FLORIDA ATLANTIC

COURSE CHANGE REQUEST

Graduate Programs

Department Nursing

College	Nursing
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18.0	UGPC Approval
	UFS Approval
	SCNS Submittal
	Confirmed
	Banner
	Catalog

UNIVERSITY	College Nursing			Catalog	
TO COOL		ourse Title ic Mental Health Nursing Across the Lifespan Practicu			
	tached for ANY changes to c d by the changes; attach doc		details See <u>Template</u> Please	consult and list departments	
Change title to:			Change description to:		
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From:	To:		Change prerequisites/	minimum grades to:	
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	Credit Hour. Learning statement must be in al attached to this form.	dicated in	Please list existing and new pre/corequisites, specify AND or OF and include minimum passing grade.		
Effective Term/ for Changes:	Year Terminate course? Effective Term/Year Fall 2025 for Termination:				
Faculty Contact/E	Email/Phone Katherine Ch	nadwell, kcha	dwel@fau.edu, 561-297-25	35	
Approved by	VAI	10	2/	Date_ / /	
Department Chair	June	Meelle	relf	3/12/2024	
College Curriculum	1 Chair Likush While	'syn'ry	· ·	3/14/2024	
College Dean	Hus			3/14/24	
UGPC Chair —					
UGC Chair					
Graduate College Dean					
UFS President					
Provost					

Email this form and syllabus to <u>UGPC@fau.edu</u> 10 days before the UGPC meeting.

FLORIDA ATLANTIC UNIVERSITY CHRISTINE E. LYNN COLLEGE OF NURSING COURSE SYLLABUS

SEMESTER: Spring 2025
COURSE NUMBER: NGR6509L
COURSE TITLE: Psychiatric Mental Health Nursing Across the Lifespan Practicum 1: Individual and Family Therapy in Advanced Nursing Practice
COURSE FORMAT: Fully online
CREDIT HOURS: 4
COURSE SCHEDULE: 240 practicum hours throughout the semester & 5 online clinical supervision meetings with clinical faculty
PREREQUISITES: NGR 6538, 6503
COREQUISITES: NGR 6509
FACULTY:
OFFICE HOURS:
COURSE DESCRIPTION:
In this course, mental health concepts are applied in the diagnosis of mental disorders. Individual and family psychotherapies, pharmacologic therapeutics and non-pharmacological care are used in the treatment of adults, children and families.

COURSE OBJECTIVES: Upon completion of NGR6509L, the student will be able to create caring nursing responses in: *

Becoming competent

- 1. Apply foundational knowledge from psychiatric-mental nursing and related disciplines to assess, diagnose, and manage common -mental disorders across the lifespan in the practice setting. (Essential I)
- 2. Utilize selected caring and developmental theories and concepts from biological, behavioral, health promotion, and nursing sciences in practice to enhance the health and well-being of individuals across the lifespan. (Essential I, VIII)
- 3. Co-create patient-centered and culturally tailored strategies in the delivery of clinical prevention and health promotion interventions to individuals experiencing mental illness. (Essential VIII)
- 4. Formulate a nursing plan of individual therapy and integrate strategies from different modalities for individuals experiencing mental illness. (Essential IV)
- 5. Compare and contrast different family therapy approaches and their effectiveness for treatment with families (Essential I)

Becoming compassionate

- 6. Identify appropriate nursing theories and complex patterns of knowing in the design of compassionate care in the delivery of care to individuals experiencing mental illness. (Essential IX)
- 7. Implement educational strategies to foster and enhance understanding mental illness and treatment. (Essential IX)

Demonstrating comportment

- 8. Demonstrate initial development of the psychiatric mental health advanced practice nurse role and work effectively with an interprofessional team. (Essential VII)
- 9. Apply ethical-legal principles in providing safe and accountable mental healthcare. (Essential II)

Becoming confident

- 10. Develop a beginning sense of self as a caring individual in relation to others within the advanced practice clinical setting. (Essential IX)
- 11. Demonstrate beginning clinical confidence in caring for individuals and families experiencing mental illness. (Essential 1)
- 12. Demonstrate knowledge of psychopathology and psychopharmacological management including complementary therapies. (Essential 1)
- 13. Perform health histories and examinations and psychiatric evaluations. (Essential 1)

Attending to conscience

- 14. Demonstrate awareness of how health policy impacts the care of individuals and families experiencing mental illness. (Essential VI)
- 15. Identify measures to improve mental health care through advocacy at national, state and local levels. (Essential VI)

Affirming commitment

 Recognize the significance of becoming professionally active in national organizations to improve health of individuals and families experiencing mental illness. (Essential III and VI)

TEACHING LEARNING STRATEGIES:

Supervised practice experiences with faculty/preceptors; role modeling, client caseloads, nursing situations, psychiatric evaluations, narrative notes, e-Value/eLog entries, discussion of practicum experiences and related issues, modeling, coaching, and confirmation. Clinical supervision conferences with discussion of practicum experiences, psychotherapy dynamics and interventions, and pharmacological and evidence-based non-pharmacological interventions.

