POINT ¹⁹🏛️⁰² LOMA
NAZARENE UNIVERSITY

School of Nursing
NSG 450: Nursing of the Communities: Mental Health Focus

CureStigma.org

Fall 2018

Meeting days: Wednesday & Friday	**Instructor:** Kris Lambert PhD RN Professor
Meeting times: 0830-0920 Wednesday 0725-0920 Friday	**Phone:** 619-849-2937 (office) 858-344-6286 (cell) 858-527-0475 (home)
Meeting location: LSCC Room 203	**E-mail:** KrisLambert@pointloma.edu
Placement: Senior Level	**Office location and hours:** Taylor Hall #102 *Wednesday & Friday 1200-1330, or by appointment.
Additional Clinical Activities **Out of the Darkness Walk 2018:** Saturday, 10/27/18 @ 0900 NTC Liberty Station in Front of the large metal guns **Mental Health Court** 10/23/18 (Tuesday Group) & 10/25/18 (Thursday Groups) ,	**Additional Information** **Final Exam:** Friday, December 14, 2018 @ **0730** **Chapel of LSCC:** See calendar **Department Chapel:** 9/17/18 *Professional Dress* **Advising Chapel:** 10/15/18 *Professional Dress*

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Point Loma Nazarene University and School of Nursing Policies and Guidelines

PLNU Mission
To Teach ~ To Shape ~ To Send

Point Loma Nazarene University exists to provide higher education in a vital Christian community where minds are engaged and challenged, character is modeled and formed, and service becomes an expression of faith. Being of Wesleyan heritage, we aspire to be a learning community where grace is foundational, truth is pursued, and holiness is a way of life.

SON Vision Statement

The School of Nursing at Point Loma Nazarene University embraces, as a covenant, the commitment to excellence within a dynamic Christian environment in which each one will engage in the sacred work of nursing. This sacred work involves symbolically removing one's shoes in service of others.
Take off your sandals for the place you are standing is holy ground. Exodus 3:5 NIV

SON Mission Statement

The School of Nursing at Point Loma Nazarene University exists to support the university Wesleyan mission and to provide an interdisciplinary learning program of excellence. Graduates of the SON are distinctly identified by grace, truth and holiness, serving others after the example of Christ, as they are sent to fulfill their calling as professional nurses.

So He got up from the meal, took off His outer clothing, and wrapped a towel around His waist.
After that, He poured water into a basin and began to wash His disciple's feet, drying
them with a towel that was wrapped around Him. John 13: 4-5 NIV
Now that I, your Lord and Teacher, have washed your feet, you also should wash one another's
feet. I have set you an example that you should do as I have done for you. John 13: 14-15 NIV

Special Note:
Faculty reserves the right to make necessary schedule changes to this syllabus as the semester progresses. Every attempt will be made to minimize the inconvenience to the student in the event of a change to the syllabus. Students will be notified of changes via the *Canvas* announcement section with an accompanying email.

Attendance and Participation

Class attendance and participation is vital to the learning process and the success of the course. Therefore, all students are expected to be present in class discussions on a consistent basis.. If the student is absent from more than 10 percent of class meetings, (lecture 2.6; clinical 1.4) the faculty member has the option of filing a written report which may result in de-enrollment. If the absences exceed 20 percent, *(lecture 5.2; clinical 2.8)* the student may be de-enrolled without notice. If the date of de-enrollment is past the last date to withdraw from a class, the student will be assigned a grade of W or WF consistent with university policy in the grading section of the catalog. See Academic Policies in the undergrad student catalog.

Incomplete and Late Assignments

All assignments are to be submitted as specified by faculty, including assignments posted in *Canvas.* Late submissions will result in a 10% deduction per day (24 hour period) including weekends and holidays. In the event of unforeseen circumstances, it is the student's responsibility to proactively communicate directly with the course faculty.

Academic Dishonesty

Students should demonstrate academic honesty by doing original work and by giving appropriate credit to the ideas of others. As explained in the university catalog, academic dishonesty is the act of presenting information, ideas, and/or concepts as one's own when in reality they are the results of another person's creativity and effort. Violations of university academic honesty include cheating, plagiarism, falsification, aiding the academic dishonesty of others, or malicious misuse of university resources. A faculty member who believes a situation involving academic dishonesty has been detected may assign a failing grade for a) that particular assignment or examination, and/or b) the course following the procedure in the university catalog. Students may appeal also using the procedure in the university catalog. Plagiarism or cheating in any class as a pre-nursing or nursing major will result in consequences.
See Academic Policies for further information.

Academic Accommodations Policy

If you have a diagnosed disability, please contact PLNU's Disability Resource Center (DRC) within the first two weeks of class to demonstrate need and to register for accommodation by phone at 619-849-2486 or by e-mail at DRC@pointloma.edu. See Disability Resource Center for additional information.

Examination Policy

Examinations may be deferred for illness or because of other equally valid conditions over which the student has no control. Extenuating circumstances will be determined by the faculty of record. Successful completion of this class requires taking the **FINAL** examination **on its scheduled day**. The final examination schedule is posted on the Class Schedules site. No requests for early examinations or alternative days will be approved.

PLNU Copyright Policy

Point Loma Nazarene University, as a non-profit educational institution, is entitled by law to use materials protected by the US Copyright Act for classroom education. Any use of those materials outside the class may violate the law.

State Authorization

State authorization is a formal determination by a state that Point Loma Nazarene University is approved to conduct activities regulated by that state. In certain states outside California, Point Loma Nazarene University is not authorized to enroll online (distance education) students. If a student moves to another state after admission to the program and/or enrollment in an online course, continuation within the program and/or course will depend on whether Point Loma Nazarene University is authorized to offer distance education courses in that state. It is the student's responsibility to notify the institution of any change in his or her physical location. Refer to the map using the link below to view which states allow online (distance education) outside of California. https//www.pointloma. edu/offices/office-institutional-effectiveness-research/disclosures.

School of Nursing Professional Standards

Students are required to adhere to professional standards while students at PLNU. The School of Nursing has developed these standards to provide clarification of expected professional behaviors.

-Present yourself professionally in all interactions with all individuals.
-Act with honesty and integrity
-Utilize respectful communication
-Be proactive rather than reactive
-Be accountable for your behavior and actions
-Be prepared and punctual.

Social Media

Social networking sites are a great way to connect with other students and industry professionals. Employ professional standards on social media sites you choose to visit. Stay positive, never criticize, condemn or complain. Maintain confidentiality for those you care for. NEVER mention a healthcare facility, patient or family members.

Use of Technology in the Classroom

The use of laptops, cell phones and other electronic devices is at the discretion of the course instructor. Generally, it is considered inappropriate to use any device for uses not related to class content. Cell phones should remain on vibrate or silent during class time unless previous arrangements have been made with the professor.

Honoring Civility

"Civility is defined as authentic respect for others requiring time, presence, engagement and an intention to seek a common ground. Treating one another with civility and respect is fundamental to establishing and sustaining healthy academic environments and fostering interpersonal and intrapersonal relationships" (Clark, 2013). Civility towards other students, faculty and staff members is the expected norm for students enrolled in the School of Nursing at PLNU. Disagreements are a part of life and should be worked through in a private, professional, and direct manner. Gossiping, spreading rumors or engaging in sarcastic remarks or gestures is unprofessional and impolite. Strive to engage in thoughtful self-reflection, take responsibility for your actions, and speak directly to the person you have an issue with in a respectful manner (Clark, 2013)

Grading Policy

Grading Scale used for all exams and final course grades	
93%-100%	A
90% - 92%	A-
87% – 89%	B+
84% – 86%	B
81% – 83%	B-
78% – 80%	C+
75% – 77%	C
Must have a minimum of 75% (total score) and 75% (cumulative test score) to progress in the program.	
73% – 74%	C-
71% – 72%	D+
68% – 70%	D
Below 68%	F

- The professor of record has the authority to determine the schedule and re-scheduling of examinations.
- All assigned course work must be completed to receive a final course grade.
- In order to receive a passing grade in the course, the student must achieve a cumulative average of 75% on tests and quizzes. Grades/points *will not* be rounded. For example: 80.5% does not round to 81%. A final grade of less than a "C" (Below 75%) prohibits the student from continuing in the nursing program until the course is repeated with a satisfactory grade of ≥ C.
- A grade of at least a "C" in each nursing theory, prerequisite, and/or co requisite course is required in order to progress to the next course or level. Nursing theory and related clinical courses must be taken concurrently and passed with at least a C (theory) and credit (clinical) in order to progress to the next course or level. If a student does not pass the theory course, the student must re-take the clinical component of the course with theory if the student is re-admitted to the nursing program.
- Throughout the curriculum (whether pre-nursing or nursing) students may repeat one pre-requisite or nursing course. A second failure of any pre-requisite or nursing course will result in a dismissal from the nursing program.

Course Specific Policies and Guidelines
NSG 450: Nursing of the Communities: Mental Health

Course Description

Catalogue Description: NSG 450 Nursing of Communities: Mental Health Focus

Nursing of the Communities: Mental Health, focuses on the holistic understanding of the socio-cultural, psychological, and situational aspects of life that impact the mental health of families and communities. Health and illness are seen from a complex, multi-dimensional, meaning-centered, and critical perspective with an emphasis on the promotion of mental health and wellness. Includes perspectives on group dynamics and socio-political systems as they impact mental health. *Prerequisites: Senior standing in Nursing program and Psychology 321, Concurrent: Nursing 451.* Note: A minimum grade of "C" must be achieved in all co-requisite courses in order to progress in the program.

Program Values, Program Learning Outcomes & Course Learning Outcomes

Upon completion of NSG 450, the student will demonstrate the following outcomes:

School of Nursing PROGRAM VALUE
I .INQUIRING FAITHFULLY *The student will demonstrate knowledge, skill and behavior of the evidence-based practice of nursing which integrates growth in reasoning, analysis, decision-making and the application of theory with the goal of advocating for others and/or self. This includes holistic nursing skills in the nursing process.*
School of Nursing PROGRAM LEARNING OUTCOMES
A. **Initiate** dialogue regarding current practice to improve healthcare. BSN Essentials II, III, IV, VI, IX B. **Demonstrates** the use of evidence-based practices as an advocate for self and others. BSN Essentials III, IV, VI, IX C. **Promotes** positive client outcomes using evidence-based data. BSN Essentials II, III, IV, VI, IX D. **Provides** holistic care by considering all of the client needs (e.g. physical, psychosocial, spiritual, environmental) including family in a multicultural community. BRN Essentials, I, III, IV, VI, VII, VIII, IX E. **Engages** in self-care practices that facilitate optimal care of clients. BRN Essentials: I, V, VI, IX
NSG 450: Nursing of the Communities: Mental Health COURSE LEARNING OUTCOMES
1. **Initiates** dialogue regarding current practice to improve healthcare. BSN Essentials II, III, IV, VI, IX 2. **Demonstrates** the use of evidence-based practices as an advocate for self and others. BSN Essentials III, IV, VI, IX 3. **Promotes** positive client outcomes using evidence-based data. BSN Essentials II, III, IV, VI, IX 4. **Provides** holistic care by considering all of the client needs (e.g. physical, psychosocial, spiritual, environmental) including family in a multicultural community. BRN Essentials, I, III, IV, VI, VII, VIII, IX 5. **Engages** in self-care practices that facilitate optimal care of clients. BRN Essentials: I, V, VI, IX

School of Nursing PROGRAM VALUE

II. CARING FAITHFULLY

The student will embrace a calling to the ministry of compassionate care for all people in response to God's grace, which aims to foster optimal health and bring comfort in suffering and death.

School of Nursing PROGRAM LEARNING OUTCOMES

    A. **Demonstrates** compassionate care to all people while mirroring Christ's love for all.
       BRN Essentials: IV, VI, VIII, IX
    B. **Partners** with the community to establish a trusting relationship.
       BRN Essentials: II, VI, VII, IX
    C. **Demonstrates** ethics and values consistent with the practice of professional nursing.
       BRN Essentials: V, VI, VLLL, VLLL, IX

NSG 450: Nursing of the Communities: Mental Health COURSE LEARNING OUTCOMES

    1. **Demonstrates** compassionate care to all people while mirroring Christ's love for all.
       BRN Essentials: IV, VI, VIII, IX
    2. **Partners** with the community to establish a trusting relationship.
       BRN Essentials: II, VI, VII, IX
    3. **Demonstrates** ethics and values consistent with the practice of professional nursing.
       BRN Essentials: V, VI, VLLL, VLLL, IX

School of Nursing PROGRAM VALUE

III. COMMUNICATING FAITHFULLY

The student will actively engage in the dynamic interactive process that is intrapersonal and interpersonal with the goal of advocating for others and/or self. This includes effective, culturally appropriate communication which conveys information, thoughts, actions and feelings through the use of verbal and nonverbal skills.

