarize four characteristics shared by people with personality disorders.
2. Describe at least four co-occurring conditions that are often present in people with a personality disorder.
3. Define and differentiate among at least three examples of primitive or immature defenses.
4. Compare and contrast the behaviors seen in borderline personality disorder and narcissistic personality disorder.
5. Identify some disconcerting feelings that health care professionals experience when working with individuals with personality disorders.
6. Discuss how you would use teamwork and collaboration when working with a patient who is extremely manipulative.
7. In planning patient-centered care for an individual who demonstrates impulsive behaviors, explain the use of at least four communication strategies.
8. Identify those individuals with personality disorders who have the highest potential for self-harm.

#### Chapter 14, Eating Disorders

1. Compare and contrast the signs and symptoms of anorexia nervosa and bulimia nervosa.
2. Apply knowledge of patient safety needs when assessing for at least two life-threatening conditions that may develop for a patient with anorexia and at least two for a patient with bulimia.
3. Identify examples of therapeutic interventions that are appropriate for the acute phase and those that are appropriate for the long-term phase of treatment when planning patient-centered care for a patient with anorexia nervosa.
4. Describe what you know about evidence-based practice in the optimal treatment of eating disorders.
5. Distinguish between effective treatments when planning patient-centered care for patients with acute bulimia and for individuals in long-term therapy for bulimia.
6. Discuss the teamwork and collaboration needed to effectively treat eating disorders.
7. Differentiate between the long-term prognosis of anorexia nervosa, bulimia nervosa, and binge eating disorder.

#### Chapter 15, Mood Disorders: Depression

1. Differentiate between major depressive disorder (MDD) and persistent depressive disorder (PDD).
2. Summarize the links between the stress model of depression and the biological model of depression.
3. Apply patient-centered care during assessment of a depressed individual in each of the following areas: (a) affect, (b) thought processes, (c) feelings, (d) physical characteristics, and (e) communication.
4. Apply communication strategies that are useful for depressed patients in a nursing care plan for a depressed individual.
5. Describe evidence-based practice regarding advantages versus disadvantages of both selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants (TCAs).
6. Identify two atypical antidepressants and explain the unique attributes of their use in specific circumstances.
7. Discuss at length, using a step-by-step approach, the role of monoamine oxidase (MAO) in our brain and explain why special dietary/medication restrictions have to be maintained when a monoamine oxidase inhibitor (MAOI) is prescribed.
8. Relate why the selegiline transdermal system (STS) is a breakthrough for the MAOIs.
9. Identify potential safety issues regarding the adverse reactions of the SSRIs, especially in older adults.
10. Applying the knowledge of evidence-based practice, identify the attributes of a depressed individual for which electroconvulsive therapy (ECT) is most helpful.
11. Explain all the ways teamwork and collaboration are useful in the treatment of depression.
12. Find a website that enables individuals to perform a confidential screening test for depression.

#### Chapter 16, Bipolar Spectrum Disorders

1. Discuss the progression of behaviors, speech patterns, and thought processes and thought content of a person escalating from hypomania to mania to delirious mania.
2. Apply best-known evidence-based practice to identify interventions for each of the progressions from hypomania to mania to delirious mania.
3. Describe in detail the physical, safety, personal, and legal considerations a nurse must be aware of during a patient's manic phase.
4. Discuss the rationale for at least five communication strategies that are effective with patients in acute mania.
5. Identify specific incidences when teamwork and collaboration are key for a patient in an acute phase of mania and those for a patient in delirious mania.
6. Apply knowledge of safety in establishing a milieu for a hospitalized patient in acute mania.

7. Using informatics identify expected side effects of lithium therapy.
8. Compare and contrast the differences between the signs and interventions for early and severe lithium toxicity.
9. Using evidence-based knowledge, identify the bipolar clinical subtypes that may respond better to anticonvulsant therapy as well as those that may respond better to lithium therapy. List the medications most appropriate for pregnant women with bipolar disorder.
10. Develop a patient-centered teaching plan for a patient with bipolar disorder who is in the continuation phase of treatment.
11. Compare and contrast the focus of treatment for a person in the acute manic phase and that for a person in the continuation or maintenance phase of a bipolar I disorder.
12. Describe how teamwork and collaboration are vital when working with people in a manic state and the responsibilities of the team and how their collaboration would be implemented.

