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

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Office Hours: *Office numbers will not work before 0800 or after 1700. Please check with your faculty for emergency contact information. Office hours vary during week due to meetings. Please request an appointment via Blackboard*

Section Information: NURS 3481 PSYCHIATRIC MENTAL HEALTH NURSING OF INDIVIDUALS, FAMILIES, AND GROUPS – Sections 600 and 601.

Time and Place of Class Meetings: Online via blackboard

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.

REQUIRED TEXTBOOKS AND OTHER COURSE MATERIALS:
Varcarolis, E. (2017). *Essentials of psychiatric nursing: A communication approach to evidence-based
        care.* Evolve Health Sciences. ISBN: 9780323389655

ATI (2013). *RN mental health nursing content mastery series review module.* (10th ed). Assessment
Technologies Institute (eBook included in ATI purchase from J1). Req. for all Junior 2 students: ATI Resources
(from Junior 1) Cohort = 1219 C19

Lippincott Williams & Wilkins (2019). vSim for Nursing: Psychiatric Mental Health. This ISBN is for vSim for Nursing, Mental Health, eCommerce, One-Year Instant Access for Standalone Sales and Packaging with Non-CoursePoint product only! To make sure you receive the correct product **and the discount**, please only use the Lippincott Direct site to purchase the product, as this is where you will receive your UTA discount: There is only one option here, and it is $74.96 with the UTA discount. (lippincottdirect.lww.com)
Optional:

Hogan, M., Przybylowicz, T., & Vacek, J. (2019). Mental health nursing: Reviews & rationales (4th ed.). New York, NY: Pearson. ISBN: 9780134517148

Hogan, M., Burke, S., Dentlinger, N., & Gingrich, M. (2018). Pharmacology: Reviews & rationales (4th ed.). New York, NY: Pearson. ISBN: 9780134517155

Silvestri, L. A. (2017). *Saunders comprehensive review for the NCLEX-RN examination* (7th ed.). St. Louis, MO: Saunders Elsevier. ISBN: 9780323391368

Silvestri, L. & Silvestri, A. (2018) *Saunders 2018-2019 strategies for test success: passing nursing school and the NCLEX exam*, 5e (5th ed.). ISBN: 9780323479608

Varcarolis, E. (2019). Varcarolis' Manual of Psychiatric Nursing Care Planning: An Interprofessional Approach, 6th Edition. Evolve Health Sciences. ISBN: 9780323479493

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.

Major Assignments and Examinations:

Proctored exams

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

Non-Proctored Assignments

ATI Practice A/Focused Review	4%
ATI Proctored Exam/ Focused Review	6%
Nursing Care Plan	2%
Process Recording	2%
Evidence-Based Poster Presentation	1%
Total Non-Proctored Assignments	15%

COURSE POLICIES

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.

UTA COLLEGE OF NURSING GRADING CRITERIA:
Minimum Passing Criteria:
In order to successfully complete an undergraduate nursing course at UTA, the following minimum criteria must be met:
- 70% weighted average on major proctored exams
- 70% weighted average on major written assignments (if applicable)
- Completion of ATI CAPP (Comprehensive Assessment and Preparation Program) Phase 1 and 2 requirements
- Passing score for the clinical component of the course, including minimum passing score requirements for the Medication Administration Competency Assessment: 100% on Essential Medication Skills Assessment (90% minimum score for students enrolled in NURS 3632) and 90% on Advanced Medication Skills Assessment

o   Student must pass clinical which requires the student to have
·   Acquire a minimum of 90 clinical hours which includes Clinical Orientation Day, Communication Lab Day and Parts 1 & 2 of the Simulation.
·   Successfully complete the required vSim with 90% benchmark.
·   Successfully complete the Critical Thinking-Reflection Journal, Initial Client, Care Plan, Process Recording, Evidenced-Based Poster Presentation, Videos.
If a student does not meet all of the above mandatory requirements, the student will fail the course.

In undergraduate nursing courses, all grade calculations will be carried out to two decimal places and there will be <u>no rounding</u> 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: Exam scheduling and administration procedures are standardized among all pre-nursing and upper-division courses in the pre-licensure nursing program. The full policy, located in the CONHI Policy and Handbook Library, includes details related to exam development, exam scheduling and accommodations, exam administration, testing environment, and post-exam procedures.