GRADING AND EVALUATIONS:

Assignment/Criteria	Percentage	Due Date
Pre-Clinical Forms: Clinical Consent, PPE	0%	First week of clinical
Documentation		
Psychiatric Evaluation Simulation	Complete/Incomplete	1/24
Faculty Site	30%	ТВА
Preceptor Evaluation (Midterm/Final)	10%	Week 7 and 14
Student Self Evaluation (Midterm/Final)	5%	Week 7 and 14
Professionalism	5%	Weekly
Caring Reflective Journal (3)	10%	1/31, 3/7, 4/4
Psychiatric Evaluation (2)	20%	2/14, 3/21
Nursing Situation Presentation	10%	3/4
Clinical Supervision (5 sessions)	10%	1/28, 2/11, 2/25, 3/18, 4/1
Total	100%	

GRADING SCALE: Grade below C is not passing in the Graduate Program.

94 - 100 = A

90 - 93 = A

87 - 89 = B +

84 - 86 = B

80 - 83 = B

77 - 79 = C +

74 - 76 = C

70 - 73 = C

^{*}The 6 subjectives based on Roach's (2002) work organize the course objectives.

67 - 69 = D +

64 - 66 = D

61 - 63 = D

0 - 60 = F

REQUIRED TEXTS:

Same text as NGR 6509

RECOMMENDED TEXTS:

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5 (5th ed.). Washington, D. C.: American Psychiatric Publishing.

Carlat, D. (2016) The psychiatric Interview (4th ed.). Philadelphia, PA: Wolters Kluwer.

Rey, J. (Ed.) (2012). IACAPAP textbook of child and adolescent mental health. International Association for Child and Adolescent Psychiatry and Allied Professions. ISBN 9780646574400 http://iacapap.org/iacapap-textbook-of-child-andadolescent-mental-health **Free textbook

Stahl, S. M. (2017). Prescriber's guide: Stahl's essential psychopharmacology (6th ed.). New York, NY: Cambridge University Press.

Wheeler, K. (2014). Psychotherapy for the advanced practice psychiatric nurse: A how-to guide for evidence-based practice. New York, NY: Springer Publishing Company.

TOPICAL OUTLINE:

Scientific Foundation

- Apply in the mental health practice setting psychiatric mental health advanced practice utilizing foundational concepts of psychopathology, diagnostic reasoning, and evidence-based practice in assessment, health history, health examination, psychiatric evaluation, and treatment plan.
- NP-patient relationship grounded in caring and the use of individual and family psychotherapy: Psychodynamic, Interpersonal, Humanistic-Existential and Solution-Focused Individual Therapy, Motivational Interviewing, Cognitive Behavior Therapy, EMDR, Dialectical Behavior Therapy, Family Therapy: Systematic Family: Bowen, Structural Family Therapy: Minuchin, Strategic Family Therapy: Haley & Erickson, and Emotionally Focused, Family Therapy: Greenberg & Johnson.

Leadership

- Mental health advocacy for patients, families, caregivers, communities, and members of the healthcare team
- Transitional Care: collaborating in planning for transitions across the continuum of care · Communication: effective communication both orally and in written format, documentation of risk analysis.
- Change theory and conflict resolution: Incorporation in care of individuals and families across the life span

Quality

- Evidence based practice related to individual and family psychotherapy for adults, children, and families.
- Quality improvement methods in advanced nursing practice

Practice

- Evaluation and translation research into care for individual with mental disorders.
- Individual and family psychotherapeutic practice guidelines.
- Psychopharmacotheraputic guidelines in advanced practice.
- Non-pharmacological psychotherapeutic guidelines in care of adults, children and families with mental disorders.
- Nurse Practitioner patient relationship grounded in caring including authentic
 presence, relationship of mutual trust, and patient centered care; principles of
 learning, motivational interviewing, health literacy; cultural and ethnic considerations
 utilize principles of change to advance the recovery of children, adults, and families
 across the lifespan

Technology and Information Literacy

• Informatics: electronic health record, assessment tools used to gather, document, and analyze outcomes related to mental health.

Policy

- Advocacy: Mental health parity for individuals, adults and families across the life span with mental disorders.
- Health policies: evaluates the impact of national, state, and local policies in relation to care of individuals with mental disorders.

Health Delivery System

• Evaluates the impact of family systems and school systems on the mental health of children and families.

Ethics

• Ethical principles in decision making and practice: least restrictive environment, commitment laws, competency laws, risk analysis, individual and family psychotherapy ethical issues; nurse practitioner-patient relationships, countertransference, transference.

Independent Practice

- Critical decision making and diagnostic reasoning required for the treatment of mental disorders that builds on previous knowledge in related sciences such as anatomy and physiology, psychology, and genetics.
- Integrates advanced knowledge of pharmacology, pathophysiology, health assessment and research in the care of individuals across the life span.

COURSE ASSIGNMENTS:

Pre-Clinical Work (0% of course grade)

Students must complete clinical prework which includes, consent form, PPE demonstration, and clinical pre-quiz at 90%.

Faculty Evaluation (30% of grade)

Site Visit: Faculty will conduct a site evaluation at least once per semester, either live or via online technology. The evaluation will be available for review on the CANVAS site. The date will be mutually determined by the clinical instructor, preceptor and student. The clinical site Performance Evaluation form will be available for your review on the CANVAS site.