#### Chapter 17, Schizophrenia Spectrum Disorders and Other Psychotic Disorders

1. Describe the prodromal (early) symptoms that a person with schizophrenia may exhibit during the prepsychotic phase.
2. Identify evidence-based data that support the premise that schizophrenia is a neurological disease.
3. Compare and contrast the positive and negative symptoms of schizophrenia with regard to (a) their effect on quality of life, (b) their significance for the prognosis of the disease, and (c) their side effect profile.
4. Delineate ways that neurocognitive impairments impact a person who is struggling with schizophrenia; include prognosis and quality-of-life indicators.
5. Identify the numerous areas in which health care workers need to apply safety interventions for a person with schizophrenia during the different phases of treatment.
6. Demonstrate with classmates the best *evidence-based practice* for communicating with a person who is (a) hallucinating, (b) paranoid, and (c) experiencing delusions.
7. Teach a classmate, group, or friend the differences between the properties of first-generation (typical) antipsychotics versus second-generation (atypical) antipsychotic drugs regarding the following: (a) target symptoms, (b) indications for use, (c) adverse effects and toxic effects, (d) need for patient and family teaching and follow-up, and (e) potential for medical compliance.
8. Discuss evidence-based psychosocial therapies for patients with schizophrenia and their families.
9. Differentiate among the three phases of schizophrenia in terms of symptoms, focus of care, and intervention needs using Table 17-5 as a guide.
10. Identify specific times when teamwork and collaboration with other health care professionals is paramount for the implementation of safe and effective care for a patient with schizophrenia.
11. Using informatics, search for available resources for patients and families coping with schizophrenia in your area (e.g., Mental Health America [<http://www.nmha.org>] or National Alliance on Mental Illness [NAMI] [<http://www.nami.org/>]).
12. Using informatics, search the web for a copy of the AIMS test for the detection of tardive dyskinesia (TD) (e.g., [www.cqaimh.org/pdf/tool\\_aims.pdf](http://www.cqaimh.org/pdf/tool_aims.pdf)).
13. Describe at least four other primary psychotic disorders.

#### Chapter 18, Neurocognitive Disorders

1. Using descriptive words, describe the behavior, cognitive abilities, clinical picture, and types of feelings a person with delirium might experience.
2. Discuss the critical safety needs of a patient with delirium and give examples of how you would meet them.
3. Using a patient-centered nursing care plan, demonstrate interventions and rationales for the care of a person experiencing delirium.
4. Describe the four A's, the defense mechanisms, and the signs and symptoms occurring in each of the four stages of Alzheimer's disease (AD).
5. When caring for a patient with Alzheimer's disease (including teaching family members), identify evidence-based interventions with rationales for each of the following categories: (a) communication, (b) health maintenance, and (c) safe environment.
6. Discuss the kinds of teamwork and collaboration needed in the community to support patients with Alzheimer's Disease and their families (list at least four kinds of community service and in-home service).
7. Applying informatics, find different types of family and individual supports for a patient with Alzheimer's Disease in your own community.

#### Chapter 19, Substance-Related and Addictive Disorders

1. Identify the *DSM-5's* diagnostic criteria for a substance use disorder, and name at least 5 out of the 11 indicators needed for a diagnosis of a substance use disorder.
2. Describe the neurobiological process that occurs in the brain where a chemical substance of abuse enters the body. Include in your description neurotransmitters that enhance the progression of addiction.

3. Discuss the cognitive deficits that occur in all individuals with substance use disorders.
4. When planning **patient-centered care** for a person with a substance use disorder, identify four components of the assessment process that you feel are most important.
5. Discuss the rationale for inclusion of motivation and spirituality in the plan of care and how that may impact your patient's progress toward sobriety.
6. Identify the **safety** issues for both patients and healthcare workers. How does reporting an impaired colleague to the proper authorities (a) protect the safety of patients and (b) impact on the colleague's future ability to practice, physical health, and personal relationships.
7. Describe two aspects of enabling behaviors that you have witnessed in friends, family, or others.
8. List the clinical manifestations (signs and symptoms) of intoxication, overdose, and withdrawal for two substances of abuse.
9. Identify the signs and symptoms that would alert you of the need for safety precautions in a person who is withdrawing from alcohol, and describe the appropriate nursing care and pharmacological therapy needed. Identify signs and symptoms for alcohol withdrawal, and describe associated safety precautions, nursing care and pharmacological therapy for each symptom.
10. Apply the principles in the Recovery Paradigm that you would include in a nursing care plan for recovery.
11. Research the long-term effects of marijuana, amphetamines, and hallucinogens on the internet.