School of Nursing PROGRAM LEARNING OUTCOMES

    A. **Engages** in active listening to promote therapeutic relationships.
       BRN Essentials: II, III, IV, VI, VII, IX
    B. **Demonstrates** effective verbal and nonverbal communication skills to provide patient care.
       BRN Essentials: IXII, III, IV, VI, VIII
    C. **Dialogues** with members of the healthcare team, including the patient, to facilitate positive patient outcomes.
       BRN Essentials: II, III, IV, VI, VIII, IX
    D. **Advocates** for patients/ families and self.
       BRN Essentials: V, VI, VIII
    E. **Implements** patient care while honoring the diversity of patients, families and communities.
       BRN Essentials: II, III, V, VI, VIII, IX

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NSG 450: Nursing of the Communities: Mental Health
COURSE LEARNING OUTCOMES

1. **Engages** in active listening to promote therapeutic relationships.
   BRN Essentials: II, III, IV, VI, VII, IX
2. **Demonstrates** effective verbal and nonverbal communication skills to provide patient care.
   BRN Essentials: IXII, III, IV, VI, VIII,
3. **Dialogues** with members of the healthcare team, including the patient, to facilitate positive patient outcomes.
   BRN Essentials: II, III, IV, VI, VIII, IX
4. **Advocates** for patients/ families and self.
   BRN Essentials: V, VI, VIII
5. **Implements** patient care while honoring the diversity of patients, families and communities
   BRN Essentials: II, III, V, VI, VIII, IX

School of Nursing
PROGRAM VALUE

IV. FOLLOWING FAITHFULLY

Defined as claiming the challenge from Florence Nightingale that nursing is a "divine imposed duty of ordinary work". The nursing student will integrate the ordinary work by complying with and adhering to regulatory and professional standards (e.g. ANA Code of Ethics, the California Board of Registered Nursing, Scope of Nursing Practice, SON Handbook). This includes taking responsibility for all actions and treating others with respect and dignity.

School of Nursing
PROGRAM LEARNING OUTCOMES

A. **Engages** in a professional practice environment that promotes nursing excellence.
   BRN Essentials: I, III, IV, V, VI, VII, VIII, IX
B. **Provides** patient care within the boundaries designated by regulatory agencies, professional practices and ethical standards of a Christian nurse.
   BRN Essentials: II, VI, VII, VIII, IX
C. **Avails** self of learning opportunities to cultivate the life-long learning process.
   BRN Essentials: III, IV, V, VI, VII, VIII, IX

NSG 450: Nursing of the Communities: Mental Health
COURSE LEARNING OUTCOMES

1. **Engages** in a professional practice environment that promotes nursing excellence.
   BRN Essentials: I, III, IV, V, VI, VII, VIII, IX
2. **Provides** patient care within the boundaries designated by regulatory agencies, professional practices and ethical standards of a Christian nurse.
   BRN Essentials: II, VI, VII, VIII, IX
3. **Avails** self of learning opportunities to cultivate the life-long learning process.
   BRN Essentials: III, IV, V, VI, VII, VIII, IX

School of Nursing
PROGRAM VALUE

V. LEADING FAITHFULLY

The student will incorporate a foundational relationship with Christ and others and embrace a willingness to serve others in the midst of life-circumstances (e.g. illness, injustice, poverty). The student will role-model the need for "Sabbath Rest" as a means of personal renewal, and true care of the self so that service to others is optimally achieved. The student will incorporate the characteristics of a servant leader including: humility, courage, forgiveness, and discernment.

School of Nursing
PROGRAM LEARNING OUTCOMES
A. **Provides** graceful service through compassionate responses to others' needs.   **BRN Essentials: II, IV, VI, VII, VIII, IX**   B. **Demonstrates** the principles of a servant leader as a reflection of Christ's love.   **BRN Essentials: II, IV, VI, VII, VIII, IX**   C. **Exhibits** patient advocacy that reflects sensitivity to diversity in a holistic manner.   **BRN Essentials: II, IV, VI, VII, VIII, IX**
NSG 450: Nursing of the Communities: Mental Health   **COURSE LEARNING OUTCOMES**
1. **Provides** graceful service through compassionate responses to others' needs.   **BRN Essentials: II, IV, VI, VII, VIII, IX**   2. **Demonstrates** the principles of a servant leader as a reflection of Christ's love.   **BRN Essentials: II, IV, VI, VII, VIII, IX**   3. **Exhibits** patient advocacy that reflects sensitivity to diversity in a holistic manner.   **BRN Essentials: II, IV, VI, VII, VIII, IX**

Course Credit Hour Information

In the interest of providing sufficient time to accomplish the stated Course Learning Outcomes, this class meets the PLNU credit hour policy for a 3-unit class delivered over 16 weeks. Specific details about how the class meets the credit hour requirement can be provided upon request.

Course Topic Outline

What is Mental Health?
The Therapeutic Use of Self
Boundary Management
The Nursing Process
The Recovery Model
Mental Health Assessment
Crisis and Crisis Intervention
Risk Factors for Mental Illness
Systems Concepts and Working in Groups
Theories of Mental Health and Mental Illness
Introduction to Psychopharmacology
Ethical and Legal Principles
Thought Disorders
Affective Disorders
Suicide and Self-Destructive Behavior
Personality Disorders
Motivational Interviewing
Neurocognitive Disorders

Cognitive Disorders
Impulse Control Disorders
Trauma Informed Care
Eating Disorders
Psychological Problems of the Physically Ill Person
Schizoaffective Disorder
Working with Children
Mental Health Concerns Regarding Adolescents
Issues Specific to Older Adults
Inter Familial Violence
Biological Basis of Mental Illness
Cultural, Ethnic and Spiritual Concepts
Horizontal Violence and Civility
Sleep Hygiene
Self-Care
Resilience
CA Mental Health Law
Psychopharmacology and the Older Adult

Teaching/Learning Strategies

In this course, a number of teaching strategies are utilized to improve student learning. Each strategy is designed to address multiple learning styles and preferences. The teaching strategies employed in this course include:

Lecture	Collaborative Learning	Debate
Reflective Practice	Active Learning	Role Play
Simulation	Inquiry Based Learning	Gaming
Case Method	Socratic Method	Discussion Boards
Expressive Arts	Film	Technology

"The capacity for hope is the most significant fact of life. It provides human beings with a sense of destination and the energy to get started"
(Norman Cousins).

Welcome to Psychiatric Mental Health Nursing

Psychiatric mental health nursing is about hope and recovery. Defined by the American Psychiatric Nurses Association as "a specialty practice focused on the identification of mental health issues, prevention of mental health problems, and the care and treatment of persons with psychiatric disorders " (APA, 2013, para.2), psychiatric mental health nursing reaches in to all areas of nursing practice, providing nurses with a framework to:

- establish a relationship with those in his/her care.
- understand the importance of emotional and psychological wellness in healing.
- encourage others to learn how to take control of their health and wellness.
- remember the importance of hope in the process of recovery.

Hope is the overarching theme for this course. It is *hope* that guides recovery and *hope* that arouses a passion for the possible. It is often something as simple as a kind word spoken to a man who has given up the desire to live that encourages him to reach out to another person and ask for help. It is *hope* that pushes a mother struggling with alcohol and drug addiction to take the first step and admit that she is powerless over the substances she has been poisoning her body with. And it is *hope* in the eyes of a nurse that encourages a young girl to share her story of abuse and pain with someone that may help her feel whole again.

I welcome you to mental health nursing and look forward to sharing the passion and honor I feel in caring for individuals with mental illness and substance use disorders. While I hope to help you learn all that you can about mental health and mental illness, I also hope to challenge you to see past the diagnosis and remember the person behind the illness. One way to ensure that goal is to harness the power of hope; making it a part of your professional practice. Let the journey begin.

Group Norms

1. *Attentive Listening*
   To pay close attention to one another's expressions of ideas, opinions and feelings; to check for understanding and to let others know that they have been heard.
2. *Show Appreciation/No Put-Downs*
   To treat others kindly. To state appreciation to unique qualities, gifts, skills and contributions; to avoid negative remarks, hurtful gestures and behaviors.
3. *Right to Pass/Right to Participate*
   To have the right to choose when and to what extend one will participate in a GROUP activity; to observe quietly if not participating actively and to choose whether to offer observations later to a group when invited to do so.
4. *Mutual Respect*
   To affirm the value and uniqueness of each person; to recognize and appreciate individual and cultural differences and offer feedback that encourages growth.

Professor/Student Commitment and Expectations

As your professor, I am committed to providing you with a rich and diverse learning environment. My goal is to offer each one of you the chance to learn and grow from this course by offering a myriad of learning modalities; both didactic and experiential that are meaningful and related to learning outcomes. I am also committed to ensuring you have a safe, supportive environment to learn, ask questions, engage in discussion and reflect on new knowledge and experience within the context of mental health nursing with the outcome of preparing you to care for individuals from diverse backgrounds and needs.

My expectation is that you will arrive on time, prepared to engage in a discussion of the day's topic: offering your own thoughts and concerns, ideas and questions based on your reading assignments and experience. I expect you to turn in all assignments on time (a minimum of 10% will be deducted for each day an assignment is late unless prior arrangements have been made with me). I ask that you keep an open mind while exploring topics that may challenge your previously held beliefs. I ask that you make a commitment to the community of learners sharing the course with you and work to support your learning and the learning of your peers.

Required Textbooks

Amador, X. (2007). *I'm not sick, I don't need help: How to help someone with mental illness accept treatment.* New York: Vida Press.

American Psychological Association (2001). *Publication manual of the American Psychological Association (6th ed.).* Washington D.C.: American Psychological Association.

Handy, M. (2010). *No comfort zone: Notes on living with post-traumatic stress disorder.* Madison, WI: Mocassa Press.

Hanson, R. (2011). *Just one thing.* Oakland, CA: New Harbinger.

Boyd, Mary Ann (2014). Psychiatric Nursing: *Contemporary practice, (5th ed.).* Philadelphia, PA: Wolters Kluwer/Lippincott Williams & Wilkins.

Wissman, J. (Ed.) (2007). *Mental health nursing: RN edition* 7.0. Leawood, KS: ATI
   Note: ATI Mental Health Nursing will be handed out during the first week of class.

Recommended Textbooks

Black, C. (2001). *It will never happen to me.* Bainbridge Island, WA: MAC Publishing. Jamison, K. (1997).
 An unquiet mind: A memoir of moods and madness. New York, NY: Random House.
Kleinman, A. (1988). *The illness narratives: Suffering, healing and the human condition*. USA: Basic Books.
Rhodes, L. (1995). *Emptying beds: The work of an emergency psychiatric unit.* Berkeley, CA: University of
 California Press.
Schiller, L. (1996). *The quiet room: A journey out of the torment of madness.* New York, NY: Warner Books.
Young-Mason, J. (1997). *The patient's voice: Experiences of illness.* Philadelphia, PA: F.A. Davis.

Required Supplies

1. **White T-shirt** (to be personalized for the Out of the Darkness Walk). T-Shirt Paints, Decals, Bling, etc.
2. **Headphones and electronic device (computer, phone):** for in-class demonstrations.

Assessment of Learning Outcomes and
Student Portfolio Using LIVETEXT

The School of Nursing (SON) uses LIVETEXT to conduct ongoing program assessment. All required courses in the SON use LIVETEXT to assess and grade the Signature Assignment(s). For this course, ***the following documents(s) MUST BE submitted to LIVETEXT™ for assessment and grading:***

- Signature Assignments:
    - Mental Status Exam
    - Process Recording
    - Rare Event Film and Documents

Prior to the conclusion of each course, the student is required to update their LIVETEXT Portfolio. The portfolio demonstrates achievement of required program outcomes and supports professional development. For this course, the following document(s) MUST BE attached to the student's Professional Portfolio in the "Body of Work" section in LIVETEXT in order to pass the course.

