



**Department:** Associate Degree Nursing  
**Course Title:** CLINICAL-MENTAL HEALTH  
**Section Name:** RNSG 2261  
**Semester:** Second Semester  
**Time:** Monday & Friday 7:30am – 3pm  
**Classroom:** Community Facility  
**Instructor:** Zassar Gatson MSN. CNE. RN.  
**Email:** [Zgatson@odessa.edu](mailto:Zgatson@odessa.edu)  
**Office:** CT 209  
**Phone:** 432 335-6333  
**Office Hours:** Tuesday 8am-12pm & 5pm-6pm

**Total Course Hours:** 2 Credit Hours 2 Lecture Hours Weekly over 16 weeks  
48 Clinical Hours

**Placement:** Second Year of the Nursing Program

### Course Description

**Course Description:** This course covers the principles and concepts of mental health, psychopathology, and treatment modalities related to the nursing care of patients and families suffering from mental disorders. This learning experience enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional. (ICO 1, 2, 4, 5, 6).

**End-of-Course Outcomes:** Uses therapeutic communications; utilizes critical thinking skills and a systematic problem-solving process as a framework for providing care to patients and families experiencing mental health problems.

### Required Texts:

Varcarolis, Elizabeth & Halter, Margaret (2010) *Foundations of Psychiatric Mental Health Nursing* (6<sup>th</sup> ed.), Saunders: St. Louis

Varcarolis, Elizabeth, Carson Verna Benner, & Shoemaker, Nancy Christine (2006) *Virtual Clinical Excursions* (5<sup>th</sup> ed.), Saunders: St. Louis (**interactive software**)

Gatson, Zassar (2013). *RNSG 2213 Learning Materials* Packet. Unpublished manuscript.  
Odessa College Associate Degree Nursing: Odessa, Texas.

E versions of the above books are available and may be purchased if the student wishes.

Other references include books assigned in previous courses and Pageburst by evolve.

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Doenges, M. (2002) *Nurse's Pocket Guide: Diagnosis, Interventions and Rationales*. 9<sup>th</sup> ed, F.A. Davis Company: Philadelphia. PA.

Smeltzer, S. and Brenda G. Bare. (2008) *Brunner & Suddarth's Textbook of Medical-Surgical Nursing (11<sup>th</sup> edition)* Lippincott, Williams, and Wilkins. Philadelphia. PA.

Williams, S.R. (2005) *Basic Nutrition and Diet Therapy*. (12th Ed.) Mosby. St. Louis.

Winningham, M. and Preusser, Barbara A. (2005) *Critical Thinking in Medical- Surgical Settings*. 3<sup>rd</sup>. edition. Mosby: St. Louis

### **Description of Institutional Core Objectives (ICO's)**

Given the rapid evolution of necessary knowledge and skills and the need to take into account global, national, state, and local cultures, the core curriculum must ensure that students will develop the essential knowledge and skills they need to be successful in college, in a career, in their communities, and in life. Therefore, with the assistance of the Undergraduate Education Advisory Committee, the Coordinating Board has approved guidelines for a core curriculum for all undergraduate students in Texas.

Through the application and assessment of objectives within the institution's core curriculum, students will gain a foundation of knowledge of human cultures and the physical and natural world; develop principles of personal and social responsibility for living in a diverse world; and advance intellectual and practical skills that are essential for all learning. Appropriate Odessa College faculty periodically evaluates all of the courses listed in the descriptions on the following pages of this catalog and keys them to Odessa College's Institutional Core Objectives (ICOs), as defined by the Texas Higher Education Coordinating Board (THECB). (Source: *Odessa College Catalog of Courses 2012-2013*, page 73)

### **Odessa College's Institutional Core Objectives (ICOs):**

- 1) *Critical Thinking Skills* - to include creative thinking, innovation, inquiry, and analysis, evaluation and synthesis of information
- 2) *Communication Skills* - to include effective development, interpretation and expression of ideas through written, oral and visual communication
- 3) *Empirical and Quantitative Skills* - to include the manipulation and analysis of numerical data or observable facts resulting in informed conclusions
- 4) *Teamwork* - to include the ability to consider different points of view and to work effectively with others to support a shared purpose or goal
- 5) *Personal Responsibility* - to include the ability to connect choices, actions and consequences to ethical decision-making
- 6) *Social Responsibility* - to include intercultural competence, knowledge of civic responsibility, and the ability to engage effectively in regional, national, and global communities

### **Learning Outcomes for RNSG 2261 (Source: *Odessa College Catalog of Courses*)**

<b>Outcome</b>	<b>ICO</b>
1. Utilize the five steps of the nursing process (assessment, analysis, planning, implementation and evaluation) and critical thinking to determine the health status and health needs of psychiatric clients and their families. (PO1,2,3,5,7)	1. <i>Critical Thinking Skills</i> - to include creative thinking, innovation, inquiry, and analysis, evaluation and synthesis of information

2. Differentiate patterns and modes of communication and decision making processes within the political, economic and societal environment influencing the client and family unit.(PO 1,3)	2. <i>Communication Skills</i> - to include effective development, interpretation and expression of ideas through written, oral and visual communication
3. Correlate current literature and implication of research findings to improving psychiatric client care.	3. <i>Empirical and Quantitative Skills</i> - to include the manipulation and analysis of numerical data or observable facts resulting in informed conclusions
4. Collaborate with patients, families and the multidisciplinary health care team for the planning, delivery and evaluation of care in the psychiatric patient in the in-patient and out-patient environment.	4. <i>Teamwork</i> - to include the ability to consider different points of view and to work effectively with others to support a shared purpose or goal
5. Assume accountability and responsibility for quality nursing care, including the role of the nurse as advocate. (PO 12,13)	5. <i>Personal Responsibility</i> - to include the ability to connect choices, actions and consequences to ethical decision-making
6. Relate concepts and processes related to psychiatric clients and their families, including physical and psychosocial growth and development, medical diagnosis and treatments,	6. <i>Social Responsibility</i> - to include intercultural competence, knowledge of civic responsibility, and the ability to engage effectively in regional, national, and global communities

## **Odessa College Policies**

### **Academic Policies**

Note that the OC Student Handbook states (page 32) that “[i]n cases of academic dishonesty, the instructor has the authority to impose appropriate scholastic penalties. Complaints or appeals of disciplinary sanctions may be filed in accordance with the college due process procedure. Copies of the college due process procedure are available in the office of The Director of Student Life (CC104).”

For more information on your rights and responsibilities as a student at Odessa College, please refer to the following: *The 411 of OC: Student Handbook 2012-2013; Student Rights & Responsibilities*  
<http://www.odessa.edu/dept/studenthandbook/handbook.pdf>

### **Scholastic Dishonesty**

Scholastic dishonesty shall constitute a violation of these rules and regulations and is punishable as prescribed by board policies. Scholastic dishonesty shall include, but not be limited to, cheating on a test, plagiarism and collusion.

#### **"Cheating on a test" shall include:**

- Copying from another student's test paper
- Using test materials not authorized by the person administering the test.

