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| **Course Name:** | Mental Health / Psychiatric Nursing |
| **Course Number:** | NURS 214L |
| **Campus:** | Los Angeles |





**Section A:**

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| **Instructor’s Name** | Solomon Tan, MSN/Ed., RN-BC, PHN  Sharlynn Bekkedahl, MN, RN  Cynthia McClain, MHA, BSN, RN, PHN  Benoy Pullukalayil, MSN, RN  Ted Creekmur, BSN, RN  Julie Thompson Andreani, MSW, BSN, RN |
| **I. Instructor’s Contact Information, Course Pre and Co-Requisites** | |
| **Phone Number:** | See Clinical Instructor |
| **E-mail:** | tan@westcoastuniversity.edu  sbekkedahl@westcoastuniversity.edu  Cmcclain@westcoastuniversity.edu  bpullukalayil@westcoastuniversity.edu  Tcreekmur@westcoastuniversity.edu |
| **Office location:** | See Clinical Instructor |
| **Office hours:** | See Clinical Instructor |
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| **Course Equivalencies:** |  |
| **Course Prerequisites:** | NURS 100 and 101L |
| **Course Co-requisites:** | NURS 204 |

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| **II. Mission and Outcomes** | |
| **University Mission:** | At West Coast University, we embrace a student-centric learning partnership that leads to professional success. We deliver transformational education within a culture of integrity and personal accountability. We design market-responsive programs through collaboration between faculty and industry professionals. We continuously pursue more effective and innovative ways through which students develop the competencies and confidence required in a complex and changing world. |
| **Program Mission:** | The mission of the College of Nursing is to provide evidence-based and innovative nursing education to culturally diverse learners; preparing nurses to provide quality and compassionate care that is responsive to the needs of the community and the global society. |
| **Program Learning Outcomes:** | 1. Synthesize knowledge derived from liberal arts and sciences with a conceptual framework as a basis for professional nursing practice. 2. Utilize nursing process in health promotion, restoration, and disease and illness prevention. 3. Apply evidence-based practice in providing therapeutic nursing interventions for patients and families in a wide variety of health care, and community setting. 4. Apply critical thinking skills in providing culturally sensitive and developmentally appropriate nursing care to patients who are experiencing simple and/or complex health problems in a variety of settings. 5. Provide health care education to individuals, families, and aggregates. |

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| **III. Course Information** | |
| **Term:** | 11 |
| **Class Meeting Dates:** | January 30, 2012 through April 1, 2012 |
| **Class Meeting Times:** | See clinical Site |
| **Class Meeting Location:** | Las Encinas Hospital  Kaiser Mental Health  Ingleside Hospital  Gateways Hospital  Brotman Medical Center |
| **Class Credit Hours:** | 2 Semester credits/10 contact hours per week/90 hours per term |
| **Out of Class Time Hours:** | 2 semester credits/10 contact hours per week/90 hours per term |
| **Class Credit Length:** | 9 Weeks |
| **Class Required Texts, Learning Resources:** | Varcarolis, E. M., & Halter, M. J. (2010). *Foundations of psychiatric mental health nursing: a clinical approach* (6. ed.). St. Louis: Saunders/Elsevier.  Wissmann, J. (Ed.). (2010). *Mental health nursing RN edition 8.0: Content mastery series review module*. Stilwell, KS: Assessment Technologies Institute, LLC. [www.atitesting.com](http://www.atitesting.com) |
| **Class *Recommended* Texts, Learning Resources:** | *Text:*  Publication Manual of the American Psychological Association (Sixth Edition 2009). Washington DC: American Psychological Association.  Varcarolis, E. M. (2011). *Manual of psychiatric nursing care planning assessment guides, diagnoses, psychopharmacology* (4th ed.). St. Louis: Saunders Elsevier.  *Learning Resources:*  Anxiety Disorders Association of America. (2010). January monthly future: Anxiety and Depression. Retrieved January 2010 from <http://www.adaa.org>.  Hartford Institute for Geriatric Nursing (2010). Assessment Tools: Try this and how to try this resource. Issue 3 Mental Status Assessment of Older Adults: the Mini-Cog and video. Retrieved January 14, 2010, from <http://hartfordign.org/trythis>.  National Alliance of Mental Illness (2010). Mental Illnesses, Support and Programs. Retrieved January 14, 2010, from <http://www.nami.org> |
| **Course Catalog Description:** | Nursing care for adolescents, adults and older adults with psychiatric health problems. Practice in public and private clinical agencies and in community settings. This practicum course in psychiatric nursing focuses on identification, examination and application of psychiatric nursing theory, concepts, assessment and intervention with psychiatric clients. This course is taken concurrently with NURS 204 and integrates and applies diagnosis, management, and evaluation of clients with psychiatric disorders. Students apply the skills, therapeutic communication strategies and somatic treatments used in psychiatry and collaborate with other health care professionals in a multidisciplinary setting. During the practicum, students will be on a psychiatric unit applying psychiatric principles and delivering nursing care to individuals and groups of clients. They will be in community settings focusing on issues related to mental health. |
| **Course Learning Outcomes:**   * Course outcomes are comprised of the knowledge, skills, values and/or behaviors that students should be able to demonstrate upon completion of the course. * Course outcomes map to the Program Learning Outcomes * Must be assessed in the course to determine if learning outcomes are met | Upon completion of the course, the student will be able to:   1. Demonstrate thorough, effective, and safe psychiatric assessment by using the nursing process according to Gordon’s 11 patterns of human functioning for clients with mental illness, their family and their community. 2. Utilize proper documentation, and communication to staff members of pertinent data about the client's mental health and behavior including medications, treatments, diagnostic tests results and error prevention. 3. Initiate therapeutic nurse-client relationship then analyze verbal and non-verbal interactions, defense mechanisms, and coping mechanisms 4. Collaborate with staff members; follow the clinical agency's and university’s policies and procedures. 5. Participate in all appropriate activities, conferences and meetings. 6. Consult with faculty and staff to respond therapeutically to clients who are suicidal, violent, manipulative, frustrated, and dependent. 7. Demonstrate professional accountability and demonstrate beginning management and leadership roles in a psychiatric setting. 8. Identify areas of instruction needed by the client who is mentally ill that will aid in the development of health promotion and health maintenance of self-care activities. 9. Identify one’s own values and self-awareness in relation to: age, gender, spirituality and cultural diversity when working with mental health clients. 10. Identify the laws pertaining to the care of mental health clients, include concepts of informed consent, voluntary vs. involuntary status, negligence, and abuse reporting, malpractice, utilization and risk management |
| **Teaching and Learning Strategies**   * Updated per course reflecting the instructional strategies appropriate to the subject area. * Examples:. simulation laboratory, clinical experience, discussion, case studies, blended learning, on line assignments, quizzes or other electronic teaching devices, lecture, guest speakers, community projects, class presentations, videos/DVD, kinesthetic learning activities | 1. Clinical experience 2. Psychiatric Nursing Care Plan 3. Interpersonal Process Analysis 4. Community Experience 5. Post-Conference 6. Discussions |

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| **IV. Evaluation Methods, Grading** | | | |
| **Formative Assessment of Student Learning:**   * Will not count more than 80% of final grade * Examples -- *Evidenced-based Research, presentations, Case Studies, Specific class projects, Weekly quizzes, homework assignments, clinical or lab assignments/assessment, practice exams*   **Summative Assessment of Student Learning:**   * Will not count more than 30% of final grade * Examples – *Final Exam, Term Paper or Term Project*   **Participation:**   * Student Participation will not account for more than 10% of the final grade. | **Assignment/Assessments** | **Due Date** | **Points** |
| **Formative Assessment:** |  |  |
| Clinical Evaluation Tool | Week 5 and 7 | **46** |
| Dosage Calculation Exam | Week 1 | **5** |
| Psychiatric Nursing Care Plan | Week 5 | **6** |
| Interpersonal Process Recording X 2 | Week 4 and 7 | **8** |
| Community Experience | Week 7 | **5** |
| **Summative Assessment:** |  |  |
| Clinical Evaluation Tool | Week 9 | **30** |
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| **Additional Information:** Student must attain a score of at least 76% out of the 80% examination-oriented part of the total course grade. In other words, if the total number of points available in a given class is 100, then a minimum of 80 of those points are earned by taking examinations, and a student must earn at least 61 points of the 80 points (76%) out of those exam questions in order to pass the course. Assuming the student attains the minimum 76% (61 points), then the 20% non-examination activities (20 points) are added to calculate the final course grade. *Note – A student can attain 76% of the combined examinations and still fail the course if not attaining enough points from non-examination assignments.* | | |