Note: *Simply submitting an assignment into LIVETEXT for assessment/grading is NOT sufficient. The documents listed below must be attached to the LIVETEXT Professional Portfolio in the designated course area in the "Body of Work:*

- Mental Status Exam
- Process Recording
- Leadership/Service Requirement (if required this semester)

The student may also create a separate section either within the "*Body of Work"* or within the general Professional Portfolio to document additional activities that contribute to their professional development (jobs, clubs, awards, volunteer experience, required leadership attendance, etc.). However, these items are not required.

IMPORTANT: Failure to update your LIVETEXT Professional Portfolio with the required signature assignments for the course will result in withholding of the final course grade and will affect progression in the program until the LIVETEXT Professional Portfolio is updated appropriately.

Assessment Technololgies Institute (ATI) Policy

What does ATI offer?

- Assessment Technologies Institute (ATI) offers an assessment driven comprehensive review program designed to enhance student NCLEX® success.
- The comprehensive ATI review program offers multiple assessment and remediation activities. These include assessment indicators for academic success, critical thinking, and learning styles. Additionally, online tutorials, online practice tests, and proctored tests are provided and span major content areas in nursing. These ATI tools, in combination with the nursing program content, assist students to prepare effectively, helping to increase their confidence and familiarity with nursing content.
- ATI Orientation resources such as the ATI Plan can be accessed from "My ATI" tab. It is highly recommended that you spend time navigating through these orientation materials.
- **Review Modules/eBooks:**
  ATI provides Review Modules in eBook formats that include written and video materials in key content areas. Students are encouraged to use these modules to supplement course work and reading. Instructors may assign chapter reading either during a given course and/or as part of active learning/remediation following assessments.
- **Tutorials:**
  ATI offers unique Tutorials that are designed to teach nursing students how to think like a nurse, how to take a nursing assessment, and how to make sound clinical decisions. **Nurse Logic** is an excellent way to learn the basics of how nurses think and make decisions. **Learning System** offers practice tests in specific nursing content areas that allow students to apply the valuable learning tools from Nurse Logic. Features such as a Hint Button, a Talking Glossary, and a Critical Thinking Guide are embedded throughout the Learning System tests to help students gain an understanding of the content.
- **Assessments:**
  There are practice assessments available for students as well as standardized proctored assessments that may be scheduled during courses. These assessments will help the student to identify what they know as well as areas requiring remediation called Topics to Review.
- **Focused Reviews/Active Learning/Remediation:**
  Active Learning/Remediation is a process of reviewing content in an area that was not learned or not fully understood (as determined on an ATI assessment). Remediation tools are intended to help the student review important information to be successful in courses and on the NCLEX®. The student's individual assessment report will contain a listing of the Topics to Review. It's highly recommended to remediate using the Focused Review after completion of any practice/proctored tests, which contains links to ATI eBooks, media clips, and active learning templates.
  The instructor has online access to detailed information about the timing and duration of time spent in assessments, focused reviews, and tutorials by each student. Students can provide documentation that required ATI work was completed using the "My Transcript" feature under "My Results" of the ATI Student Home Page or by submitting written Remediation Templates as required.

ATI Content Mastery Series | Grading Rubric

Grading Explanation: Uses a combination of the CMS practice and proctored assessments to achieve 10% of the course grade)

Practice Assessment	
4 % **40 points**	
Complete Practice Assessment A 10 points *Remediation:* **10 points** • For each topic missed, complete a handwritten active learning template	**Complete Practice Assessment B 10 points** *Remediation:* **10 points** • For each topic missed, complete a handwritten active learning template

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Standardized Proctored Assessment			
Level 3 = 4 % **40 points**	**Level 2 = 3 %** **30 points**	**Level 1 = 1 %** **10 points**	**Below Level 1 = 0 %** **0 points**
Remediation = 2 %: **20 points** • For each topic missed, complete a handwritten active learning template	**Remediation = 2 %:** **20 points** • For each topic missed, complete a handwritten active learning template	**Remediation = 2 %:** **20 points** • For each topic missed, complete a handwritten active learning template	**Remediation = 2 %:** **20 points** • For each topic missed, complete a handwritten active learning template
10/10 %	**9/10 %**	**8/10 %**	**7.5/10 %**
Proctored Assessment Retake*			
No Retake Required	**No Retake Required**	**Retake Recommended**	**Retake Recommended**

Evaluation Methods

- □ Signature Assignments (submit in LIVETEXT)
  - o Mental Status Exam
  - o Process Recording
- □ Rare Event Film Project (submit in LIVETEXT)
- □ Therapeutic Meeting Activities Summary
- □ (2) Telling the Story (Psychiatric Mental Health Nursing Assessment/Plan of Care) 1 + 1 peer evaluated assessment

1. **Examinations, Quizzes and ATI Proctored Test:**

- (2) Exams: 150 points each   Total points: 300*
- Final Examination: Total points: 100*
- Online Psychopharmacology Quizzes   Total points   100
- ATI Non-Proctored Test   Total points   20 (10 each)
- ATI Proctored Test   Total points   40

*Note: Per SON standard: 75% (cumulative) or 405 total points required in this category **560**

2. **Written Assignments and Projects:**

Autographical Presentation	Total points	15
Discussion Board	Total points	100
Body's Response to Stress	Total points	5
Anxiety Assessment	Total points	5
Process Recording (Signature Assignment)	Total points	75
Mental Status Exam (Signature Assignment)	Total points	50
Telling the Story	Total points	40 (20 for each document)
Rare Event Film & Documents (Signature Assignment)	Total points:	100
ATI Remediation	Total points	20 (10 points)

410

3. **Participation/Attendance**

- Attendance, punctuality   10
- Team/Group Work (Peer Evaluation)   10
- Socratic Discussion Participation   10

*Each discussion board response is worth 10 point for a total of 100 points   **30**

Total points possible: **1000**

Grading Scale

Cumulative Grading Scores

A	=	930-1000	B+	=	870-899	C+	=	780-809
A-	=	900-929	B	=	840-869	C	=	750-779
			B-	=	810-839			

Required Learning Activities
Exams, Quizzes, Assignments and Participation Requirements

Examinations, Quizzes, and ATI Secured Test
(560 points total. Must achieve 420 in this category to pass the course).
- **Examinations:**
  - There will be two exams and a final.
  - Exams will cover material in the readings as well as lectures, power points, videos, films, group work and class activities. Exams are not cumulative.
  - **The (2) two exams** will consist of 75 multiple choice / fill in the blank/true/false, short answer and essay style questions.

- The **final examination** will consist of a case study and the development of a plan of care for the patient and family described.

- **Psychopharmacology Quizzes**
  - Quizzes will be completed each week to reinforce the psychopharmacology component of the course and to help students prepare for care of individuals in the clinical setting.
  - Quizzes will cover medications listed on the *Psychopharmacology Medication List.*
  - Quizzes are electronically recorded, time stamped and calculated into your grade total.
  - Each quiz is worth 10 points for a total of 100 points.
  - Quizzes can be accessed through *Canvas* and should be completed prior to midnight each **Friday.**

- **ATI Testing**
  - The ATI Test for Mental Health will be taken three (3) times; twice as an un-secured test online at the beginning of the course (to serve as a baseline), midway through the course and once as a proctored test (towards the end of the semester) to assess your learning progress and current understanding of mental health nursing.
  - The ATI text can be used as a resource for the secured ATI Proctored test and course exams.
  - Students will take the first unsecured ATI test during the first two weeks of the semester and the second unsecured test mid semester.
  - Results of the unsecured ATI tests should be submitted electronically to Dr. Lambert.
  - Results of remediation may be submitted to Dr. Lambert electronically or on paper.
  - See ATI Policy/Rubric for more details.

Reading Assignments

- Students are expected to read the assigned material prior to class each day.
- Students should expect to spend at least 60-90 minutes each night reading assigned material in preparation for the daily in-class discussion/activities.
- Reading assignments include assigned chapters from the textbook, assorted biographies/novels, journal articles and other readings selected by the instructor.
- The **Socractic Method** [The Socratic Method](#) will be used to discuss the assigned readings or film on selected days. The principle underlying the Socratic Method is that students learn through the use of critical thinking, reasoning, logic, and finding holes in their own theories. Through discussion, students are able to challenge themselves to truly explore a topic, rather than merely regurgitate an answer.
- Reading assignment schedule can be found at the end of the syllabus, in the Learning Outcomes document and in Canvas under *ASSIGNMENTS.*

Written Assignments and Projects

- **Autobiographical Presentation**
  An important component in the development of your professional practice lies in the understanding of your own story. The autobiographic presentation is your opportunity to consider your life and share your journey with your peers (something you will ask patients to do during this semester).
  - Take a few minutes to reflect on who you are. Consider: Who is important to you? What do you love to do? What gives your life meaning? What important lessons have you learned? What are your dreams? Etc. etc.
  - Use your creativity and imagination to develop a visual presentation that describes who you are as an individual and what you bring to nursing.

- The presentations may take the form of a poster, collage, self-portrait, short film, PPT; photos collage, personal items, drawings, poetry, music, or just dialogue etc. One student created a comic book PPT to describe his life story and the qualities he hopes to bring to his practice as a nurse. Another student completed a painting to describe her personality/life. Still another student brought a box of items from home that represented different aspects of her life and told a short story about each item.
  - There are many creative ways to express who you are to the class and to your professors.
  - The goal of this assignment is to share something about you and what you bring to the profession of nursing.
  - Presentation time: 5-10 minutes.

- **Discussion Board Reflective Practice**
  - To be self-aware is to be conscious of one's character, including beliefs, values, qualities, strengths and limitations. Self-awareness is the foundational skill upon which reflective practice is built. It underpins the entire process of reflection because it enables individuals to see themselves in a particular situation and honestly observe how they have affected the situation and how the situation has affected them. Reflective practice is about learning and growing from experience. Self-awareness also promotes self-care; a vital component of a successful professional practice. Students will have the opportunity to learn about and engage in reflective practice as a part of this course.
  - One question will be posted each Monday on the Reflection Discussion Board on *Canvas*.
  - Each student will be responsible for posting a response to the prompt by **Friday** of that week.
  - While posts are not graded, each post is worth 10 points. There are a total of 11 Discussion Questions. You must complete 10 AND you may complete 11 for extra points.
  - Students are encouraged to respond to one another; making supportive comments/observations.

- **The Body's Response to Stress**
  Stress affects most people in some way. Acute (sudden or short-term) stress leads to rapid changes throughout the body. Almost all body systems (the heart and blood vessels, immune system, lungs, digestive system, sensory organs, and brain) will gear up to meet perceived dangerous stimuli. These stress responses can prove beneficial in a critical, life-or-death situation. Over time, however, repeated stressful situations put a strain on the body that may contribute to physical and psychological problems. Chronic (long-term) stress can have real health consequences and should be addressed like any other health concern.
  - Prior to the lecture on Biological Basis of Behavior, complete the form: The Body's Response to Stress.

- **Stress/Anxiety Screening**
  Research shows that some stress is good. Stress 'revs up' the body thanks to naturally-occurring performance enhancing chemicals like adrenalin and cortisol. This heightens ability in the short term. But there is a limit. If severe stress is allowed to go unchecked in the long term, performance will ultimately decline. Not only that, the constant bombardment by stress related chemicals and stimulation can weaken a person's body and ultimately leads to degenerating health. In extreme cases, it can cause psychological problems such as Post Traumatic Stress Disorder or Cumulative Stress Disorder.
  Nursing students are particularly susceptible to the deleterious effects of stress.

- **Process Recording**
  - The therapeutic use of self is the cornerstone of psychiatric mental health nursing.

- Therapeutic communication refers to ***goal-directed*** conversations with patients aimed at helping the patient sort through difficult issues and take thoughtful actions to improve their mental health and well-being.
- The process recording is used as a method of evaluating the student's ability to initiate and engage in a therapeutic interaction using therapeutic communication with a patient.
- The primary learning outcomes include the opportunity for the student to deconstruct, appraise and evaluate a therapeutic interaction with a patient while examining and analyzing their own verbal and non-verbal communication techniques.
- The goal of the process recording ***is not*** to impress the professor with a text-book perfect dialogue; but rather ***to illustrate*** the student's thought process during a therapeutic interaction as well as the ***ability to learn*** from that interaction.
- The process recording should reflect a therapeutic interaction with a patient coupled with a thoughtful analysis of the interaction.
- See Process Recording Requirements in *Canvas* under *Course Assignments* for more detailed information on the assignments. Process Recording Assignment Guidelines; Process Recording Template; Process Recording Rubric

- **Mental Status Exam**
  The mental status examination is a structured assessment of the patient's behavioral and cognitive functioning. It includes descriptions of the patient's appearance and general behavior, level of consciousness and attentiveness, motor and speech activity, mood and affect, thought and perception, attitude and insight, the reaction evoked in the examiner, and, finally, higher cognitive abilities. The specific cognitive functions of alertness, language, memory, constructional ability, and abstract reasoning are the most clinically relevant. It is often described as a "snap shot" of the individual's status. It helps clinicians determine what further assessments may be required.
  - Students will conduct a mental status exam (MSE) on a selected patient during the hours of the clinical rotation using the provided form.
  - For more information, see NSG 451 clinical syllabus.