E-logs: Students are required to use NP Student Clinical Experience Documentation and Tracking System provided by e-Value/elogs. The web site is www.elogs.org and instructions will be provided on the first day of class; there is no charge to the student. Make sure in the supplemental notes that you include group focus, individual focus, medications, and dosages. Mobile applications are available for a charge of \$75. All clinical hours are to be verified by the preceptor. Falsified clinical hours are considered plagiarism. Documentation in elogs is required for all patient encounters and should be submitted no more than one week following the clinical experience. Failure to keep up with this documentation each week may also result in a ZERO in the professional criteria which is 5% of the grade and may result in failure of the course.

Faculty Evaluation Rubric

Criteria	Inadequate	Satisfactory	Above Average	Excellent	Total Points
Site Visit Performance	Mostly 2-3s on Site Visit Performance Evaluation	Mostly 3s on Site Visit Performance Evaluation	Mostly 4s on the Site Visit Performance Evaluation	Mostly 4-Ss on Site Visit Performance Evaluation	
Score	69% or less 0-10 points	70-79% 11-12 points	80-89% 13-14 points	90-100% 14.5 - 15 points	/15 points
Weekly e-logs	Enters mostly complete information: age, dx, note on regular basis, but not weekly, or needed faculty prompting to update elogs.	Enters mostly complete information: age, dx, etc. – some detail lacking, on regular but not weekly	Enters complete detailed information: age, dx, etc. on regular but not weekly basis	Always Enters complete detailed information: age, dx, etc on weekly basis	/15 points
Score	0-10 points	11-12 points	13-14 points	14.5-15 points	

Preceptor Evaluation (midterm and final-10% of total grade)

Your preceptor will conduct a midterm and final evaluation which will be reviewed with you by the preceptor and clinical faculty. The documents must be submitted to CANVAS assignment site at designated midterm and final evaluation dates. The evaluation content/form will be available for review on the CANVAS site.

Student Evaluation (midterm and final - 5% of grade)

Students will complete a self-evaluation which will be reviewed with the preceptor and clinical faculty at midterm and final evaluation meetings. The completed self-evaluation form must be submitted to CANVAS assignment site at due date assigned. The evaluation form will be available for review on the CANVAS website.

Professionalism (5% of course grade)

Professionalism is expected in the clinical setting such as arriving on time on expected days with FAU name badge and white lab coat (if required by your clinical setting). Inquire about dress code and need for closed-toe shoes. Timely completion of elogs, and required assignments are expected. Students are not allowed to be in the clinical setting when the University is closed. We recommend that students obtain membership in the American Nurses Association (ANA) and respective state affiliate of ANA and the American Psychiatric Nurses Association (APNA) and respective state affiliate of APNA.

Caring Reflective Journals (10% of course grade)

Purpose: The purpose of the reflective journal is to help students reflect on their learning experiences in clinical, with specific application of theoretical perspectives, caring concepts, personal reflection, current evidence, and development of insight in relation to a nursing situation. Reflection is a valuable tool for learning and retaining new information.

Assignment: Three reflective journals are required this semester. Please use proper grammar and sentence structure. Do not include any identifying information regarding specific clients.

Criteria	Points
Discuss a clinical situation; something important that you learned from a clinical	1
situation, an interaction with a client or preceptor, or simply a question that arose	
from your clinical interactions.	
Relate your discussion to a theoretical therapeutic approach used in therapy.	1
Discuss 1 scholarly article related to your discussion	1
Relate your discussion to the caring concepts of Sr. Roach and/ or M. Mayeroff and	1
describe the impact of caring – to the clinical situation, client outcomes, or clinical	
interactions.	
What insight did you gain from this clinical experience and reflective thinking?	1

Documentation: (20% of course grade)

Psychiatric Evaluation

Purpose: The psychiatric evaluation is an important component of caring for clients in psychiatric mental health.

Assignment: Each student must submit two formal written psychiatric assessment regarding a patient encounter from their preceptor supervised clinical experience during the course. Clinical faculty may request that the assessment be written on the patient seen during the clinical site visit, or another patient assigned by the preceptor for the student to conduct the evaluation, with supervision from preceptor or faculty. Faculty may require rewriting of assessment evaluation or

additional notes to be written if not complete upon first submission. Reusing psychiatric assessments from previous courses is considered plagiarism.

Grading Rubric

Criteria	Points
Identifying Information: Date, patient's initial (all data must comply with HIPAA regulations), age, sex, marital status, insurance, referral source informant and reliability.	2
Presenting Symptoms: "in the person's own words"	1
History of Present Illness: (HPI) (including the 7 attributes of the symptom: current stressors, immediate precipitants, and reason for seeking assistance now; include detailed chronological history, of symptoms; describe how they affect client, present and past coping strategies: Include current treatments and response to treatment; Recent Suicide and Homicide: Include all recent (past month) ideations, gestures, and attempts. Also record key material such as hopelessness and the extent of actions or plans. Is this client in danger to self or others?	12
Past Psychiatric History (PPH) (including any past suicide and homicide ideations/acts. Also record key material such as hopelessness and the extent of actions or plans. Is this client in danger to self or others)? Include dates/ages of any inpatient or outpatient treatment, with psychotropic medication history.	5
Past Medical History (PMH)	5
Family History (FH) (with genogram)	5
Psychosocial History (including values and beliefs)	5
Developmental History	5
Psychiatric Review of Systems (PROS) (depression, mania, anxiety disorders, psychosis, ADHD, eating disorders or personality disorders)	5
Medical Review of Systems ROS	5
Mental Status Examination	20
Diagnoses/Differential/Rule Outs	10
Biopsychosocial Case Formulation (with rationale)	10
Treatment Plan - Pharmacological & Non-Pharmacological with rationale	10
Total	100