- Collaborating with or seeking aid from another student during a test without permission from the test administrator.
- Knowingly using, buying, selling, stealing or soliciting, in whole or in part, the contents of an unadministered test.
- The unauthorized transporting or removal, in whole or in part, of the contents of the unadministered test.
- Substituting for another student, or permitting another student to substitute for one's self, to take a test.
- Bribing another person to obtain an unadministered test or information about an unadministered test.
- "Plagiarism" shall be defined as the appropriating, buying, receiving as a gift, or obtaining by any means another's work and the unacknowledged submission or incorporation of it in one's own written work.
- "Collusion" shall be defined as the unauthorized collaboration with another person in preparing written work for fulfillment of course requirements. (Source: *Odessa College Student Handbook 2012-2013, page 29-30*)

### **Special Populations/Disability Services/Learning Assistance**

Odessa College complies with Section 504 of the Vocational Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. If you have any special needs or issues pertaining to your access to and participation in this or any other class at Odessa College, please feel free to contact me to discuss your concerns. You may also call the Office of Disability services at 432-335-6861 to request assistance and accommodations.

Odessa College affirms that it will provide access to programs, services and activities to qualified individuals with known disabilities as required by **Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 (ADA)**, unless doing so poses an undue hardship or fundamentally alters the nature of the program or activity. Disabilities may include hearing, mobility or visual impairments as well as hidden disabilities such as chronic medical conditions (arthritis, cancer, diabetes, heart disease, kidney disorders, lupus, seizure disorders, etc.), learning disabilities or psychiatric or emotional disabilities. A student who comes to Odessa College with diagnosed disabilities which may interfere with learning may receive accommodations when the student requests them and submits proper documentation of the diagnosis. A Request for Accommodations form and guidelines for beginning the request process are available in the OC Help Center or on the Odessa College web site at [www.odessa.edu/dept/counseling/disabilities.htm](http://www.odessa.edu/dept/counseling/disabilities.htm). The college strives to provide a complete and appropriate range of services for students with disabilities such as assistance with testing, registration, information on adaptive and assistive equipment, tutoring, assistance with access and accommodations for the classroom where appropriate. For information regarding services, students with disabilities should contact the Office of Disability Services in the OC Help Center located in Room 204 of the Student Union Building or call 432-335-6433. (Source: *Odessa College Catalog of Courses 2012-2013, page 52*)

### **Dropping a Course or Withdrawing from College**

Students wishing to drop a non-developmental course may do so online using WebAdvisor, at the Wrangler Express, or Registrar's Office. A student wishing to drop a developmental course or withdraw from college should obtain a drop or withdrawal form from the Wrangler Express or the Registrar's Office. Students are encouraged to consult with instructors prior to dropping a class. Students may not completely withdraw from the college by use of the Web. Students must drop a class or withdraw from college before the official withdrawal date stated in the class schedule. Students who are part of the Armed Forces Reserves may withdraw with a full refund if the withdrawal is due to their being ordered into active duty. A copy of the student's orders

must be presented to the Registrar's Office at the time of the withdrawal. For details, please contact the Office of the Registrar. **No longer attending class does not automatically constitute withdrawal from that class, nor does a student's notification to an instructor that the student wishes to be dropped. Failure of a student to complete the drop/withdrawal process will result in a grade of "F."** (Source: *Odessa College Catalog of Courses 2012-2013, page 36*)

### **Learning Resource Center (LRC; Library)**

The Library, known as the Learning Resources Center, provides research assistance via the LRC's catalog (print books, videos, e-books) and databases (journal and magazine articles). Research guides covering specific subject areas, tutorials, and the "Ask a Librarian " service provide additional help.

### **Student Success Center (SSC)**

Located in the LRC, the Student Success Center (SSC) provides assistance to students in meeting their academic and career goals. We strive to provide new and updated resources and services at no charge to OC students. Academic support services include tutoring, study skills training, workshops, and the mentoring program. Tutoring is available for a variety of subjects including college mathematics, English, government, history, speech, chemistry, biology, and all developmental coursework. Appointments are preferred, but walk-ins will be served as soon as possible. Smarthinking online tutoring is also available. All computers in the center have Internet access, Microsoft Office, and software resources to assist OC students in improving their reading, writing and mathematical skills. The center also offers special assistance to students preparing for the THEA/COMPASS test. Computer lab assistants are available to assist students with student email, Blackboard, OC portal, Course Compass and more. For more information or to make an appointment, please call 432-335-6673 or visit [www.odessa.edu/dept/ssc/](http://www.odessa.edu/dept/ssc/) (Source: *Odessa College Catalog of Courses 2012-2013, page 54*)

### **Student E-mail**

Please access your Odessa College Student E-mail, by following the link to either set up or update your account: <http://www.odessa.edu/gmail/>. **Correspondence will be submitted using your Odessa College email as an alternative method to contact you with information regarding this course.**

### **Technical Support**

For Blackboard username and password help and for help accessing your online course availability and student email account contact the Student Success Center at 432-335-6878 or online at [https://www.odessa.edu/dept/ssc/helpdesk\\_form.htm](https://www.odessa.edu/dept/ssc/helpdesk_form.htm).

### **Expectations for Engagement – Face to Face Learning**

To help make the learning experience fulfilling and rewarding, the following Expectations for Engagement provide the parameters for reasonable engagement between students and instructors for the learning environment. Students and instructors are welcome to exceed these requirements.

#### *Reasonable Expectations of Engagement for Instructors*

1. As an instructor, I understand the importance of clear, timely communication with my students. In order to maintain sufficient communication, I will
  - provided my contact information at the beginning of the syllabus;

- respond to all messages in a timely manner through telephone, email, or next classroom contact; and,
  - notify students of any extended times that I will be unavailable and provide them with alternative contact information (for me or for my supervisor) in case of emergencies during the time I'm unavailable.
2. As an instructor, I understand that my students will work to the best of their abilities to fulfill the course requirements. In order to help them in this area, I will
    - provide clear information about grading policies and assignment requirements in the course syllabus, and
    - communicate any changes to assignments and/or to the course calendar to students as quickly as possible.
  3. As an instructor, I understand that I need to provide regular, timely feedback to students about their performance in the course. To keep students informed about their progress, I will
    - return classroom activities and homework within one week of the due date and
    - provide grades for major assignments within 2 weeks of the due date or at least 3 days before the next major assignment is due, whichever comes first.

#### *Reasonable Expectations of Engagement for Students*

1. As a student, I understand that I am responsible for keeping up with the course. To help with this, I will
  - attend the course regularly and line up alternative transportation in case my primary means of transportation is unavailable;
  - recognize that the college provides free wi-fi, computer labs, and library resources during regular campus hours to help me with completing my assignments; and,
  - understand that my instructor does not have to accept my technical issues as a legitimate reason for late or missing work if my personal computer equipment or internet service is unreliable.
2. As a student, I understand that it is my responsibility to communicate quickly with the instructor any issue or emergency that will impact my involvement with or performance in the class. This includes, but is not limited to,
  - missing class when a major test is planned or a major assignment is due;
  - having trouble submitting assignments;
  - dealing with a traumatic personal event; and,
  - having my work or childcare schedule changed so that my classroom attendance is affected.
3. As a student, I understand that it is my responsibility to understand course material and requirements and to keep up with the course calendar. While my instructor is available for help and clarification, I will
  - seek out help from my instructor and/or from tutors;
  - ask questions if I don't understand; and,
  - attend class regularly to keep up with assignments and announcements.