#### Chapter 20, Crisis and Mass Disaster

1. Identify three principles of crisis intervention. How can these be used to provide **evidence-based care** to a patient in crisis?
2. Discuss what is meant by primary, secondary, and tertiary crisis intervention. Give a clinical example of the kinds of intervention needed for each phase of crisis intervention.
3. Define the meaning of "triage team", responsibilities of the team during an adventitious crisis/mass disaster and reasons for why it is needed. rationale for What is a triage team, why is it needed, and what are its responsibilities during an adventitious crisis/mass disaster?
4. Discuss the importance of **teamwork and collaboration** when identifying the initial needs of people facing an adventitious crisis/mass disaster.
5. Plan **patient-centered care** for a person who has experienced a situational crisis and identify the potential cognitive and emotional states likely to be present. Identify the potential cognitive and emotional states of a person experiencing a situational crisis, and develop a plan of care for this person.
6. Identify the mental health safety needs that people may face if they do not obtain support during or after a crisis (refer also to Chapter 10).
7. Provide an overview of Critical Incident Stress Debriefing (CISD), including its purpose and process.

#### Chapter 21, Child, Partner, and Elder Violence

1. Differentiate among the four types of family abuse and give two physical and behavioral indicators for each.
2. Consider how you would communicate with (a) a parent who was suspected of child abuse and (b) a woman who is the victim of intimate partner violence (IPV) while **providing patient-centered care**.
3. Identify at least five characteristics of an abusive parent.
4. Evaluate at least three red flags that a nurse might note during a family assessment that could indicate elder abuse is occurring.
5. Incorporating **evidence-based practice and safety**, identify the most dangerous time in an incidence of violence.
6. Assess which various professions may be involved in **team work and collaboration** when obtaining forensic evidence from a child or adult victim of abuse.
7. Describe the factors that make an older adult more vulnerable to abuse, and provide a supporting clinical example.
8. Using **informatics**, research the resources and agencies in your community related to elder abuse, intimate partner violence, and child abuse.

#### Chapter 22, Sexual Violence

1. Give examples of teamwork and collaboration by identifying the various functions and disciplines that constitute members of the sexual assault response team (SART).
2. Evaluate how sexual assault nurse examiners (SANEs) promote safety by describing the areas of expertise they provide to victims of sexual violence.
3. Identify individual vulnerabilities that might put a person at risk for sexual assault.
4. Summarize the characteristics of a perpetrator of sexual assault.
5. Incorporate evidence-based practice by identifying the specific data collected in the forensic component of the assessment that may be used as criminal evidence in court.
6. Promote safety by outlining the guidelines for emergency treatment of a woman or man who has been sexually assaulted.
7. Provide patient-centered care by delineating the symptoms of rape-trauma syndrome that you would include in

- your teaching to a victim of sexual assault to prepare him/her for the second phase.
8. Utilizing informatics, write up a list of community supports in your community that can be offered to a sexually assaulted individual.
  9. Prepare a mock documentation of your initial assessment of a victim of sexual assault (including objective and subjective data and a body map).

#### Chapter 23, Suicidal Thoughts and Behaviors

1. Explain the role of culture, religion, and socioeconomic status as they relate to suicidal risk.
2. List the risk factors (including those in the Modified SAD PERSONS Scale) used to determine an individual's suicide potential, and discuss a patient centered plan of care based on a patient's suicidal risk.
3. Discuss the safety procedures needed for a hospitalized, acutely suicidal individual.
4. Describe the need and rationale for postvention for family or friends of an individual who has completed suicide.
5. Discuss how staff psychological post-mortem assessment postvention may contribute to improved outcomes.
6. Identify the needed interventions that might provide **quality improvement** methods to help identify and prevent suicide for our returning war veterans.
7. Summarize the overt, covert, and behavioral clues and the steps in evaluating the lethality of a suicide plan for an individual who is contemplating suicide.
8. Utilizing **informatics**, make a list of community support groups within your community that might help people who are suicidal, such as support groups for veterans, suicide hotlines, crisis centers, substance use groups (eg, AA, SMART).
9. Applying communication techniques, identify some of the most important dialogue and questions needed to **promote safety for a suicidal patient**
10. Contrast and compare the pros and cons of the "right to die" physician-assisted suicide (PAS) as outlined in the chapter.