Psychiatric Evaluation Simulation (Complete/Incomplete)

Assignment: Each student will be assigned another student to partner with, to videotape a full psychiatric evaluation. Students will be assigned a standardized patient role and script, to act as a patient in the interview process. Students will report and act out symptoms according to the script assigned. Faculty will evaluate both the student ability to ask pertinent questions to fully assess each component via the videotape, and their ability to formulate a written psychiatric evaluation, with biopsychosocial case formulation.

Nursing Situation Presentation (5% course grade)

Purpose: The nursing situation presentation provides the student the opportunity to communicate and present a nursing situation from practice, focusing on your role and competencies as a PMHNP, and associated documentation.

Assignment: Each student will present a nursing situation during your weekly clinical supervision/, according to schedule posted in course.

Criteria	Points
Discuss a nursing situation from practice which relates to assigned role competency by clinical instructor	1
Describe your nursing situation, highlighting your psychiatric assessment, and call(s) being addressed. Apply the ways of knowing in this nursing situation.	3
Relate both an individual/family theoretical approach and caring theorist to your nursing	2
situation presentation.	
Discuss the "take home message" of your presentation.	1
Utilize five scholarly references utilizing peer reviewed journals within the last 5 years. List reference according to APA.	2
Presentation: Clear, creative and concise. Follow guidelines of 10-12 slides and 10-minute time limit for presentation.	1
Total	10

CLINICAL SUPERVISION (10% of total grade)

There will be five online clinical supervision meetings during the semester utilizing Webex or Zoom.

Purpose: The purpose of the clinical supervision process is to guide the student in developing clinical skills and professional role development using reflective practice. Reflective practice is the capacity to reflect on action to engage in a process of continuous learning, which is one of the defining characteristics of professional practice (Schon, 1983). Reflective practice involves paying critical attention to the practical values and theories which inform everyday actions, by examining practice reflectively and reflexively, leading to developmental insight (Bolton, 2010). As a process of supervision, students are expected to develop integrity and collegial attributes in relationships with peers within the supervisory group.

Each clinical faculty will determine specific parameters and goals of supervision and establish the supervision schedule. The process of supervision involves the examination of the student's work with a patient in which the clinical faculty helps the student interpret what is going on in the student-patient relationship and to plan further intervention. The supervisory relationship is one in which the student obtains assistance when needed, feels secure to express reactions to clinical experiences, experiments with new ideas and new skills, and assumes responsibility for his or her own growth (Gregg, Bregg & Spring, 1976). The clinical faculty wears many hats – teacher, coach, consultant, mentor, evaluator, senior clinician. Ultimately, effective clinical supervision ensures that clients are competently served (SAMHSA, 2014).

Supervision is an important instructional activity in the development of a psychiatric nurse practitioner's clinical competencies. It is a tool that allows students to bridge classroom and clinical practice. Further, clinical supervision has a long-standing tradition in professional mental health practice (counseling, clinical psychology, social work, psychotherapy, psychiatric nursing) as a method for developing practitioner skills, increasing treatment effectiveness and quality, and maintaining ethical standards. Indeed, clinical supervision may begin as an educational initiative, however, it will likely remain a life-long professional practice for the PMHNP. As such, each student is required to attend all clinical supervision conferences, without exception. Clinical hours will be accrued for attendance.

BIBLIOGRAPHY:

Bolton, G. (2010). Reflective practice, writing and professional development (3rd ed.). California: SAGE.

Gregg, D. E., Bregg, E. A., & Spring, F. E. (1976). Individual supervision: A method of teaching psychiatric concepts in nursing education. *Perspectives in Psychiatric Care*, 14(3), 115-129.

Schoen, D. (1983). The reflective practitioner, how professionals think in action.

Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment. (2014). Clinical supervision and professional development of the substance abuse counselor, treatment improvement protocol series, 52. Rockville, MD. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK64848

COURSE SPECIFIC LITERATURE:

American Academy of Child & Adolescent Psychiatry. (2018). Parameters, updates and guidelines. Retrieved from:

https://www.aacap.org/aacap/resources for primary care/practice parameters_and_resource_ce_nters/practice_parameters.aspx

American Psychological Association.(2017). Clinical practice guideline for the treatment of PTSD in adults. Retrieved from http://www.apa.org/ptsd-guideline/ptsd.pdf

- APA Workgroup on Psychiatric Evaluation. (2016). *Practice guidelines for the psychiatric evaluation of adults* (3rd ed.). Arlington, VA: American Psychiatric Association. Retrieved from: https://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890426760
- Belsher B, Beech E, Evatt D, Rosen CS, Liu X, Otto J, Schnurr PP. (2017). Present-centered therapy (PCT) for post-traumatic stress disorder (PTSD) in adults (Protocol). *Cochrane Database of Systematic Reviews, 12*. Art. No.: CD012898. DOI: 10.1002/14651858.CD012898.
- Black, S. E. (2017). New evidence on the impact of birth order. *NBER Reporter*, *4*, 15-18. Retrieved from http://www.nber.org/reporter/2017number4/black.html

Dougall N, Maayan N, Soares-Weiser K, McDermott LM, McIntosh A. (2015). Transcranial magnetic stimulation (TMS) for schizophrenia. *Cochrane Database of Systematic*

Reviews, 8, Art. No.: CD006081. DOI: 10.1002/14651858.CD006081.pub2.