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| **V. Policies and Procedures** | | | |
| **West Coast University Grading Scale** (reflective of final course grade. See associated policy in Catalog) | **Grade** | **Points** | **WCU Grading Scale** |
| **A** | **4** | **93-100** |
| **A-** | **3.7** | **90-92** |
| **B+** | **3.3** | **87-89** |
| **B** | **3.0** | **83-86** |
| **B-** | **2.7** | **80-82** |
| **C+** | **2.3** | **76-79** |
| **C** | **2.0** | **73-75** |
| **C-** | **1.7** | **70-72** |
| **D+** | **1.3** | **66-69** |
| **D** | **1.0** | **63-65** |
| **D-** | **0.7** | **60-62** |
| **F** | **0** | **59 or below** |
| **TC** | **N/A** | **Transfer Credit** |
| **W** | **N/A** | **Withdrawal** |
| **I** | **N/A** | **Incomplete** |
| **CR** | **N/A** | **Credit** |
| **Attendance Policy** | West Coast University has a clear requirement for students to attend courses. Students should review the Attendance Policy in the “*Academic Policies and Procedures*” section of the [University Catalog](http://westcoastuniversity.edu/content.aspx?id=130&ekfrm=274). | | |
| **Academic Integrity Policy** | Students are expected to approach their academic endeavors with the highest academic integrity. They must cite sources, and submit original work. Academic honesty is central to the institution/student partnership towards student success. Students are accountable for adhering to the Academic Integrity and Academic Dishonesty policies in the “*Academic Policies and Procedures*” section of the [University Catalog](http://westcoastuniversity.edu/content.aspx?id=130&ekfrm=274). | | |
| **Academic Dishonesty** | Students should review the Academic Dishonesty Policy in the “*Academic Policies and Procedures*” section of the [University Catalog](http://westcoastuniversity.edu/content.aspx?id=130&ekfrm=274). | | |
| **Reasonable Accommodations** | West Coast University strives to provide reasonable accommodations to students who have a defined need and who follow the appropriate steps towards seeking the accommodation. The Reasonable Accommodations Policy is found in the “*Academic Policies and Procedures*” section of the [University Catalog.](http://westcoastuniversity.edu/content.aspx?id=130&ekfrm=274) | | |
| **West Coast University Make-up Work Policy** | * In order to meet course objectives, students may be required to make up all assignments and work missed as a result of absences. The faculty may assign additional make-up work to be completed for each absence. * Students are required to be present when an examination is given.  If unexpectedly absent for a documented emergency situation (i.e. death in the immediate family), it is the student’s responsibility to arrange for a make-up date by contacting the faculty member within 48 hours of the original assessment date. The make-up work must be completed within five (5) school days of the originally assigned date.  Students who do not take the exam on the scheduled make-up date or who do not contact the instructor within 48 hours will receive a zero score for that assessment activity.  The highest score possible on a nursing or dental hygiene make-up examination is passing grade (e.g., if a student obtained a perfect score (100%) in the make-up examination, the grade will still be recorded as a passing grade). | | |
| **Classroom Policies** | * Students are expected to dress professionally during class time. * No children are allowed in classes or to be unattended on campus. * Use of cell phones, smart phones, or any other electronic devices in the classroom during class time is strictly prohibited. Unauthorized use may lead to faculty member confiscation of the device for the remainder of the class. * Behavior that persistently or grossly interferes with classroom activities is considered disruptive behavior and may be subject to disciplinary action. A student responsible for disruptive behavior may be required to leave the class. | | |
| **Testing and Examination Policy** | * The university testing policy stipulates that no phones or other electronic devices, food or drink, papers or backpacks can be taken into the examination area. In specific courses the faculty may have additional requirements. Talking during testing or sharing of information regarding the test questions is not allowed. * Once the exam results are available, students may schedule reviews of their exams with their instructors. Once the exam results are available, the instructor may review the test with students. This review is intended to help students learn, and is not intended for further distribution to other students. | | |
| **Additional Program or Accreditation Requirements** | **Course Completion Requirements:**   * Students are expected to participate in class. Participation includes being present in the class, participation in discussions, and active engagement in the lecture/learning activities. * Students must achieve a passing grade of C or better, submit all required assignments, complete all required quizzes and examinations, and meet the standards of the University attendance policy. * Unscheduled quizzes may be given periodically throughout the term. The quizzes may include previously covered content and/or content to be covered during the current day’s class session. * Unless designated as a group project by the instructor, all student papers and assignments must be completed by the individual student and represent the student’s own original work. Group projects are designated as such so that all other assignments are individual assignments and are to be completed by the student and NOT as a group assignment. * Each student is responsible for his or her own learning which includes all aspects of the work required for a class. In order to maintain security and confidentiality, student assignments must be submitted directly to the instructor via the method(s) approved by the instructor. Do not fax papers to the campus. Do not e-mail papers to instructors without **written permission** from the instructor.   **AACN Essentials for Baccalaureate Education for Professional Nursing Practice**  The purpose of this section of the syllabus is to guide the student in understanding how the AACN 9 Essentials are incorporated into their education and to provide guidance to them in developing their individual portfolios.  The Essentials that are met in NURS 214 L Psychiatric / Mental Health Nursing: Promoting Wellness in the Mentally Ill Client Clinical Practicum include the following:  Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice   * Basic Psych and Humanities * Course meets this essential through the application of psychiatric theory based in the sciences and humanities to direct client care on a psychiatric unit.   Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety   * Leadership Role – Psych team is system and interdisciplinary   Course meets this essential through the provision of a leadership experience for the student during one day of their clinical rotation  Essential III: Scholarship for Evidence-Based Practice   * Specific Course meets this essential by requiring the student to provide research regarding the client’s psychiatric diagnosis and to support each intervention listed in the care plan with researched based data.     Essential IV: Information Management and Application of Patient Care Technology   * Electronic charting – access and provide patient information to charge nurse for charting purposes * Course meets this essential by requiring the student to be familiar with the technology used to record client data in the psychiatric hospital and use a computer based nursing care plan.   Essential V: Healthcare Policy, Finance, and Regulatory Environments   * Insurance as partial driving force for early discharge and length of stay issues * Lanterman-Petris Short Act * Short Doyle Act * All seclusion, restraints and other regulations * Course meets this essential through a discussion of psychiatric legal issues and the impact of a client’s source of reimbursement and length of stay. The student is also required to consider how medical necessity impacts insurance reimbursement.   Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes   * Psych mental health interdisciplinary team * Attend reports – Pre and Post Conference * Group therapy sessions with patients and staff * Present case in post conference * Course meets these essentials by through discussions held in pre and posts conferences, the attendance of all group therapies on the unit and the presentation of a client case.   Essential VII: Clinical Prevention and Population Health   * Community clinical assignments * Written applications applicable for theory course * AA – MENTALLY ILL HOMELESS – Mental Health Court 95 – Patient family education – counseling and teaching signs and symptoms of clients illness for family members * Course meets this essential through the provision of safe client care in a psychiatric setting, with special consideration to issues regarding suicide and homicide.   Essential VIII: Professionalism and Professional Values   * Professional role modeling behavior by faculty – ethical discussions – cultural discussions – BRN regulatory issues * Course meets this essential through clinical discussions regarding the stigma and stereotyping that can occur in regard to a psychiatric client. Issues related to client’s rights, ethical behavior and moral responsibility are emphasized during pre and post conference.   Essential IX: Baccalaureate Generalist Nursing Practice   * Course meets this essential by encouraging the student to view the psychiatric client from a holistic perspective and use a variety of psychiatric theories in the planning of care.   Clinical Evaluation:  Clinical performance will be evaluated at week 4-6 and at the end of the term using the clinical evaluation tool. Please complete your self-evaluation at the end of each day and consult with instructor with any questions or concerns you may have regarding your performance or clinical opportunities. The clinical evaluation is kept as a permanent record in the student file. The total time spent by the student in achieving the clinical course objectives is included in the clinical evaluation.  Clinical Preparation:  **Preparation for your clinical assignment is required for all clinical days**. Because each clinical setting has different requirements and options for acute care, outpatient and community experiences, clinical faculty will direct the student’s assignment to different clinical or community experiences.  CLINICAL ATTENDANCE:  The student is accountable for demonstrating all behavioral objectives of the course. Clinical evaluation is based on demonstrated ability to achieve all course objectives no later than the last day of classes in the current semester. Course expectations include attendance and experiential learning.  Tardiness is counted towards the total minutes required for class attendance. A maximum of 20% of total class minutes of absence is permitted. All absences can potentially affect a student's ability to successfully complete the course objectives and consequently their grades and ability to pass the course. If absences due to illness are ongoing, and the student is therefore unable to complete the clinical objectives, the student will be advised to withdraw from the course.  CLINICAL COURSE COMPLETION:  Based on California Board of Registered Nursing requirements each clinical nursing practicum class must be taken simultaneously with each theory class of that subject. Clinical practicum classes are important in order to learn how to apply nursing theory learned to the actual practice of nursing. The student’s ability to apply that knowledge is evaluated by using the clinical evaluation tool designed to meet the conceptual needs of the curriculum and the syllabus for that class. The tool is graded by the clinical instructor on a day-by-day basis. Faculty will provide feedback, if not daily, than at least three times during the term of the class at about week 4, 7 and 9.  In addition, each time a nursing skill is learned it must be performed in the skills lab under supervision first and when performed for the first time on a patient, it must be observed by the instructor who will determine if the student has performed it safely. If the performance is satisfactory, the instructor will initial in the section of the skills booklet. This booklet is to be carried by the student each day she/he is at clinical or in skills lab to insure all skills are signed off prior to moving on to another class. Students should keep a copy of this booklet in a safe place.  The information in this booklet is part of the grading for the class and without this booklet; there is no verification that a skill has been successfully completed. Therefore, it is crucial the student keep this booklet safe throughout the entire nursing program, as it is a record of skills achieved and a required reference by the Board of Registered Nursing that skills were obtained first in the skills lab and later in the clinical practicum.  The final grade is cumulative and includes clinical performance, medication tests, pre or post conference presentations, concept mapping of nursing care, nursing care plans, and quizzes.  **All students must pass with a 76% and evaluated by the clinical instructor to be a safe practitioner, to be eligible to move forward in the nursing curriculum.** Case Studies will be assigned by the instructor throughout the course**.**  MEDICATION EXAMINATION:  The medication math examination will be given in each of the clinical classes throughout the nursing program. In each class, it is required that the students pass the medication math test for that practicum before they can pass medications. The purpose of the medication math examination if for nursing students to demonstrate knowledge and safety with medications, dosages, and calculation. Students must pass with an 85% or higher in order to administer medications in the clinical site.  If the student does not achieve the required 85% on the first attempt they may not pass medications. A second or third attempt will be offered but the grade on the first exam is what is used in the grade calculation. Failure to pass the math examination prevents the student from meeting the clinical objectives resulting in not passing course.  If the student does not pass this medication examination, they are considered unsafe and therefore fail the clinical class and must drop it and the corresponding theory class. Because the body of nursing knowledge builds from one class to the next and the practicum is based on knowing the corresponding theory, the student must successfully pass this class before they can move on to the next nursing course. The Board of Registered Nursing requires that the practicum be taken at the same time as the corresponding theory class, i.e. during the same term, as the theory course is given. If the student fails any course, they are given one opportunity to retake it and if they fail the second time, they are dropped from the program.  UNIFORMS:   * Students are expected to wear a clean pressed school uniform, clean white shoes, a watch with a second hand, their school ID badge and whatever other identification the hospital requires. In community experience they wear the community oxford shirt with their blue blazer and the blue pants. Do not wear sandals, backless or high-heeled shoes. Do not wear jewelry, dangling earrings or necklaces. Do not wear heavy perfumes or cologne. Do not wear scarves, ties, thick necklaces or lanyards. Due to infection control, do not eat in patient care areas. | | |

**Community Experience Documentation Form**

### Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of hours performed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person and title (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number (if different from facility number) (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I verify that the above named student has performed \_\_\_\_\_\_\_ hours of community experience observation at this facility.

Contact person’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Experience**

The community experience must include attendance and written papers (turned in to clinical instructor) for Alcoholics Anonymous (AA) and Court 95. Other acceptable experiences to complete the 10-hour requirement are Alliance for the Mentally Ill (NAMI), Cocaine Anonymous (CA), Emotional Anonymous (EA), and Narcotics Anonymous (NA). See attached information and directions for all community experiences. Community hours must be signed by the group leader or court officers and the 10 hours will be due the 5th week of class to your clinical instructor. You will not pass this class without the required 10 hours of community experience.

**Community Experience No. 1**

Self Help Group: Alcoholics Anonymous:

The student is to attend a meeting of AA and observe the group interaction. You can find the time and location of meetings by calling Alcoholics Anonymous, and asking for the place and time of an AA meeting near your home. For safety reasons, it is best that you go with someone else—either another student, or a friend. Please do not go in groups of more than two, as this tends to limit your interaction with program participants. Complete community assignment paper worth 2.5% of your clinical grade within one week following your visit. Turn paper into your clinical instructor.

**Community Experience No. 2**

Judicial Review Hearings by Writ of Habeas Corpus at:

Department 95 of the Superior Court of Los Angeles County

1150 North San Fernando Road

Los Angeles, California 90065

(323) 226-2908

Students will be scheduled to attend writ hearings from 8:30 a.m. to 1:30 p.m. on days court is in session. You are expected to dress professionally (NO scrubs, gym shoes, jeans, or sweatshirts), and to observe courtroom protocol. DO NOT LEAVE IN THE MIDDLE OF A COURT HEARING OR CALL THE COURT. TURN OFF CELL PHONES. Because of the limited parking, please park on the street and NOT the court building parking lot.

Please arrive at 8:30 a.m. for the 9:00 a.m. hearing. If you are late, you may not be allowed in. Ask where the “writ” hearings are held. This is a judicial hearing by writ of habeas corpus (Latin for “present in the body”), which must be granted to anyone on a 14-day hold upon request by the client.

Occasionally hearings will be cancelled. Bring study materials, as you may have to wait for a couple of hours. If there are no writ hearings scheduled, you may observe Certification Review Hearings. Please pick up a brochure in the rack as you enter which will explain these procedures. Remember, when the court is in session, you may not talk or whisper to each other, or you may be asked by the judge to leave. Occasionally at an attorney’s request, you may not be allowed in certain hearings. Also, be aware that patients and family members will be waiting in the lobby areas outside the courtroom. Maintain confidentiality.

Selecting one case, address the following course objective:

Analyze the moral, legal, and psychiatric implications of involuntary commitment.

In your discussion, include the reason the client is being held involuntarily, psychiatric diagnosis, and medications prescribed. Include a personal reflection on this experience. Paper should be in APA format, 500 words in length, due in clinical – date listed on course outline.

**Community Experience No. 3**

Self Help or Support Group/Brothers Helpers

With faculty assistance, the student will identify a self -help or support group to attend. This can be a group such as a family support group sponsored by the National Alliance for the Mentally Ill (NAMI), Al‑Anon, a Parkinson’s disease support group, persons with AIDS support group, or a bereavement support group or Brothers Helpers. Local medical centers usually have listings of these meetings. Other resources for locating these groups are the front pages of the telephone directory and the USC guide to student services.

**Clinical Written Assignments**

**Guidelines for Interpersonal Process Analysis (IPA)**

Interpersonal Process Analysis (IPA) is a way to identify patterns in the student’s and the patient’s communication. IPA is not an intake assessment nor question and answer session. This is a time to listen and to demonstrate a student’s caring and concern. This is also a time to recognize a patient’s feeling as they emerge and help them identify feelings they have not expressed.

IPA is a written record of a segment of the nurse-patient session that reflects as closely as possible the verbal, non-verbal, coping, and defense mechanisms utilized during the interaction. IPA has some disadvantages because they rely on memory and are subject to distortions. However, IPA can be a useful tool for identifying communication patterns.