#### **Institutional Calendar Fall 2013 (8/27-12/14)**

##### **Fall 2013 (8/26/13-12/14/13)**

NOTE: College business offices are closed from Wed., Nov 27 through Sun., Dec 1.

##### **FALL & SPRING BUSINESS HOURS :**

Wrangler Express Center: M-Th: 7:30 am-7 pm; Fri: 7:30 am-5 pm; Sat: 9 am-noon

Other offices: M-Th: 8 am-5:30 pm; Fri: 8 am-1 pm

##### **SUMMER BUSINESS HOURS**

Wrangler Express Center: (beginning May 20) M-Th: 7:30 am-7 pm; Fri: 8 am-5 pm; Closed Saturdays

(beginning Aug 3, Wrangler Express will also be open 9 am-noon on Saturdays)

Other offices: May 20-Aug 17 (M-Th: 7:30 am-5:30 pm; closed Fridays)

**Registration:**

On the Web (5 am to Midnight, 7 days a week) ..... Apr 15-Aug 25

In Person (See Business Hours Above)..... Apr 15-Aug 23

FOR TUITION AND FEE SCHEDULES & PAYMENT INFORMATION, PLEASE CHECK ONLINE AT [www.odessa.edu](http://www.odessa.edu)

Classes Begin.....Aug 26 (Mon)

Late Registration & Schedule Changes (Add/Drop): On the Web (5 am to Midnight, 7 days a week).....Aug 26-27 (Mon-Tues)

In Person (See Business Hours Above)..... Aug 26-27 (Mon-Tues)

Holiday (Labor Day – Offices closed except for Wrangler Express – No Classes)..... Sep 2 (Mon)

Census Day..... Sep 11 (Wed)

Last Day to Drop or Withdraw with a “W” (1st eight week courses).....Oct 4 (Fri)

First Eight Weeks End.....Oct 18 (Fri)

Second Eight Weeks Begin.....Oct 21 (Mon)

Deadline for Fall Degree Application.....Nov 1 (Fri)

Last Day to Drop or Withdraw with a “W” (full semester length courses).....Nov 12 (Tues)

Last Day to Drop or Withdraw with a “W” (2nd eight week courses).....Nov 26 (Tues)

Student Evaluation of Instruction Survey Available Online..... Nov 18-22 (Mon-Fri)

Thanksgiving Holiday (begins 9 pm Tues, Nov 26).....Nov 27-30 (Thurs-Sat)

Last Class Day.....Dec 7 (Sat)

Final Exams.....Dec 9-12 (Mon-Thurs)

End of Semester.....Dec 12 (Thurs)

Fall Graduation..... Dec 14 (Sat)

College Offices Closed..... Dec 21-Jan 5 (Sat-Sun)

## **Course Policies**

### **TEACHING/LEARNING METHODS:**

The following teaching/learning methods may be incorporated into RNSG 2213: Lecture, discussion, case studies, technological instructional modalities, reading assignments, peer interaction, role playing, group project/assignments, writing assignments, oral presentations, guest speakers, and study guides.

1. Adhere to the requirements in the OC Nursing Student Handbook.
2. Take all unit exams and the final exam.
3. All assignments must be turned in or the student will receive an incomplete (grade of “I”) for the course.
4. Content to be tested on the unit exams will follow course objectives and may include: assigned reading, information from audiovisual/learning aids, classroom content, study guides and other assigned activities and since this is a comprehensive class each exam may contain questions related to prior content. Exam grades will not be posted.
5. Each unit of study will require the student to complete assignments as instructed.
6. Cell phones and beepers are distracting to students and the instructors when they ring during class. Cell phones and beepers must be turned off or placed in the silent mode while in class and placed in designated cell phone area.

### **Disclaimer**

This syllabus is tentative and subject to change in any part at the discretion of the instructor. Any changes will be in accordance with Odessa College policies. Students will be notified of changes, if any, in timely manner.

### **General Course Requirements**

1. Attend class and participate.
2. Contribute and cooperate with civility.
3. **Submit assignments on time. Late work will not be accepted. Medical and/or family circumstances that warrant an extension on assignments need to be presented to the instructor. Extensions will be allowed at the instructor’s discretion.**

**Original Effort**

The work submitted for this course must be original work prepared by the student enrolled in this course. Efforts will be recognized and graded in terms of individual participation and in terms of ability to collaborate with other students in this course.

**Description of students**

Students enrolled in this course must have successfully completed the first semester of the associate degree nursing program.

**Course prerequisites: : RNSG 2207 Nursing Practice**

(Source: *Odessa College Catalog of Courses 2012-2013, page 178*)

**Course Alignment with Industry Standards:** The Differentiated Essential Competencies (DECs) is the third generation of Texas Board of Nursing (BON) education competencies with differentiation based upon the education outcomes of three levels of pre-licensure nursing education programs. They were written with input from the BON Advisory Committee for Education (ACE) with input from nursing programs, nursing organizations, affiliating agencies, employers, and other stakeholders. The 2010 revision incorporates concepts from current literature, national standards, and research. The DECs were designed to provide nursing education for curriculum development and revision and for effective preparation of graduates who will provide safe, competent, compassionate care. The DECS outline knowledge, clinical behaviors, and judgments necessary to meet the essential competencies, but it is acknowledged that all competencies can be evaluated upon graduation.

**Course Objectives** utilize the framework of Differentiated Essential Competencies of Graduates of Texas Nursing Programs. At the completion of this course, the student should be able to (PO = corresponding program objective).

**Member of a Profession:**

1. Assume accountability and responsibility for quality nursing care, including the role of the nurse as advocate. (PO 12,13)

**Provider of Patient Centered Care:**

2. Utilize the five steps of the nursing process (assessment, analysis, planning, implementation and evaluation) and critical thinking to determine the health status and health needs of psychiatric clients and their families. (PO1,2,3,5,7)
3. Relate concepts and processes related to psychiatric clients and their families, including psychological illness and psychosocial mal behavior, medical diagnosis and treatments, cultural and spiritual practices related to mental health, mental illness, and death and dying.(PO 1,3)
4. Explain pharmacotherapeutic principles and teaching plans for the use, administration, and interaction of medications in the psychiatric client.(PO 1,3,4)
5. Examine principles of disease etiology, risk factors for chronic and acute diseases, preventive health practices and health teaching for psychiatric clients and their families.(PO 1,3,4)
6. Differentiate patterns of communication and decision making processes within the political, economic and societal environment influencing the psychiatric client.(PO 1,3)
7. Differentiate age specific therapeutic communication principles in delivering nursing care. (PO 1,3)
8. Correlate current literature and implication of research findings to improving psychiatric client care. (PO7)