Mehlum, L., Tormoen, A. J., Ramberg, M., Haga, E., Diep, L. M., Laberg, S., Larsson, B. S., Stanley, B. H., Miller, A. L., Sund, A. M., Groholt, B. (2015). Dialectical behavior

- therapy for adolescents with repeated suicidal and self-harming behavior: A randomized trial. *Journal of American Academy Child Adolescent Psychiatry*, 53(10), 1082-91.
- Modirrousta, M., Meek, B. P., & Wikstrom, S. L. (2018). Efficacy of twice-daily vs once daily sessions of repetitive transcranial magnetic stimulation in the treatment of major depressive disorder: A retrospective study. *Neuropsychiatric Disease Treatment*, 14, 309-316.
- NONPF *Population Focused Nurse Practitioner Competencies* (pp. 63-80). Retrieved from: https://c.ymcdn.com/sites/nonpf.siteym.com/resource/resmgr/Competencies/Compilation-PopFocusComps2013.pd
- Weber, M. T., & Delaney, K. R., & Snow, D. (2016). Integrating psychiatric mental health NP competencies into educational programs: Where are we now? *Archives of Psychiatric Nursing*, 30(3), 425-431.

ESSENTIAL LITERATURE ON CARING SCIENCE (Revised 2017)

- Barry, C. D., Gordon, S. C. & King, B. M. (2015). Nursing Case Studies in Caring: Across the Practice Spectrum. Springer. ISBN: 978-0-8261-7178-8
- Boykin, A. & Schoenhofer, S. (2001). Nursing as caring: A model for transforming practice. Jones & Bartlett.
- Boykin, A. & Schoenhofer, S. & Valentine, K. (2014). Health care system transformation for nursing and health care leaders: Implementing a culture of caring. Springer.
- Buber, M. (1970). I and thou. Scribner.
- Davidson, A., Ray, M. & Turkel, M. (Eds.). (2011). *Nursing, caring, and complexity science*. Springer.
- Duffy, J.R. (2013). Quality caring in nursing and health systems: Implications for clinicians, educators, and leaders. Springer.
- Locsin, R.C (2016). Technological competency as caring in nursing: A model for practice (2nd ed.). Silliman University Press.

- Mayeroff, M. (1971). On caring. HarperCollins.
- McFarland, M.R. & Wehbe-Alamah, H. (2017). Leininger's Culture Care diversity and universality: A worldwide theory of nursing (3rd Ed.). Jones & Bartlett.
- Paterson, J. & Zderad, L.T. (1988). *Humanistic nursing*.

 National League for Nursing.
- Ray, M.A. (2016). Transcultural caring dynamics in nursing and health care (2nd ed.). FA Davis.
- Roach, M.S. (1987). The human act of caring: A blueprint for the health professions

 Canadian Hospital Association.
- Rosa, W., Horton-Deutsch, S, & Watson, J. (2019). A handbook for caring science: Expanding the paradigm. Springer.
- Smith, M.C., Turkel, M.C., & Wolf, Z.R. (2012). Caring in nursing classics: An essential resource. Springer.
- Watson, J. (2009). Assessing and measuring caring in nursing and health sciences.

 Springer.
- Watson, J. (2018). *Unitary caring science philosophy and praxis of nursing*.

 University Press of Colorado.

Approved by CON Faculty Assembly, 9/25/2017; Revised Committee on Programs 10/8/2018; Presented for Action to CON Faculty Assembly 10/22/2018, Approved CON Faculty Assembly 10/22/18

COURSE POLICIES & GUIDELINES

The wellbeing of each student as an expression of successful learning is of great importance to the course faculty.

Caring for Self

In this course, you will need to be organized, aware of due dates for assignments, and committed to devoting adequate time for successful completion of coursework. Being organized is essential for achieving your goals and integral to caring for yourself.

Collegial Caring

A supportive environment for learning is a caring environment in which all aspects of persons are respected, nurtured, and celebrated. The course is a commitment of active and thoughtful participation in which each one of us is both teacher and learner. A caring community is one in which you nurture each other throughout the semester.

Online Course Participation

This course has an online delivery format and frequent participation in the course is required. Students are expected to check email frequently and participate in all online course activities and assignments. If you are experiencing major illness or other issues that impact your participation in this course, contact the professor immediately to formulate a resolution.

Student Credentials

Student credentials must be up to date to practice in a clinical setting. The College of Nursing now uses Castle Branch system to track all background checks and health requirements. Prior to the start of clinical, the student must submit a copy of the approved clinical requirement summary sheet by Castle Branch to the clinical faculty. The student cannot begin clinical until this is completed. Please contact Colleen Alcantara-Slocombe if you need assistance, email: slocombe@health.fau.edu or phone: 561-297-2872 or Janice Miller janicemiller@health.fau.edu.

