FLORIDA ATLANTIC UNIVERSITY
CHRISTINE E. LYNN COLLEGE OF NURSING
COURSE OVERVIEW
Fall 2014

COURSE NUMBER: NUR 4525L

COURSE TITLE: Psychiatric and Mental Health: Nursing Situations in Practice

COURSE FORMAT: Live, Web assist

CREDIT HOURS: 2 credits

COURSE SCHEDULE: Varies

PLACEMENT IN CURRICULUM: Required course

PREREQUISITES: NUR 3065, NUR 3065L, NUR 3115, NUR 3119C, NUR 4125, NUR 3145

COREQUISITES: NUR 4525

FACULTY: Name and credentials:
Title:
Office Location:
Phone:
E-mail

OFFICE HOURS: Day of week X-X PM

COURSE DESCRIPTION:

Principles of communication in developing caring therapeutic relationships with persons of varying age groups in psychiatric settings are discussed. Mental health concepts and selected theoretical frameworks are used to examine adaptive and maladaptive coping behaviors in response to alterations in psychological functioning. Acute care and community-based experiences provide opportunities for students to participate in interprofessional team planning, interventions, and therapeutic group meetings.

COURSE OBJECTIVES: Upon completion of NUR 4535L, the student will be able to create caring nursing responses in:

Becoming competent

1. Use multiple ways of knowing and systematic inquiry to build a foundation for reflective, evidence-based practice that co-creates a caring environment in mental health nursing situations. (SLO 1, 4, 8; Essentials I, II, III, IX).

2. Describe the philosophical bases and principles of comprehensive care to include the interaction of body, mind and spirit, and the caring vs. curing model on nurturing the wholeness of persons in mental health nursing situations. (SLO 2, 3, 4; Essentials I, VII, IX).

3. Identify the psycho- cultural-neurophysiological variables relevant to mental health. (SLO 2, 8; Essential I).

Becoming Compassionate

4. Apply selected health promotion and prevention models, which assist in understanding behavior change across the lifespan. (SLO 3, 11; Essential III, VII).

5. Identify the influence of family, group, and community dynamics on individual mental health. (SLO 2, 7; Essentials I, VII, IX).

6. Design compassionate, person-centered and evidence-based nursing responses that respect patient and family values. (SLO 7, 11, 12; Essential IX).

Demonstrating comportment

7. Demonstrate basic skills in verbal, nonverbal, and written therapeutic communication and adapt communication to interviewing, conflict resolution, crisis/emergency situations and mental health assessment. (SLO 3, 4, 10; Essential I, IV, VI, IX).

8. Collaborate with patients and interprofessional teams to provide spiritually and culturally appropriate care, including health promotion and disease and injury prevention. (SLO 10, 16, 17; Essentials VI, IX).

Becoming confident

9. Apply the principles of therapeutic milieu in psychiatric-mental health nursing settings. (SLO 3, 8, 12; Essentials III, IX).

10. Select and integrate appropriate research findings relevant to mental health issues. (SLO 2, 3, 8; Essential III).

Attending to conscience

11. Use person-centered, recovery oriented psychiatric mental health nursing responses. (SLO 3, 11, 12, 16; Essential IX).

12. Honor the ethical, legal, economic, political and socio-cultural implications of psychiatric mental health care. (SLO 13, 15, 17, 19; Essential IX).

13. Design strategies to promote a culture of quality and safety for patients and their families in psychiatric mental health nursing situations across settings. (SLO 2, 3, 13; Essential II).

Affirming commitment

14. Participate in individual, family, group and community-oriented interventions for psychiatric-mental health nursing settings and mentally healthy populations. (SLO 10, 11, 14, 17; Essential III).

15. Use principles and nursing interventions addressing the prevention of mental problems in the non-psychiatric patient population. (SLO 2, 3, 11; Essential I, III, VII).

16. Demonstrate commitment to nurturing the wholeness of others using reflective, evidence-based practice in psychiatric and mental health nursing situations. (SLO 8, 12, 19; Essential IX).