- **Telling the Story**
  Telling the Story is a comprehensive assessment focused on identifying demographic and other data important in the nursing process and eventual plan of care. Information includes assessment and data collection, diagnoses, outcome identification, intervention and rationale, evaluation, reassessment, prioritization, and a comprehensive handoff.
  - Students will complete two (2) Telling the Story packets on a selected patient during the hours of the clinical rotation using the provided form.
  - One of the Telling the Story packets will be evaluated by a peer selected by your clinical instructor.

- **Rare Event Training: Student Directed High Risk Scenario**
  - Students will develop, simulate (act out) and evaluate a high risk mental health clinical scenario for peer and nursing staff at Sharp Mesa Vista Hospital. This activity is designed to help students develop cognitive, affective, and behavioral skills to intervene effectively in high risk, psychiatric mental health emergencies **(See NSG 451 Clinical Syllabus for details).**

- **Grand Rounds Presentation of Rare Event Training Film**
  - Each clinical group will present their Rare Event Training Scenario.

- The Rare Event Training will include the student directed training scenario, debrief and handout.
- Students in each group should be prepared to discuss the research and background information discovered as a result of this project.
- Seek guidance from clinical instructor if you have any questions, concerns, etc.
- Prepare a copy of any electronic component (PPT, handouts, etc.) of your presentation for Dr. Lambert and submit via Canvas prior to Grand Rounds.
- See Grand Rounds Guidelines and Student Directed Rare Event Training Guidelines for detailed information.
- Presentations will be shared with fellow students and faculty.

Participation and Attendance

- **Attendance / Punctuality (10 points).**
  Regular and punctual attendance at all classes is considered essential to optimum academic achievement. If the student is absent from more than 10 percent of class meetings, the faculty member has the option of filing a written report which may result in de-enrollment. If the absences exceed 20 percent, the student may be de-enrolled without notice. If the date of de-enrollment is past the last date to withdraw from a class, the student will be assigned a grade of W or WF consistent with university policy in the grading section of the catalog. See Academic Policies in the undergrad student catalog .Please notify the instructor via email if absent. Up to 5 points will be deducted per unexcused absence and >3 unexcused late arrivals. More than 5 unexcused late arrivals will result in a loss of 10 points.

- **Socratic Discussion (10)**
  - Students will have the opportunity to utilize the Socratic method to discuss:
    - Assigned novels, Social Justice Film and Grand Rounds
  - Students are expected to read the assigned material (novels) prior to class.
  - The discussions will be student lead and student monitored.
  - All students are expected to contribute to the discussions

- **Team Work: Peer Evaluations (10 points).**
  Collaborative team work is a vital component of an inquiry based, student centered approach to learning. In the clinical arena, nurses generally work/serve as a member of an interdisciplinary team. Students will have the opportunity to work in teams during the Rare Event Project to extend their learning and to simulate an environment often found in healthcare settings.
  - Students will be assigned to a "team" based on clinical groups for the Rare Event Training.
  - All preparation for the Rare Event will be done within the structure of the team.
  - Team members will evaluate themselves and each other; based on preparation, performance, collaboration, etc. at the end of the semester
  - Submit Peer Evaluation of Team Members during Grand Rounds.

Student Acknowledgement

Initial all and sign below:

_____ I have received a copy of and have read and understand the SON ATI Assessment and Review Policy

_____ I understand that it is my responsibility to utilize all of the books, tutorials and online resources available from ATI, as designated by the SON.

_____   _____
Student printed name   Date

_____
Student signature

Learning Outcomes

Welcome to Mental Health Nursing

Key Terms

Mental Health	Person First
Mental Illness	Stigma

Student Learning Outcomes:

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Describe the concept of patient-centered care.
2. Define the goals of NSG 450.
3. Identify three characteristics of a mentally healthy individual.
4. Compare and contrast the terms mental health and mental illness.
5. Define the concept of stigma and how it contributes to the marginalization of individuals with mental illness.
6. Examine the practice of using person first language when referring to individuals living with mental illness.

Reading Assignment:

Textbook: Boyd: Chapter 1: Introduction to Mental Health Nursing and EBP.
Boyd: Chapter 6: Ethic, Standards of Nursing Frameworks

Learning Outcomes

Clinical Orientation Day One:
Historical Context of Mental Health Nursing

Key Terms

American Psychiatric Nurses Association	Peplau, Hildegard	Standards of Practice
Deinstitutionalization	Psychotropic Medication	Therapeutic Community

Student Learning Outcomes

Historical Context of Psychiatric Mental Health Nursing

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Describe the evolution of psychiatric mental health nursing including educational preparation, roles, functions and treatment settings.
2. Describe the introduction of therapeutic devices including psychotropic medications and the concept of the therapeutic community and their impact on patient care.
3. Define the contemporary practice of a psychiatric mental health nurse, specifically the nurse patient partnership and the domains of practice.
4. Stipulate that the role of the psychiatric nurse depends on several variables including: philosophy of care, definition of mental illness, needs of consumers, and personal initiative.
5. Describe both the historical perspective and recent changes in hospital based care of individuals with mental illness including the role deinstitutionalization played in the move from state to community based care.
6. Enumerate the components of the therapeutic milieu, the associated patient care goals and the nursing implications of this key intervention.
7. Explain the historical perspective of psychiatric community based care.
8. Discuss the impact of federal legislation including The Community Mental Health Act of 1963, The Community Mental Health Centers Act of 1975 and The President's New Freedom Commission on the care of the mentally ill and the challenges it created.
9. Assess the needs of vulnerable psychiatric populations in the community including older adults, homeless populations, individuals living in rural areas and incarcerated individuals.
10. Discuss the role of the psychiatric mental health nurse in a variety of community based settings including the emergency department, primary care, home based care and forensic psychiatric care.

Reading Assignment:

Textbook: Boyd: Chapter 1: Introduction to Mental Health Nursing and EBP.

Listen to: Voice-over PPT: Historical Context of Mental Health Nursing

Learning Outcomes

Therapeutic Nurse- Patient Relationship

Key Terms

Boundaries	Empathy	Reflective Practice
Boundaries Management	Milieu	Sympathy
Countertransference	Nurse Patient Relationship	Therapeutic Communication
Defense Mechanisms	Rapport	Therapeutic Use of Self
		Transference

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Describe the goals of the therapeutic nurse-patient relationship.
2. Discuss the four phases of the nurse-patient relationship and the tasks associated with each phase.
3. Describe the therapeutic communication techniques commonly utilized in the nurse-patient relationship.
4. Examine the construct of the therapeutic impasse and the role it plays in the therapeutic alliance.
5. Demonstrate increasing effectiveness in using therapeutic relationship skills to produce a therapeutic outcome.
6. Discuss the qualities a nurse needs to be an effective communicator.
7. Explain the concept of reflective practice and the rationale for its use in a therapeutic relationship.
8. Examine the variables that have the potential to influence a therapeutic relationship.
9. Identify the concept of defense mechanisms and how they serve to protect an individual.
10. Define boundaries.
11. Identify tangible boundaries that can be established in an interpersonal relationship.
12. Identify risk factors for establishing unhealthy boundaries.

Reading Assignment

Textbook: Boyd: Chapter 9: Communication and the Therapeutic Relationship

Article: Caldwell, B., Sclafani, M., Swarbrick, M. & Pire, K. (2010). Psychiatric nursing practice and the recovery model of care. *Journal of Psychosocial Nursing*, 48 (7), 42-48.

Learning Outcomes

The Nursing Process and the Mental Status Exam

Key Terms

Affect	Hypochondriasis	Obsession
Blocking	Ideas of Reference	Perseveration
Blunted	Illusions	Phobia
Circumstantial	Insight	Tangential
Clang Associations	Judgment	Therapeutic Partnership
Constricted	Labile	Thought Broadcasting
Delusions	Loose Associations	Thought Content
Depersonalization	Magical Thinking	Thought Insertion
Flat Affect	Mood	Thought Process
Flight of Ideas	Mutism	Verbigeration
Hallucinations	Nihilistic Ideas	Word Salad

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Describe the components of the nursing process as it relates to psychiatric mental health nursing.
2. Define the purpose of the Standards of Practice and how it informs the care nurses provide patients with mental illness.
3. Identify "assessment" as the first and initial component of the nursing process.
4. Evaluate the observations and clinical applications of each category of the mental status exam.
5. Perform a mental status examination on an individual in the clinical area.
6. Define terms used to describe behaviors, verbalizations, cognitive functions and emotions associated with each component of the mental status examination.

Reading Assignments

Handouts: Mental Status Examination: An Overview
Mental Status Examination Critique Form

Assignment   Complete a Mental Status Examination on a selected patient in the clinical setting.

Learning Outcomes

Tools Used in Patient Assessment
Highlights in the Changes from DSM IV-TR to DSM 5

<u>**Key Terms**</u>

DSM IV-TR	Axes
DSM 5	WHODAS

<u>**Student Learning Outcomes**</u>

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Identify the origins and uses of the Diagnostic and Statistical Manual.
2. Describe each of the five axes utilizing the DSM-IV-TR.
3. Identify at least three key changes in the DSM 5.
4. Identify the purpose of the WHODAS.

<u>**Readings**</u>

Handout: Whitmore, A. (2013). Understanding the changes in the DSM 5. *Clinical Advisor.*

Article: American Psychiatric Association, (2013). Highlights of changes from DSM-IV-TR to DSM 5. *American Psychiatric Publishing.*

The Role of Recovery and Person First Language
in the Care of Individuals with Mental Illness

Key Terms

Connection	Person-First Language	SAMHSA
Empowerment	President's New Freedom Commission	Self-Responsibility
Hope	Psychiatric Rehabilitation	WRAP
Mary Ellen Copeland	Recovery	
Meaningful Life	Recovery Model	

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Define and analyze the term recovery in the context of mental health and mental illness.
2. Identify and define the components of the Recovery Model.
3. Utilize reflective practice techniques to internally investigate, analyze and critically evaluate current belief systems and daily practice habits through the exploration of language used to communicate in the professional setting.
4. Analyze the rationale for using person first language in a communications (written, verbal, electronic).
5. Identify and evaluate the disparity between non-recovery and recovery focused language in the healthcare setting and how it effects patient care.
6. Translate the language of recovery into day to day care with patients.

Reading Assignments

Articles: Caldwell, B., Sclafani, M., Swarbrick, M. & Piren. K. (2010). Psychiatric nursing practice and the recovery model of care. Journal of Psychosocial Nursing, 48 (7), 42-48

Jensen, M., Pease, E. & Lambert, K. (2013). Championing person first language: A call to mental health nurses. *Journal of the America Psychiatric Nurses Association*, 19: 146-151.

Handouts: Principles of Recovery / Recovery Focused Practice Standards
SAMSHA's Working Definition of Recovery: 10 Guiding Principles.

Trauma Informed Care

Key Terms

Empowerment	Resilience	Transparency
Peer Support	Sanctuary	Trauma
Recovery	Strengths-based	Trauma Informed Care

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Understand the widespread impact of trauma and potential paths for recovery.
2. Recognize the signs and symptoms of trauma in patients, families, staff and others.
3. Discuss SAMHSA's Six Key Principles of a Trauma-Informed Approach.
4. Integrate knowledge about trauma into professional practice (language, assessment, interventions).
5. Actively resist re-traumatizing individuals in care settings.
6. Apply knowledge and concepts derived from the Adverse Childhood Experience (ACE) research to the aging population.
7. Recognize the importance of entering into a partnership with those in their care.
8. Acknowledge individual strengths of each individual receiving care.

Reading Assignments

Articles: Bath, H. (2008). The three pillars of trauma informed care. *Reclaiming Children and Youth*, 17 (3), 17-21.