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.
   - The make-up exam may include alternative questions and/or test format. 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 alternative questions and/or 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.

- o Students will not be allowed to take exam in another section without penalty due to an unexcused absence.
3. Exam Tardy:
    - o 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.
    - o Online Proctored 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.
        - 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.
        - The Learning Management System 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.
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.
5.

Comprehensive Assessment and Preparation Program (CAPP): All students enrolled in this course must 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 must complete all components of Phase 1 and Phase 2 to pass the course.** 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). Critical Points must be handwritten, legible and accessible to receive credit. Students who do not complete all components of Phase 1 by the due date will not be eligible to take the Content Mastery Assessment (proctored exam) in Phase 2 and will fail the course.

Phase 2 of the Course Content Mastery Assessment is worth 6% of the course grade and is based on the score received for the proficiency level achieved. All eligible students must complete the Proctored Assessment. Students scoring <1 will receive an Incomplete for the course and will complete the Focused Review and hand-written Active Learning Templates for all Topics to Review listed on the Individual Performance Profile. Active Learning Templates must be handwritten, legible and accessible to receive credit. 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 based on the score received for the Level achieved 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

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.

CLINICAL POLICIES

Clinical Performance Requirements & Evidence of Clinical Competence: Clinical courses are classified as PASS/FAIL courses. In order to progress in the College of Nursing, students must receive a passing grade in the lecture component as well as satisfactorily meet the clinical course requirements.
Nursing is a practice profession in which client and family safety must be protected (Texas Board of Nursing). **If clinical performance has been deemed unsafe, students may not drop or withdraw from any clinical course. They will be immediately removed from the clinical setting, forfeit further clinical experiences, and receive a grade of F.** The following Clinical Failing Behaviors will result in a clinical failure regardless of the drop or withdrawal date and are based

on professional nursing standards set forth by the Nurse Practice Act, the Texas Board of Nurse Examiners, and program policy related to client safety in the clinical setting:

Clinical Failing Behaviors	Matched to NPA
1. Performance is unsafe.	1,2,3,5,6,7,9,10,11,12,13,14
2. Questionable decisions are often made.	1,2,3,4,5,6,7,8,9,10,11,12,13,14
3. Lacks insight into own behaviors and that of others.	1,2,3,4,5,6,8,9,10,11,12,13,14
4. 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 217.00 (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 client health 217.11 (1) (D).
3. Implements a safe environment for clients 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/client 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 clients or protect clients from unnecessary risk or harm 213.27(b) (2)(G).

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

In addition to professional standards of nursing practice, the following program requirements are associated with client safety and will result in clinical failure without regard to drop or withdrawal time frames:

- Failure to meet minimum score requirements on the Medication Administration Competency Assessment (below)
- Non-compliance with Clinical Clearance Requirements
- Non-compliance with Drug and Alcohol Screening policy
- Unlawful behavior prohibiting sufficient background check required for clinical participation

These clinical failures will be reviewed and approved by the Associate Chair/Chair of Undergraduate Nursing Programs.

Clinical Attendance: It is expected that students will attend all assigned clinical activities. In the case of illness, remember to take appropriate health precautions. Students should **not attend clinical experiences if they are febrile or carrying any potential communicable disease.** Students are expected to notify clinical faculty immediately if they anticipate they will not be able to attend an assigned clinical assignment. Absence of any part of a clinical day will require make-up in the simulation lab or another alternative at the clinical faculty's discretion. Medical illnesses/emergencies or other dire circumstance may be an acceptable reason to miss an assigned clinical. If a clinical experience is missed due to illness, a medical release will be required prior to returning to the classroom/clinical setting. In the case of other dire circumstance, you will be **required** to show acceptable proof of the extenuating circumstances that kept you from clinical. Elective medical procedures, work, childcare or travel issues are not an excused absence from clinical and will be considered an unexcused absence. Unexcused absences may result in clinical failure. The first tardy will result in a verbal warning. Students with two (2) tardies will be placed on a Performance Improvement Plan (PIP) which will be kept in the student's permanent file. Students who are placed on a PIP are ineligible for a clinical award and faculty may not write a letter of recommendation. After 3 (three) tardies, the student may receive a clinical failure. Specific information is contained in your course syllabus. Students must consult their clinical faculty or lead teacher if they have any questions about whether or not they should attend clinical. Students should refer to the individual course syllabus for specific details/regulations for each course. Students deemed unprepared for the clinical experience by the clinical instructor/preceptor, may be requested to leave the clinical site

and **will** receive an unexcused absence. An alternate experience must be completed as established by the clinical faculty.