Please see attached IPA template or the template can be downloaded on a document format. When completing this assignment, you may use additional pages.

Specific goals are selected by the student prior to the interaction, and are related to particular behaviors. The goals must be realistic and measurable. Broad goals refer to the ultimate expected goal. Therapeutic Communication: please also demonstrate the use of broad open-ended questions, clarification, confronting, reflecting, empathy, immediacy, focusing. Your goal is to use therapeutic communication and identify what you used and why and its effect. Your goal is not to solve the client’s problem but to explore and use therapeutic communication.

*Instructions:*

* Select a client to participate with you. Please do not create a script to use for this interaction. Also, do not take notes during the interview. Taking notes may be distracting for both the student and the patient or the patient may resent or misunderstand the student’s intent. The interpretation will be completed later. The purpose of this interview is to give you an opportunity to practice specific communication strategies and to correctly use and identify these strategies. Write out and analyze a segment of the nurse-patient interaction; “you said…your patient said.” Also identify non-verbal communication *(This may take a few pages.)* Utilize 3 different strategies from the following list:

|  |  |
| --- | --- |
| Communication Strategies  Clarifying  Giving feedback  Rephrasing or restating or paraphrasing  Summarizing  Structuring | Focusing/pinpointing  Using empathy  Using immediacy  Using silence |

* The selected interaction segment will be based upon the parts of the conversation, which were the most meaningful or therapeutic. Allow the selected segment of the interaction flow so the reader can follow the content. Do not take notes during the interaction, but do this immediately.
* As soon as the interaction is completed, begin to write the conversation verbatim (word for word) to the best of your recollection on the first and second column. Do not forget todocument any non-verbal behaviors in the first and second columns. (Student and patient non-verbal communication).
* During documentation, insert information about any discontinuity, i.e. “patient needed to get ready for group therapy;” “patient used the bathroom;” “we agreed to meet up directly after group.” If the student continues a conversation later and wish to include parts of both conversations, identify the segment. *(Always count for how an interaction ended when it is unplanned and abrupt, i.e., “client stood up and said he didn’t want to talk about this anymore”)*
* Complete the third column. Identify the type of communication technique utilized. Then, identify whether the communication technique was therapeutic or non-therapeutic. Evaluate the effectiveness. In this column, identify coping or defense mechanism the client utilized. Identify whether it is adaptive or maladaptive.
* On the fourth column, identify the student’s thoughts and feelings. For example, “ I was feeling nervous. He had attempted suicide and I didn’t know if I could help him. Initially I was feeling somewhat overwhelmed.” Once the columns are complete, the student will have gained the insight needed to look back and decide if the technique was therapeutic or non-therapeutic. (Even if the patient responded well to the response and it is non-therapeutic, document what could be more therapeutic. For example, I could have said, “You must be very upset” or “ tell me more about what happened.” *(The ability to look back and analyze possible errors and non-therapeutic response is as valuable as giving the most therapeutic response during the conversation.)*

Describe the environmental setting where the interaction took place. Document reasons for the environmental setting to be therapeutic or non-therapeutic.

In the description of the client, the client should be described in such a way that anyone can identify him or her. Include grooming, affect, posture and environment or setting. Also describe yourself and your feelings prior to the interaction. Never use patient’s name in your papers. Use first and last initials instead.

Verbal communication is concerned with the spoken word, including inflection and tone of voice. It may also refer to the written word. Note: If the responses are relevant to the goal, did the client initiate the conversation? Did you change the subject being discussed?

Non-verbal communication is concerned with gestures, body movements, posture and other unspoken forms of relaying ideas and feelings. Focus is on what is happening to you and the client that has communication value.

**Assessment.** Is there congruency of verbal and nonverbal communication? What communication techniques are you using and reasons? Try to make some interpretation of behavior. Identify your own feelings. When possible, document reasoning behind assessment. Identify the themes discussed, the strategies you used, and your evaluation of these. Interpretation relates to the observer’s perception of the meaning behind the communication.

Summary includes an evaluation as related to the goal. Was the goal met? What did the communication mean? If you were to redo this interaction, what would you change?

Please type your interaction or print legibly, using the headings of the above columns as a guide. Don’t forget your summary and evaluation. Read your guidelines for this assignment as well as your chapter on therapeutic communication. Please avoid trying to “solve” the client’s problem.

**Guidelines of Nursing Care Plan**

Nursing Care Plan is the framework for all significant action taken by nurses in providing developmentally and culturally relevant psychiatric mental health care to patients. Whenever possible, interventions are supported by research (evidence based). Rationale should be based on texts & current peer-reviewed articles available through the library. These must be published within the past 5 years unless they qualify as a “classic.” Plan of care must address at least either two actual, or one actual and one potential nursing diagnoses for your assigned patient. Use the plan to organize and direct your patient care based on Gordon’s 11 Functional Health Pattern. The care plan needs to be legible and understandable, measurable and realistic. Teaching-learning needs of your patient must be included in the plan of care.

**Medication Administration:**

Students will not administer medication in the hospital setting nor in the community health setting, unless the clinical facility and instructor approves for students to pass medications.

**Medication List:**

The medication lists is part of the care planning, daily charting and interpersonal process analysis. The medication list should be attached to the Nursing Care Plan and daily charting. They will be checked at the beginning of each clinical day. Medication list should emphasize indications and precautions relevant to your particular psychiatric/mental health patient. Focus of the nursing care plan should be psychiatric issues with a priority on safety of clients and staff.

**Daily Charting:**

Daily charting is completed every clinical day to document and support nursing activities for your assigned patient during the shift. *A daily charting document will be provided by the instructor.* Use this document to collect data and support your plan of care for the day. Apply the nursing process with Gordon’s Functional Health Pattern and be prepared to present your client’s case during post‑conference. Include a medication list with your daily charting and discuss the client’s medications.

**Clinical Performance:**

Criteria for clinical performance include: safety, written and oral communication skills, patient teaching, therapeutic skills and professional behavior. Student will complete core clinical competencies as listed in the Clinical Evaluation Tool. Clinical performance is evaluated by the faculty in collaboration with clinical preceptors and with the student thorough formative & summative self-evaluation.

**Clinical Documents:**

Clinical documents may be downloaded as a DOC format.

1. Nursing Daily Charting
2. Medication List
3. Interpersonal Process Recording
4. Nursing Care Plan

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| --- | --- | --- | --- | --- | --- |
| STUDENT: |  | | | FINAL GRADE: |  |
| ID#: |  | |  |  |  |
| CLINICAL SITE: | |  | |  |  |

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| --- | --- | --- | --- |
| EVALUATION CRITERIA | Score Obtained | Percentage of Grade | Points  Obtained |
| CLINICAL EVALUATION TOOL | % | X .76 |  |
| MED MATH EXAM (must attain 85% to pass, first grade achieved is grade counted for final grade) | % | X .05 |  |
| COMMUNITY EXPERIENCE REPORT | % | X .05 |  |
| PSYCHIATRIC CARE PLAN | % | X .06 |  |
| 2 INTERPERSONAL PROCESS RECORDINGS (4-5% EACH) | % | X .08 |  |
| TOTAL 100 | | |  |

4th Week Evaluation Completed By:

Student’s Signature:

Comments:

7th Week Evaluation Completed By:

Student’s Signature:

Comments:

Final Evaluation Done By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BEHAVIORAL OBJECTIVES** | **4TH Week** | **7TH Week** | **STRENGTHS** | **AREAS FOR**  **IMPROVEMENT** | **FINAL GRADE RATING SCALE (CIRCLE ONE)** |
| 1. Demonstrates professional responsibility and accountability in caring for older adult clients in various health care settings. |  |  |  |  | 1 2 3 4 5 |
| 1A. Demonstrates skill in using the nursing process according to Gordon’s 11 patterns of human functioning for the older adult client, their family and their community. |  |  |  |  | 1 2 3 4 5 |
| A. Assesses care based on Gordon’s 11 patterns. |  |  |  |  | 1 2 3 4 5 |
| B. Diagnosis client’s based on Gordon’s 11 patterns. |  |  |  |  | 1 2 3 4 5 |
| C. Plans care based on Gordon’s 11 patterns. |  |  |  |  | 1 2 3 4 5 |
| D. Implements care based on Gordon’s 11 patterns. |  |  |  |  | 1 2 3 4 5 |
| E. Evaluates care based on Gordon’s 11 patterns. |  |  |  |  | 1 2 3 4 5 |
| 1B. The student will be accountable to agency and college protocols. |  |  |  |  |  |
| A. Demonstrates professional behavior including on time for clinical, post-conference, and being prepared for clinical. |  |  |  |  | 1 2 3 4 5 |
| B. Follows agency policies and procedures and accepted standards of care. |  |  |  |  | 1 2 3 4 5 |
| 1C. The student will be accountable for ensuring the older adult client and their families well being will be met with attention to safety, ethical, legal and organizational standards of care. |  |  |  |  |  |
| A. Recognizes hazards to client safety and takes appropriate action to maintain a safe environment. |  |  |  |  | 1 2 3 4 5 |
| B. Maintains confidentiality of client information. |  |  |  |  | 1 2 3 4 5 |
| 2. The student will be accountable for self development toward professional role behaviors. |  |  |  |  |  |
| A. Seeks and participates in creative and innovative learning experiences to enhance own learning. |  |  |  |  | 1 2 3 4 5 |
| B. Demonstrates self-initiative by identifying own learning needs and communicating personal expectations to instructor. |  |  |  |  | 1 2 3 4 5 |
| C. Implements changes in practice based upon instructor’s/agency mentor’s feedback. |  |  |  |  | 1 2 3 4 5 |
| D. Recognizes how own values and values of others influence care of the client. |  |  |  |  | 1 2 3 4 5 |
| E. Accepts responsibility for own nursing actions. |  |  |  |  | 1 2 3 4 5 |

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| **BEHAVIORAL OBJECTIVES** | **4TH Week** | **7TH Week** | **STRENGTHS** | **AREAS FOR**  **IMPROVEMENT** | **FINAL GRADE RATING SCALE (CIRCLE ONE)** |
| 3. Uses research methods, such as evidenced-base practice to obtain data for determining the best nursing care available |  |  |  |  |  |
| 1. Uses various sources to obtain nursing clinical data |  |  |  |  | 1 2 3 4 5 |
| 1. Incorporates evidenced based information in the plan of nursing care |  |  |  |  | 1 2 3 4 5 |
| 1. Presents data that can be utilized in designing nursing care plans |  |  |  |  | 1 2 3 4 5 |
| 1. Uses APA format in presenting written sources of clinical data |  |  |  |  | 1 2 3 4 5 |
| 4. Demonstrates skills in using the nursing process as a framework for development of a nursing plan of care for an older adult client |  |  |  |  |  |
| A. Demonstrates comprehensive nursing assessment skills. |  |  |  |  | 1 2 3 4 5 |
| B. Develops a multidisciplinary plan of care based on assessment data |  |  |  |  | 1 2 3 4 5 |
| 1. Implements plans as appropriate to client situation |  |  |  |  | 1 2 3 4 5 |
| D. Evaluates goal achievement and nursing interventions |  |  |  |  | 1 2 3 4 5 |
| 5. Identifies areas of instruction needed by the older adult client that will aid in development of health promotion and health maintenance of self-care activities |  |  |  |  |  |
| 1. Is able to assess and provide for the educational needs of the older adult client |  |  |  |  | 1 2 3 4 5 |
| 1. Collaborates with the family to design, provide and evaluate an educational plan for the client and family |  |  |  |  | 1 2 3 4 5 |
| 1. Designs educational sessions appropriate to the learning abilities of the client and family |  |  |  |  | 1 2 3 4 5 |
| 1. Demonstrates the effectiveness of knowledge acquisition of the client, family or community |  |  |  |  | 1 2 3 4 5 |
| 6. Uses effective written, verbal and nonverbal therapeutic communication skills. |  |  |  |  |  |
| 1. Demonstrates written communication skills. |  |  |  |  | 1 2 3 4 5 |
| 1. Demonstrates verbal communications skills. |  |  |  |  | 1 2 3 4 5 |
| 1. Demonstrate non-verbal communication skills. |  |  |  |  | 1 2 3 4 5 |
| 1. Speaks and writes in a professional manner |  |  |  |  | 1 2 3 4 5 |
| 7. Demonstrates beginning management and leadership roles. |  |  |  |  |  |
| 1. Demonstrates an accountability to agency and college protocols |  |  |  |  | 1 2 3 4 5 |
| 1. Demonstrates an accountability for client/ family well being |  |  |  |  | 1 2 3 4 5 |
| 1. Demonstrates and understanding of being accountable for ones own professional and self development |  |  |  |  | 1 2 3 4 5 |
| 1. Shows proper leadership styles depending on the nursing care or professional situation |  |  |  |  | 1 2 3 4 5 |
| **TOTAL RATING SCALE**: |  |  |  |  |  |