Creating Cultures of Trauma Informed Care

Handouts: Trauma-Informed Approach and Trauma-Specific Interventions. Retrieved from: http://www.samhsa.gov/nctic/trauma-interventions

SAMHSA Handout: What are the key principles of a trauma informed organization?

View: PPT/Voice-over: Trauma Informed Care

Explore: http://www.traumainformedcareproject.org/index.php

Therapeutic Communication

Key Terms

Active Listening	Empathy	Silence
Attitudes	Genuineness	Therapeutic
Beliefs	LEAP	Termination
Boundaries	Non-Verbal Communication	Therapeutic Alliance (Rapport, Relationship)
Communication	Process Recording	Therapeutic Communication*
Coping Strategies	Resistance	Therapeutic Impasse
Corrective Emotional Experience	Self	Therapeutic Use of Self
Counter Transference	Self-Awareness	Transference
Defense Mechanisms***	Self-Disclosure	Values
Deterrents to Therapeutic Communication**	Self-Reflection	

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Describe the therapeutic use of self.
2. Explain the phases of a therapeutic relationship.
3. Describe ways to develop greater self-awareness.
4. Describe deterrents to therapeutic communication.
5. Appraise techniques of therapeutic communication.
6. Demonstrate the use of therapeutic communication techniques.
7. Describe the components of LEAP and the impact the technique can have on a relationship.
8. Define agnosognia.
9. Identify barriers to effective therapeutic communication.
10. Evaluate selected therapeutic communication strategies including motivational interviewing.
11. Describe defense mechanisms often employed by patients to defend against anxiety.
12. Explain the therapeutic impasses (transference and countertransference) inherent in a therapeutic encounter

Reading Assignment

Textbook: Boyd: Chapter 9: Communication and the Therapeutic Relationship
Handouts: 15 Common Defense Mechanisms, Therapeutic Communication Techniques
Deterrents to Therapeutic Communication
Articles:
Muskin, P., & Epstein, L. (2009). Clinical guide to counter-transference: Help medical colleagues deal with "difficult patients. *Current Psychiatry*, 8 (4), 24-32.

Assignment: Complete a Process Recording after completing a therapeutic conversation with a patient in the clinical setting.

Learning Outcomes

Therapeutic Treatment Modalities
Featuring: Group Dynamics

Key Terms

Curative Factors	Group Development	Lines of Resistance
Family Therapy	Group Dynamics	Normal Line of Defense
Genogram	Group Facilitator	Systems
Group	Group Process	Systems Theory
Group Cohesion	Group Therapy	Therapeutic Groups

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Define group therapy.
2. Identify key concepts related to group therapy including those from systems theory.
3. Explain the eleven curative factors of a therapeutic group as outlined by Irwin Yalom.
4. Describe the content of a supportive and insight oriented group.
5. Identify five roles participants often take on in a group.
6. Describe the various approaches to group therapy: cognitive, family, psychoeducational, process, and reminiscence therapy).

Reading Assignment

Textbook: Boyd: Chapter 12: Cognitive Interventions
                  Boyd: Chapter 13: Group Interventions
                  Boyd: Chapter 14: Family Assessment and Interventions

Handouts: Group Dynamics: A Brief Overview
                 Roles of Group Members
                 Yalom's Curative Factors

Learning Outcomes

Introduction to Psychopharmacology

Key Terms

Absorption	Glutamate	Pharmacokinetics
Acetylcholine	Half Life	Serotonin
Distribution	Metabolism	Steady State
Dopamine	Neurotransmitters	Supersensitivity
Excretion	Norepinephrine	Therapeutic Window
GABA	Pharmacodynamics	Tolerance

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Determine target symptoms from side effects.
2. Identify nursing interventions for common side effects of psychiatric medications.
3. Explain the major classifications of psychiatric medications.
4. Discuss the pharmacodynamics of psychiatric medications
5. Discuss the pharmacokinetics of psychiatric medications.
6. Identify typical nursing interventions related to the administration of psychiatric medications.
7. Evaluate the significant of non-adherence and discuss strategies supportive of medication adherence.
8. Understand the role/function (hypothesis) of each neurotransmitter.
9. Consider the needs of special populations regarding dosing, frequency, clearance, side effects, etc. especially with children and older adults.

Reading Assignment

Textbook: Boyd: Chapter 11: Psychopharmacology, Dietary Supplements and Biologic Intervention pp. 150-179.

Cultural, Ethical and Spiritual Considerations

Key Terms

Cultural Competence	Diversity	Racial Identity
Cultural Congruence	Ethnicity	Religiosity
Cultural Humility	Linguistic Competence	Sociocultural Stressors
Culture	Race	Spirituality
Cultural Mistrust	Tolerance	Bias

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Identify the core concepts associated with culture.
2. Examine culturally defined barriers to treatment.
3. Assess what is meant by the term "bias" and how to mitigate personal bias in the care of people with mental illness.
4. Describe the impact of ethnic and cultural factors on the delivery of mental health care.
5. Explain the concept of spirituality as it relates to mental health.
6. Describe at least three tools often utilized to assess spirituality.
7. Integrate components of cultural competence into interpersonal modes of practice.
8. Analyze the significance of the culture of recovery.
9. Demonstrate culturally sensitive and congruent care to different patient populations.

Reading Assignment

Textbook: Boyd: Chapter 3: Cultural and Spiritual Issues Related to Mental Health Care

View: PPT Voice-over: Cultural, Ethical and Spiritual Considerations

Learning Outcomes

Biological Basis of Behavior in Mental Health Nursing

Key Terms

Action Potential	Genome	Norepinephrine
Acetylcholine	Glutamate	Pharmacogenetics
Axon	Histamine	Psychoneruroimmunology
Circadian Rhythm	Human Genome Project	Raphe Nuclei
Delta	Inhibitory	REM Sleep
Dendrite	Locus Cerulius	Reuptake
Dopamine	Myelin Sheaths	Serotonin
Excitatory	Neural Plasticity	Substantia Nigra
Epigenetics	Neuroendocrine System	Suprachiasmatic Nucleus
GABA	Neurons	Synapse
Genetic Mapping	Neurotransmission	Synaptic Cleft
Genetic Testing	Neurotransmitters	Synaptic Pruning

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Apply knowledge about the structure and function of the brain to psychiatric nursing practice.
2. Examine the impact of biological rhythms and sleep on a person's abilities and moods.
3. Describe how psychoneuroimmunology relates to mental health and illness.
4. Assess patients from a biological perspective.
5. Describe the processes of synaptic pruning and neuroplasticity.
6. Appraise the process of neurotransmission and the theoretical application to nursing practice.
7. Describe the types of neurotransmitters and the mechanism of action of those associated with mental health and mental illness.

Reading Assignments

Textbook: Boyd: Chapter 8: Biologic Foundations of Psychiatric Nursing

Listen to: PPT Voice Over: Biological Basis of Behavior

Watch: A Tale of Mental Illness From the Inside: Elyn Sacks:
http://www.ted.com/talks/elyn_saks_seeing_mental_illness

Assignment

The Body's Response to Stress

California Mental Health Law
Ethics, Patient's Rights, Legal and Forensic Issues

Key Terms

5150	Danger to Others	Involuntary Detention
		Emergency Detention
5250	Danger to Self	Laterman-Petris Short Act
14 Day Certification	Denial of Rights	Patient's Rights
Abuse	Emergency Involuntary Detention	Permanent Conservatorship
Advisement	Emergency Medication	Riese Hearing
Boxer Hold	EMTALA	Tarasoff
Certification Hearing	Good Cause	Temporary Conservatorship
Confidentiality	Gravely Disabled	Writ of Habeas Corpus

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Identify and define what is meant by the term "Patients' Rights."
2. Describe three circumstances in which a patient's rights may be denied.
3. Explain how the term confidentiality is used in the context of a mental health setting
4. Identify and define the criteria for emergency involuntary detentions (5150, 5250, Boxer Hold and 8 hours hold.
5. Describe when a physician may petition for a Reise Hearing.
6. Examine the circumstances under which a person can be medicated against his/her wishes.
7. Indicate when it might be necessary to report alleged abuse.
8. Describe the specific reporting mechanisms for child abuse and neglect, elder abuse, and domestic violence.
9. Summarize what is meant by the terms: a) Writ of Habeas Corpus, b) Tarasoff, c) EMTALA.

Reading Assignment

Textbook: Boyd: Chapter 4: Patient Rights and Legal Issues

Assignment   Attend field Trip to Mental Health Court.

Complete written assignment and submit to Canvas.

Learning Outcomes

Thought Disorders

Key Terms

Affective Flattening	Delusion	Negative Symptoms
Alexithymia	Echolalia	Neuroleptic Malignant Syndrome
Alogia	Echopraxia	Positive Symptoms
Anhedonia	First Generation Psychotropic Second Generation Psychotropic	Psychosis
Anosognosia	Grandiose	Schizophrenia
Avolition	Hallucination	Thought Disorder

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Identify symptomatology often associated with an individual living with a thought disorder aka "diagnostic criteria."
2. Discuss current scientific theories related to the etiology of thought disorders, including relevant biological and psychosocial theories.
3. Distinguish among the diagnostic criteria for thought disorders as identified by the DSM-IV-TR and the DSM V.
4. Describe common assessment strategies for individuals with thought disorders.
5. Explain treatment options for persons demonstrating thought disorders, emphasizing those that reflect evidence-based practices.
6. Apply the nursing process from an interpersonal perspective to the care of patients with thought disorders.
7. Describe psychopharmacologic interventions commonly prescribed for individuals with thought disorders.
8. Describe how the most commonly prescribed psychotropic medications (i.e., anxiolytic, antidepressant, and antipsychotic drugs) differentially affect older adults
9. Discuss nursing implications when administering psychotropic medications to older adults.

Reading Assignment

Textbook: Boyd: Chapter 22: Schizophrenia: Management of Thought Disorders

Activity: Hearing voices

Mood/Affective Disorders

Key Points

Anhedonia	Hypomania	Psychomotor Agitation
Bipolar Type I	Labile	Rapid Cycling
Bipolar Type II	Mania	Rumination
Cyclothymia	Mood Stabilizers	Suicidal ideation
Grandiosity	Pressure Speech	Suicide Precautions
Mixed episode	Washout period	Vegetative Signs
Tyramine	Serotonin syndrome	

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Assess a patient experiencing mania for a) mood, b) behavior, and c) thought processes.
2. Demonstrate effective therapeutic use of self when communicating with a person diagnosed with bipolar disorder.
3. Understand mood as a sustained, pervasive emotion that influences one's perceptions of the world and how it functions
4. Teach a classmate at least four expected side effects of lithium therapy.
5. Compare and contrast basic clinical conditions that may respond better to anticonvulsant drug therapy with those that may respond to lithium.
6. Distinguish between signs of early and severe lithium toxicity.
7. Describe the theorized kindling effect associated with the use of anticonvulsant medications in the treatment of bipolar illness.
8. Describe clinical course of depression as progressive and recurrent.
9. Outline the diagnostic criteria for major depressive disorder.
10. List three emotional and cognitive manifestations often observed in individuals living with depression.
11. Describe the four primary vegetative signs of depression.
12. Explain the difference between dysthymic disorder and major depressive disorder.
13. Describe what it means for a medication to have a black box warning.
14. Explain the process including signs and symptoms of discontinuation syndrome.
15. Outline the various classifications of drug therapy for major depressive disorder.
16. Understand the need for a low tyramine diet when MAOI's are used to treat depression.
17. Explain the causes of and the signs and symptoms of serotonin syndrome.

Reading Assignment:

Textbook: Boyd: Chapter 24 Depression: Management of Depressive Moods
              Boyd: Chapter 25: Bipolar Disorders: Management of Mood Lability

Learning Outcomes

Schizoaffective, Delusional and Other Psychotic Disorders

Key Terms

Delusional	Hypomania	Schizoaffective
Depression	Mania	Schizoaffective Disorder
Grandiose Delusions	Mixed States	Somatic Delusions
Hallucinations	Persecutory Delusions	SAD

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Define schizoaffective disorder and distinguish the major differences among schizophrenia, schizoaffective, and mood disorders.
2. Discuss the important epidemiological findings related to schizoaffective disorder.
3. Explain the primary elements involved in assessment, nursing diagnoses, nursing interventions, and evaluation of patients with schizoaffective disorder.
4. Critically analyze nursing care priorities and responses with individuals living with schizoaffective disorder.
5. Describe your experience of simulated symptoms associated with psychosis including auditory and visual hallucinations.