TEACHING LEARNING STRATEGIES:

Clinical experiences; post-conference discussions; written reflection journal; Electronic Health Record Nursing Documentation

GRADING AND EVALUATION METHODS:

EVALUATION METHODS	PERCENT OF TOTAL GRADE
Clinical worksheets	10%
Weekly EHR Documentation and reflective journal	25%
Adult health Nursing Care Map	50%
Nursing Practice Evaluation Tool	15%

GRADING SCALE:

Satisfactory (S) and Unsatisfactory (U) grades: A grade of S signifies that the work is of C quality or better and meets expectations. A grade of U indicates that the work is below expectations and no credit will be given. A grade below C is not passing in the Undergraduate program. S/U grading is not calculated into the grade point average.

REQUIRED TEXTS:

Townsend, M. (2012). Psychiatric Mental Health Nursing, 7th ed. Philadelphia: F.A. Davis, ISBN-13: 978-0-8036-2767-3

Williams, C.L. (2007). Therapeutic Interaction in Nursing, 2nd ed., Boston: Jones and Bartlett. ISBN: 978-0-7637-4550-9

RECOMMENDED TEXTS:

Peterson, D. (2011). Psych Notes: Clinical Pocket Guide, 2nd Ed. Philadelphia: FA Davis. ISBN 978-0-8036-2771-0

Townsend, M.C., Moorhouse, M.F. (2010). Nursing Diagnoses in Psychiatric Nursing: Care Plans and Psychotropic Medications, 8th ed., Philadelphia: F.A. Davis. ISBN-0803618344 ISBN-13: 9780803618343

TOPICAL OUTLINE:

1. Theories of human behavior

2. Theories of psychopathology

3. Group/family therapy theories

4. Nursing models for psychiatric mental health nursing

5. Therapeutic interpersonal communication

6. Individual, group and family psychotherapies

7. Biopsychiatry

8. Psychiatric mental health nursing research

9. Psychiatric nursing in a multicultural setting

10. Disparities in Mental Health

11. Special populations: Adolescents, Adult, Geriatrics

12. Abuse Syndrome

13. Victimology

COURSE ASSIGNMENTS:

Weekly quizzes- Quizzes will be taken using the Blackboard site as scheduled. Each quiz will consist of 20 multiple choice questions based on assigned readings for that week. You will have several days to take the quiz; therefore there will be no make-up quizzes except in very unusual circumstances.

Presentation- Students will be responsible for a small group 10 minute presentation related to class content. Each student will be assigned a group on Blackboard site and a due date. Students will be expected to collaborate with their group members to create a presentation related to course content scheduled for that week. Presentation content will be cited from assigned readings and/or additional relevant professional journal articles. Points will be deducted for late submission (2 points per day). Creativity is expected in the design of the presentation. Examples for the format of the presentation include: debate, group discussion, role play, skit, or nursing situations. Use of powerpoints and lecturing is discouraged. Grading criteria are posted on

Blackboard course site. Presentation grade will consist of 1) score given by faculty using a rubric available on Blackboard (50%) and 2) student self evaluation of their contribution to the group presentation (50 %). Students will video record their presentation and submit (email) video recording to faculty by the due date. Students may use their own recording device, for example iPhone. Video-recorded presentations will be posted on Blackboard by faculty, not shown in class. If the group does not have access to a recording device, contact the TA at least 1 week before the due date to discuss other arrangements.

Examinations- will cover content as noted in course schedule. The midterm examination will cover all content up to that week and will be taken online using Blackboard course site on the scheduled dates (see course schedule). Since the midterm examination will be available over several days, a make up examination would be available only for very unusual circumstances. The final examination will be taken in person on October 15 during regular class time, will consist of 100 multiple choice questions, and will be cumulative.

Participation- will be based on class attendance calculated from iclicker records.

BIBLIOGRAPHY (*This section is for Course Specific Literature*):

American Nurses Association. (2007). *Scope and standards of psychiatric-mental health nursing practice*. Washington, DC: American Nurses Association. ISBN9781558102507 1558102507

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (DSM-IVTR) (5thEd.). Washington, DC: Author.

Anders, R. (2000). Assessment of inpatient treatment of persons with schizophrenia: Implications for practice. *Archives of Psychiatric Nursing, 14*(5), 313-221.