#### Chapter 24, Anger, Aggression, and Violence

1. Discuss the interplay of neurobiology, medical history, past history, and sociological/demographic issues that contribute to risk for violence.
2. Promote safety by demonstrating the physical indicators of a patient who is beginning to escalate out of control.
3. Provide patient-centered care by comparing and contrasting interventions for a patient who is angry and loud in the pre-escalation phase with those for a patient who is escalating to the aggressive phase.
4. Identify the specific safety measures you would take when engaged in de-escalating an aggressive individual.
5. Plan patient-centered nursing care for a patient who is in seclusion.
6. Incorporate evidence-based practice by describing the use of communication and procedures implemented when placing an individual in restraints.
7. Discuss how teamwork and collaboration are vital to applying seclusions or restraints to a patient who is a danger to self or others.
8. Discuss how quality improvement methods can develop from the process of critical incident debriefing.
9. Document an example of the areas for which the nurse must provide written information when violence was averted or actually occurred.
10. Incorporate evidence-based practice by identifying calming and reassuring communications and the optimum milieu in managing a patient whose behaviors are escalating.

#### Chapter 25, Care for the Dying and Those Who Grieve

1. Discuss and differentiate palliative care and hospice in terms of (a) purpose, (b) philosophy and goals, (c) settings, and (d) various supports available to families.
2. Compare and contrast the terms *loss*, *grief*, *bereavement* and *mourning*.
3. Identify the behavioral outcomes that indicate healthy bereavement.
4. Delineate at least five symptoms of complicated grief.
5. Discuss and give examples of the various phenomena experienced during the normal grief process (eg, sensations of somatic distress, changes in behavior).
6. Describe three short-term interventions that can be used to help a person experiencing complicated grief come to terms with his or her loss.
7. Describe and discuss the Four Tasks of Mourning as identified in this chapter.
8. Select at least two patient-centered goals of care at end of life, and discuss how you would address these issues.
9. Identify key communication interventions that support patient-centered goals of care.
10. Explain the interventions you would take to help grief-stricken caregivers in the following areas:
11. Helping the bereaved caregivers come to terms with their feelings
12. Helping people say goodbye
13. Helping families maintain "hope"
14. Establishing a presence

15. Describe the importance of self-care interventions for nurses.

#### Chapter 26, Children and Adolescents

1. Discuss the importance of understanding developmental theory when performing an assessment or providing care for children or adolescents. Give examples of developmental information you would gather.
2. Using evidence-based practice and considering holism, Formulate an evidenced based, patient-centered, holistic care plan for a child/adolescent with a mental health disorder.
3. When considering the disorders of children and adolescents discussed in this chapter, list the symptoms that would raise concern for the patient's safety.
4. Identify situations and opportunities requiring teamwork and collaboration with staff members, other departments, or parents and family when caring for minor patients.
5. Evaluate the emotional and physical needs of a child with either an autism spectrum disorder or attention deficit hyperactivity disorder, and identify evidence-based behavioral interventions.

#### Chapter27, Adults with Severe and Persistent Mental Illness

1. Discuss ways in which severe mental illness affects society.
2. Discuss the safety issues and problems experienced by those living with severe and persistent mental illness (SPMI).
3. Describe evidence-based treatments for severe and persistent mental illness.
4. Role-play a therapeutic interaction designed to improve treatment adherence for an individual with a severe and persistent mental illness (SPMI).
5. Describe common sleep disorders, their treatment and related nursing care.
6. Describe the core behaviors and characteristics of impulse-control disorders and their societal implications.
7. Role-play a therapeutic interaction with a person portraying an impulse control disorder.
8. Describe sexual disorders and their implications for society.
9. Discuss the forms of treatment for pedophilia disorder.
10. Role-play a therapeutic interaction with a person portraying attention deficit/hyperactivity disorder (ADHD).