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| --- | --- | --- | --- |
| **FINAL GRADE CALCULATIONS:** | **Second Year Level I** | **Third Year Level II** | **Fourth Year Level III** |
| 1-Rating for objective: 1 (11-55) \_\_\_\_\_ + 2 (5-25) \_\_\_\_\_ = | X 0.45 | X 0. 30 | X 0. 15 |
| 3-Rating for objective: (4-20) = | X 0.11 | X 0. 20 | X 0..20 |
| 4-Rating for objective: (4-20) = | X 0.11 | X 0. 15 | X 0. 15 |
| 5-Rating for objective: 4 (4-20) = | X 0.11 | X 0. 15 | X 0. 20 |
| 6-Rating for objective: 5 (4-20) = | X 0.11 | X 0. 10 | X 0. 10 |
| 7- Rating for objective: 6 (4-20) = | X 0.11 | X 0. 10 | X 0. 20 |
| 20-180 TOTAL | 100% | 100% | 100% |
| Note: Any rating below “3” in the final evaluation constitutes a failure in this course. | | | |

#### Grades

#### Letter Grade Percentage of Class Points

A 91 – 100%

B 84 – 90 %

C\* **76** – 83 %

D 68 – 75 %

F 67 or Less

\***Minimum passing grade for all nursing classes is a 76%.**

STUDENT: CLINICAL SITE:

**INSTRUCTIONS FOR USE**

**STUDENT INSTRUCTIONS FOR EVALUATION**

1. Use the key to rate each of the behavioral objectives on the tool during weeks 2, 3, 4, 5, 6, 7, 8 of the term.

2. Enter the numerical rating that most accurately describes the perception of your performance.

3. Provide examples of your performance in the strengths/areas of improvement section (use the back of the sheet).

**INSTRUCTOR INSTRUCTIONS FOR EVALUATION**

**1**. Review the ratings with the student weekly and if there is a discrepancy document in red ink with clarification in the comments section.

2. On the 4th, 7th and 9th week evaluate the student’s clinical performance using the final grade rating scale.

3. Circle numerical rating that most accurately describes your perception of the student's performance along with the student’s strengths and areas for improvement.

|  |  |
| --- | --- |
| RATING SCALE KEY | |
| Rating | Behavior |
| 5 | Consistently demonstrates knowledge and behaviors in a manner which reflects a superior level of competence. Performance is independent, accurate and complete. (Creativity, initiative, systematic, resourceful, knowledge in depth) |
| 4 | Consistently demonstrates knowledge and behaviors in a manner which reflects an above average level of competence. Performance requires minimal assistance from instructor. (Efficient, organized, goal director) |
| 3 | Consistently demonstrates knowledge and behaviors in a manner which reflects an average level of competence. Performance requires moderate assistance from instructor; it is acceptable but needs strengthening. (Basic knowledge, but without breadth and depth beyond assigned content) |
| 2 | Inconsistently demonstrates knowledge which reflects below average level of competence. Performance requires step by step assistance from instructor or staff nurse. (Inaccurate, incomplete, unable to reflect basic knowledge) |
| 1 | Consistently demonstrates knowledge of behavior which reflects dangerous level of incompetence. Tasks are not completed and performance is unsafe. Cannot identify areas of need and does not benefit from special guidance. (Does not have basic knowledge, below level of safety, unaware). |
| Definition of terms in scale: | |
| Knowledge/  Behaviors: | Course objectives which define course content. |
| Competence: | Judgment, safety, prediction, anticipation |
| Consistency: | Regular, routine pattern of behavior observable over a period of time. |
| Inconsistency: | Erratic unpredictable patterns of behavior. |

Clinical Week

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| 1. DEMONSTRATES PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY IN CARING FOR CLIENTS IN VARIOUS PSYCHIATRIC HEALTH CARE SETTINGS. | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1A. DEMONSTRATES SKILL IN USING THE NURSING PROCESS ACCORDING TO GORDON’S 11 PATTERNS OF HUMAN FUNCTIONING FOR CLIENT WITH A MENTAL ILLNESS, THEIR FAMILY AND THEIR COMMUNITY. |  |  |  |  |  |  |  |
| 1. Health perception and health management patterns |  |  |  |  |  |  |  |
| 1. Nutritional and Metabolism patterns |  |  |  |  |  |  |  |
| 1. Elimination patterns |  |  |  |  |  |  |  |
| 1. Activity and exercise pattern |  |  |  |  |  |  |  |
| 1. Cognitive and perception patterns |  |  |  |  |  |  |  |
| 1. Sleep and rest patterns |  |  |  |  |  |  |  |
| 1. Self perception and self concept |  |  |  |  |  |  |  |
| 1. Roles and relationship patterns |  |  |  |  |  |  |  |
| 1. Sexuality and reproduction patterns |  |  |  |  |  |  |  |
| 1. Coping and stress tolerance patterns |  |  |  |  |  |  |  |
| 1. Values and beliefs patterns |  |  |  |  |  |  |  |
| 1B. THE STUDENT WILL BE ACCOUNTABLE TO AGENCY AND COLLEGE PROTOCOLS. Examples of the behavior include, but are not limited to: |  |  |  |  |  |  |  |
| 1. Demonstrates professional attire at all times according to school policies and organization as written in student handbook. |  |  |  |  |  |  |  |
| 2. Arrives to clinical unit on time or contacts intructorwhen unable to meet time commitments. |  |  |  |  |  |  |  |
| 3. Arrives to clinical conference on time or contacts instructorwhen unable to meet this commitment. This includes scheduled seminars. |  |  |  |  |  |  |  |
| 4. Complies with attendance in clinical setting according to school policies as written in the student handbook and provided in course syllabus. |  |  |  |  |  |  |  |
| 5. Follows agency policies and procedures and accepted standards of care for the client with mental illness. |  |  |  |  |  |  |  |
| 6. Hands in clinical assignments on time in compliance with school policies as written in student handbook and provided in course syllabus. |  |  |  |  |  |  |  |
| 7. Prepares for clinical as evidenced by preparation of all clinical forms, knowledge of medications, and prioritizing of nursing care needs. |  |  |  |  |  |  |  |
| 1C. THE STUDENT WILL BE ACCOUNTABLE FOR ENSURING THE CLIENT WITH A MENTAL ILLNESS AND THEIR FAMILIES WELL BEING IS MET WITH ATTENTION TO SAFETY, ETHICAL, LEGAL AND ORGANIZATIONAL STANDARDS OF CARE. Examples of the behavior include, but are not limited to: |  |  |  |  |  |  |  |
| 1. Provides therapeutic care regardless of client consideration: social, economic, ethnic, cultural health status. |  |  |  |  |  |  |  |
| 2. Recognizes risks to client safety and takes appropriate action to maintain a safe therapeutic environment. |  |  |  |  |  |  |  |
| 1. Able to identify seclusion and behavioral restraint protocol per hospital policy. |  |  |  |  |  |  |  |
| 1. Able to complete a fall risk assessment and implement fall risk protocol per hospital policy. |  |  |  |  |  |  |  |
| 1. Able to complete suicide risk assessment per hospital policy. |  |  |  |  |  |  |  |
| 1. Able to identify clients who are elopement risk. |  |  |  |  |  |  |  |
| 1. Able to identify clients who are hypersexual. |  |  |  |  |  |  |  |
| 1. Able to identify client who has history of abuse (sexual, physical, emotional, neglect) |  |  |  |  |  |  |  |

Clinical Week

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| 3. Maintains confidentiality of client information. | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1. Shares client information only with appropriate health team members, instructor, and in group clinical post conferences. |  |  |  |  |  |  |  |
| 1. Adheres to HIPAA guidelines – Completed HIPAA training with documentation. |  |  |  |  |  |  |  |
| 1. Protects clients confidentiality and personal health information. |  |  |  |  |  |  |  |
| 4. Identifies advocacy roles and situations that require ethical decisions. |  |  |  |  |  |  |  |
| 5. Identifies Lanterman Petris Short-Act and Short Doyle Act. |  |  |  |  |  |  |  |
| 6. Implements and promotes patient’s rights. |  |  |  |  |  |  |  |
| Strengths/Areas of Improvement | | | | | | | |

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| 2. THE STUDENT WILL BE ACCOUNTABLE FOR SELF DEVELOPMENT TOWARDS PROFESSIONAL ROLE BEHAVIORS. Examples of the behavior include, but are not limited to: | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1. Seeks and participates in creative and innovative learning experiences to enhance own learning. |  |  |  |  |  |  |  |
| 2. Demonstrates self-initiative by identifying own learning needs and communicating personal expectations to instructor. |  |  |  |  |  |  |  |
| 3. Elicits feedback from instructor/agency mentor to enhance own learning. |  |  |  |  |  |  |  |
| 4. Implements changes in practice based upon instructor's/agency mentor's feedback. |  |  |  |  |  |  |  |
| 5. Participates in constructive evaluation of self, faculty, and clinical site. |  |  |  |  |  |  |  |
| 6. Recognizes how own values and values of others influence care of the client. |  |  |  |  |  |  |  |
| 7. Accepts values of others that differ from students own value system. |  |  |  |  |  |  |  |
| 8. Accepts responsibility for own nursing actions. |  |  |  |  |  |  |  |
| Strengths/Areas of Improvement | | | | | | | |

Clinical Week

Clinical Week

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| 3. THE STUDENT WILL UTILIZE RESEARCH METHODS, SUCH AS EVIDENCED BASED PRACTICE, TO OBTAIN DATA FOR DETERMINING THE BEST NURSING CARE AVAILABLE FOR CLIENT’S WITH A MENTAL ILLNESS. Examples of the behavior include, but are not limited to: | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1. Utilizes various sources to obtain nursing clinical data. |  |  |  |  |  |  |  |
| 1. Incorporates evidenced based information in the plan for providing therapeutic nursing care to clients with mental illness. |  |  |  |  |  |  |  |
| 1. Presents data that can be utilized in designing nursing care plans for client who are mentally ill |  |  |  |  |  |  |  |
| 1. Uses APA format in presenting written sources of clinical data. Cites sources as appropriate. |  |  |  |  |  |  |  |
| Strengths/Areas of Improvement | | | | | | | |

Clinical Week

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| 4. DEMONSTRATES SKILL IN USE OF THE NURSING PROCESS AS A FRAMEWORK FOR DEVELOPMENT OF A NURSING PLAN OF CARE FOR A CLIENT WHO IS MENTALLY ILL | | 2 | | 3 | | 4 | 5 | 6 | 7 | 8 |
| 4A. USES CORRECT PSYCHIATRIC ASSESSMENT SKILLS. Examples of the behavior include, but are not limited to: |  | |  | |  | |  |  |  |  |
| 1. Collects and analyzes subjective and objective assessment data, pertinent to each individual client and appropriately document assessment findings. |  | |  | |  | |  |  |  |  |
| 2. Utilizes appropriate interviewing techniques for obtaining historical information from client. Documents in WCU daily charting, medication lists, psychiatric nursing care plan and interpersonal process recording. |  | |  | |  | |  |  |  |  |
| 3. Utilizes a systematic approach to collect biological, psychosocial, cultural, spiritual, and developmental data to use as a basis for assessment. Able to document in WCU clinical record appropriately and thoroughly. |  | |  | |  | |  |  |  |  |
| 4. Utilizes appropriate psychiatric assessment skills to assess the client’s physical, psychological, and psychosocial needs with proper and complete documentation. |  | |  | |  | |  |  |  |  |
| 5. Refers to the DSM-IV-TR for distinguishing diagnostic findings in both subjective and objective data as appropriate for the client with a mental illness. |  | |  | |  | |  |  |  |  |
| 6. Assesses the ability of both client and family to engage in self-care, as client experiences transitions in current health status to the continuum of care. |  | |  | |  | |  |  |  |  |
| 7. Performs a focused assessment individualized to the client's psychiatric diagnoses, changing condition, and nursing care needs and report to the instructor and charge nurse. |  | |  | |  | |  |  |  |  |
| 8. Assesses and documents client's psychological, nutritional, environmental, pharmacotherapeutic and health screening needs. Communicates pertinent data with instructor and psychiatric health care team. |  | |  | |  | |  |  |  |  |
| 9. Analyzes and interprets laboratory reports and various other forms of medical information and assesses client’s response to diagnosis and therapy provided. |  | |  | |  | |  |  |  |  |
| 10. Analyzes Mini Mental Status Exams (MMSE) and Abnormal Voluntary Assessment Scale (AIMS) in relation to client’s mental illness. |  | |  | |  | |  |  |  |  |