Beebe, L.H. (2007). Beyond the prescription pad: Psychosocial treatments for individuals with schizophrenia. *Journal of Psychosocial Nursing& Mental Health Services, 45*(3), 35-43.

Caldwell, B. Doyle, M., Morris, M., McQuaide, T. (2005). Presencing: Channeling therapeutic effectiveness with the mentally ill in a state psychiatric hospital. *Issues in Mental Health Nursing, 26*, 853-871.

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

Author, (2011) Clip & save drug chart: drugs to treat bipolar disorders. *Journal of Psychosocial Nursing & Mental Health 49*(6), 11-2.

Curran, S.S. (2007). Staff resistance to restraint reduction: Identifying and overcoming barriers. *Journal of Psychosocial Nursing & Mental Health Services, 45*(5), 45-50.

Finnell, D.S., Osborne, F.H. (2006). Stages of change for psychotropic medication adherence and substance cessation. *Archives of Psychiatric Nursing, 20*(4), 166-174.

Gary, F. (2005). Stigma: Barrier to mental care among ethnic minorities. *Issues in Mental Health Nursing, 26*, 979- 999.

Gerolamo, A.M. (2006). The conceptualization of physical restraint as a nursing-sensitive adverse outcome in acute care psychiatric treatment settings. *Archives of Psychiatric Nursing, 20*(4), 175-185.

Green, B. (2010). Culture is treatment. *Journal of Psychosocial Nursing & Mental Health Services, 48*(7), 27-34.

Hill, D.L. (2006). Sense of belonging as connectedness, American Indian worldview, and mental health. *Archives of Psychiatric Nursing, 20*(5), 210-216.

Howland, R.H. (2007). Managing common side effects of SSRIs. Journal of Psychosocial Nursing & Mental Health Services, 45(2), 15-18.

Kelly, P.J. (2007). Integrating intimate partner violence prevention into daily practice. *Journal of Psychosocial Nursing & Mental Health Services, 45*(4), 8-9.

Kerber, C.,Schlenker, E., Hickey, K. (2011). Promoting adherence to psychotropic medication for youth---part2. *Journal of Psychosocial Nursing & Mental Health Services, 49* (6), 38-43.

Jones, M., White, J., Gray, R. (2009). Partial agonists and schizophrenia: Theoretical developments of mental health nursing. *Journal of Psychiatric and Mental Health Nursing, 16,* 409-415.

Kudless, M.W., White, J.H. (2007). Competencies and roles of community mental health nurses. *Journal of Psychosocial Nursing & Mental Health Services, 45*(5), 36-44.

Peplau, H. (1952). *Interpersonal Relations in Nursing.* New York: J. P. Putnam's Sons.

Peterson, A.L., Baker, M.T., McCarthy, K.R. (2008a). Combat stress casualties in Iraq. Part 1: behavioral health consultation at an expeditionary medical group. *Perspectives in Psychiatric Care, 44*(3), 146-58.

Peterson, A.L., Baker, M.T., McCarthy, K.R. (2008b). Combat stress casualties in Iraq. Part 2: psychiatric screening prior to aeromedical evacuation, *Perspectives in Psychiatric Care, 44*(3), 159-168.

Rick, S., Douglas, D.H. (2007). Neurobiological effects of childhood abuse. *Journal of Psychosocial Nursing & Mental Health Services, 45*(4), 47-54.

Roe, D., Swarbrick, M. (2007). A recovery-oriented approach to psychiatric medication: guidelines for nurses. *Journal of Psychosocial Nursing & Mental Health Services, 45*(2), 35-40.

Shattell, M., McAllister, S., Hogan, B., Thomas, S.P. (2006). "She took the time to make sure she understood" Mental health patients' experiences of being understood. *Archives of Psychiatric Nursing, 20*(5), 234-241.

Smoyak, S.A. (2007). Mental illness is not the same as incompetence: Voting rights, archaic laws, & stigmatizing language. *Journal of Psychosocial Nursing & Mental Health Services, 45*(2), 8-9.