Beginning of Term Checklist for Students

- Read the preceptor manual.
- Castle Branch summary sheet with all areas approved.
- Electronic submission of clinical site information once assignments are made and the Preceptor Credentialing Form is signed (the Preceptor Credentialing/agreement form is now uploaded with the Clinical Arrangement Form).
- Preceptor Agreement Form to be signed by preceptor on the first day of clinical (form will be provided by clinical faculty).
- Preceptor's email for Beginning and End of Term Letters

Documentation of Clinical Hours

Students will be required to use NP Student Clinical Experience Documentation and Tracking System provided by e-Value/eLogs. Instructions will be provided on the first day of class. There is no charge to the student for using e-Value/eLogs. Make sure the supplemental notes that you include: medication and dosage. All clinical hours are to be verified by the preceptor. Falsified clinical hours are considered plagiarism.

PMHNP Program Clinical Hours: The overall program requires completion of 600 clinical hours (400 hours with adults, 100 hours with geriatrics, and up to 100 hours but no less than 75 hours with children/adolescents over the course of the program).

Assignments

All course assignments must be completed by the due dates on the Course Schedule.

Policy for Late Assignments

If you are experiencing some unusual situation, you must contact the professor before the due date of an assignment. Otherwise, any assignment submitted late without an explanation will be lowered by one grade point for each day that it is late.

End of Term Checklist for Students

- Summary of Clinical Hours (must be signed by clinical faculty)
- Faculty and Student Self Evaluation (midterm and final evaluation)
- Preceptor Evaluation of Student (midterm and final evaluation)
- Student Evaluation of Site
- Student Evaluation of Preceptor
- Summary of elogs signed or approved by preceptor (keep a copy for yourself)

Email and Netiquette

Students are required to use their FAU e-mail and are advised to check it frequently for important course announcements. Communication using web-based tools has created the need for a protocol called "netiquette" that encourages efficient and effective communication while discouraging abuse of email, chat sessions, and discussion boards. Proper grammar and spelling is expected. Avoid all text shorthand messages. Civil and respectful messages to faculty and students is required. Visit http://www.albion.com/netiquette/corerules.html for more information. No exceptions are permitted.

When communicating with the faculty or teaching assistant do allow 24 hours for a response. Messages left after 5 pm will be returned the following day and messages left on Fridays after 5 pm will be returned on the official university class day. In addition to being a portal for assignments, Canvas will be utilized as a form of communication. Course announcements will be posted in Canvas and sent to your FAU email. It is the student's responsibility to periodically check the board for class updates/clarifications. If the professor needs to contact an individual student concerning a course issue, an email may be sent via the FAU email system; otherwise, communication will occur through Canvas.

Academic Integrity

Student work is done independently or in groups if assigned in that manner. Sharing course work or assignments with other students is a breach of academic integrity. Plagiarizing will result in an automatic "0" for all papers, exams, and assignments. Plagiarism includes definitions in the university handbooks and the APA 7 edition manual (this includes turning in work that belongs

to someone else, working on assignments that are not group work in groups and turning this in as individual work, and turning in the same work/assignment in more than one course.)

Changes in Course Format or Schedule

At times it may be necessary to change the course schedule. The faculty reserves the right to make these changes for the benefit of student learning.

COLLEGE OF NURSING POLICIES

The faculty reserves the right to make changes in course content and requirements.

Policies below may be found in:

a). The Christine E. Lynn College of Nursing Graduate Handbook located at: http://nursing.fau.edu/uploads/docs/439/Graduate%20Student%20Handbook%20%20Rev%20June%202012.pdf

b). Florida Atlantic University's Academic Policies and Regulations http://www.fau.edu/academic/registrar/FAUcatalog/academics.php and http://www.fau.edu/regulations

CODE OF ACADEMIC INTEGRITY:

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CON Academic Integrity: http://nursing.fau.edu/academics/student-resources/graduate/policiesregulations/academic-integrity-policy.php

The College of Nursing regards adherence to the Code of Academic Integrity as a professional competency and an expectation of all students. **ANY** act of dishonesty that violates the code of academic integrity and misrepresents your efforts or ability is grounds for immediate failure of the course.

DISABILITY STATEMENT:

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To apply for SAS accommodations: http://www.fau.edu/sas/

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INCOMPLETE POLICY:

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ATTENDANCE POLICY:

Students are expected to attend all of their scheduled University classes and to satisfy all academic objectives as outlined by the instructor. The effect of absences upon grades is determined by the instructor, and the University reserves the right to deal at any time with individual cases of non-attendance. Students are responsible for arranging to make up work missed because of legitimate class absence, such as illness, family emergencies, military obligation, court-imposed legal obligations or participation in University approved activities. Examples of University-approved reasons for absences include participating on an athletic or scholastic team, musical and theatrical performances and debate activities. It is the student's responsibility to give the instructor notice prior to any anticipated absences and within a reasonable amount of time after an unanticipated absence, ordinarily by the next scheduled class meeting. Instructors must allow each student who is absent for a University-approved reason the opportunity to make up work missed without any reduction in the student's final course grade as a direct result of such absence.