Clinical Week

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| 4B. DEVELOPS A MULTIDISCIPLINARY PLAN OF CARE BASED ON ASSESSMENT DATA. Examples of the behavior include, but are not limited to: | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1. Develops complete and appropriate nursing diagnoses adapted to individual client needs. |  |  |  |  |  |  |  |
| 2. Determines a prioritized nursing list of nursing diagnoses for each client, based on subjective and objective data. |  |  |  |  |  |  |  |
| 3. Develops a client care plan utilizing prioritized nursing diagnoses adapted to individual client needs. |  |  |  |  |  |  |  |
| 4. Identifies realistic, client focused, and measurable (time oriented) goals. |  |  |  |  |  |  |  |
| 5. Involves both client and family whenever possible, in the development of short and long term goals. |  |  |  |  |  |  |  |
| 6. Plans nursing interventions appropriate to meet client's goals. |  |  |  |  |  |  |  |
| 1. States scientific rationale for nursing interventions. |  |  |  |  |  |  |  |
| 1. Utilizes research findings to provide a basis for development of nursing interventions. |  |  |  |  |  |  |  |
| 7. Integrates appropriate data from critical pathways into individualized care plan. |  |  |  |  |  |  |  |
| 4C. IMPLEMENTS PLANS AS APPROPRIATE TO PROVIDE THERAPEUTIC NURSING CARE FOR A CLIENT WITH A MENTAL ILLNESS. Examples of the behavior include, but are not limited to: |  |  |  |  |  |  |  |
| 1. Demonstrates competence in selected psychomotor skills. |  |  |  |  |  |  |  |
| A. Demonstrates competence and safety protocol of psychotropic medications. |  |  |  |  |  |  |  |
| a. States classification, action, reason for use, and adverse effects for each medication. |  |  |  |  |  |  |  |
| b. Calculates drug dosages. |  |  |  |  |  |  |  |
| c. Determines the 5 rights and accurately checking client identification. Use 2 patient identifiers in accordance to individual hospital policy per the current Joint Commission National Patient Safety Goal |  |  |  |  |  |  |  |
| d. Identifies factors related to client age, diagnosis, and current status that may change in response to administered medication. |  |  |  |  |  |  |  |
| e Identifies and implementing assessment parameters to monitor client's response to medications. |  |  |  |  |  |  |  |
| f. Identifies patient consent for psychotropic medications and the nurse’s role to inform clients of their medications. |  |  |  |  |  |  |  |
| 2. Uses clinical indicators to determine opportunities of administering prescribed drugs and treatments (e.g. lithium level, depakote levels, white blood cell counts, pulse rate, blood glucose level, pain rating, emotional stress) |  |  |  |  |  |  |  |
| 3. Identifies client’s laboratory report with appropriate reference. |  |  |  |  |  |  |  |
| 4. Implements nursing interventions required for therapeutic procedures. |  |  |  |  |  |  |  |
| 1. Investigates unfamiliar medications, diagnostic and therapeutic procedures. |  |  |  |  |  |  |  |
| 1. Performs all client care in accordance with established policies and procedures and standards of care in a timely manner. |  |  |  |  |  |  |  |
| 1. Prepares client for all nursing interventions by explaining procedure and allaying anxiety. |  |  |  |  |  |  |  |
| 5. Implements use of Standard Precautions and technique as appropriate to the client situation. |  |  |  |  |  |  |  |

Clinical Week

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| 4D. EVALUATES GOAL ACHIEVEMENT AND NURSING INTERVENTIONS FOR A CLIENT WHO IS MENTALLY ILL. Examples of the behavior include, but are not limited to: | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| l. Evaluates client's response to nursing interventions. |  |  |  |  |  |  |  |
| 2. Evaluates client goal achievement in an on going manner as a basis for adapting nursing care. |  |  |  |  |  |  |  |
| 4E. Based on evaluation of plans, modifies plan of care as needed to address client needs. |  |  |  |  |  |  |  |
| 1. Evaluates outcome/goal whether it is met/partially met/not met. |  |  |  |  |  |  |  |
| 1. Based on the outcome reassess the client as needed. |  |  |  |  |  |  |  |
| 1. Modifies client care plan according to client needs. |  |  |  |  |  |  |  |
| Strengths/Areas of Improvement | | | | | | | |

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| 5. IDENTIFIES AREAS OF INSTRUCTION NEEDED BY THE CLIENT WHO IS MENTALL ILL THAT WILL AID HEALTH PROMOTION AND HEALTH MAINTENANCE OF SELF-CARE ACTIVITIES. Examples of the behavior include, but are not limited to: | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1. Demonstrates skill in providing culturally appropriate health promotion and health maintenance education to clients with mental illness and families in diverse populations, when appropriate. |  |  |  |  |  |  |  |
| 2. Develops and implements selected teaching plans that are appropriate to the client's situation related to value systems and psychosociocultural and educational background, age and health status. |  |  |  |  |  |  |  |
| 3. Involves client and/or family in identification of learning needs during transitions in health status. |  |  |  |  |  |  |  |
| 4. Uses learner strategies appropriate to age, educational level, learning preference and cultural background. |  |  |  |  |  |  |  |
| 5. Teaches correct principles, procedures, and techniques of health promotion and health maintenance according to clients needs. |  |  |  |  |  |  |  |
| 6. Informs client and family about health care status when appropriate. |  |  |  |  |  |  |  |
| 7. Teaches client and family stress reduction techniques (e.g. guided imagery, relaxation breathing and diversion). |  |  |  |  |  |  |  |
| 8. Uses resources appropriately during the planning and implementation of the teaching plan. |  |  |  |  |  |  |  |
| 9. Evaluates client and/or family response to learning of provided education. |  |  |  |  |  |  |  |
| 10. Documents teaching intervention and client's response to education. |  |  |  |  |  |  |  |
| Strengths/Areas of Improvement | | | | | | | |

Clinical Week

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 6. USES EFFECTIVE WRITTEN, VERBAL AND NON VERBAL COMMUNICATION SKILLS WHEN CARING FOR A CLIENT WITH A MENTAL ILLNESS . | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 6A. DEMONSTRATES WRITTEN COMMUNICATION SKILLS. Examples of the behavior include, but are not limited to: |  |  |  |  |  |  |  |
| 1. Records pertinent subjective and objective information accurately, promptly, legibly, and concisely in a format that is grammatically correct and conforms to agency policy. |  |  |  |  |  |  |  |
| 2. Utilizes correct medical/nursing terminology. |  |  |  |  |  |  |  |
| 3. Demonstrates application of the nursing process in written documentation. |  |  |  |  |  |  |  |
| 4. Demonstrates application of the nursing process, according to hospital plan of care for individual nursing units. |  |  |  |  |  |  |  |
| 5. Demonstrates ability to retrieve patient clinical data in the electronic health system. |  |  |  |  |  |  |  |
| 6B. DEMONSTRATES VERBAL COMMUNICATION SKILLS. Examples of the behavior include, but are not limited to: |  |  |  |  |  |  |  |
| 1. Develops an effective relationship with individual clients as evidenced by: |  |  |  |  |  |  |  |
| 1. Communicates facts, ideas, and feelings clearly. |  |  |  |  |  |  |  |
| 1. Listens receptively, focuses on client's feelings during interactions. |  |  |  |  |  |  |  |
| 1. Conveys an attitude of acceptance and empathy. Remains aware of how non-verbal communication can affect the client. |  |  |  |  |  |  |  |
| 1. Displays a non judgmental attitude during the nurse client interaction. |  |  |  |  |  |  |  |
| 1. Communicates to client on the level of the learner using appropriate terminology. |  |  |  |  |  |  |  |
| 1. Gives explanation and verbal reassurance when needed. |  |  |  |  |  |  |  |
| 2. Provides support for clients and support/family members of clients. |  |  |  |  |  |  |  |
| 3. Demonstrates assertive skill in management of professional duties. |  |  |  |  |  |  |  |
| 4. Presents report on client in an organized, concise, and accurate manner. Utilizes the ISBAR format (Introduction, Situation, Background, Assessment and Recommendation) |  |  |  |  |  |  |  |
| 6C. DEMONSTRATES NON VERBAL COMMUNICATION SKILLS. Examples of the behavior include, but are not limited to: |  |  |  |  |  |  |  |
| 1. Maintains professional role by dress, body language and other nonverbal cues. |  |  |  |  |  |  |  |
| 6D. SPEAKS AND WRITES IN A PROFESSIONAL MANNER. Examples of the behavior include, but are not limited to: |  |  |  |  |  |  |  |
| 1. Speaks clearly, respectfully and professionally when communicating client information with the instructor and multidisciplinary health care team |  |  |  |  |  |  |  |
| 1. Clearly communicates client information in a concise manner whether in writing, verbally, nonverbally, or using electronic means. |  |  |  |  |  |  |  |
| Strengths/Areas of Improvement | | | | | | | |

Clinical Week

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| 7. DEMONSTRATES BEGINNING MANAGEMENT AND LEADERSHIP SKILLS. Examples of the behavior include, but are not limited to: | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1. Organizes work priorities to complete assignment efficiently and in a timely manner. |  |  |  |  |  |  |  |
| 2. Participates and observes admission, discharge and transfer of clients according to hospital policy and procedure. |  |  |  |  |  |  |  |
| 3. Stays with assigned clients and aware of present conditions: |  |  |  |  |  |  |  |
| 1. Introduces self to assigned clients to ascertain their condition before beginning tasks of the day. |  |  |  |  |  |  |  |
| 1. Aware of patient safety rounds, hourly rounding, appointments and day pass. |  |  |  |  |  |  |  |
| 4. Maintains flexibility and changes organizational strategies in response to changing client needs. ? |  |  |  |  |  |  |  |
| 5. Demonstrates clinical decision making skills, while caring for the client and/or family experiencing transitions in health status. |  |  |  |  |  |  |  |
| 6. Consults with instructor/staff in providing care to clients. |  |  |  |  |  |  |  |
| 7. Notifies instructor or appropriate staff member of changes in the client condition. |  |  |  |  |  |  |  |
| 8. Collaborates with the health care team or staff members who support the organization of clinical activities. |  |  |  |  |  |  |  |
| 9. Identifies critical behaviors utilized by the professional nurse, to effect positive change in the environment and managing of client activities. ? |  |  |  |  |  |  |  |
| 10. Works effectively with the professional nurse to develop management skills and knowledge specific to the delegation and supervision of unlicensed assistive personnel. |  |  |  |  |  |  |  |
| 11. Demonstrates effective clinical decision making skills. |  |  |  |  |  |  |  |
| 12. Notifies faculty, peers, clients, staff and/or families when unforeseen events inhibit or preclude completion of responsibilities. |  |  |  |  |  |  |  |
| 13. Verbally contributes to clinical conferences and/or group discussions through sharing of appropriate experiences and ideas. |  |  |  |  |  |  |  |
| 14. Assists group to evaluate work accomplished and plan continued work. ? |  |  |  |  |  |  |  |
| 15. Demonstrates respect to all members of the healthcare team and interacts effectively to accomplish client's goals. |  |  |  |  |  |  |  |
| 16. Works collaboratively with individual peers, and in peer group work by contributing ideas, knowledge and assistance. |  |  |  |  |  |  |  |
| Strengths/Areas of Improvement | | | | | | | |