**Patient Safety Advocate:**



9. Implement measures to promote a safe environment for patients , staff and others. (PO14A )

#### Member of the health care team:

10. Collaborate with patients, families and the multidisciplinary health care team for the planning, delivery and evaluation of care in the psychiatric environment. (PO 12,13)
11. Refer patients and their families to resources that facilitate continuity of care and health promotion. (PO 8,10)
12. Utilize a systematic process in prioritizing nursing actions while planning care for the patient using the nursing process and critical thinking. (PO# 9)
13. Apply characteristics, concepts, and processes related to families, including family structure and function; family communication patterns; and decision making structures. ( PO#7 )
14. Demonstrate therapeutic communication and caring while providing nursing interventions for the client and the families that set priorities and strategies for coordinating plans of care including discharge teaching and referrals for follow up care. (PO# 5,10)
15. Implement a plan of care for health practices and behaviors related to developmental level, gender, culture, belief systems and environments. (PO#9)
17. Verbalize understanding of principles and rationales underlying the use, administration, and interaction of pharmacological agents. (PO#5)

#### Digital Protocol

Cell phones must be placed on either *vibrate* or *silent* mode and are to be accessed in emergency cases only. The use of laptops or any other digital device is permitted in order to facilitate note-taking relative to instruction. Any written assignments will be submitted electronically on Blackboard. **The electronic recording of the time on Blackboard will be considered the time of assignment submission. Take necessary steps to ensure that your assignments are submitted on “Blackboard” time.** Back-up and/or additional copies of all assignments submitted is encouraged. **Computers/printers are available to OC students in the LRC (301-303); therefore, not having access to a computer due to technical issues (crash; corrupted files) will not be considered as an acceptable reason for not completing assignments.** If there is a loss of server connection with Odessa College due to maintenance, then an email will be sent to student with pertinent information and status reports. Assignments submitted electronically need to be **WORD document format (doc or docx).**

#### Cell Phone Use at Clinical Agencies

In an effort to protect client confidentially, students are not allowed to talk on cell phones or text in any patient care area. Students may use cell phones to access medical information related to patient care in the privacy of non-patient care areas, such as break rooms. Patients should not be discussed on cell phones or via text under any circumstances. Violation of this policy may be cause for dismissal from the nursing program.

Pictures of any kind may **NOT** be taken in any health care facility by any device. Violation of this policy **WILL** result in dismissal from the program.

#### PDA Policy

Definition: A personal digital assistant (PDA) is also known as a palmtop computer or personal data assistant. The PDA is a mobile device that functions as a personal information manager. Currently PDA's have the ability to connect to the internet. A PDA has an electronic visual display, enabling it to include a web browser, but some newer models have audio capabilities, enabling them to be used as a mobile phone or portable media

player. Many PDA's can access the Internet by Wi Fi or Wireless Wide Area Networks.

[http://en.wikipedia.org/wiki/Personal\\_digital\\_assistant](http://en.wikipedia.org/wiki/Personal_digital_assistant)

**Guidelines:**

1. Nursing students shall follow all Student Handbook guidelines regarding the use of cell phones and electronic media in the clinical setting. (See cell phone policy and social networking policy)
2. Nursing students shall use their PDA's to access copies of their text books, drug books, IV books, and other electronic books that are pertinent to their clinical objectives.
3. Nursing students may use the PDA's to access approved websites or electronic resources only to gain information pertinent to their clinical objectives and information for patient teaching.
4. Nursing students shall not use the PDA's to access any personal information or social networking site during the clinical time or on the clinical sites (see social networking policy).
5. Nursing students shall not collect or transmit any information in a forum which could be construed as Protected Health Information (PHI) under the Health Information Portability and Accountability Act (HIPAA). Protected Health Information is any information about health status, provision of health care, or location of health care.

**Reporting:** Nursing students, faculty, and preceptors have a duty to report nursing students who violate the PDA policy. Any policy infractions and or abuse should be sent to the Director of Associate Degree of Nursing.

**Disciplinary actions:** PDA's must not be used for communication in any manner inconsistent with the cell phone policy or social media policy. Failure to follow this policy and its condition may result in disciplinary action up to and including termination from the nursing program

**Attendance Policy**

Students are expected to attend class regularly. Attendance will be recorded using a "sign-in" sheet. Excessive absences will be grounds for disciplinary action, and will be determined on a case-by-case basis. If you are more than 15 minutes late to clinical or leave early without notifying the instructor, this will count as an absence. Students are permitted 0 absences for clinical. We have very few days and no make-up days.

**AVID**

This course has been identified as a course by Career, Technical, and Workforce Education as one in which teaching and learning strategies adopted by AVID will be implemented. As a student in the legal program, you will be expected to develop an understanding of the strategies, to model the strategies, to maintain fidelity of implementation, and to examine how these strategies may impact your effectiveness as a professional in your chosen area of occupation, either through coursework or practicum experience as outlined by the course instructor.

**Grading Policy**

Please understand that this is a required course for the Associate Degree Nursing program in order to prepare you for NCLEX. Quality work and active participation is expected and not to be negotiated. As a general policy, grades will be taken in class. Any written assignments or tests will be graded outside of class. You can expect feedback on assignments within a week's time. Grading for this course is 75% or greater.

## EVALUATION AND GRADING:

Class/clinical Activities	2.5%
Concept Map	2.5%
Clinical (all requirements fulfilled)	Pass/Fail

### Grading Scale:

“A” = 90-100

“B” = 80-89

“C” = 75-79

“D” = 60-69

“F” = 0-59

A failure to pass one portion will result in a failure to pass the other. Ex. If you fail clinicals, you will fail the didactic portion of the course.

### Grade Inquiry Policy

It is the responsibility of the individual taking this course to maintain accurate track of assignment submissions and grades. There will be opportunities during the semester to meet with the instructor to discuss your academic progress. Contact the instructor to schedule an appointment. Class time will not be used for grade inquiries. All grades are final.

### ATI POLICY

- ATI policy: Assessment Technologies Institute’s (ATI) Comprehensive Assessment and Review Program (CARP) are designed to assist the student in passing the NCLEX-RN. It is composed of comprehensive on line learning tools that complement a variety of learning styles. Critical thinking and test taking skills are emphasized throughout the program. Focused content modules are comprised of critical thinking tools, practice exams, remediation guidelines and content driven proctored exam(s). Odessa College nursing students will begin ATI upon admission into the A.D.N. program and work through the program in each subsequent nursing course. Completion and successful attainment of level 2 or higher on each proctored exam at the end of each course of the Nursing program is a requirement for progression and graduation from the A.D.N. program for semesters one thru three.

For semesters one (1) thru three (3), see the table below for point distribution regarding 10% of final grade.