RELIGIOUS ACCOMMODATION:

In accordance with rules of the Florida Board of Education and Florida law, students have the right to reasonable accommodations from the University in order to observe religious practices and beliefs with regard to admissions, registration, class attendance, and the scheduling of examinations and work assignments. Students who wish to be excused from coursework, class activities, or examinations must notify the instructor in advance of their intention to participate in religious observation and request an excused absence. The instructor will provide a reasonable opportunity to make up such excused absences. Any student who feels aggrieved regarding religious accommodations may present a grievance to the director of Equal Opportunity Programs. Any such grievances will follow Florida Atlantic University's established grievance procedure regarding alleged discrimination. For more information, see:

 $\underline{https://www.fau.edu/provost/resources/files/religious accommodations-students-and-faculty-8-\underline{21-15.pdf}$

CON Religious Accommodation: http://www.fau.edu/sas/New.php

USE OF STUDENT COURSE MATERIAL

The Christine E. Lynn College of Nursing may use students' course-related materials for legitimate institutional purposes, such as accreditation, university review process, or state board of nursing review process, etc. In such cases, materials will be used within the college and university.

WEAR FACE COVERINGS

All students are to wear a mask covering the nose and mouth upon entering the College of Nursing and throughout the time while in the building. Persons without masks will not be allowed in the College of Nursing. Additionally, persons are to wear a face shield over the mask when in the laboratory areas, maintain social distancing of 6 feet, wash hands and use hand sanitizer.

COURSE SCHEDULE

DATES	CLINICAL CONFERENCE/SUPERVI SION TOPICS	ASSIGNMENTS	ACTIVITY
Week 1	Clinical Conference/Orientatio n Meet online with Clinical Faculty Thursday 01/14 at 6:00pm via Zoom	Read Carlat, (2016) The Psychiatric Interview Chapters 1- 3	Submit: Preceptor Agreement, Clinical arrangement, Castle Branch Complete, clinical opt in/opt, PPE Donning and Doffing Discuss the psychiatric interviewing process by 1/16
Week 2	Martin Luther King Holiday No School or Clinical	Start e-Value/Elog documentation	First week in clinical setting
Week 3	Clinical Supervision # 1 Thursday 01/28 at 6:00 pm	Psychiatric Evaluation Simulation due by 1/24 at 11:59 pm	Meeting via Zoom
Week 4		Caring Reflective Journal # 1 Due by 12 midnight on 01/31	Submit assignment on Canvas
Week 5	Clinical Supervision # 2 Thursday 02/11 at 6:00 pm		Meeting via Zoom
Week 6		Psychiatric Evaluation Due 2/14/21 by 11:59 pm	Submit assignment on Canvas

Week 7	Clinical Supervision # 3 Thursday 02/25/21 at		Meeting via Zoom Midterm Preceptor
	6:00 pm		Evaluation and Student
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			Self Evaluation due by
			2/27 11:59 pm
Week 8		Nursing Situation	Meeting via Zoom
		case Presentation 3/4	
		at 6:00 pm	
Week 9		Caring Reflective	Submit assignment on
		Journal #2 Due by	Canvas
		11:59 pm on 3/7	
Week 10	Clinical Supervision # 4		Meeting via Zoom
	Thursday 03/18 at 6:00		-
	pm		
Week 11		Psychiatric Evaluation	Submit assignment on
	}	Due 3/21/21 by 11:59	Canvas
		pm	
Week 12	Clinical Supervision # 5		Meeting via Zoom
	Thursday 04/01 at 6:00		
	pm		
Week 13		Caring Reflective	Submit assignment in
		Journal #3 Due by	Canvas
		11:59 pm on 04/4	
Week 14	Final Clinical		Submit end of semester
	Conference and		paperwork and complete
	Evaluation Date TBA		self-evaluation. Meeting
			via Zoom
		<u> </u>	VIG 200111

University Holiday (No Clinical is allowed on this day): January 18, 2021

PROFESSIONAL STATEMENT

http://nursing.fau.edu/academics/student-resources/undergraduate/policies-regulations/professional-statement.php

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education. Students who do not abide by this policy will be subject to appropriate academic sanctions which may include disciplinary action, dismissal from the College of Nursing, and/or suspension or expulsion from the University.

Approved in Faculty Assembly 11/28/2016



CHRISTINE E. LYNN COLLEGE OF NURSING

STATEMENT OF PHILOSOPHY

Nursing is a discipline of knowledge and professional practice grounded in caring. Nursing makes a unique contribution to society by nurturing the wholeness of persons and environment in caring. Caring in nursing is an intentional mutual human process in which the nurse artistically responds with authentic presence to calls from persons to enhance well-being. Nursing occurs in nursing situations: co-created lived experiences in which the caring between nurses and persons enhance well-being. Nursing is both science and art. Nursing science is the evolving body of distinctive nursing knowledge developed through systematic inquiry and research. The art of nursing is the creative use of nursing knowledge in practice. Knowledge development and practice in nursing require the complex integration of multiple patters of knowing. Nurses collaborate and lead interprofessional research and practice to support the health and well-being of persons inextricably connected within a diverse global society.