Reading Assignment

Textbook: Boyd: Chapter 23: Schizoaffective, Delusional, and Other Psychotic Disorders

Handouts/Articles NAMI: Schizoaffective Disorder Fact Sheet

Brannon, G., Bienefield, D., & Talavara, F. (2014). Schizoaffective disorder: Practice essentials. Retrieved from:
http://emedicine.medscape.com/article/294763overview?src=emailthis#showall

Pagel, T., Baldessarini, R.., Franklin, J., & Baethge, F. , (2013). Characteristics of patients diagnosed with schizoaffective disorder compared with schizophrenia and bipolar disorder. *Bipolar Disorders,* 15, 229-239. Hake, D., Hamara, E., &

Ribar, A. (2004). First person account: Schizoaffective disorder and suicide. *Schizophrenia Bulletin*, 30 (3), 667.

Learning Outcomes

Anxiety Disorders

Agoraphobia	Generalized Anxiety Disorder	Specific Phobia
Anxiety	Panic Disorder	State Anxiety
Comorbid	Selective Mutism	Systematic Desensitization
Fear	Separation Anxiety Disorder	Trait Anxiety
Functional Imaging	Social Anxiety Disorder	

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Discuss epidemiology of anxiety disorders.
2. Describe categories of anxiety and anxiety disorders.
3. Identify the neuroanatomy identified as impacting anxiety.
4. Examine the physiological, behavioral, cognitive, and affects responses to anxiety.
5. Discuss current scientific theories related to the etiology of anxiety disorders, including relevant psychodynamic and neurobiological influences.
6. Distinguish among the diagnostic criteria for anxiety disorders as outlined in DSM IV-TR and DSM V.
7. Explain the evidence-based treatment options available for anxiety disorders.
8. Discuss functional imaging findings in individuals living with anxiety.
9. Discuss the symptoms often observed in an individual living with agoraphobia.

Reading Assignment

Textbook: Boyd: Chapter 26: Anxiety Disorders: Management of Anxiety and Panic

Assignment

Stress Assessment

Learning Outcomes

Individuals at Risk for Suicide and Self Destructive Behaviors

Key Terms

Ambivalence	Lethality Assessment	Suicide Intent
Chronic Self Destructive Behavior	Psychological Autopsy	Suicide
Cluster Suicide	Self-Destructive Behaviors Direct and Indirect	Suicide Attempt
Completed Suicide	Self-Injury	Suicide Precautions
Gesture	Suicidal Ideation	Suicide Threat

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Identify the social, demographic and clinical variables that influence suicidal or self-destructive behavior.
2. Compare and contrast the similarities and differences in suicide rates among various demographic groups.
3. Discuss the differences between suicidal behavior and self-destructive behaviors.
4. Understand suicide as a public health concern.
5. Identify the goals of suicide prevention include the reduction of factors that increase risk and to enhance factors that promote resilience or coping.
6. Identify populations at higher risk for potential suicide including males 15-24 and >65 years of age.
7. Complete a suicide risk and lethality assessment.
8. Distinguish between the crucial components of basic suicide precautions and strict suicide precautions.
9. Develop nursing intervention strategies to prevent suicide in a healthcare setting
10. Develop nursing intervention strategies that may be helpful to survivors of suicide.

Reading Assignment

Textbook: Boyd: Chapter 21: Suicide Prevention: Screening, Assessment and Intervention.

Articles: Puntil, C., York, J., Limandri, B., Greene, P., & Arauz, E. (2013). Competency-based training for nurse generalists: Inpatient intervention and prevention of suicide. *Journal of the American Psychiatric Nurses Association,* 19(4), 205-210.

Takahashi, C., Chida, F., Nakamura, H., Akasaka, H., Yagi, J., Koeda, A., Takusari, E., Otsuka, K., & Sakai, A. (2011). The impact of inpatient suicide on psychiatric nurses and their need for support. Biomedical Central: Psychiatry, 11 (38), 2-8.

Handouts: APNA Psychiatric-Mental Health Nurse Essential Competencies for Assessment and Management of Individuals at Risk for Suicide

Identifying Suicide Risk in the Inpatient Setting

Assessing and Managing Suicide Risk: Core Competencies (24) for Mental Health Professionals

SAMHSA from National Strategy for Suicide Prevention, (2001): Risk and Protective Factors for Suicide. *Suicide Prevention Resource Center.*

The Role of Survivors in Preventing Suicide

Suicide Risk Assessment and Management: Emergency Department: NSW Health Australia (2004).

Suicide: Facts and Figures (2011). *American Foundation of Suicide Prevention.*

The Joint Commission: A follow up report on preventing suicide: Focus on medical/surgical units and the emergency department (*2010). TJC Sentinel Alert.*

Learning Outcomes

Personality Disorders

Key Terms

Anhedonia	Limiting setting	Obsessive Compulsive Personality Disorder
Antagonistic	Dialectical Behavioral Therapy	Paranoid Personality Disorder
Antisocial Personality Disorder	Disinhibition	Pathological Personality Traits
Attention Seeking	Grandiosity	Personality
Avoidant Personality Disorder	Histrionic	Personality Disorders
Borderline Personality Disorder	Magical thinking	Personality Traits
Cluster A, B, C	Manipulation	Projection
Dependent	Narcissistic Personality Disorder	Schizotypical Personality Disorder
Detachment	Negative Affectivity	Splitting

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Define the essential features of a personality disorder.
2. Describe the historical and epidemiological perspective related to personality disorders.
3. Identify the major personality disorders, including common components.
4. Distinguish among the characteristic behaviors for Clusters A, B and C based on DSM 5.
5. Discuss the behaviors associated with individuals living with a personality disorder.
6. Explain current psychosocial and biological theories related to the etiology of personality disorders.
7. Apply the nursing process from an interpersonal perspective to the care of patients with personality disorders.

Reading Assignment

Textbook: Boyd: Chapter 27: Borderline Personality Disorder: Management of Emotional Dysregulation and Self-Harm
Boyd: Chapter 28: Antisocial Personality and Other Personality and Impulse-Control Disorders: Management of Personality Responses.

Learning Outcomes

Posttraumatic Stress Disorder

Key Terms

arousal	depersonalization	intrusive thoughts
avoidance	EMDR	PTSD
cognitive restructuring	Exposure	reactivity
dissociation	flashbacks	Re-experiencing
De=realization	hypervigilance	Trauma

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Understand the stigma associated with Post Traumatic Stress Disorder (PTSD).
2. List the symptoms associated with PTSD.
3. Describe the DSM 5 criteria used in diagnosing PTSD.
4. Describe the evidence based treatment used to treat PTSD and promote resilience.
5. Develop four interventions that can use to assist the client suffering from PTSD and encourage reintegration.
6. Describe the symptoms often observed in children with PTSD.
7. Know the medications used to treat symptoms of PTSD.

Reading Assignment

Articles: Drury, B. (2011). The dogs of war. *Men's Health,* October, 168-175.

McGuire, T., Lee, C., & Drummond, P. (2014). Potential of eye movement desensitization and reprocessing therapy in the treatment of post-traumatic stress disorder. *Psychology Research and Behavior Management*, 7, 273-283.

National Center for PTSD. *What is PTSD? PTSD 101* (nd).

Complete: Please complete the following course: http://www.ptsd.va.gov/professional/continuing_ed/what-is-ptsd.asp

Activity: Guest speaker: The Lived Experience of PTSD as told by a Military Nurse.

Learning Outcomes

Dissociative Disorders

Key Terms

Alter	Factitious Disorder	Primary Gain
Amnesia	False Memory	Secondary Gain
Co-consciousness	Flashback	Somatic flashback
Conversion Disorder	Fragment	Somatization Disorder
Depersonalization Disorder	Fusion	Somatoform Disorders
Dissociative Amnesia	Integration	Switching
Dissociative Disorder	Malingering	System
Dissociative Fugue	Munchausen by Proxy Syndrome	Trauma
Dissociative Identity Disorder	Munchausen Syndrome	Trigger

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Compare and contrast the biopsychosocial characteristics of various dissociative, somatoform and factitious disorders.
2. Differentiate among somatoform disorders, factitious disorders and malingering.
3. Perform a thorough and comprehensive assessment of patients with dissociative disorders.
4. Incorporate an understanding of therapeutic interventions for clients experiencing selected dissociative disorders.
5. Analyze possible personal challenges to professional practice when caring for patients with dissociative, disorders.

Reading Assignment

Textbook: Boyd, p.386.

Listen to: Voice-over PPT on Dissociative Disorders

Articles: Spring, C. (2011). Guide to working with dissociative identity disorder. *The Healthcare Counselling and Psychotherapy Journal*, 44-46.

Sleep Hygiene and Sleep Disorders

Key Terms

circadian rhythm	non-rapid eye movement	sleep diary
hypnagogic hallucination	rapid eye movement	sleep efficiency
insomnia	sleep architecture	sleep hygiene
night terrors	sleep debt	sleep paralysis

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Describe the major features of sleep.
2. Identify common sleep-wake disorders that co-occur with other mental disorders.
3. Discuss the impact of changes in sleep associated with psychiatric disorders.
4. Perform a sleep history during a patient's assessment.
5. Formulate a plan of care for patients with sleep-wake disorders.
6. Develop a sleep hygiene program for individuals living with insomnia.
7. Describe the changes in sleep architecture and patterns often present in older adults including an increase in the time it takes to fall asleep (sleep latency), an overall decline in REM sleep, and an increase in sleep fragmentation (waking up during the night) with age.

Reading Assignment

Articles: Boyd, Chapter 32: Sleep-Wake Disorders

Colten, H., & Altevogt, B. (Eds.) (2006). *Committee and Sleep Medicine Research. Sleep disorders and sleep deprivation: An unmet public health problem.* The National Academies Press: Washington DC.

Kallestad, H., Hansen, B., Langsrud, K., Rudd, T., Morken, G., Stiles, T. & Grawe, R. (2012). Impact of sleep disturbance on patients in treatment for mental disorders. *Biomed Central Psychiatry*, 12, 179-186.

What is Sleep Hygiene? (nd). *Center for Clinical Interventions*. Retrieved from:
http://www.cci.health.wa.gov.au/docs/Info-sleep%20hygiene.pdf

Sleep Disorders. *National Sleep Foundation.* Retrieved from: http://sleepfoundation.org/sleep-disorders-problems

Improving Sleep: Medical Conditions and Sleep Problems. (2010). *Harvard Health Publications*.

Learning Outcomes

Care of Children and Adolescents

Key Terms

Adjustment Disorder	Cognitive development	Object Permanence
Attention Deficit Hyperactivity Disorder (ADHD)	Compulsions	Obsessions
Autism	Conduct Disorder	Oppositional Defiant Disorder
Binge drinking	Disruptive Behavior Disorders	Play Therapy
Black Box	Echolalia	Symbolic Play

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Recall the major theories related to growth and development in children and adolescents.
2. Identify normative versus non-normative behavioral patterns in relation to developmental milestones.
3. Describe the major mental health disorders found in children.
4. Describe the major areas to address when assessing an adolescent.
5. Identify the DSM IV-TR and DSM V diagnostic criteria for the major disorders of childhood and adolescents.
6. Identify the primary treatment options available for mental disorders found in children and adolescents.
7. Apply the nursing process from an interpersonal perspective that addresses the developmental needs of children and adolescents experiencing mental health disorders.
8. Understand the medications often used to treatment mental health disorders in children and adolescents.

Reading Assignment

Textbooks: Boyd: Chapter15: Mental Health Promotion for Children and Adolescents
                      Boyd: Chapter 34: Mental Health Assessment of Children and Adolescents
                      Boyd: Chapter 34: Psychiatric Disorders of Childhood and Adolescents

Learning Outcomes

Eating Disorders

Key Term

Adaptive Eating	Binge Eating Disorders	Night Eating Disorder
Amenorrhea	Bulimia	Orthorexia
	Bulimia Nervosa	
Anorexia Nervosa	Hypothalamus	Purge
Binge	Metabolic rate	Restrictive

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Identify and define adaptive eating responses.
2. Describe risk and predisposing factors associated with developing an eating disorder
3. Compare and contrast biological and psychological changes associated with eating disorders.
4. Examine and evaluate personal prejudice and beliefs regarding weight and body size.
5. Recognize and evaluate the DSM IV-R and DSM V criteria for anorexia and bulimia nervosa.
6. Describe the signs, symptoms and medical complications associated with anorexia and bulimia nervosa.
7. Evaluate the validity of utilizing orthorexia as an identifiable and legitimate form of anorexia.
8. Describe how to conduct an assessment of an individual with anorexia and bulimia nervosa.
9. Select at least three nursing problems commonly utilized with individuals diagnosed with anorexia and/or bulimia.
10. Formulate two treatment outcomes and potential treatment interventions associated with anorexia and bulimia.
11. Distinguish between disordered eating and an eating disorder.
12. Describe and evaluate at least three treatment strategies.