Proficiency level on ATI Proctored Assessments	Points Awarded for Achievement on ATI proctored Exams	Points awarded for Evidence of Remediation on missed topics from ATI assessment	Total points awarded out of ten

Proficiency Level 3 on the content mastery series	8	2	10
Proficiency Level 2 on the content mastery series	6.5	2	8.5
Proficiency Level 1 on the content mastery series	5.5	2	7.5
Proficiency Level below Level 1 on the content mastery series	4	2	6

- Students will be given 2 ATI practice exams A & B during the 16 week course,(A) will occur during the first week of class.
- Students will be allowed to take exam (A) as many times as student would like after the practice exam is given in class and remediation has been assigned.
- Students will perform remediation on items from the practice exam utilizing, “ create focused assessment”, and templates provided and will submit remediation for practice (A) on the day of testing for Practice (B) which will occur the 8<sup>th</sup> week of class and (after taking B, students can take it the second half of course as many times as they wish, after remediation has been assigned), students will then remediate on Practice B and it will be turned in on the date the 1<sup>st</sup> Proctored exam is scheduled.
- Students who have met the level 2 will remediate on Proctored exam items and submit it on the day of the final exam for the course.
- Students must achieve a level 2 or higher in order to progress to the next course level.
- Students who do not achieve a level 2 on the first proctored test will complete remediation and take a second proctored exam the week of finals, if the student still does not reach the required level 2 then the student will repeat the course as they have not met the minimum criteria for course progression.
- Students must use “create the focused assessment”, and the templates that are provided for all remediation for ATI. (NO cutting, copying or pasting is allowed)
- ATI remediation and assignments will be recorded as a daily grade, please refer to syllabus for grading criteria.

A grade below 75, “C” does not meet the criteria for progression in the Odessa College Associate Degree Nursing Program. Final course grades will not be rounded up to the next whole number in order for students to achieve a passing grade of 75%. (Example: 74.99 = grade of D).

ATI must be utilized with your text books throughout your nursing courses; correlating pages are given for each chapter in the syllabus for each course. Complete the application exercises at the end of each chapter as assigned. ATI is a valuable part of the preparation to take the NCLEX exam and therefore is considered an important part of course objectives to be utilized and completed as assigned.

## Communication Plan

The best way to communicate with the course instructor is via email through Blackboard. Also, check in Blackboard regularly for announcements, including any changes in the course schedule due to instructor illness or conference attendance. Appointments with the instructor may also be scheduled.

## General Course Requirements

3. Attend class and participate.
4. Contribute and cooperate with civility.
5. **Submit assignments on time. Late work will not be accepted. Medical and/or family circumstances that warrant an extension on assignments need to be presented to the instructor. Extensions will be allowed at the instructor's discretion.**

## Incomplete Policy

An 'Incomplete' grade may be given only if:

1. The student has passed all completed work
2. If he/she has completed a minimum of **75%** of the required coursework. A grade of an "I" will only be assigned when the conditions for completions have been discussed and agreed upon by the instructor and the student.

## Overview of assignments

<u>Type of Assignment</u>	<u>Percentage</u>
1. Concept Map	2.5% (didactic grade)
2. Satisfactory completion of clinical	Pass/Fail

**COURSE CALENDAR:** The course calendar will be provided at the beginning of the course

**Schedule (Tentative and Subject to Change)**

25 Week #1	26	27	28 Class Orientation V Chap 1-5	29	30 Movie Day	31
1 Week #2	2 Movie Day	3	4 VChap 6-10 1st. Practice ATI Remediation Due	5	6 Clinicals	7
8 Week #3	9 Clinicals	10	11 Test Review V Chap 11, 12, & 13 Mod. 7, 10, 11, 12, & 19	12	13 Clinicals	14
15 Week #4	16 Clinicals	17	18 Exam	19	20	21
22 Week #5	23	24	25 Varcrolis Chap 18 & 25 ATI mod 9, 10, 11, 12, 24 & 31 ATI Prac.t Ex Exam #2	26	27	28
Week #6		1	2 Varcrolis Chap 15 & 19, ATI Modules 14, 15, 22	3	4	5
6 Week #7	7	8	9 Varcrolis Chap. 20 & 22 Exam #3	10	11	12
13 Week #8	14	15	16 Varcrolis Chap 26 & 27 ATI Modules 30, 31	17	18	19
20 Week #9	21	22	23 Varcrolis Chap 16,17 & 28 ATI Modules 16, 18, 26 Exam #4	24	25	26
27 Week #10	28	29	30 Varcrolis chap 23, 29 & 30 ATI Modules 27 2nd Practice ATI	31		
3 Week #12	4	5	6 Varcrolis Chap 31, 32 & 33  ATI Modules 25	7	8	9
10 Week #13	11	12	13 Varcrolis Chap 34, 35 & 36	14	15	16
17 Week #14	18	19	20 Proctored ATI Room 216 at 1:30 pm-2:45 pm Clinical Hours Due	21	22	23
			Thanksgiving Holiday	Thanksgiv ing Holiday	Thanksgiving Holiday	Thanksgiving Holiday
1 Week #15	2	3	4 Exam #6?	5	6	7
8 Week #16	9	10	11 Final Exam 9am/6pm	12	13	14
	Final Exams	Final Exams	Final Exams	Final Exams		

Not all chapters in the text book will have compatible ATI specific chapters.

Course Text Book: Varcrolis: Foundations of Psychiatric Mental Health Nursing, 6th Edition  
**Course objectives:**

## Chapter 01: Mental Health and Mental Illness

1. Discuss some dynamic factors (including social climate, politics, myths, and biases) that contribute to making a clear-cut definition of mental health elusive.
2. Explain how epidemiological studies can improve medical and nursing care.
3. Demonstrate how the *DSM-IV-TR* multiaxial system can influence a clinician to consider a broad range of information before making a *DSM-IV-TR* diagnosis.
4. Compare and contrast a *DSM-IV-TR* diagnosis with a nursing diagnosis.
5. Give examples of how personal norms and other cultural influences can affect making an accurate *DSM-IV-TR* diagnosis.
6. Define psychiatric mental health nursing, and discuss the patient population served by the psychiatric nurse.
7. Explain the reasons for using standardized classification systems (e.g., North American Nursing Diagnosis Association International [NANDA-I], *Nursing Interventions Classification [NIC]*, and *Nursing Outcomes Classification [NOC]*) in psychiatric nursing practice.
8. Compare and contrast the nursing actions of the basic level psychiatric mental health nurse with those of the advanced level psychiatric mental health nurse.
9. Describe recent developments that have increased the biological emphasis in psychiatric mental health nursing.
10. Explore emerging and future roles for psychiatric mental health nursing related to scientific and social trends.