Sorrell, J.M. (2011). Mental health and the oldest old. *Journal of Psychosocial Nursing & Mental Health Services, 49* (5), 21-4

COURSE SPECIFIC LITERATURE:

Boykin, A. & Schoenhofer. S.O. (2001). *Nursing as caring: A model for transforming practice.* Sudbury, MA: Jones & Bartlett. (ISBN# 0-7637-1643-x)

Mayeroff, M. (1970). **On caring**. New York: Harper & Row. (ISBN# 0-06-0, 2024-6)

Roach, S. (2002). Caring: The human mode of being (2nd rev. ed.). Ottawa, Canada: Canadian Association Press (ISBN# 1-896151-44-2).

COLLEGE OF NURSING POLICIES

Policies below may be found in:
a). The faculty reserves the right to make changes in course content and requirements.
b). The Christine E. Lynn College of Nursing Undergraduate Handbook located at:
http://nursing.fau.edu/index.php?main=3&nav=526
c). Florida Atlantic University's Academic Policies and Regulations
http://www.fau.edu/academic/registrar/catalogRevs/academics.php and
http://www.fau.edu/regulations

CODE OF ACADEMIC INTEGRITY:
The University policy regarding academic integrity is enforced in this course. Students at Florida Atlantic University are expected to maintain the highest ethical standards. Dishonesty is considered a serious breach of these ethical standards, because it interferes with the University mission to provide a high quality education in which no student enjoys an unfair advantage over any other. Dishonesty is also destructive of the University community, which is grounded in a system of mutual trust and places high value on personal integrity and individual responsibility. Harsh penalties are associated with academic dishonesty. For more information, see:
http://www.fau.edu/regulations/chapter4/4.001_Code_of_Academic_Integrity.pdf

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:
In compliance with the Americans with Disabilities Act (ADA), students who require special accommodations due to a disability to properly execute coursework must register with the Office for Students with Disabilities (OSD) located in Boca Raton – SU 133 (561-297-3880), in Davie – MOD 1 (954-236-1222), in Jupiter – SR 117 (561-799-8585) or at the Treasure Coast – CO 128 (772-873-3305), and follow all OSD procedures.

INCOMPLETE POLICY:
The Incomplete Grade Policy is enforced. A student who registers for a course but fails to complete the course requirements, without dropping the course, will normally receive a grade of "F" from the course instructor. A student who is passing a course but has not completed all the required work because of exceptional circumstances may, with the approval of the instructor, temporarily receive a grade of "I" (incomplete). This must be changed to a grade other than "I"

within a specified time frame, not to exceed one calendar year from the end of the semester during which the course was taken.

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 nonattendance. 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 absence 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 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. 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.

COURSE SCHEDULE

Fall 2013

Course Content Schedule: During your clinical experiences, you will need to focus on the following content that correlates with the community didactic course.

Date	Clinical Experience	Assignment/Activity
8/30	Orientation to Clinical: Baker Act, Marchment Act, Safety, Simulation	Review Syllabi All required agency orientation documents have been submitted
9/6	Clinical focus: Documentation, Psychopathology, Development of Nurse Patient Relationship	Cerner Documentation Due
9/13	Clinical focus: Mental Health Assessment/Pathophysiology/Neurobiology	Mental Status Exam Due
9/20	Clinical focus: Therapeutic Communication Techniques/TherapeuticInterventions/Responses	Interpersonal Process Recording Due
9/27	Clinical focus: Clients with Mood Disorder	Cerner Documentation Due
10/4	Clinical focus: Clients with Mood Disorder	Care Map/Nursing Situation Due
10/11	Clinical focus: Clients with Thought Disorder	Midterm Evaluation
10/18	Clinical focus: Clients with Thought Disorder	Cerner Documentation Due
10/25	Clinical focus: Clients with Substance Abuse and Addiction Disorders	Mental Status Exam Due
11/1	Clinical focus: Older Adults with Mental Health Issues	Interpersonal Process Recording Due
11/8	Clinical focus: Children with Mental Health Issues	Cerner Documentation Due
11/15	Clinical focus: Community Health	Care Map/Nursing Situation Due
11/22	Clinical focus: Community Health	Final Evaluation
11/29	Thanksgiving Break	

FAU

FLORIDA ATLANTIC
UNIVERSITY

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.

April 2012