Exposure to Bloodborne Pathogens: In the event of injury, needle stick, and/or exposure of the nursing student to blood or body fluids, the nursing student should immediately notify the nursing clinical faculty. The faculty will follow the Exposure to Bloodborne Pathogens Procedure in place at the facility. Any expense or treatment required is the responsibility of the student.

Grade Grievances: In an attempt to resolve a complaint, the student must first make a serious effort to resolve the matter with the individual with whom the grievance originated. Faculty of the course has the primary responsibility for assigning grades. Appeals of the official grade assigned to a student for a course will not, therefore, be considered at levels above the faculty unless a student offers evidence of:
- Differential treatment – examples might be providing benefits such as extra time for assignments to some but not all students in the class; excluding some students from attendance or other course requirements, OR
- Procedural irregularities – examples might be adding a new requirement that was not listed in the class syllabus; using criteria for grades not made available to the student ahead of time.

The full procedure for student grievances can be found in the College of Nursing Student Handbook: https://www.uta.edu/conhi/students/policy/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://wweb.uta.edu/aao/fao/).

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

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

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

Title IX Policy: The University of Texas at Arlington ("University") is committed to maintaining a learning and working environment that is free from discrimination based on sex in accordance with Title IX of the Higher Education Amendments of 1972 (Title IX), which prohibits discrimination on the basis of sex in educational programs or activities; Title VII of the Civil Rights Act of 1964 (Title VII), which prohibits sex discrimination in employment; and the Campus Sexual Violence Elimination Act (SaVE Act). Sexual misconduct is a form of sex discrimination and will not be tolerated. *For information regarding Title IX, visit* www.uta.edu/titleIX or contact Ms. Michelle Willbanks, Title IX Coordinator at (817) 272-4585 or 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/

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

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. 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

Active Shooter: The safety and security of our campus is the responsibility of everyone in our community. Each of us has an obligation to be prepared to appropriately respond to threats to our campus, such as an active aggressor. Please review the information provided by UTA Police regarding the options and strategies we can all use to stay safe during difficult situations. https://police.uta.edu/activeshooter

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

The IDEAS Center **(**2nd Floor of Central Library) offers **FREE** tutoring to all students with a focus on transfer students, sophomores, veterans and others undergoing a transition to UT Arlington. Students can drop in, or check the schedule of available peer tutors at 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 for detailed information on all our programs and services. The Library's 2nd floor Academic Plaza offers students a central hub of support services, including IDEAS Center, University Advising Services, Transfer UTA and various college/school advising hours. Services are available during the library's hours of operation. http://library.uta.edu/academic-plaza

Librarian to Contact: http://www.uta.edu/library/help/subject-librarians.php

Nursing Librarians: nursinglibrarians@uta.edu

Gretchen Trkay	gtrkay@uta.edu
Peace Ossom Williamson	peace@uta.edu
Heather Scalf	scalf@uta.edu
RaeAnna Jeffers	raeanna.jeffers@uta.edu

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

Research Information on Nursing: http://libguides.uta.edu/nursing

UNDERGRADUATE SUPPORT STAFF:

Shamara Whetstone, Administrative Assistant I – Off Campus BSN Program
645 Pickard Hall, (817) 272-0237
Email shamara.whetstone@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

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

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.

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.

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

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

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

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.

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.

- **Proctored ATI Fundamentals Assessment (Phase 2) – 6% Required**
  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.

The following assignments are graded/checked-off by Clinical Instructor and/or Coach

- **Practice ATI Fundamentals Assessment A (Phase 1) – 4% Required**
  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).

- **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 Client Interview Assignment – Required ****
  The goal of the **Initial Client 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 Client Interview Assignment on Blackboard.)

- **Nursing Care Plan Assignment – 2% Required ****
  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 **<u>Satisfactory</u>** 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 client.