Reading Assignment

Textbook: Boyd: Chapter 30: Eating Disorders

Watch: *THIN* *https://www.youtube.com/watch?v=W7fLaOFEmL4*

Learning Outcomes

Care of Older Adults

Key Terms

Activities of Daily Living	Geropsychiatry	Quality of Life
Delirium	Insomnia	Reality Orientation
Depression	Loneliness	Reminiscence Therapy
Dementia	Polypharmacy	Senile Dementia

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Describe the current demographics of the elderly population.
2. Understand the normative aging process.
3. Identify the impact of physical, emotional and sociocultural issues influencing the mental health of the older adult patient.
4. Discuss the most common mental health disorders associated with the elderly.
5. Apply the nursing process from an interpsersonal perspective for the care of an elderly person with a mental health disorder.
6.

Reading Assignment

Textbook: Boyd, Chapter 17: Mental Health Promotion for Older Adults
Boyd, Chapter 36: Mental Health Assessments of Old Adults

Learning Outcomes

Neurocognitive Disorders

Key Terms

acetylcholine	dementia	memory
acetylcholinesterase inhibitors	depression	mild cognitive impairment
agnosia	disinhibition	mixed variant delirium
Alzheimer's Disease	disturbance of executive functioning	neurocognitive disorders
aphasia	hyper/hypokinetic delirium	neurofibrillary tangles
apraxia	hypersexuality	oxidative stress
cognition	hypervocalization	Subcortical dementia
cognitive decline	illusions	Vascular disease
cognitive reserve	impaired consciousness	
delirium	Lewy body disease	

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Distinguishing the clinical characteristics, onset, and course of delirium, dementia and depression.
2. Understand that specific symptoms of neurocognitive disorder include evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains — such as complex attention, executive function, learning, memory, language, perceptual-motor or social cognition.
3. Integrate biological, psychological and social theories related to delirium, dementia and depression.
4. Explain the important epidemiologic findings regarding delirium and dementia.
5. Discuss the primary etiologic factors of delirium and dementia.
6. Analyze human responses to delirium and dementia with emphasis on the concepts of impaired cognition and memory.
7. Apply the nursing process to the care of an individual with cognitive disorders.
8. Explain the primary elements involved in assessment, nursing diagnoses, nursing interventions, and evaluation of patient with delirium and dementia.

Reading Assignment

Textbook: Boyd, Chapter 37: Neurocognitive Disorders

Handouts: Comparison of Delirium, Depression and Dementia
Legal and Financial Planning for People with Alzheimer's Disease Fact Sheet
Alzheimer's Disease Fact Sheet
Forgetfulness: Knowing When to Ask for Help

Articles: Arnold, E. (2005). Sorting out the 3 D's: Delirium, dementia and depression. *Holistic Nursing Practice,* May/June, 99-105.

Awissi, D., Lebrun, G., Coursin, D., Riker, R., & Strobik, Y. (2013). Alcohol withdrawal and delirium tremens in the critically ill: A systematic review and commentary. *Intensive Care Medicine*, 39, 16-30.

Daily, L., & Fahey-McCarthy, E. (2014). Attending to the spiritual in dementia nursing care. *British Journal of Nursing,* 23 (14), 787-791.

Faught, D. (2014). Delirium: The nurse's role in prevention, diagnosis and treatment. *Medsurg Nursing*, 23 (5), 301-305.

Learning Outcomes

Substance Use and Addictive Disorders

Key Terms

Abuse	Delirium Tremens	Recovery
Addiction	Dependency	Relapse Prevention
Alcohol Withdrawal Syndrome	Intoxication	Substance Abuse
Chemical Dependency	Detoxification	Substance Dependence
CIWA-AR	Dual Diagnosis	Tolerance
Craving	OWIA	Withdrawal

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Define addiction and chemical dependence.
2. Describe current theories of addiction and other issues related to substance abuse.
3. Distinguish among the characteristic behaviors for disorders involving addiction based on criteria from the DSM-IV-TR and DSM V.
4. Compare and contrast signs and symptoms associated with intoxication and withdrawal.
5. Explore the concepts of recovery and relapse prevention in the context of addiction.
6. Explain the various treatment options available for addiction disorders, including evidence-based strategies.
7. Apply the nursing process from an interpersonal perspective to the care of patients with addiction disorders.

Reading Assignment

Textbook: Boyd, Chapter31: Addiction and Substance-Related Disorders

Handouts: Bath Salts Handout
Blood Alcohol Level Chart
Controlled Substance Schedule: List of Controlled Substances
KAP Keys Detoxification and Substance Abuse Treatment
Substance Abuse and Addictive Disorders Handouts from: National Institute on Drug Abuse
Handouts (NIDA)

Articles: Becker, H. (1998). Kindling in alcohol withdrawal. *Alcohol and Health and Research World*, 22 (1): 25-33.

Jones, H. (2004). Practical considerations for the clinical use of buprenorphine. *Science and Practical Perspectives.* 4-23.

Loeffler, G., Hurst, D., Penn, A., & Yung, K. (2012). Spice, bath salts and the U.S. military: The emergence of synthetic cannabinoid receptor agonists and cathinones in the U.S. armed forces. *Military Medicine,* 177 (9): 1041-1048.

Learning Outcomes

SBIRT (Screening, Brief Intervention, Referral to Treatment)

Key Terms

Advise	At Risk	CRAFFT
Antabuse	AUDIT	Dependence
Assist	Campral	Motivational Interviewing

Student Learning Outcomes

Upon completion of the assigned readings, lecture and discussion, the student will be able to:

1. Define "screening, brief intervention, and referral to treatment (SBIRT)"
2. Propose screening strategies for problematic substance use using evidence-based tools
3. Propose appropriate strategies to engage patients to discuss their substance use
4. Identify strategies for brief interventions or referrals to treatment

Reading Assignment

Complete: Substance Use in Adults and Adolescents: SBIRT @ http://www.medscape.org/viewarticle/830331

Articles: Adolescent Annual Questionnaire: CRAFFT Adolescent Screening Tool.

Finnell, D. (2012). A clarion call for nurse led SBIRT across the continuum of care. *Alcohol Clinical and Experimental Research,* 36 (7), 1134-1138.

NIAAA: A Pocket Guide for Alcohol Screening and Brief Intervention

Strobe, S. (2014). Prevention and screening, brief intervention, and referral to treatment for substance use in primary care. *Primary Care Clinical Office Practice,* 41, 185-213.

"Only in the darkness can you see the stars."
–Martin Luther King Jr.

Student Acknowledgement

Initial all and sign below:

_____ I have received a copy of and have read and understand the SON ATI Assessment and Review Policy

_____ I understand that it is my responsibility to utilize all of the books, tutorials and online resources available from ATI, as designated by the SON.

_____   _____
Student printed name   Date

_____
Student signature

Rubric for Mental Status Examination

Task Description:
The student will conduct a mental status exam (MSE) on a selected patient addressing each component, culminating in a MSE summary and problem identification.

Student Name: _____ **Date:** _____ **Score:** _____

	PLO, CLO	Student Learning Outcome	Initial 0-5	Emerging 6-7	Developed 8-9	Highly Developed 10
1	I A 1 I B 2 I C 3 III A 1 III B 2 III A 1 III B 2 III C 3 III D 4 III E 5 IV B 2 V A 1 V B 2 B C 3	**Identify, and document patient demographic information in the context of their age, cultural, developmental level, pertinent history and presenting issues.**	Identifies and documents <13 patient demographic data points.	Identifies and documents >13 and <15 patient demographic data points.	Identifies and documents >15 and <17 patient demographic data points.	Identifies and documents all 17 patient demographic data points.
2	I B 2 I C 3 I D 4 II A 1 II C 3 III A 1 III B 2 III C 3 IV A 1 IV B 2 V A 1 V B 2	**Assess and document findings for each component of the five content areas of the MSE utilizing clear, measurable, descriptive terms language.**	Assesses and documents findings for <75% of each component of the five content areas of the MSE utilizing clear, measurable, descriptive terms language.	Assesses and documents findings for 75% each component of the five content areas of the MSE utilizing clear, measurable, descriptive terms language.	Assess and document findings for 85% of the components of the five content areas of the MSE utilizing clear, measurable, descriptive terms language.	Assesses and documents findings for each component of the five content areas of the MSE utilizing clear, measurable, descriptive terms and language.
3	I B 2, I C 3, I D 4, II C 3, III C 3 III D 4, III E 5, IV B 2, V A 1,	**Appraise the developmental level of the person and age appropriateness of the noted behaviors when conducting assessment.**	Failed to appraise the developmental level of the person and age appropriateness of the noted behaviors.	Appraise the developmental level of the person and age appropriateness of the noted behaviors as evidenced by considering 75% of the identified content areas.	Appraise the developmental level of the person and age appropriateness of the noted behaviors as evidenced by considering 85% of the identified content areas.	Appraise the developmental level of the person and age appropriateness of the noted behaviors as evidenced by attention to developmental tasks in relationship to appearance, mood and affect, psychomotor behavior, form and content of thinking, speech and language, cognitive functioning, intellect, memory, attention, orientation, judgment and insight .
4	I B 2 I C 3 I D 4 IV A 1	**Synthesize the data collected by summarizing findings in a concise MSE summary.**	Synthesize the data collected by summarizing findings in a concise MSE summary addressing < 3 of the 5 content areas.	Synthesize the data collected by summarizing findings in a concise MSE summary addressing 3 of the 5 content areas.	Synthesize the data collected by summarizing findings in a concise MSE summary addressing 4 of the 5 content areas.	Synthesize the data collected by summarizing findings in a concise MSE summary addressing each of the 5 content areas.

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5	I B 2, I C 3, I D 4, II C 3, III C 3 III D 4, IV A 1, IV B 2, V A 1	**Develop at least five patient centered problems based on the data collected during the MSE assessment using the nursing process.**	Develop <3 patient centered problems based on the data collected during the MSE assessment using the nursing process	Develop at least 3 patient centered problems based on the data collected during the MSE assessment using the nursing process	Develop at least 4 patient centered problems based on the data collected during the MSE assessment using the nursing process and descriptive language.	Develop at least 5 patient centered problems based on the data collected during the MSE assessment using the nursing process and descriptive language.

NSG 450 Process Recording Rubric

Student Name:	Date	Score

	Task Description	The student will engage in, document, deconstruct, appraise, analyze and evaluate a 10-20 minute therapeutic interaction with a patient during clinical hours, using the Process Recording Template.
	Outcome Criteria	**BRN Essential IX: Baccalaureate Generalist Nursing Practice** 4. Communicate effectively with all members of the healthcare team including the patient and the patient's support network. 21. Engage in caring and healing techniques that promote a therapeutic nurse/patient relationship.