## Chapter 02: Relevant Theories and Therapies for Nursing Practice

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

## Chapter 03: Biological Basis for Understanding Psychotropic Drugs

1. Discuss at least eight functions of the brain and the way these functions can be altered by psychotropic drugs.
2. Describe how a neurotransmitter functions as a neuromessenger.
3. Draw the three major areas of the brain and identify at least three functions of each.
4. Identify how specific brain functions are altered in certain mental disorders (e.g., depression, anxiety, schizophrenia).
5. Describe how the use of imaging techniques can be helpful for understanding mental illness.
6. Develop a teaching plan that includes side effects from dopamine blockage, such as motor abnormalities.
7. Describe the result of blockage of the muscarinic receptors and the  $\alpha_1$  receptors by the standard neuroleptic drugs.
8. Briefly identify the main neurotransmitters affected by the following psychotropic drugs and their subgroups:
  - a. Antianxiety agents

- b. Sedative-hypnotic agents
  - c. Antidepressants
  - d. Mood stabilizers
  - e. Antipsychotic agents
  - f. Anticholinesterase drugs
9. Identify special dietary and drug restrictions in a teaching plan for a patient taking a monoamine oxidase inhibitor.
10. Identify specific cautions you might incorporate into your medication teaching plan with regard to:
- a. Herbal medicine
  - b. Genetic pharmacology (i.e., variations in effects and therapeutic actions of medications among different ethnic groups)

#### **Chapter 04: Psychiatric Mental Health Nursing in Acute Care Settings**

1. Describe the population served by inpatient psychiatric care.
2. Identify funding options for acute care of psychiatric conditions and legislation related to insurance reimbursement.
3. List the criteria for admission to inpatient care.
4. Discuss the purpose of identifying the rights of hospitalized psychiatric patients.
5. Explain how the multidisciplinary treatment team collaborates to plan and implement care for the hospitalized patient.
6. Explain the importance of monitoring patient safety during hospitalization.
7. Describe the role of the nurse as advocate and provider of care for the patient.
8. Discuss the managerial and coordinating roles of nursing on an inpatient acute care unit.
9. Discuss the process for preparing patients to return to the community for ongoing care.

#### **Chapter 05: Psychiatric Mental Health Nursing in Community Settings**

1. Explain the evolution of the community mental health movement.
2. Identify elements of the nursing assessment that are critically important to the success of community treatment.
3. Explain the role of the nurse as the biopsychosocial care manager of the multidisciplinary team.
4. Discuss the continuum of psychiatric treatment.
5. Describe the role of the community psychiatric mental health nurse in disaster preparedness.
6. Describe the role of the psychiatric nurse in four specific settings: partial hospitalization program, psychiatric home care, assertive community treatment, and community mental health center.
7. Identify two resources to assist the community psychiatric nurse in resolving ethical dilemmas.
8. Discuss barriers to mental health treatment.
9. Examine influences on the future of community psychiatric mental health nursing.

#### **Chapter 06: Cultural Implications for Psychiatric Mental Health Nursing**

1. Explain the importance of culturally relevant care in psychiatric mental health nursing practice.
2. Discuss potential problems in applying Western psychological theory to patients of other cultures.
3. Compare and contrast Western nursing beliefs, values, and practices with the beliefs, values, and practices of patients from diverse cultures.



4. Perform culturally sensitive assessments that include risk factors and barriers to quality mental health care that culturally diverse patients frequently encounter.
5. Develop culturally appropriate nursing care plans for patients of diverse cultures.

### **Chapter 07: Legal and Ethical Guidelines for Safe Practice**

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

### **Chapter 08: The Nursing Process and Standards of Care for Psychiatric Mental Health Nursing**

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

### **Chapter 09: Therapeutic Relationships**

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

### **Chapter 10: Communication and the Clinical Interview**

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

### **Chapter 11: Understanding Responses to Stress**

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

### **Chapter 12: Anxiety and Anxiety Disorders**

1. Compare and contrast the four levels of anxiety in relation to perceptual field, ability to learn, and physical and other defining characteristics.
2. Identify defense mechanisms, and consider one adaptive and one maladaptive use of each.
3. Identify genetic, biological, psychological, and cultural factors that may contribute to anxiety disorders.
4. Describe clinical manifestations of each anxiety disorder.
5. Formulate four appropriate nursing diagnoses that can be used in treating a person with an anxiety disorder.
6. Name three defense mechanisms commonly found in patients with anxiety disorders.
7. Describe feelings that may be experienced by nurses caring for patients with anxiety disorders.
8. Propose realistic outcome criteria for a patient with (a) generalized anxiety disorder, (b) panic disorder, and (c) posttraumatic stress disorder.
9. Describe five basic nursing interventions used for patients with anxiety disorders.
10. Discuss three classes of medications appropriate for anxiety disorders.
11. Describe advanced practice and basic level interventions for anxiety disorders.

### **Chapter 13: Depressive Disorders**

1. Compare and contrast major depressive disorder and dysthymic disorder.
2. Discuss the links between the stress model of depression and the biological model of depression.
3. Assess behaviors in a patient with depression in regard to each of the following areas: (a) affect, (b) thought processes, (c) feelings, (d) physical behavior, and (e) communication.

4. Formulate five nursing diagnoses for a patient with depression, and include outcome criteria.
5. Name unrealistic expectations a nurse may have while working with a patient with depression, and compare them to your own personal thoughts.
6. Role-play six principles of communication useful in working with patients with depression.
7. Evaluate the advantages of the selective serotonin reuptake inhibitors (SSRIs) over the tricyclic antidepressants (TCAs).
8. Explain the unique attributes of two of the atypical antidepressants for use in specific circumstances.
9. Write a medication teaching plan for a patient taking a tricyclic antidepressant, including (a) adverse effects, (b) toxic reactions, and (c) other drugs that can trigger an adverse reaction.
10. Write a medication teaching plan for a patient taking a monoamine oxidase inhibitor (MAOI), including foods and drugs that are contraindicated.
11. Write a nursing care plan incorporating the recovery model of mental health.
12. Describe the types of depression for which electroconvulsive therapy (ECT) is most helpful.

#### **Chapter 14: Bipolar Disorders**

1. Assess a patient with mania for (a) mood, (b) behavior, and (c) thought processes, and be alert to possible dysfunction.
2. Formulate three nursing diagnoses appropriate for a patient with mania, and include supporting data.
3. Explain the rationales behind five methods of communication that may be used with a patient experiencing mania.
4. Teach a classmate at least four expected side effects of lithium therapy.
5. Distinguish between signs of early and severe lithium toxicity.
6. Write a medication care plan specifying five areas of patient teaching regarding lithium carbonate.
7. Compare and contrast basic clinical conditions that may respond better to anticonvulsant therapy with those that may respond better to lithium therapy.
8. Evaluate specific indications for the use of seclusion for a patient experiencing mania.
9. Defend the use of electroconvulsive therapy for a patient in specific situations.
10. Review at least three of the items presented in the patient and family teaching plan (see Box 14-2) with a patient with bipolar disorder.
11. Distinguish the focus of treatment for a person in the acute manic phase from the focus of treatment for a person in the continuation or maintenance phase.

#### **Chapter 15: Schizophrenia**

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

## Chapter 16: Eating Disorders

1. Discuss four theories of eating disorders.
2. Compare and contrast the signs and symptoms (clinical picture) of anorexia nervosa and bulimia nervosa.
3. Identify three life-threatening conditions, stated in terms of nursing diagnoses, for a patient with an eating disorder.
4. Identify three realistic outcome criteria for (a) a patient with anorexia nervosa and (b) a patient with bulimia nervosa.
5. Describe therapeutic interventions appropriate for anorexia nervosa and bulimia nervosa in the acute phase and long-term phase of treatment.
6. Explain the basic premise of cognitive-behavioral therapy in the treatment of eating disorders.
7. Differentiate between the long-term prognoses of anorexia nervosa, bulimia nervosa, and binge eating disorder.