- **Process Recording – 2% Required ****
  A process recording provides a means of collecting, interpreting, analyzing, and synthesizing data gathered during a nurse-client therapeutic encounter. The purpose is to critically evaluate your communication with your client and its impact on behavioral change, leading to improved quality of therapeutic communication patterns with your clients. 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% Required ****
  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 client 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 clients 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 Journal – Required ****
  The clinical reflection journal is an overall critical reflection of clinical experiences. 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 client 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 client care in the clinical environment and improves the communication process thereby maintaining client safety. The SBAR Documentation Forms are submitted weekly to the clinical instructor after post-conference to review student's documentation and assessment of and individualized plan for their client. (Please refer to guidelines for the SBAR Presentation on Blackboard.)

- **vSim Assignments – Required, Receives clinical hours ****
  vSim assignments simulates real nursing scenarios and allows students to interact with virtual clients 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%.

- **Psychological First Aid (PFA) – Required, Receives clinical hours ****
  PFA consists of 6-hour interactive modules putting the participant into the role of a post-disaster scene provider facilitating on responses to a disaster or terrorism incident using *Psychological First Aid* intervention. The evidence-informed approach helps to assist children, adolescents, adults, and families in the aftermath of disaster and terrorism. Students will complete the online training modules and post-test to obtain the PFA certificate to 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 **)

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

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

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

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.

Please see document on the next page.

Topical Lecture Outline Spring 2019	
Week	**Topics**
1 01/22-1/27	**First day clinical simulation.** Intro to Blackboard, Course & Clinical Syllabus Chapter 1: Practicing the Science and the Art of Psychiatric Nursing Chapter 2: Mental Health and Mental Illness Chapter 6: Legal and Ethical Basis for Practice Chapter 7: Nursing Process and QSEN: The Foundation for Safe and Effective Care
2 01/28 - 02/03	Chapter 8: Communication Skills: Medium for All Nursing Practice Chapter 9: Therapeutic Relationships and the Clinical Interview Chapter 4: Biological Basis for Understanding Psychopharmacology
3 02/04 - 02/10 Exam 1 on 02-07	**Exam 1 (50 questions) (includes all material in weeks 1, 2, 3).** Chapter 11: Anxiety, Anxiety Disorders, and Obsessive-Compulsive Chapter 3: Theories and Therapies
4 02/11 - 02/17	Chapter 5: Settings Chapter 10: Trauma and Stress-Related Disorders Chapter 20: Crisis, Mass Disaster Management
5 02/18 - 02/24	Chapter 15: Mood Disorders: Depression Chapter 23: Suicidal Thoughts Chapter 25: Care for the Dying and Those who Grieve **ATI Quiz 1**
6 02/25 - 03/03	**Last week at clinical facilities.** Chapter 16: Mood Disorders- Bipolar Chapter 24: Anger, Aggression, and Violence Chapter 17: Schizophrenia and Related Disorders **ATI Quiz 2**
7 03/04 - 03/10 Exam 2 on 03/07 Last Day to Drop 03/08	**Exam 2 (50 questions) (material in weeks 4, 5, 6).** Chapter 18: Neurocognitive Chapter 21-Child, Partner, Elder Violence Chapter 22-Sexual Violence **ATI Final Quiz**
8 03/11 - 03/17	Chapter 14: Eating Disorders Chapter 19: Substance-Use and Addictive Disorders ***ATI Practice A exam opens 03/11 and closes on 03/13.** **Mandatory for All Students. Submission of Template with 3 critical** **points for 5 Major Content Areas based on Topics to Review (for a** **total of 15 critical points) due by 03/17.**
9 03/18 - 03/24 ATI Proctored Exam 3/21	Chapter 12: Somatic and Dissociative Disorders Chapter 13: Personality and Impulse-Control Disorders ATI Proctored 04/05 – (70 Questions). ***<u>Everyone must post score report (IPP) for ATI by 3/24 regardless of level achieved. Students scoring <1 Proficiency Level will receive an "incomplete" in the course to complete Focused Review and Active Learning Templates after the course is complete.</u>**
10 03/25 - 03/31 Exam 3 on 03/28	**Exam 3 (50 questions) (all material from weeks 7, 8, 9 & 10).** Chapter 26, Children and Adolescents Chapter 27: Mental Health Disorders of Adults
11 04/01 – 04/07	Review Student Success Content Reviews for EXAM 1, 2, 3; Review Lecture Recordings
12 04/08 - 04/14 Final on 04/11	**Comprehensive Final (80 questions) (all material in weeks 1- 10)**