**Psychiatric / Mental Health Nursing Care Plan**

Gordon’s 11 Functional Health Pattern

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student** |  | **Course** |  | **Date** |  |
| **Instructor** |  |  |  |  |  |
| **Patient Initials** |  | **Patient DOB** |  | **Patient Age** |  |
| **Date of Admission** |  | **Gender** |  | **Ethnicity** |  |
| **Unit** |  | **Legal Status (Vol, 5150, 5250, Conservatorship)** |  | **Allergies** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Temp (location)** | **Pulse (location)** | **Respiration** | **Pulse Ox (O2 Sat)** | **Blood Pressure (location)** | **Pain Scale 1-10 (location, character, onset)** |
|  |  |  |  |  |  |
| Height: |  | Weight: |  |  |  |

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| --- | --- |
| **Multiaxial Diagnostic System:**  **Axis I:** (Psychiatric Diagnosis)  **Axis II:** (Personality Disorder / Mental Retardation)  **Axis III:** (Medical / Physical Problems)  **Axis IV:** (Psychosocial and Environmental Problems)  **Axis V:** (Global Assessment of Functioning scale) | **History of Present Psychiatric Illness:**  (Presenting signs & symptoms/ Previous Psychiatric Admission / Outpatient Mental Health Services/5150 Advisement) |
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| --- | --- |
| **Psychopathology of admitting and/or related psychiatric diagnosis**  **Biophysical and/or related medical diagnosis**  **Describe how does this diagnosis relate to your patient**  **(With APA citations)** | **Erickson’s Developmental Stage:**  Include RationaleBased on the Client  **(APA citation)** |
|  |  |

**Gordon’s 11 Functional Health Pattern**

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| --- | --- | --- |
| **Health Perception / Health Management:**  Client's perceived pattern of health and well being and how health is managed. | **Self-Perception/Self Concept:**  Body comfort, body image, feeling state, attitudes about self, perception of abilities. | **Role-Relationship:**  Client's pattern of role engagements and relationships. |
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| **Nutritional-Metabolic:**  Pattern of food and fluid consumption relative to metabolic need and pattern; indicators of local nutrient supply. | **Value – Belief:**  Patterns of values, beliefs (including spiritual), and goals that guide client's choices or decisions for his/her care) | **Coping and Stress Tolerance:**  General coping pattern and effectiveness of the pattern in terms of stress tolerance. |
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| **Sleep-Rest Pattern:**  Patterns of sleep, rest, and relaxation. | **Elimination Pattern:**  Patterns of excretory function (bowel, bladder, and skin). Includes client's perception of a normal function. | **Activity-Exercise:**  Patterns of exercise, activity, leisure, and recreation. |
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| **Cognitive-Perceptual:**  Sensory-perceptual and cognitive patterns. | **Sexuality-Reproductive:**  Patterns of satisfaction and dissatisfaction with sexuality pattern; reproductive pattern. |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mental Status Examination:**  **Appearance:**  **Speech:**  **Eye Contact:**  **Behavior & Motor Activity:**  **Mood & Affect:**  **Orientation, Attention & Concentration:**  **Cognitive Functioning & Memory:**  **Thought Process:**  **Thought Content:**  **Insight:**  **Judgment:** | **Substance Abuse and other Addictions:**  (cigarettes, gambling, sex, shopping, smoking, internet)  Substance:  Amount / Frequency:  Duration:  Last Used:  Withdrawal Symptoms:  Blood Alcohol Level on admission:  C.A.G.E. Questionnaire: Yes / No   |  |  | | --- | --- | | Have you ever felt you should **cut** down on your drinking? |  | | Have people **annoyed** you by criticizing your drinking? |  | | Have you ever felt bad or **guilty** about your drinking? |  | | Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (**eye-opener**)? |  |   Other Addictions:  🗆 None reported |

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| **Risk Assessment:**  Suicide history, Self-Injurious Behavior, Hypersexual, Elopement, Fall, Homicidal, Non-adherence to treatment | **Multidisciplinary Client Outcome and Discharge Plans:**  Placement, outpatient treatment, partial hospitalization, sober living, board and care, shelter, long term care facility, 12 step program | **Teaching Assessment and Client Education:**  Include barriers to learning and preferred learning style |
|  |  |  |
| **Pertinent lab test (normal ranges in parentheses) & diagnostic reports (with dates)**  Include Rationale for Abnormal Labs   |  |  | | --- | --- | | Valproic Acid (50 – 120 mcg/mL) |  | | Lithium (0.5 – 1.2 mEq/L) |  | | Carbamazepine (5 – 12 mcg/mL) |  | | WBC (4,500 – 10,000) |  | | Urine Drug Screen (negative) |  | | Thyroid Panel |  | |  |  | |  |  | | **Abnormal Involuntary Movements:**  Facial and oral movements, extremity movements, and trunk movements | **Level of participation in the program:**  (Group attendance and milieu participation) |

**As evidenced by**

**Related to**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gordon’s Functional Health Pattern**  **Rationale based on your client’s symptoms** | **Nursing Diagnosis**  **(NANDA) (Actual and/or potential)**  **Minimum of 2**  **Include etiology and sign and symptoms**  **Also include**  **Definition of Nursing Diagnosis (Cite)** | **Nursing Outcome Criteria (NOC)**  **Measureable**  **Goal during your shift**  **Minimum 2** | **Implementations**  **(Independent and collaborative nursing intervention include further assessment, intervention and teaching)**  **Minimum 4** | **Rationale**  **(Use APA citations)** | **Evaluation**  **Goal Met**  **Goal not Met**  **(If not met, what revisions would you make?)** |
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**Medication List**

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| --- | --- | --- | --- | --- | --- | --- |
| **Medications**  **Generic / Trade** | **Dose/Route/ Time (Frequency)** | **Class/Rationale for the patient** | **Range / Therapeutic Levels** | **Mechanism of action / Onset of action** | **Common side effects / food and drug Interaction** | **Nursing considerations** |
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Interpersonal Process Analysis

Student: Date: Clinical Instructor:

# Name (initials only): Unit:

# Current Legal Status (Vol, 5150, 5250, 30 day, T-Con, LPS-Conservatorship):

**Multiaxial Diagnostic System:**

**Axis I** (Clinical Disorder):

**Axis II** (Personality Disorder / Mental Retardation):

**Axis III** (General Medical Conditions):

**Axis IV** (Psychosocial and Environmental Problems):

**Axis V** (Global Assessment of Functioning Scale):

1. Description of the client: Age? Sex? Ethnicity? Marital Status? What precipitated hospitalization? Number of days in the hospital? Mental Status, etc.

1. Description of environmental setting where interaction took place. Explain the reasons for a supportive or non-supportive environment. (e.g. noise, distractions, light, temperature, etc.)

**Interpersonal Process Analysis**

Student: Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Student: \*Verbal (quotes) and Nonverbal Communication (behavior, tone of voice, eye contact, mannerisms, etc.)  \*Document at least 5 interactions  \*Goal for each interaction (realistic and measurable) | Client: Verbal (quotes) and Nonverbal  Communication (behavior, tone of voice, eye contact, mannerisms, etc.) | Communication Techniques \*Identify communication technique used then define your communication techniques\* Was the communication therapeutic or non-therapeutic? \* Which **defense and coping** mechanisms did the client use? Rationale based on your client. | Critique and Analysis (effective or not effective? Could have said…)  Document your thoughts and feelings during the interaction.  Was your goal met? |
| Goal:  Verbal:  Nonverbal: | Verbal:  Nonverbal: |  |  |
| Goal:  Verbal:  Nonverbal: | Verbal:  Nonverbal: |  |  |
| Goal:  Verbal:  Nonverbal: | Verbal:  Nonverbal: |  |  |
| Goal:  Verbal:  Nonverbal: | Verbal:  Nonverbal: |  |  |
| Goal:  Verbal:  Nonverbal: | Verbal:  Nonverbal: |  |  |
| Goal:  Verbal:  Nonverbal: | Verbal:  Nonverbal: |  |  |

Student:

**SUMMARY**

1. Evaluation: After analyzing the interaction, provide a description on how the interaction progressed. Identify the reasons for successful process or unsuccessful process. What did you learn from the interaction with your patient?

1. How did you personally feel about the interaction? What would you change if you had to redo the interaction?

**Communication Techniques**

**Therapeutic Communication Techniques:**

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| --- | --- |
| **Accepting** | “I can imagine how that might feel.” “That’s understandable.” “It makes sense you might feel that way.” “uh huh.” “I follow what you say.” |
| **Attempting to translate words into feelings** | **Client**: “My sister is lazy!” **Nurse**: “You sound upset with your sister for not helping the family.” “That must have been discouraging.” |
| **Brief self-disclosure followed by returning the subject to the client’s issues** | “I grew up in Texas too. Tell me more about what it was like for you growing up...” “I experienced that type of lost too. My mother died when I was nine. Tell me more about how you coped with your lost.” |
| **Broad Openings** | “What would you like to talk about today?” “What would be helpful to discuss today?” “What are you thinking about.” |
| **Clarifying** | “I’m not sure I understand. Would you please explained what happened?” “Help me understand your situation before coming to the hospital.” |
| **Encouraging comparisons** | “How does this compare to the last time it happened?” Have you had similar experiences?” “Has this happened before?” “Is this how you felt when…?” |
| **Encouraging descriptions of perceptions** | “What do these voices seem to be saying?” What are the voices telling you?” Tell me when you feel anxious.” |
| **Encouraging expressions** | “What are your feelings about that?” “How did you feel when your supervisor said he plans to cut your hours.” “Does this contribute to your distress?” |
| **Exploring** | “Tell me more about what happened in your work that lead to your hospitalization.” “Would you describe that more fully?” |
| **Focusing** | “This point you are making about leaving school seems worth looking at more closely.” “You’ve mentioned many things. Let’s go back to your thinking of ‘ending it all.’” |
| **Forming a plan of action** | “Next time this happens, how might you handle it differently?” “What could you do differently to let your anger out without harming anyone?” |
| **General leads** | Yes, I see your point…after that?” “Go on (nodding) uh huh…Tell me more about that…” “And then?” |
| **Giving feedback** | (Descriptive and focused on behavior that can be modified: specific; imparts well-timed information rather that advice). In group therapy, “When you raised your voice just now, your peers looked scared.” |
| **Giving recognition** | “This is the first time you brought up your own problems to discuss in group therapy today.” “Hello Ms. Smith.” “Good morning, Mr. James.” “You’ve combed your hair today.” “I noticed that you shaved today.” |
| **Giving/seeking information** | “Visiting hours is from 7 PM to 8 PM.” “Bipolar disorder is…” When did you stop taking your medications.” “The test will determine…” |

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| **Making observation** | (Noting unexpressed feelings in nonverbal behavior) “You seem upset.” “You’re smiling yet you sound resentful.” “You appear nervous.” “I notice you’re biting your lips.” |
| **Offering self** | “I’m interested in what you think.” “Let’s spend a half hour together this morning and discuss your concerns.” “I’ll stay here with you until you are able to go to group.” |
| **Open-ended questions** | “Tell me about your family.” “What…” How…?” |
| **Paraphrasing / Summarizing** | “And so what bothers you the most is…” “So far, we’ve discussed your plans to go to a sober living facility.” |
| **Placing the event in time or sequence** | “Did this happen before or after?” “When did you first notice the changes in your concentration?” “When did this happen?” |
| **Presenting reality** | “I understand that the voices seem real to you, but I don’t hear them.” “The only voices I hear are yours and mine.” “Your mother is not here, I’m a nursing student.” “That was the sound of a care backfiring.” |
| **Reflecting** | **Client:** “Do you think I should tell the doctor?” **Nurse:** “Do you think you should?” **Client:** “My sister spends all my money then has the nerve to ask for more.” **Nurse:** “Your sister’s spending causes you to feel angry?” |
| **Restating** | **Client:** “I can’t sleep. I lie awake all night.” **Nurse:** “You have difficulty sleeping at night.” |
| **Suggesting collaboration** | “Perhaps together we can figure this out…” “Perhaps by working together we can come up with some ideas that might improve your communications with your spouse.” |
| **Translating word into feelings** | Client: “I’m way out in the ocean.” Nurse: “You seem to feel lonely and deserted.” |
| **Using active listening** | Face the client, use open relaxed posture, lean toward the client, and establish eye contact. No touching without permission. |
| **Silence** | Gives client time to organize thoughts, think through a point, consider introducing another topic of concern. |
| **Summarizing** | “Have I got this straight?” “you said that…” “During the past hour , you and I have discussed…” |
| **Validating perception** | “It sounds like you’re talking about sad feelings, Is that correct?” This is what I heard you say….Is that correct?” |
| **Verbalizing the implied** | **Client:** “I can’t talk to you or anyone.” **Nurse:** Do you feel that no one understands?” |
| **Voicing doubt** | “I’m not sure that’s possible. From my experience…” “I’m surprised your doctor would have said that to you.” “Isn’t that unusual?” |