Persons as participant in the co-created nursing situation, refers to individual, families or communities. Person is unique and irreducible, dynamically interconnected with others and the environment in caring relationships. The nature of being human is to be caring. Humans choose values that give meaning to living and enhance well-being. Well-being is creating and living the meaning of life. Persons are nurtured in their wholeness and well-being through caring relationships.

Beliefs about learning and environments that foster learning are grounded in our view of person, the nature of nursing and nursing knowledge and the mission of the University. Learning involves the lifelong creation of understanding through the integration of knowledge within a context of value and meaning. A supportive environment for learning is a caring environment. A caring environment is one in which all aspects of the person are respected, nurtured and celebrated. The learning environment supports faculty-student relationships that honor and value the contributions of all and the shared learning and growth.

The above fundamental beliefs concerning Nursing, Person and Learning express our values and guides the actions of Faculty as they pursue the missions of teaching, research/scholarship and service shared by the Christine E. Lynn College of Nursing and Florida Atlantic University.

'revised April, 2012.'

TEACHING LEARNING STRATEGIES:
GRADING AND EVALUATIONS:
GRADING SCALE: Grade below C is not passing in the Undergraduate program
94 - 100 = A 90 - 93 = A- 87 - 89 = B+ 84 - 86 = B 80 - 83 = B- 77 - 79 = C+ 74 - 76 = C 70 - 73 = C- 67 - 69 = D+ 64 - 66 = D 61 - 63 = D- 0 - 60 = F
REQUIRED TEXTS:
RECOMMENDED TEXTS:
TOPICAL OUTLINE:

COURSE ASSIGNMENTS:		
BIBLIOGRAPHY:		
COURSE SPECIFIC LITERATURE:		

ESSENTIAL LITERATURE ON CARING SCIENCE (Revised 2017)

- Barry, C. D., Gordon, S. C. & King, B. M. (2015). Nursing Case Studies in Caring: Across the Practice Spectrum. Springer. ISBN: 978-0-8261-7178-8
- Boykin, A. & Schoenhofer, S. (2001). Nursing as caring: A model for transforming practice. Jones & Bartlett.
- Boykin, A. & Schoenhofer, S. & Valentine, K. (2014). Health care system transformation for nursing and health care leaders: Implementing a culture of caring. Springer.
- Buber, M. (1970). I and thou. Scribner.
- Davidson, A., Ray, M. & Turkel, M. (Eds.). (2011). *Nursing, caring, and complexity science*. Springer.
- Duffy, J.R. (2013). Quality caring in nursing and health systems: Implications for clinicians, educators, and leaders. Springer.
- Locsin, R.C (2016). Technological competency as caring in nursing: A model for practice (2nd ed.). Silliman University Press.
- Mayeroff, M. (1971). On caring. HarperCollins.

- McFarland, M.R. & Wehbe-Alamah, H. (2017). Leininger's Culture Care diversity and universality: A worldwide theory of nursing (3rd Ed.). Jones & Bartlett.
- Paterson, J. & Zderad, L.T. (1988). *Humanistic nursing*. National League for Nursing.
- Ray, M.A. (2016). Transcultural caring dynamics in nursing and health care (2nd ed.). FA Davis.
- Roach, M.S. (1987). The human act of caring: A blueprint for the health professions Canadian Hospital Association.
- Rosa, W., Horton-Deutsch, S, & Watson, J. (2019). A handbook for caring science: Expanding the paradigm. Springer.
- Smith, M.C., Turkel, M.C., & Wolf, Z.R. (2012). Caring in nursing classics: An essential resource. Springer.
- Watson, J. (2009). Assessing and measuring caring in nursing and health sciences. Springer.
- Watson, J. (2018). *Unitary caring science philosophy and praxis of nursing*. University Press of Colorado.

Approved by CON Faculty Assembly, 9/25/2017; Revised Committee on Programs 10/8/2018; Presented for Action to CON Faculty Assembly 10/22/2018, Approved CON Faculty Assembly 10/22/18

COURSE POLICIES & GUIDELINES

COLLEGE OF NURSING POLICIES

The faculty reserves the right to make changes in course content and requirements.

Policies below may be found in:

- a). The Christine E. Lynn College of Nursing Undergraduate Handbook located at: https://nursing.fau.edu/academics/student-resources/undergraduate/index.php
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POLICY ON THE RECORDING OF LECTURES (OPTIONAL)

Because of a new Florida Statute in 2021, the following model language is suggested for inclusion in course syllabi, at the discretion of individual faculty:

Students enrolled in this course may record video or audio of class lectures for their own personal educational use. A class lecture is defined as a formal or methodical oral presentation as part of a university course intended to present information or teach students about a particular subject. Recording class activities other than class lectures, including but not limited to student presentations (whether individually or as part of a group), class discussion (except when incidental to and incorporated within a class lecture), labs, clinical presentations such as patient history, academic exercises involving student participation, test or examination administrations, field trips, and private conversations between students in the class or between a student and the lecturer, is prohibited. Recordings may not be used as a substitute for class participation or class attendance and may not be published or shared without the written consent of the faculty member. Failure to adhere to these requirements may constitute a violation of the University's Student Code of Conduct and/or the Code of Academic Integrity.

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