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 client care.
6. Discuss what is meant by being a client 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: Antidepressants; Antianxiety agents; Sedative-hypnotics; Mood stabilizers; Antipsychotic agents; Anticholinesterase drugs
5. Explain the relevance of psychodynamic and psychokinetic drug interactions in the delivery of safe, effective nursing care.
6. Discuss safety concerns related to dietary and drug restrictions with monoamine oxidase inhibitors (MAOIs).
7. Compare and contrast typical and atypical antipsychotic drugs with regard to their side effect profiles and quality of life.
8. Discuss the relationship between the immune system and the nervous system in mental health and mental illness.
9. 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 clients' rights as they pertain to the client'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 client safety if they suspect negligence or illegal activity on the part of a professional colleague or peer.
4. Discuss the legal considerations of client privilege (a) after a client has died, (b) if the client tests positive for human immunodeficiency virus, or (c) if the client's employer states a "need to know."
5. Summarize situations in which health care professionals have a duty to break client confidentiality.
6. Discuss a client's civil rights and describe how they pertain to restraint and seclusion.
7. Discuss in detail the balance between the client'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 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 behaviours 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 client behaviors a nurse may encounter in the clinical setting.
4. Explore aspects that foster a therapeutic nurse–client 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–client relationship.
6. Role-play with a classmate or group two attitudes and four actions that may reflect the nurse's positive regard for a client.
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 (e.g., 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 behavioural characteristics.
3. Summarize five properties of the defence mechanisms.
4. Give a definition for at least six defence mechanisms.
5. Rank the defence 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 defence mechanisms commonly used in excess by clients with anxiety disorders.
9. Propose realistic outcome criteria for clients 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 client's experience and needs when planning **client-centered care** for a person with obsessive-compulsive disorder.
12. Compare and contrast the differences between hoarding behaviours with obsessive-compulsive disorder (OCD) and hoarding behaviours 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 client who is extremely manipulative.
7. In planning client-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 client safety needs when assessing for at least two life-threatening conditions that may develop for a client with anorexia and at least two for a client 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 client-centered care for a client 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 client-centered care for clients 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 client-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 clients 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 behaviours, 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 client's manic phase.
4. Discuss the rationale for at least five communication strategies that are effective with clients in acute mania.
5. Identify specific incidences when teamwork and collaboration are key for a client in an acute phase of mania and those for a client in delirious mania.
6. Apply knowledge of safety in establishing a milieu for a hospitalized client 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 client-centered teaching plan for a client 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 client and family teaching and follow-up, and (e) potential for medical compliance.
8. Discuss evidence-based psychosocial therapies for clients 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 client with schizophrenia.
11. Using informatics, search for available resources for clients 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).
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 client with delirium and give examples of how you would meet them.
3. Using a client-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 client 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 clients 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 client 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 **client-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 client's progress toward sobriety.
6. Identify the **safety** issues for both clients and healthcare workers. How does reporting an impaired colleague to the proper authorities (a) protect the safety of clients 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 client 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 **client-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 behavioural 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 client-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 client-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 client centered plan of care based on a client'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 behavioural 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 (e.g., AA, SMART).
9. *Applying communication techniques, identify some of the most important dialogue and questions needed to* **promote safety** *for a suicidal client*

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 client who is beginning to escalate out of control.
3. Provide client-centered care by comparing and contrasting interventions for a client who is angry and loud in the pre-escalation phase with those for a client 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 client-centered nursing care for a client 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 client 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 client 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 (egg, 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 client-centered goals of care at end of life, and discuss how you would address these issues.
9. Identify key communication interventions that support client-centered goals of care.
10. Describe the importance of self-care interventions for nurses.
11. Explain the interventions you would take to help grief-stricken caregivers in the following areas: Helping the bereaved caregivers come to terms with their feelings; Helping people say goodbye; Helping families maintain "hope"; Establishing a presence.

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, client-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 client's safety.
4. Identify situations and opportunities requiring teamwork and collaboration with staff members, other departments, or parents and family when caring for minor clients.
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).