## Chapter 17: Cognitive Disorders

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

## Chapter 18: Addictive Disorders

1. Compare and contrast the terms *substance abuse* and *substance dependence*, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, text revision (*DSM-IV-TR*).
3. Discuss four components of the assessment process to be used with a person who is chemically dependent.
4. Describe the difference between the behaviors of a person with alcoholism and a nondrinker in relation to blood alcohol level.
5. Discuss the symptoms of alcohol withdrawal and alcohol delirium and the recommended treatments for each.
6. Describe the signs of alcohol poisoning and the appropriate treatment based on the individual's presentation.
7. List the appropriate steps to take if one observes an impaired co-worker.
8. Describe aspects of enabling behaviors and give examples.
9. Compare and contrast the signs and symptoms of intoxication, overdose, and withdrawal for cocaine and amphetamines.
10. Distinguish between the symptoms of narcotic intoxication and those of narcotic withdrawal.
11. Identify two short-term goals for a person who abuses alcohol in terms of (a) withdrawal, (b) active treatment, and (c) health maintenance.
12. Analyze the pros and cons of the following treatments for narcotic addictions: (a) methadone or *l*- $\alpha$ -acetylmethadol (LAAM), (b) therapeutic communities, and (c) abstinence-oriented self-help programs.

13. Recognize the phenomenon of relapse as it affects people who abuse substances during different phases of treatment.

14. Evaluate four indications that a person is successfully recovering from substance abuse.

### **Chapter 19: Personality Disorders**

1. Analyze the interaction of biological determinants and psychosocial stress factors in the etiology of personality disorders.

2. Identify the three clusters of personality disorders as currently defined.

3. Describe the major characteristic of one personality disorder from each cluster and give an example.

4. Formulate two nursing diagnoses for cluster B personality disorders.

5. Describe the emotional and clinical needs of nurses and other staff when working with patients who meet criteria for personality disorders.

6. Discuss two nursing outcomes for patients with borderline personality disorder.

7. Plan basic interventions for a patient with impulsive, aggressive, or manipulative behaviors.

8. Identify interventions the advanced practice nurse can employ when working with nursing staff caring for patients with personality disorders.

### **Chapter 20: Sleep Disorders**

1. Discuss the impact of inadequate sleep on overall health and well-being.

2. Describe the social and economic impact of sleep disturbance and chronic sleep deprivation.

3. Recognize the risks to personal and community safety imposed by sleep disturbance and chronic sleep deprivation.

4. Describe normal sleep physiology, and explain the variations in normal sleep.

5. Differentiate between dyssomnias and parasomnias, and identify at least two examples of each.

6. Identify the predisposing, precipitating, and perpetuating factors for patients with insomnia.

7. Identify and describe the use of two assessment tools in the evaluation of patients experiencing sleep disturbance.

8. Develop a teaching plan for a patient with primary insomnia, incorporating principles of sleep restriction, stimulus control, and cognitive-behavioral therapy.

9. Formulate three nursing diagnoses for patients experiencing a sleep disturbance.

10. Develop a care plan for the patient experiencing sleep disturbance, incorporating basic sleep hygiene principles.

### **Chapter 21: Sexual Dysfunction and Sexual Disorders**

1. Describe the four phases of the sexual response cycle.

2. Define at least three areas of sexual dysfunction, and describe the treatment of each.

3. Consider the impact of medical problems and treatments on normal sexual functioning.

4. Examine the importance of nurses being knowledgeable about and comfortable discussing topics pertaining to sexuality.

5. Describe treatments available for sexual dysfunction.

6. Apply assessment techniques by role-playing with a classmate the taking of a sexual history. Discuss how you feel and how your feelings influence your ability to perform this assessment.

7. Identify sexual preoccupations considered to be sexual disorders.

8. Discuss personal values and biases regarding sexuality and sexual behaviors.

9. Develop a plan of care for individuals diagnosed with sexual disorders.

## **Chapter 22: Somatoform, Factitious, and Dissociative Disorders**

1. Compare and contrast essential characteristics of the somatoform, factitious, and dissociative disorders.
2. Give a clinical example of what would be found in each of the somatoform disorders.
3. Describe five psychosocial interventions that would be appropriate for a patient with somatic complaints.
4. Plan interventions for a patient with conversion disorder who is receiving a great deal of secondary gain from his or her “blindness.” Include self-care and family teaching.
5. Describe disorders that are conscious attempts to deceive health care professionals.
6. Explain the key symptoms of the four dissociative disorders.
7. Compare and contrast dissociative amnesia and dissociative fugue.
8. Identify three specialized elements in the assessment of a patient with a dissociative disorder.
9. Identify nursing interventions for patients with somatoform and dissociative disorders.

## **Chapter 23: Crisis and Disaster**

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

## **Chapter 24: Suicide**

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

## **Chapter 25: Anger, Aggression, and Violence**

1. Compare and contrast three theories that explore the determinants for anger, aggression, and violence.
2. Compare and contrast interventions for a patient with healthy coping skills with those for a patient with marginal coping behaviors.
3. Apply at least four principles of deescalation with a moderately angry patient.
4. Describe two criteria for the use of seclusion or restraint over verbal intervention.
5. Discuss two types of assessment and their value in the nursing process.

6. Role-play with classmates by using understandable but unhelpful responses to anger and aggression in patients; discuss how these responses can affect nursing interventions.

### **Chapter 26: Child, Older Adult, and Intimate Partner Abuse**

1. Identify three indicators of (a) physical abuse, (b) sexual abuse, (c) neglect, and (d) emotional abuse.
2. Discuss the epidemiological theory of abuse in terms of stresses on the perpetrator, vulnerable person, and environment that could escalate anxiety to the point at which abuse becomes the relief behavior.
3. Compare and contrast three characteristics of perpetrators with three characteristics of a vulnerable person.
4. Describe four areas to assess when interviewing a person who has experienced abuse.
5. Identify two common emotional responses the nurse might experience when faced with a person subjected to abuse.
6. Formulate four nursing diagnoses for the survivor of abuse, and list supporting data from the assessment.
7. Write out a safety plan with the essential elements for a victim of intimate partner abuse.
8. Compare and contrast primary, secondary, and tertiary levels of intervention, giving two examples of intervention for each level.
9. Describe at least three possible referrals for an abusive family, including the telephone numbers of appropriate agencies in the community.
10. Discuss three psychotherapeutic modalities useful in working with abusive families.

### **Chapter 27: Sexual Assault**

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

### **Chapter 28: Disorders of Children and Adolescents**

1. Explore factors and influences contributing to child and adolescent mental disorders, and develop intervention strategies for these young patients.
2. Explain how characteristics associated with resiliency can mitigate ecological influences.
3. Identify characteristics of mental health and positive youth development in children and adolescents.
4. Discuss holistic assessment of a child or adolescent.
5. Explore areas in the assessment of suicide that may be unique to children or adolescents.
6. Compare and contrast at least six treatment modalities for children and adolescents.
7. Describe clinical features and behaviors of at least three child and adolescent psychiatric disorders.
8. Formulate three nursing diagnoses, stating patient outcomes and interventions for each.