**Non-therapeutic Communication Techniques:**

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| --- | --- |
| **Agreeing/disagreeing** | “You’re absolutely right.” “I don’t see any reason for you to feel that way.”  **Better**: “I can see the reasons for you to feel this way. Let’s discuss…” |
| **Belittling expressed feelings** | “Everybody gets down in the dumps at times.” **Better:** “You must be very upset. Tell me what happened.” |
| **Challenging** | You didn’t mean to say that to her, did you?” **Better:** “You must have been pretty angry to say that.” |
| **Changing the topic** | In reaction to client saying, “I don’t have anything to live for,” the nurse response “Did you have visitors this weekend?” **Better**: stay with the feelings use silence or explore. |
| **Close ended questions** | “Do… Is… Are…” **Better** to use open ended questions / statements unless client is very anxious |
| **Defending** | “No one here would lie to you.” “You have a very good doctor” Better: “Let me answer you questions and see if I can clarify some issues regarding your treatment.” |
| **Giving advice** | “I think you should leave your husband.” If I were you I would not visit your children, that would teach her a lesson.” **Better:** What do you think you could do about that.” |
| **Giving approval/disapproval** | “That’s good, I’m glad that you are feeling better.” **Better:** “You’ve spent some time thinking about this, sounds like you’ve figured out ways to handle your depression.” |
| **Giving reassurance or false reassurance** | “I wouldn’t worry about that if I were you…” **Better:** “I see that you’re really worried about this.” |
| **Imposing personal values** | “That must have been wonderful to see your Mom today.” **Better:** “How did it go with your Mom today?” |
| **Inappropriate self disclosure** | Following client disclosure about abuse history, RN responds, “I was sexually abused by my dad, and I never did get over it. I still have nightmares.” **Better:** no disclosure |
| **Indicating the existence of an external source of power** | “How did that make you feel?” **Better:** “How did you feel when that happened?” |
| **Interpreting** | “What you really mean is…” “Unconsciously you’re saying…” **Better:** “Help me understand what you mean” |
| **Leading questions** | “Do you drink because you’re depressed?” **Better:** “Tell me what you’re feeling when you need a drink.” |
| **Parroting** | Repeating what the client is saying to the point of annoyance. **Better:** silence or techniques |
| **Probing** | “Tell me how you really feel about your mother now that she left the unit.” **Better:** “Tell me about your mother.” |
| **Rejecting** | “I don’t want to hear about that again.” **Better:** “let’s look at that a little more closely.” “We discussed that yesterday, did you want to add to your statements.” |
| **Requesting Explanation** | “Why did you cut yourself?” “Why did you stop taking your medications?” **Better:** “Describe what you were feeling just before that happened.” “What was the reason…”? “How did that come about?” “Tell me the reasons that led you not taking your medications?” |
| **Testing** | “Do you know what kind of hospital this is?” “Do you still have the idea that there are FBI agents in the unit?” **Better:** avoid testing. “What are your feelings about your hospitalization.” How do you feel about your safety in the hospital?” |
| **Using clichés and stereotyped comments** | “Hang in there.” “Be strong, everything will be okay, this is for your own good.” **Better:** “This must be difficult for you.” |
| **Using denial** | “Of course you’re somebody, everybody is somebody.” **Better:** “Help me understand, are you feeling that no one cares?” |
| **Making judgments** | “How come you still smoke when your wife has lung cancer?” **Better:** “I notice that you are sill smoking seven though your wife has lung cancer. Will this cause a problem?” |
| **Asking excessive questions** | “How’s your appetite, are you losing weight, are you depressed? Are you eating enough? **Better:** “tell me about your eating habits since you’ve been depressed.” |

**Defense Mechanisms -** Unconscious ways to avoid anxiety-producing problems, real or imagined

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| --- | --- |
| **Acting out** | The use of actions versus reflection or true experiencing of feelings to handle stress or conflict. *For Example, a person may lash out in anger verbally or physically to distract self from threatening thoughts, feeling more powerful and in control temporarily.* |
| **Altruism** | Devoting oneself to serving others as a way to manage conflict and stress; differs from reaction formation because it is personally gratifying, not self-sacrificing. *For example, six months after losing her husband in a car accident, the wife began to spend one day a week doing grief counseling with families who had lost a loved one. Helping others work through their pain offered her a great deal of satisfaction.* |
| **Compensation** | Covering up for deficiencies in one area by excelling in another area. *For example, the individual drinks alcohol when self-esteem is low to diffuse discomfort temporarily.* |
| **Denial** | Unconscious refusal to perceive or face unpleasant reality, an unacceptable idea or behavior. *For example, a woman whose husband died 3 years ago still keeps his clothes in the closet and talks about him in the present tense.* |
| **Devaluation** | Emotional conflicts or stressors are dealt with by attributing negative qualities to self or others. When devaluing another, the individual appears good by contrast. *For example; a woman who is jealous of a co-worker says, “Oh, yes, she won the award. Those awards don’t mean anything anyway, and I wonder who she slept with to be chosen.”* In this way she minimizes the other’s accomplishments and keeps her own fragile self-esteem intact. |
| **Displacement** | The discharge of pent-up feelings (frequent hostility) onto something or someone else in the environment less threatening than the original source. *For example; the boss yells at the employee, the employee yells at his wife, the wife yells at the child, and the child kicks the dog.* Child and Elder abuse are often cases of displaced hostility. |
| **Dissociation** | Unconscious separation of painful feeling from an unacceptable idea, situation or object. *For example; a mother who saw her son run over by a car was taken to a neighbor’s house. Later she told the policeman, “I really don’t remember what happened. The last thing I remember is going out the door to check on Johnny.”* |
| **Fantasy** | Gratification of frustrated desires, achievements and relationships by substituting them with daydreams and imagery. *For example, a student’s states, "When I find myself in a bad situation like this, I just like to imagine that I am on a warm beach, sun bathing with the sound of the waves washing away my problems."* |
| **Identification** | A conscious or unconscious attempt model oneself after a respected person. *For example, "I would love to be like that person.  She does everything so well."* |
| **Idealization** | Conflicts or stressors are dealt with by attributing exaggerated positive qualities to others. *For example, when a person in a new relationship idealize and overvalue a person, they are sure to be disappointed when the object of the idealization turns out to be human.* |
| **Intellectualization** | Using only abstract thinking or generalization to control or minimize painful feelings. |
| **Introjection** | Unconsciously incorporating wishes, values, and attitudes of others as if they are one’s own. *For Example, a young child whose parents were overcritical and belittling grows up thinking that she is not any good. She has taken on her parent’s evaluation of her as part of her self-image.* |
| **Isolation of affect** | Separation of feelings from thoughts and ideas that are originally associated with them. *"I really feel sad, but I can't figure out why."* |
| **Help-rejecting complaining** | Repeated requests for help, suggestions or advice that is then rejected; the request disguises covert feelings of hostility |
| **Humor** | Emphasis on ironic or amusing components of a crisis, conflict or stressor through humor. *For example, a man recently had foot surgery and, on entering the interview room, he stumbles and loses his balance. There is silence, and then the man states calmly, “I was hoping I could put my best foot forward.”* |
| **Minimizing** | Not acknowledging the significance of one’s behavior in order to avoid personal responsibility. *"It was only a one night stand.  It only happened that one time."* |
| **Omnipotence** | Feeling or acting superior to others or as if one has special abilities or power. |
| **Passive-aggression** | Expression of conflict or stressors by indirectly and unassertively expressing aggression toward others. On the surface, there is an appearance of compliance that masks covert resistance, resentment, and hostility. *For example, a student is working on a group project, she constantly “forgets” her section of the presentation during group study. The day of the presentation, the student calls in sick with the flu.* |
| **Projection** | Blaming others or the environment for unacceptable desires by adopting opposite behaviors. This is the hallmark of blaming or scape-goating, which is the root of prejudice. *For example, a woman who has repressed attraction toward other woman refuse to socialize with her. She fears that the other woman will make homosexual advances toward her.* |
| **Rationalization** | Justifying certain behaviors by faulty logic and ascription of motives that are socially acceptable but did not in fact inspire the behavior. Rationalization is a form of self-deception. *For example, “Everybody cheats, so why shouldn’t I?”* |
| **Reaction Formation** | Blocking the awareness or expression of unacceptable desires by adopting opposite behavior. *For example; a person who feels hostility towards children becomes a Boy Scout leader.* |
| **Regression** | Returning to an earlier level of adaptation. |
| **Repression** | Unconscious and involuntary process of forgetting painful ideas, events, conflicts, or impulses that are unacceptable. *For example; Forgetting the name of a former husband and forgetting an appointment to discuss poor grades.* |
| **Resistance** | Overt or covert antagonism toward remembering or processing anxiety-producing information. |
| **Somatization** | Transforming anxiety on an unconscious level into a physical symptoms that has no organic cause. *For example a professor develops laryngitis on the day he is schedule to give a lecture on “Anxiety Defenses.”* |
| **Splitting** | The inability to integrate the positive and negative qualities of oneself or others into a cohesive image. Aspects of the self and others tend to alternate between opposite poles; *for example, either all good or all bad. Loving or hateful, worthy or destructive.* |
| **Sublimation** | Channeling and instinctual but socially unacceptable impulse into constructive, acceptable behavior. *For example; a man with strong hostile feelings may choose to participate in rough contact sports such as boxing.* |
| **Substitution** | Substitution a socially acceptable activity for an unacceptable impulse (chewing gum rather than smoking) |
| **Suppression** | Conscious inhibition of anxiety-producing impulse, idea, or feeling. Person has full awareness of the behavior. *For example; a student who has been studying for the NCLEX says, “I can’t worry about paying my rent until after my exam tomorrow.”* |
| **Undoing** | Atonement for an attempt to make up for unacceptable acts or wishes (unfaithful husband busy wife a car). |

**Coping Strategies** - Ways to cope with anxiety-producing problems, real or imagined:

|  |  |
| --- | --- |
| **Adaptive** | Solves the problem causing anxiety. Example; Client being discharge learns about meds, self-help groups in community. Keeps follow-up appointments, takes medications as prescribed, transitions back to community smoothly.**Anticipation**Solves problem by anticipating consequences of events yet to come and thinking of options, solutions and alternatives; also can include experiencing the feelings associated with these thoughts. This is the problem-solving process. **Self-assertion**Solves problems by expressing thoughts and feelings in direct ways that are not manipulative of intimidating.**Self-observation**Solves problem by reflecting on one’s own behavior, thought and feelings, followed by appropriate response. |
| **Palliative** | Momentarily decreases anxiety. Problem may or may not be solved eventually. Examples: avoiding eye contact, changing subject, pacing, foot swinging, fidgeting, yawning, nail biting, hair twisting, finger tapping, praying, crying, self-soothing, using humor, day dreaming, watching TV.**Example**: *Anxiety about discharge in handled by watching TV all evening, then asking about meds and self-help groups before discharge the following morning, Follows through on recommendations given* |
| **Maladaptive** | Less successful attempts to decrease anxiety with minimal attempts to solve the problem. Anxiety remains. Examples: relying on others to solve problems, withdrawal, avoidance, procrastination, oversleeping, overeating, smoking, excessive physical exercise, swearing, lying.**Example**: *Discharge anxiety is handled by telling nurses he can remember appointment dates, medication instructions, and meeting locations. Fails to follow through completely. Remains anxious at work and home after discharge* |
| **Dysfunctional** | Unsuccessful in reducing anxiety or solving problem. Anxiety remains. Example: suicide attempt, substance abuse, other compulsions such as gambling, sex, binge/purge behaviors, impulsivity, aggression towards animate or inanimate objects, lying, stealing.**Example**: *Discharge anxiety is handled by ignoring the nurse, leaving instructions in hospital, fighting with another patient, leaving AMA, failure to fill prescription, readmission within weeks of discharge.* |

**Section B:** Course Outline

* **Class objectives** reflect the teaching activities that, if engaged in, are intended to lead to specific, measurable student learning outcomes as identified in Section A.
* **Content outline** provides the student with a course roadmap. Which topics are intended to be covered each week?
* **Specific course activities** outline the teaching strategies used
* **Student assignments** identify the learning and assessment requirements that students are to fulfill throughout the duration of the course.

| Date/Week | Class Objectives | Content Outline | Specific Course Activity | Student Assignments |
| --- | --- | --- | --- | --- |
| **Weeks 1 & 2**    CLO #  1, 2, 4, 7 | 1. Differentiate between mental health and mental illness. 2. Discuss the importance of using physical assessment and mental status examination to determine the overall health care status of the mentally ill client. 3. Assure safety of client/self through adherence to organizational safety processes. 4. Demonstrate knowledge of legal issues/policies in mental health regarding involuntary seclusion, safe application of restraints and medication administration. 5. Examine personal assumptions and concepts about mental health and mental illness. 6. Observe the influence of culture, age, sexual orientation, spirituality and family on a client’s psychiatric care. 7. Increase awareness of personal feelings, values, beliefs, and fears about mental health and illness, and working in a psychiatric setting. 8. Participate in appropriate unit activities. 9. Analyze the moral, legal, and psychiatric implications of involuntary commitment, including the issues of assessing a client’s dangerousness and freedom of choice. | * 1. Principles of mental health and mental illness.   2. Physical and Mental Status Assessment.   3. Safety and professionalism.   4. Legal and Ethical Guidelines for Safe Practice.   5. Personal assumptions when caring for psychiatric clients.   6. Cultural Implications for Psychiatric Mental Health Nursing.   7. Self-Awareness when caring for psychiatric clients.   8. Milieu participation.  1. Psychiatric Nurse scope of practice 2. Schizophrenia and other psychotic disorders | 1. Review hospital policy and procedures regarding student role in the clinical setting.  2. Identify patient behaviors a nurse may encounter in the clinical setting.  3. Discuss personal feelings, values, beliefs, and fears while working in a psychiatric setting.  4. Perform physical and mental status assessment for clients with a diagnosis of Schizophrenia or other Psychotic Disorders.  5. Identify antipsychotic medications prescribed on your client and determine side effects, nursing considerations, and rationale for its use.  6. Identify your client’s legal hold status and discuss the basis and criteria.  9. Locate the list of patient rights, including the patient’s right to treatment, right to refuse treatment, and right to informed consent.  10. Perform 1:1 interaction with a client utilizing therapeutic communication techniques.  11. Utilize the ISBAR format when reporting on your client to staff and instructor.  Limit 2500 Characters | **Week 1:**  Clinical Orientation  Review Safety and Professionalism document and bring on the first day of clinical  Medication Dosage Calculation Quiz  Review HIPPA,  National Patient Safety Goals, and  Standard Precaution  **Week 2:**  Daily Charting (physical assessment and mental status examination), Include Medication List  Role-play with classmate’s responses to anger and aggression and discuss how these responses can affect nursing interventions.  Role-play intervening with a patient who is hallucinating, delusional, and exhibiting disorganized thinking. |
| **Weeks 3 & 4**    CLO#  2, 3, 6, 8, 9 | 1. Identify composition and scope of practice of the multidisciplinary team involved in psychiatric care. 2. Discuss accepted theories of mental illness (including behavioral, stress management, crisis intervention & grief and loss) and relate these theories to the client’s psychopathology and nursing approaches in the care of the psychiatric client. 3. Define the following terms: Incompetence, confidentiality, privileged communication, and malpractice. 4. State the nature and goal of therapeutic communication in the therapeutic nurse-client relationship. 5. Discuss personal qualities one needs to be an effective helper. Do these differ from leader qualities? 6. Demonstrate therapeutic strategies; include coping mechanisms & identify defense mechanisms. 7. Relate the premises of humanistic interaction and other theories to psychiatric nursing. 8. Utilize information technology in the provision of safe client care data and maintain confidentiality of this data. | * 1. Ethics, client’s rights and legal issues in nursing practice continues.   2. Therapeutic relationship and communication   3. Personal qualities of a psychiatric nurse.   4. Understanding response to stress and develop therapeutic strategies.   5. Application of nursing informatics in the care of psychiatric clients.   6. Nursing care for clients with Mood disorders, Grief/Loss, Suicide and Self-injurious behavior   7. Describe the components of Self- Concept and identify your perception of the self concept held by at least 2 of your clients   8. Nursing care for elders with Mental Illness and Nursing Interventions for Elder Abuse  1. Nursing care for mood disorders and grieving | 1. Perform 1:1 interaction with a client utilizing therapeutic communication techniques.  2. Identify and give rationales for suggested (a) setting, (b) seating, and (c) methods for beginning the nurse-patient interaction.  3. Perform a psychosocial assessment, including brief cultural and spiritual components.  4. Assess a patient with a mood disorder, including major depression, bipolar disorder, cyclothymic and dysthymic disoder, and be alert to possible dysfunction.  5. Develop teaching plans for patients taking mood stabilizers and anti-depressants (e.g., Lithium, Depakote, Tegretol, and Lamictal).  6. Write a medication-teaching plan for a patient taking a tricyclic, SSRI, SNRI and MAOI antidepressant.  7. Differentiate between self-injurious behavior and suicide then develop emergency plan of care.  8. Apply Nursing Information technology in the care of your client. | **Week 3:**  Daily Charting  Medication List  Conduct a mental status examination (MSE).  Construct an interpersonal process recording IPA (1)  (Due week 4)  Post-Conference  **Week 4:**  1st IPA due  Nursing Care Plan:  Create a nursing care plan that incorporates evidence-based interventions for key areas of dysfunction in Axis I.  (Due week 5)  Midterm evaluation tool due  Role-play intervening with a patient who is severely depressed and suicidal.  Use the SAD PERSONS scale to assess suicide risk.  Post-Conference |
| **Weeks 5 & 6**    CLO#  1, 2, 4, 5, 6, 7 | 1. Describe the components of psychiatric evaluation and describe dynamics that may motivate a client’s behavior. 2. Examine how self-care requirements are influenced by psychiatric illness. 3. Discuss common transitions for mental health clients specifying challenges and opportunities for change utilizing change theory/problem solving with appropriate nursing actions. 4. Discuss the philosophy and approaches to care used in the hospital or community setting where the student is practicing. 5. Show beginning skill in assessing the mental status and overall health status of selected clients. 6. Describe situational role changes/body image changes as associated with the developmental process. 7. Demonstrate leadership abilities by acting in a leadership role for one clinical day of the rotation with either the charge nurse or the nursing instructor’s supervision. 8. Observe the influence of culture, age, sexual orientation, spirituality and family on a client’s psychiatric care. 9. Describe the responsibility of the psychiatric mental health nurse in regard to incident reporting. | * 1. Therapeutic relationship and communication   2. Nursing care for clients with Anxiety Disorders and Dissociative Disorders   3. Nursing care for clients with Somatoform and Factitious Disorder   4. Nursing care for clients with Substance Related Disorders   5. Nursing care for clients with Cognitive Disorders: Delirium, Dementia, and Amnesic Disorders   6. Nursing care of clients with personality disorders: Cluster A, Cluster B and Cluster C | 1. Perform 1:1 interaction with a client utilizing therapeutic communication techniques.  2.Conduct a mental status examination (MSE). Create a nursing care plan that incorporates evidence-based interventions for key areas of dysfunction in an anxiety disorder and/or substance abuse problems.  3.Assess a patient with an anxiety disorder and be alert for possible physical and cognitive dysfunction.  4.Assess patient for psychiatric and substance abuse problems. Identify the definition of dual diagnosis and apply interventions and be alert to emergency situations.  5. Assess a patient with cognitive disorder for (a) Delirium, (b) dementia, and (c) Amnestic disorder, and be alert to possible complications and dysfunction.  6. Assess a patient with Axis II diagnosis: (a) Cluster A (b) Cluster B, and (c) Cluster C, and be alert to behavioral pattern.  7. Develop a teaching plan for patients taking anxiolitics and hypnotics.  8. Review hospital policy for reporting incident report or unusual occurrences. | **Week 5:**  Daily Charting  Medication List  Psychiatric NCP due  Post-Conference  **Week 6:**  Daily Charting  Medication List  2nd IPA  (Due week 7)  Construct and role-play a patient care assignment for the assigned unit  Post-Conference |
| **Weeks 7 & 8**    CLO#  1, 2, 3, 6, 9 | 1. Describe the various types of coping. 2. Relate the phases of the nurse-client relationship to the nursing process. 3. Identify qualities of effective psychiatric nurse; observe and analyze therapeutic communication strategies. 4. Demonstrate skill in assessing the mental health and overall health status of an assigned client and prioritize nursing diagnoses. 5. In simulated patient situations, identify a therapeutic response by the nurse. 6. Demonstrate the application of the nursing process to psychiatric clients. 7. Demonstrate increase autonomy/accountability in the initiation of a therapeutic 1:1 interaction with client. 8. Describe confusion and disorientation; define and employ psychiatric terms. 9. Identify and discuss general treatment modalities for mental illness. 10. Discuss nurse leader roles and impact on care. 11. Identify DSM IV and nursing diagnoses. 12. Identify developmental states and tasks of individual and family life cycles. | * 1. Therapeutic relationship and communication   2. Nursing care of clients with eating disorder: Anorexia Nervosa, Bulimia Nervosa and Binge-eating disorder   3. Nursing care of children, and adolescence with mental illness   4. Complementary and alternative healing in Psychiatric and Mental Health   5. Discuss psychopharmacology in Children and Adolescence | 1. Assess a patient with an eating disorder (a) Anorexia Nervosa, (b) Bulimia Nervosa, and (c) Binge eater, and be alert to possible behavioral and cognition dysfunction as well as physical symptomology.  2. Identify nursing care of children, and adolescence with mental illness  3. Discuss psychopharmacology in Children and Adolescence  4. Assess a patient with a sleep disorder and identify cognitive and physical dysfunctions.  5. Discuss complementary and alternative medicine in the psychiatric hospital setting | **Week 7:**  2nd IPA due  Daily Charting  Medication List  Post-Conference  **Week 8:** Community Experience Paper due.  Construct and role-play a patient care assignment for the assigned unit  Post-Conference |
| **Week 9**    CLO#  1, 5, 6, 9 | 1. Recognize the psychiatric nurse’s role in data collection, diagnosis, planning, implementation, evaluation and accountability. 2. Define an ethical dilemma and discuss one that arises in psychiatric nursing practice. 3. Discuss the characteristics of an effective nurse manager in a mental health setting; include: decision making, problem solving, and delegation and supervision strategies. 4. Identify ways nurses can serve as leaders in community and hospital mental health settings. 5. Describe various models of community mental health nursing and the process of referrals. 6. Identify the means by which collaboration and conflict resolution occurs and observe roles of multidisciplinary team in psychiatric settings. 7. Identify the trends and challenges facing mental health care today. 8. State the admission and discharge procedures, and the status of civil rights as they pertain to voluntary and involuntary admission of a client to a psychiatric hospital. 9. Identify the common civil and personal rights retained by psychiatric clients. | * 1. Nursing process in the psychiatric mental health nursing.   2. Bioethics   3. Nurse leaders   4. Psychiatric Community health nursing   5. Discharge planning and referrals   6. Issues and trends   7. Requirement in psychiatric admissions.   8. Patient’s Rights | 1. Identify and discuss hospital policy in client documentation  2. Discuss a possible ethical dilemma in the clinical setting  3. Identify nurse manager role and responsibilities  4. Identify roles of a psychiatric nurse in the community setting.  5. Discuss criteria for routine discharge and homeless discharge.  6. Discuss issues and trends in psychiatric mental health nursing  7. Review patient’s rights and discuss how clients are informed about their rights. | **Week 9:**  Daily Charting  Medication List  Post Conference  Construct and role-play a patient care assignment for the assigned unit  Clinical Evaluation: Evaluate experience in the psychiatric setting. |