#	Course Learning Outcome	Student Learning Outcomes	Initial 1-3 point	Emerging 4-5 points	Developed 6-7 points	Highly Developed 7.5 points
1	I C 1, IV A 1, IV B 2	*Document patient demographic information including the context of the therapeutic encounter*	Identified *less than three* of the required five patient demographic data points.	Identified *three* out of the required five patient demographic data points.	Identified *four* out of the five required patient demographic data points.	Clearly identified and documented all required patient demographic data points: □ Diagnoses □ Patient initials □ MD □ Age □ Unit □ Context of encounter
2	I B 2, I C 3, I D 4, II C 3, III C 3 III D 4, IV A 1, IV B 2, V A 1	*Establish at least three patient goals/outcomes using the SMART format prior to initiation of the therapeutic interaction.*	Failed to establish measurable, patient centered goals and outcomes.	Established *one* measurable patient centered goals and outcomes.	Established *two* measurable, patient centered goals and outcomes.	Clearly established at least **three** measurable patient-centered goals and outcomes.
3	I B 2, I E 5, II B 2, II C 3, IV A 1 III D 4,	*Describe personal attitudes and thoughts prior to the therapeutic interaction.*	Neglected to identify or describe personal attitudes and thoughts prior to the therapeutic interaction.	Attempted to describe *one* personal attitude, thought, or feeling prior to the therapeutic interaction.	Identified at least *two* personal thoughts and feelings prior to the therapeutic interaction.	Clearly took inventory of *three* current: □ personal attitudes, □ personal thoughts □ personal feelings as evidenced by descriptive, introspective, self-reflective comments prior to the therapeutic interaction.
4	I B 2, I C 3, I D 4, II C 3, III C 3 III D 4, III E 5, IV B 2, V A 1,	*Identify current developmental considerations using a developmental theorist and describe how the developmental issues and milestones might impact the individuals*	Failed to address developmental considerations.	Identified at least **one** developmental considerations.	Identified at least **two** developmental considerations.	Met all *three* areas of interest including: □ Identified a developmental theorist. □ Described the current stage the individual is in. □ Identified how these findings impact his treatment and recovery process.

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		life, illness and recovery				
5	I B 2, I C 3, I D 4, II C 3, III C 3 III D 4, III E 5, IV B 2, V A 1,	*Identify cultural considerations and describe how the patient's cultural needs inform the patient's needs, plan of care and recovery.*	Failed to address cultural considerations.	Identified at least **one** cultural consideration.	Identified at least **two** cultural considerations.	Met all **three** cultural considerations including: ☐ Identified cultural norms for patient. ☐ Identified specific cultural needs of patient. ☐ Described how the patient's cultural needs inform their plan of care and recovery.
6	I B 2 I B 3 I D 4 II A 1 II C 3 III B 2 III E 5 IV A 1 IV B 2 VI B 2	*Establish contact and initiate a therapeutic encounter with the patient.*	Failed to introduce self to patient or make purpose of interaction explicit.	Established contact and initiated a therapeutic encounter utilizing ***one*** of the introductory comments.	Established contact and initiated a therapeutic encounter utilizing ***two*** introductory comments.	Established contact and initiated a therapeutic encounter by: ☐ Introducing self to patient. ☐ Identifying the purpose for interaction. ☐ Seeking the patient's permission to engage in a therapeutic dialogue.
7	I B 2 I C 3 II A 1 II C 3 III A 1, III B 2 IV A 1 IV B 2 IV C 3 V A 1 V B 2	*Utilize and correctly identify the use of at least 4 therapeutic communication skills.*	Failed to identify or document use of therapeutic communication skills.	Utilized and correctly identified one or two therapeutic communication skills.	Utilized and correctly identified three therapeutic communication skills.	Clearly utilized and correctly identified at least four therapeutic communication skills.
8	I A 1 I B 2 I C 3 I D 4 I E 5 II A 1 II C 3 III D 4 IV A 1 IV C 3 V A 1 V B 2	*Engage in reflective practice and identify personal thoughts, feelings, and concerns throughout the therapeutic process to ensure maintenance of boundaries.*	Attempted to engage in reflective practice as evidenced by ***less than three*** identified reflective processes.	Attempted to engage in reflective practice as evidenced by meeting ***three*** of the five identified reflective processes.	Engaged in reflective practice as evidenced by meeting ***four i***dentified reflective processes.	Engaged in reflective practice as evidenced by: ☐ Openly and honestly reflecting on internal dialogue during therapeutic interaction. ☐ Critically evaluating internal dialogue during therapeutic interaction. ☐ Noting successful interventions as well as those in need of improvement. ☐ Making adjustments to interventions based on insights. ☐ a willingness to take risks and learn from interactions.

| 9 | I B 1
I B 2
I C 3
I D 4
II A 1
II C 3
III A 1
III B 2
III C 3
III D 4
III E 5
IV A 1
IV B 2
V A 1
V B 2
V C 3 | *Document at least 10 minutes of a student/patient interaction including verbal and non-verbal aspects of dialogue.* | Failed to document any dialogue requirements. | Attempted to document *one* dialogue requirements and/or components. | Documented *two* dialogue requirements / components. | □ Documented verbatim at least ten minutes of a student patient interaction.
□ Documented moments of silence.
□ Documented non-verbal observations. |
| 10 | I A 1
I B 2
I C 3
I D 4
II A 1
II C 3
IV A 1
IV B 2
V B 2 | *Evaluate and appraise effectiveness of therapeutic interaction.* | Failed to evaluate or appraise the effectiveness of the therapeutic interaction. | Evaluated and appraised the effectiveness of the therapeutic encounter by meeting *one* of the three identified outcomes. | Evaluated and appraised the effectiveness of the therapeutic encounter by meeting *two* of the three identified outcomes. | Evaluated and appraised the effectiveness of the therapeutic encounter by:
□ Critically evaluating and appraising the identified goals and outcomes.
□ Identifying and incorporating themes throughout the therapeutic encounter.
□ Identifying and exploring potential solutions or alternative interventions. |

Rare Event Film Project

Rubric

Purpose and Task:

Students will develop, simulate, film and evaluate a rare event clinical scenario. The film will be shown to peers during Grand Rounds and later will be used as a training tool for nurses at Sharp Mesa Vista Hospital. This activity is designed to help students develop cognitive, affective, and behavioral skills to intervene effectively in high risk, psychiatric mental health emergencies. This project promotes self-directed learning that requires clinical judgment, critical reasoning, and evidence based practice, teamwork, communication and leadership skills.

Topic:

Team:

	PLO CLO	Learning Outcome	Initial 2	Emerging 3	Developed 3	Highly Developed 5
1	I B 2 I C 3 II C 3 IV A 1 IV C 3	*Conduct a literature review on the current best practices on an assigned high risk clinical scenario in the mental health setting.*	Completed < 4 of the 6 identified criteria.	**Complete** at least *4 of the 6* identified criteria.	**Complete** at least *5 of the 6* identified criteria.	□ **Prepare** a written Summary, synthesis of current literature. □ **Utilize** at least five sources. □ **Utilize** current literature. (within the last 5 years). □ **Utilize** literature from peer reviewed journals or professional organizational websites. □ **Submit** findings on time. □ **Prepare** a list of take home points for the brochure.
2	I B 2 I C 3 II A 1 II B 2 II C 3 III C 3 III E 5 IV A 1 IV C 3	*Integrate associated policies, procedures, guidelines of care, state/federal standards and accreditation standards into the rare event project.*	Complete < 3 of the identified criteria.	**Complete** at least *3 of the 5* identified criteria.	**Complete** at least *4 of the 5* identified criteria.	□ **Review** policies and procedure found on Sharp Net as they relate to the identified topic. □ **Prepare** a summary of policies and procedures for the team to utilize in planning the rare event project. □ **Utilize** the information found in the production of the rare event project.

						□ **Prepare** a list of P&P utilized and list on brochure. □ **Submit** on time.
3	I A 1 I B 2 I C 3 II B 2 III A 1 III C 3 IV A 1 IV C 3	*Analyze/depict the role of the psychiatric mental health nurse and the interdisciplinary team during a rare event incident*.	Completed <1 of the identified criteria.	**Complete** at least *1 of the 3* identified criteria.	**Complete** at least *2 of the 3* identified criteria.	□ **Interview** 3-4 staff members knowledgeable about the assigned topic to determine current practices, P & P's, protocols, documentation, IPOC's etc. □ **Prepare** a brief summary for team to utilize in planning the rare event project. □ **Submit** a summary of interviews on time.
4	III C 3 V B 2	*Prepare Learning Outcomes for participants*	Completed < 3 of the identified criteria.	**Complete** at least *3 of the 4* identified criteria.	**Complete** at least *3 of the 4* identified criteria.	□ **Develop** 5-7 learning outcomes for participants outlining what you hope they will learn as a result of your film. □ **Utilize** Bloom's taxonomy (action verbs) at the start of each outcome. □ **Ensure** that outcomes are specific, measurable, reasonable and timely. □ **Submit** learning outcomes on time.
5	I B 2 II A 1 II C 3 III C 3 IV A 1 IV C 3 V B 2	*Develop an evaluation and post-test and debrief questions for participants to ensure learning outcomes have been met.*	Completed < 2 of the identified criteria.	**Complete** at least 2 *of the 4* identified criteria.	**Complete** at least 3 *of the 4* identified criteria.	□ **Develop** evaluation that reflects identified outcome criteria. □ Develop post-test that reflects identified outcome criteria. □ Develop debrief questions to assist in the facilitation of post-viewing discussion

			Learning Outcome	Highly Developed 15	Developed 13-14	Emerging 11-12	Initial 9-10
							□ Submit all documents on time.
6	I A 1 I B 2 I C 3 I D 4 II A 1 II B 2 II C 3 III A 1 III B 2 III C 3 III D 4 III E 5 IV A 1 IV B 2 IV C 3 V A 1 V B 2 V C 3		*Create a clinical scenario, patient history and hand-off depicting the assigned rare event that demonstrates understanding of the bio-psych-social-spiritual needs of the patient using the review of the literature, staff interviews and best practices as the framework.*	Completed < 7 of the identified criteria.	**Complete** at least **7 of the 10** identified criteria.	**Complete** at least 8 *of the 10* identified criteria.	**Prepare** a patient scenario. Scenarios should include patient bio-psycho-social-spiritual history including: □ current diagnosis □ presenting symptoms (in line with identified dx and chosen scenario) □ precipitating events leading up to the event/crisis □ current stressors □ concurrent medical conditions. □ current medications □ family/support system □ **Integrate** all aspects required into a coherent, believable story. □ **Submit** on time for review.
7	I A 1 I B 2 I C 3 I D 4 II A 1 II C 3 III A 1 III B 2 III C 3 III D 4 III E 5 IV A 1 IV B 2 IV C 3 V A 1 V B 2 V C 3		*Develop and edit a script depicting the rare event topic that reflects the use of all preparatory materials.*	Completed < 7 of the identified criteria.	Completed at least 7 of the 9 identified criteria.	**Complete** at least 8 *of the 9* identified criteria.	**Prepare** a script that tells the story of a patient experiencing a rare event that includes: □ patient history □ setting, character names, non-verbal cues □ dialogue (patient hand-off, event, debrief) □ equipment and props □ location □ camera angles

						Submit script on time for review and editing. **Receive** final approval for filming.
8	I A 1 I B 2 I C 3 I D 4 II A 1 II B 2 II C 3 III D 4 IV A 1 IV C 3 V B 2 V C 3	*Create an informational brochure detailing information pertinent to the assigned rare event.*	Completed < 7 of the identified criteria.	**Complete** at least *7 of the 9* identified criteria.	**Complete** at least *8 of the 9* identified criteria.	**Create** a brochure detailing the following areas: □ Scenario/history □ Definition of the issue □ Take home points □ References □ Referrals □ Current Best Practices □ Facts, figures, photos □ Policies and Procedures **Submit** brochure to team lead for review.
9	I A 1 I B 2 II C 3 III A 1 III D 4 IV A 1 IV C 3 V A 1 V B 2 V C 3	*Demonstrate cohesive teamwork, conflict resolution and vision in creating and producing the rare event project.*	Completed < 4 of the identified criteria.	**Complete** at least *4 of the 6* identified criteria.	**Complete** at least *5 of the 6* identified criteria.	□ **Produce** a schedule for filming day with locations and special requests prior to filming. □ **Solicit** input from all team members. □ **Resolve** conflict in a civil, professional manner. □ **Work** towards a common goal in a cohesive manner. □ **Support** teammates. □ **Submit** projects on time.
10	I A 1 I B 2 I C 3 I D 4 II A 1 II B 2 II C 3 III A 1 III B 2 III C 3 III D 4	*Complete Rare Event Film Project using respectful, evidence based, patient-centered, recovery focused concepts.*	Completed < 4 of the identified criteria.	**Complete** at least *4 of the 6* identified criteria.	**Complete** at least *5 of the 6* identified criteria.	□ **Film** the rare event. □ **Edit** the rare event. □ **Present** the rare event film to the class. □ **Demonstrate** understanding of

	III E 5 IV A 1 IV B 2 IV C 3 V A 1 V B 2 V C 3		62		the topic as manifested by presenting a logical scenario that incorporates evidence-based and recovery focused concepts. □ **Provide** a respectful and complete presentation of the assigned topic. □ **Submit** the rare event film project via jump drive.
Total					
Final Score					