## **Chapter 29: Psychosocial Needs of the Older Adult**

1. Discuss facts and myths about aging.
2. Describe mental health disorders that may occur in older adults.
3. Analyze how ageism may affect attitudes and willingness to care for older adults.
4. Explain the importance of a comprehensive geriatric assessment.
5. Describe the role of the nurse in different settings of care.
6. Identify the requirements for the use of physical and chemical restraints.
7. Discuss the importance of pain assessment, and identify three tools used to assess pain in older adults.
8. Identify legislation and legal documents that protect the rights of older patients, and describe their impact on nursing care.
9. Recognize the significance of health care costs for older adults.

## **Chapter 30: serious Mental Illness**

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

## **Chapter 31: Psychological Needs of Patients with Medical Conditions**

1. Describe the influence of stress on general medical conditions.
2. Construct a nursing diagnosis for an individual who has HIV and depression.
3. Explain the importance of nurses teaching relaxation techniques and coping skills to patients with medical illness.
4. Perform a comprehensive nursing assessment for a patient with a medical illness.
5. Assess the patient's coping skills by identifying (a) areas for psychoeducation and (b) areas of strength.
6. Identify two instances in which a consultation with a psychiatric liaison nurse might have been useful for one of your medical-surgical patients.

## **Chapter 32: Care for the Dying and for Those Who Grieve**

1. Compare and contrast the specific goals of end-of-life care inherent in the hospice model with those of the medical model.
2. Analyze the effects of specific interventions nurses can implement when working with a dying person and his or her family and loved ones.
3. Analyze how the Four Gifts of Resolving Relationships (forgiveness, love, gratitude, and farewell) can be used to help people respond to a dying loved one.
4. Identify the relationship between the way a person responds to life and how the same person responds to death.
5. Explain how the distinction between the terms *grief* and *mourning* as presented in this chapter can help enhance the effectiveness of a holistic approach.
6. Differentiate among some of the characteristics of normal bereavement and dysfunctional grieving.
7. Explain how the various models of understanding grieving (dual process, four tasks of mourning) can enhance your care of those who grieve.
8. Discuss at least five guidelines for dealing with catastrophic loss, and identify appropriate support for someone in acute grief.



### **Chapter 33: Forensic Psychiatric Nursing**

1. Define forensic nursing, forensic psychiatric nursing, and correctional nursing.
2. Describe the educational preparation required for the forensic nurse generalist and the advanced practice forensic nurse.
3. Identify the functions of forensic nurses.
4. Discuss the specialized roles in forensic nursing.
5. Identify three roles of psychiatric nurses in the specialty of forensic nursing.
6. Discuss the differences between a fact witness and an expert witness.
7. Compare and contrast the roles of forensic nurses and correctional nurses.

### **Chapter 34: Therapeutic Groups**

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

### **Chapter 35: Family Interventions**

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

### **Chapter 36: Integrative Care**

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

# CLINICAL - MENTAL HEALTH EVALUATION

## RNSG 2161 (Spring 2013)

Role of the Nurse: Student's Name:	Mid Term Evaluation	Daily Evaluation	Final Evaluation
<b>As Member of a Profession:</b>			
1. Incorporate the policies and standards of the O.C., and affiliating agencies into clinical practice. <ul style="list-style-type: none"> <li>a. Accept constructive suggestions.</li> <li>b. Avail self of learning opportunities.</li> <li>c. Establish priorities for care with interdisciplinary team, focusing on safety concerns.**</li> <li>d. Interact on a professional level.</li> <li>e. Complete assignments on time.</li> <li>f. Follow agency policies.**</li> <li>g. Protect client confidentiality.**</li> </ul>			
Promote the profession of nursing in a manner which Reflects positively on self and nursing. <ul style="list-style-type: none"> <li>a. Function as a safe, competent provider of nursing care.</li> <li>b. Practice under evidenced-based modalities at a beginning level of competency.</li> <li>c. Qualify nursing actions according to scope of practice.</li> </ul>			
<b>As a Provider of Patient-Centered Care:</b>			
1. Utilizes the nursing process and critical thinking in clinical decision making. <ul style="list-style-type: none"> <li>a. Identify mental health/illness signs/symptoms.</li> <li>b. Cluster and analyzes health data and distinguishes nursing diagnoses</li> <li>c. Distinguish measurable goals.</li> <li>d. Organize client problems.</li> <li>e. Prepares nursing interventions.</li> <li>f. Identify goal attainment.</li> </ul>			
**2. Provides safe, effective, individualized nursing <ul style="list-style-type: none"> <li>a. Care correlating developmental theory.</li> <li>b. Collect and documents data, all sources.</li> <li>c. . Utilize milieu to facilitate safety.</li> <li>d. Practice therapeutic communication techniques.</li> <li>e. Monitor for signs and symptoms of distress/agitation.</li> <li>f. Present a caring and empathetic approach to client care.</li> <li>g. Maintain personal and professional boundaries</li> </ul>			
3. Demonstrate sensitivity to client's culture, ethnicity & individual characteristics across the continuum of care. <ul style="list-style-type: none"> <li>a. Identify people who might follow other cultural Norms than themselves.</li> <li>b. Invite exchange of cultural information re: norms, health care related services and needs</li> </ul>			

4. Relate knowledge of psychiatric medications to client care.			
5. Interact with clients, significant others and peers using therapeutic communication skills. a. Select clients appropriate for learning level and clinical objectives, seeking input from agency staff. b. Recognize verbal and nonverbal communication cues. c. Identify speech patterns associated with mental illness. d. Utilize therapeutic communication techniques And document in process recording assignment			
6. Applies sound nutritional practices related to health. a. Teach diet related needs if indicated b. Distinguishes knowledge of client's specific dietary restrictions when appropriate.			
<b>Patient Safety Advocate:</b>			
A. Demonstrate knowledge of the Texas Nursing Practice Act (NPA) and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards. B. Implement measures to promote quality and a safe environment for patients, self, and others.** C. Formulate goals and outcomes using evidence-based data to reduce patient risks.** D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.** E. Comply with mandatory reporting requirements of the Texas NPA. F. Accepts and performs tasks that take into consideration patient safety and organizational policy.**			
<b>Member of the Health Care Team:</b>			
A. Coordinate, collaborate, and communicate with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care. B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families. C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality. D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain the optimal health status of patients and their families. E. Communicate and manage information using technology to support decision-making to improve			

patient care. F. Assign and/or delegate nursing care to other members of the health care team based upon an analysis of patient or unit need.			
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**Key: \*\*Critical Elements must be met each clinical day.**

Performance criteria are graded as:

Satisfactory – S N.O.-no opportunity available

Unsatisfactory – U

Needs Improvement – NI (Mid-rotation only)

The final grade for the clinical course is Pass (PA) or Fail (F). All criteria must be passed to receive a course grade of Pass (PA).

**Daily Evaluation:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mid-Rotation Evaluation:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Final Evaluation/Course Grade:** \_\_\_\_Pass \_\_\_\_Fail

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: