

New Course Proposal Checklist

Submission Date: 10/29/2021
 Department: Nursing
 Course Title: NUR265 Psych/Mental Health Nursing
 Prepared by: Carol Velas
 Department Chair: Carol Velas

X if standards are met	Required Information	Questions/Comments
X	Cover page that includes the department's endorsement	
X	A brief rationale for proposing a new course	
X	Course description for the catalogue	
X	Prerequisites	
X	Course Credit Units	
N/A	Modified catalog requirements showing new course placement in each major track and minor (if appropriate)	
X	Syllabus that follows the guidelines for syllabus preparation	
X	Course Learning Outcomes (CLOs) aligned with the departmental PLOs and listed in a syllabus	
	Frequency of offering: Check the appropriate box:	
	- every semester	
	- once a year (F or S)	
	- once every other year	
	- Mayterm only	
X	- other (specify) FALL AND SPRING	
	Resources application: Check the appropriate box:	
X	- staffing requirements (adjunct)	
X	- IT resources	
	- other resources such as equipment, space, lab resources	
NA	<i>Attached Letter /Email from Provost if resources are required</i>	
NA	<i>Library resources : Attached Letter/Email from the Library Director or Associate Library Director if resources are required</i>	
NUR265	Requested Course number: Final determination by the Registrar upon consultation with the Department Chair	

Carol A. Velas

10/29/2021

 Department Chair (signature)

 Date



WESTMONT

To: Academic Senate
From: Department of Nursing-ABSN Program
Subject: Proposal for new course
Date: October 30, 2021

The Accelerated Bachelor of Science in Nursing program is a new program at Westmont College. This is a second bachelor degree program with an accelerated prelicensure nursing curriculum. The program is 4 semesters of 16 weeks each. Nursing courses include concurrent theory and clinical courses.

New course

NUR265 Psych/Mental Health Nursing is a 5-unit course with 3 units of theory and 2 unit of clinical (90hrs) placed in the third semester.

We are proposing this course so students will have the knowledge and experience to continue refining the cognition for critical thinking and clinical judgement in adult patients with disease processes and conditions that affect their mental health and ability to live a safe and productive life. Students will continue to learn about different ethnicities, races, and religions and provide culturally competent, compassionate care to patients who suffer from a variety of conditions that alter their mentation including; General Anxiety Disorder, clinical depression, bipolar disorder, schizophrenia spectrum, impulse disorders, dissociative disorders, and child and elder abuse. Students will also study sexual dysfunction, gender dysphoria, and paraphilias, sexual assault, Forensic Nursing, Serious Mental Illness, and Crisis and Disaster. Students will complete their clinical experience in Santa Barbara Cottage Hospital on the psychiatric unit and in ambulatory centers in Santa Barbara County.

The attached syllabus enumerates the Course Learning Outcomes including mapping to the Program Learning Outcomes. Assessment Technology Institute, our supplemental instruction is integrated throughout the curriculum with notations for your understanding.

The course will be offered two times per year in varying semesters as the two cohorts of nursing students enroll. Because this is a new course and a new program it will require new staff and IT resources.

This course is part of the required curriculum for the Bachelor of Science in Nursing Program. The sequence of this course in the curriculum is permanent in the third semester.

Westmont catalog course description

Psychiatric-mental health nursing challenges us to understand the complexities of the brain and human behavior. We are living in an age of fast-paced discoveries in neurobiology, genetics, and psychopharmacology. Researchers continue to seek the most effective evidence-based approaches for patients and their families. This course will introduce the student to the epidemiology, comorbidity, risk factors, and clinical picture of people who live every day with a variety of mental-health conditions. The nursing process is used to formulate care plans for patient and education for their families. Nursing interventions follow the standards set forth in the Psychiatric-Mental Health Nursing: Scope and Standards of Practice (2014). Peggy Halter, PhD, APRN



NUR265 Psych/Mental Health Nursing

2022

NUR265 Psych/Mental Health Nursing

5 units (Theory=3units, Clinical=3units) 10 weeks

Prerequisites: Acceptance into ABSN program

Placement in curriculum: Prelicensure requirement

Time: TBD

Room: TBD

Course Faculty: TBD

Faculty office: TBD

Faculty email: TBD

Faculty phone: TBD

Faculty office hours: TBD

I. Important Information

This is a course in a series of prelicensure nursing courses to prepare the nursing student for the safe, patient-centered and family-supported, compassionate care in a variety of healthcare settings. The best way to be prepared for your lecture and clinical experience is to maintain a healthy mental, physical, and spiritual life. Come to class after a good night's sleep, eat nutritious food, and stay current with reading assignments. For your clinical experience, come with excitement and understand you will continue to learn in the clinical setting and apply the concepts and skills you are learning in class. To help with your success in this course and program, it is not suggested you work more than 20 hours per week if you have to work.

Westmont catalogue course description

Psychiatric-mental health nursing challenges us to understand the complexities of the brain and human behavior. We are living in an age of fast-paced discoveries in neurobiology, genetics, and psychopharmacology. Researchers continue to seek the most effective evidence-based approaches for patients and their families. This course will introduce the student to the epidemiology, comorbidity, risk factors, and clinical picture of people who live every day with a variety of mental-health conditions. The nursing process is used to formulate care plans for patient and education for their families. Nursing interventions follow the standards set forth in the Psychiatric-Mental Health Nursing: Scope and Standards of Practice (2014). Peggy Halter, PhD, APRN

Instructor's further description

The patients we care for across the healthcare continuum, and in a variety of settings may be experiencing mental illness along with the physical illness they present with in their primary care practitioner's office or the emergency room. It is vital for all nurses to understand the specific needs these patients have to prevent injury and to support them in their treatment without bias or judgement.

ABSN Program Mission

Prepares faithful servant leaders to provide patient-centered and family supported safe, compassionate care for diverse populations and communities across the lifespan and in all health care settings.

AACN Baccalaureate Essentials (2018)

The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency, contributing to the improvement of the public's health. A specialized/professional accrediting agency, CCNE strives to promote the quality and integrity of baccalaureate and graduate nursing programs. Following are the nine baccalaureate essentials used as the framework for the current curriculum. In 2021 the Essentials were revised and will be integrated into the curriculum over the next three years.

- I Liberal Education for Baccalaureate Generalist Nursing Practice
- II Basic Organizational and Systems Leadership for Quality Care and Patient Safety
- III Scholarship for Evidence-Based Practice
- IV Information Management and Application of Patient Care Technology
- V Healthcare Policy, Finance, and Regulatory Environments
- VI Interprofessional Communication and Collaboration for Improving Patient Health Outcomes
- VII Clinical Prevention and Population Health
- VIII Professionalism and Professional Values
- IX Baccalaureate Generalist Nursing Practice

AACN Essentials (revised 2021)

The Essentials: Core Competencies for Professional Nursing Education provides a framework for preparing individuals as members of the discipline of nursing, reflecting expectations across the trajectory of nursing education and applied experience. The *Essentials* introduce 10 domains that represent the essence of professional nursing practice and the expected competencies for each domain. The competencies accompanying each domain are designed to be applicable across four spheres of care (disease prevention/promotion of health and wellbeing, chronic disease care, regenerative or restorative care, and hospice/palliative/supportive care), across the lifespan, and with diverse patient populations.

Domains for Nursing

Domains are broad distinguishable areas of competence that, when considered in the aggregate, constitute a descriptive framework for the practice of nursing.

The Ten Domains:

- Domain 1-Knowledge for Nursing Practice
- Domain 2-Person-centered Care
- Domain 3-Population Health
- Domain 4-Scholarship for Nursing Practice

- Domain 5-Quality and Safety
 - Domain 6-Interprofessional Partnerships
 - Domain 7-Systems-based Practice
 - Domain 8-Information and Healthcare Technology
 - Domain 9-Professionalism
 - Domain 10-Personal, Professionals, Leadership Development
- (The Essentials: Core Competencies for Professional Nursing Education, 2021)

Program Learning Outcomes (PLO)

1. Exhibit Christian character and servant leadership while providing compassionate care for a diverse population in communities across state, national, and global settings.
2. Evidence-based best practices, critical thinking, and clinical reasoning, inform clinical judgement for the provision of patient-centered, safe, quality care.
3. Create patient education plans that are culturally specific to the patient and that incorporate the family support system.
4. Communicate effectively with the interprofessional team to ensure a wholistic approach to patient-centered care.
5. Continue inquisitive learning by using the Electronic Medical Record and Informatics to meet quality metrics in a variety of healthcare and geographic settings.
6. Advocate for healthcare policies for the underserved, vulnerable populations to ensure equity with access to care for prevention, remedial, supportive, and rehabilitative nursing care regionally, nationally, and globally.

Course Learning Outcomes (CLO)

1. Practice culturally sensitive, evidence-based, patient-centered, compassionate care without bias or judgement.
2. Recognize the unique needs of patients that have altered realities, providing a safe environment that meets their needs.
3. Construct patient and family education plans for newly diagnosed patient with psychiatric conditions that are evidence-based and patient specific. Ensure community resources are relevant and current.
4. Appraise the data in the patient’s electronic medical record (EMR) and ensure accurate documentation.
5. Communicate effectively with the interprofessional healthcare team for a wholistic plan of care that includes the patient’s cultural and religious needs and preferences.
6. Advocate for the safety of each patient, using the least restrictive modes of restraint when patient is in an unsafe environment.
7. Evaluate the ongoing care of patients to ensure evidence-based best practices.

PLO and CLO Alignment Table

Program Learning Outcomes	Course Learning Outcomes (Reinforcing and mastering)
1. Exhibit Christian character and servant leadership while providing compassionate care for a diverse population in	1. Practice culturally sensitive, evidence-based, patient-centered, compassionate care without bias or judgement.

communities across state, national, and global settings.	
2. Evidence-based best practices, critical thinking, and clinical reasoning, inform clinical judgement for the provision of patient-centered, safe, quality care.	<p>1. Practice culturally sensitive, evidence-based, patient-centered, compassionate care without bias or judgement.</p> <p>2. Recognize the unique needs of patients that have altered realities, providing a safe environment that meets their needs.</p> <p>6. Advocate for the safety of each patient, using the least restrictive modes of restraint when patient is in an unsafe environment.</p> <p>7. Evaluate the ongoing care of patients to ensure evidence-based best practices.</p>
3. Create patient education plans that are culturally specific to the patient and that incorporate the family support system.	3. Construct patient and family education plans for newly diagnosed patient with psychiatric conditions that are evidence-based and patient specific. Ensure community resources are relevant and current.
4. Communicate effectively with the interprofessional team to ensure a wholistic approach to patient-centered care.	5. Communicate effectively with the interprofessional healthcare team for a wholistic plan of care that includes the patient's cultural and religious needs and preferences.
5. Continue inquisitive learning by using the Electronic Medical Record and Informatics to meet quality metrics in a variety of healthcare and geographic settings.	4. Appraise the data in the patient's electronic medical record (EMR) and ensure accurate documentation.
6. Advocate for healthcare policies for the underserved, vulnerable populations to ensure equity with access to care for prevention, remedial, supportive, and rehabilitative nursing care regionally, nationally, and globally.	N/A

Required Textbooks

Title	Author	Publisher	ISBN#
Varcarolis' Foundations of Psychiatric-Mental Health Nursing: A Clinical Approach (8 th ed.)	Margaret Jordan Halter	Elsevier	9-780323389679
Gerontologic Nursing (6 th ed.)	Sue E. Meiner & Jennifer J. Yeager	Elsevier	9-780323498111
Psychology for Nursing & Healthcare Professional: Developing Compassionate Care	Sue Barker	Sage	9-781473925069
Nursing Diagnosis textbook of your choice (can be a bundled application on smart phone)			
Nursing Drug textbook of your choice (can be a bundled application on smart phone)			
Publication Manual of the American Psychological Association (7 th ed.)	American Psychological Association	American Psychological Association	978-143383216

Supplemental Resources

ATI Supreme Essentials provides the visual and auditory learners with skill vignettes, review modules, online tutorials, dosage calculation and safe medication practice, computer adaptive NextGen and current NCLEX test item types, civility tutorials, and ATI Pulse (analytics engine that predicts students probability of passing the NCLEX). ATI also provides a host of practice and proctored NCLEX style exams as well as a Predictor exam to prepare for the NCLEX. ATI tools will be fully integrated into each nursing course.

Suggested Resources

1. Articles
2. Position Papers
3. Healthcare Policies
4. Westmont College Library and online databases (EBSCO, ProQuest, ERIC, CINALH)

Assessment of CLOs (Assignments, quizzes, exams)

The assessments used in this course to measure your learning and meeting the content objectives and course learning outcomes will include class participation, quizzes, and exams using NCLEX style questions. **If student earns $\leq 85\%$ on any course exam, student must build a 20-question quiz using ATI's Learning System quiz bank on missed content as remediation for course exam. This quiz will be due on next class day.**

Course Learning Outcomes	Instructional activity	Assessment
<p>1. Practice culturally sensitive, evidence-based, patient-centered, compassionate care without bias or judgement.</p> <p>2. Recognize the unique needs of patients that have altered realities, providing a safe environment that meets their needs.</p> <p>3. Construct patient and family education plans for newly diagnosed patient with psychiatric conditions that are evidence-based and patient specific. Ensure community resources are relevant and current.</p> <p>6. Advocate for the safety of each patient, using the least restrictive modes of restraint when patient is in an unsafe environment.</p> <p>7. Evaluate the ongoing care of patients to ensure evidence-based best practices.</p>	<p>Lecture, class discussion, shared experiences, and scaffolding case studies</p>	<p>Quizzes and exams</p>
<p>4. Appraise the data in the patient's electronic medical record (EMR) and ensure accurate documentation.</p> <p>5. Communicate effectively with the interprofessional healthcare team for a holistic plan of care that includes the patient's cultural and religious needs and preferences.</p>	<p>Lecture, class discussion, and clinical practice</p>	<p>Quizzes and exams</p>

Class participation = P/NC
 Exams 3 x 100pts each = 300pts
Comprehensive Exam 100pts = 100pts
 Total = 400pts

***Student must have 75% in theory and "Pass" in clinical to progress**

II. Course Policies

Grading

Grade points per unit of credit are assigned on the following scale:

A 4 grade points

A- 3.7 grade points

B+ 3.3 grade points

B 3.0 grade points

B- 2.7 grade points

C+ 2.3 grade points

C 2.0 grade points

C- 1.7 grade points

D+ 1.3 grade points

D 1.0 grade points

D- 0.7 grade points

P (At least D-) No grade points assigned. Not computed in the grade point average.

F 0 grade points

NC (F) No grade points assigned. Not computed in the grade point average. W No grade points assigned. Not computed in grade point average.

WF No grade points assigned. Not computed in grade point average.

WP No grade points assigned. Not computed in grade point average.

WX No grade points assigned. Not computed in grade point average.

Westmont does not compute the units and grades students earned at other colleges in its grade average. (Exception: Courses and grades taken as part of a Westmont off-campus program are posted on the Westmont transcript and will be calculated in the Westmont GPA.)

Apart from the exceptions identified below, all courses at Westmont are graded using a letter scale (A, B, C, D, F).

Instructor Initiated Exceptions:

1. For pedagogical reasons, an instructor may elect to use P/NC grade reporting in any class not approved for GE credit. It is assumed that the same grade-reporting system will be applied to the entire class.
2. With the approval of the General Education Committee, P/NC grade reporting may be used in appropriate, GE-approved courses.
3. When P/NC grade reporting is used, the syllabus must reflect this fact. In addition, departments are encouraged to include a notice in the catalog that the course may use P/NC grading.

Office of Disability Services

Students who have been diagnosed with a disability are strongly encouraged to contact the Office of Disability Services as early as possible to discuss appropriate accommodations for this course. Formal accommodations will only be granted for

students whose disabilities have been verified by the Office of Disability Services. These accommodations may be necessary to ensure your equal access to this course.

Please contact Sheri Noble, Director of Disability Services. (310A Voskuyl Library, 565-6186, snoble@westmont.edu) or visit the website for more information:

<http://www.westmont.edu/offices/disability>

Dress Code

Comfortable, non-binding clothing

Academic Integrity

When students join our college community, they are expected, as apprentice scholars, to search for truth with integrity and accuracy. This quest requires humility about our abilities, respect for the ideas of others, and originality in our thinking. Since Westmont is a Christian community, the integrity of our scholarship is rooted in the integrity of our faith. We seek to be followers of Christ in the classroom, in the library, and at the privacy of our computers. Violations of academic integrity are a serious breach of trust within the Westmont community because they violate the regard for truth essential to genuine learning and Christian consistency. Such deception also hurts those students who do their work with integrity. Violations of Academic Integrity may consist of cheating (the use of unauthorized sources of information on an examination or other assignment), falsification (misrepresentation of facts in any academic project or obligation) or plagiarism (the use of someone else's words or ideas without giving proper credit). Faculty and students should operate in an environment of mutual trust and respect. Faculty will expect students to act in ways consistent with academic integrity. However, for both scholarly and spiritual reasons, cheating, falsification, plagiarism and all other violations of academic integrity will not be tolerated in the Westmont community. Please familiarize yourself with [the entire Westmont College Academic Integrity Policy](#). This document defines different violations of academic integrity and their consequences. It also contains very helpful information on strategies to recognize violations of academic integrity before they occur. Dishonesty in the clinical setting, will not be tolerated and students will be removed followed by program suspension or termination.

Technology in the Classroom

Laptops, tablets, and smart phones can be used in the classroom with the permission of the faculty. The use of smart phones in the clinical setting will depend on each clinical setting's rules. Smart phones in the clinical setting can be used for clinical related resources (drug book, Tabers, calculation, etc). Recording lectures is also at the discretion of the faculty and permission must be granted.

Emergencies

In the event that an emergency occurs during instruction, it is important to be familiar with the practices in place for the classroom. Please review the document at <https://integready.app.box.com/AnticipatingInClass> and direct any questions or concerns to the Office of Institutional Resilience.

III. Weekly course schedule

Textbooks:

1. Foundations of Psych/Mental Health Nursing (Halter)
2. Gerontologic Nursing (Meiner)
3. Psychology for Nursing & Healthcare Professional: Developing Compassionate Care (Barker)

***Subject to change at any time, you will be notified of any changes**

Week In semester	Content Objectives	Reading	Activities and assignments	Outcome Measurement
½	Introduction to course/semester			
3 and 4	<p>Mental Health and Mental Illness, Theories and therapies, Treatment Settings, Therapeutic Groups, Family Interventions</p> <ol style="list-style-type: none"> 1. Discuss how the aging of society will affect the future of health care delivery. 2. Explore the concept of ageism as it relates to care of older adults in various settings. 3. Identify the implications of psychiatric theories and therapies for nursing care. 4. Apply developmental theories to patients across the life span. 5. Discuss the purpose of patient-centered medical homes and implications for holistically treating individuals with psychiatric disorders. 6. Explain the therapeutic milieu. 7. Differentiate the role of the nurse for inpatient and outpatient care. 8. Examine the basic concepts related to group work. 9. Evaluate task and maintenance roles of group members. 10. Compare and contrast models of modern family therapy. 	<p>Halter: 1, 2, 4, 34, 35</p> <p>Meiner: 2 pgs. 22-27</p> <p>Barker: 5</p> <p>ATI eBook Mental Health Chapter 1 and 7</p>	<p>Small group activity: Brainstorm together, characteristics of a solid, healthy functional family.</p> <p>Class discussion: psychoanalysis</p> <p>Complete ALT: Therapeutic Procedure on psychoanalysis</p>	

<p>5 and 6</p>	<p>Psychobiology and Psychopharmacology, Drugs and aging, Integrative Care</p> <ol style="list-style-type: none"> 1. Describe the role of the primary care provider and the psychiatric specialist in treating psychiatric disorders. 2. Evaluate key components and benefits of community-based care such as psychiatric home care. 3. Explain the purpose of identifying the rights of hospitalized psychiatric patients. 4. Discuss the concepts of integrative care; complementary and alternative medicine. 5. Develop education material for patient and family regarding evidence-based practice and safety of integrative modalities. 6. Examine the role of the nurse in preparing, administering and monitoring the consumption of psych medications for this population. 7. Evaluate laboratory and diagnostic test for the patient with Psychiatric conditions. 	<p>Halter: 4, 36 Meiner: 16</p> <p>ATI eBook Mental Health Nursing Unit 4</p> <p>Pharmacology Made Easy Module: Neurological System Part 2</p>	<p>Class discussion: What are your thoughts and/or experience with integrative modalities for psychiatric care.</p> <p>Video Case Studies: Neurocognitive disorders</p>	
<p>7 and 8</p>	<p>Legal and Ethical Implications, The Nursing Process and Standards of Care</p> <ol style="list-style-type: none"> 1. Discuss the five ethical principles central to bioethics. 2. Discuss patient's rights including the patients right to treatment, refuse treatment, and informed consent. 3. Examine the patient's rights and legal concerns in regard of restraint and seclusion. 4. Evaluate situations in which health care professionals have a duty to break patient confidentiality. 5. Review BPE 2725 in regards to compassionate care of the patient with psychiatric conditions. 	<p>Halter: 6, 7</p> <p>ATI:</p>	<p>Small group discussion: Challenge students in groups to differentiate beneficence, justice, autonomy, fidelity, maleficence and how these principles protect patient's rights.</p> <p>Class discussion: What would you do if you suspected negligence on</p>	<p>Week 7: Learning System Standard Quiz: Mental Health 1</p>

	<p>6. Discuss laws (torts, negligence, malpractice) that are relevant to psychiatric nursing.</p> <p>7. Discusses the procedure for conducting a mental health examination.</p>		<p>the part of a peer?</p>	
<p>9</p>	<p>Cultural Implications, Therapeutic relationships and communication, and Stress</p> <p>1. Explain the importance of cultural relevant care in psychiatric mental health nursing practice.</p> <p>2. Discuss potential problems in applying Western psychological theory to patients of other cultures.</p> <p>3. Compare and contrast Western nursing beliefs, values, and practices with the beliefs, values, and practices of patients from diverse cultures.</p> <p>4. Compare and contrast a social relationship and a therapeutic relationship regarding purpose, focus, communications style, and goals.</p> <p>5. Explore qualities that foster a therapeutic nurse–patient relationship and qualities that contribute to a nontherapeutic nursing interactive process.</p> <p>6. Analyze the meaning of boundaries and the influence of transference and countertransference on boundary blurring.</p> <p>7. Define and discuss the roles of empathy, genuineness, and positive regard on the part of the nurse in a nurse–patient relationship.</p> <p>8. Identify the use of attending behaviors (e.g., eye contact, body language, and vocal qualities).</p> <p>9. Relate problems that can arise when nurses are insensitive to cultural</p>	<p>Halter: 5, 8, 9, 10</p> <p>ATI:</p>	<p>Small group discussion:</p> <p>You are caring for three patients. Patient A believes in Western Medicine, Patient B believes in Eastern Medicine, and Patient C believes in tribal remedies from Africa. Discuss how you would provide patient-centered compassionate care for this group of patients.</p> <p><i>Video Case Studies: Therapeutic Communication And Cultural Diversity</i></p>	<p>Exam 1 Weeks 6/7/8</p>

	<p>influences on patients' communication styles.</p> <p>10. Describe four techniques that can <i>enhance</i> communication, highlighting what makes them <i>effective</i>.</p> <p>11. Discuss four techniques that can <i>obstruct</i> communication, highlighting what makes them <i>ineffective</i>.</p> <p>12. Compare and contrast Cannon's (fight-or-flight) and Selye's (general adaptation syndrome) models of stress.</p> <p>13. Describe how responses to stress are mediated through perception, personality, social support, culture, and spirituality.</p>			
10	<p>Schizophrenia Spectrum Disorders, Anxiety and OCD, Impulse control disorders, Trauma, Stressor-related and Dissociative disorders, Anger, Aggression, and Violence</p> <p>1. Discuss the schizophrenia spectrum disorders.</p> <p>2. Explain at least three of the neurobiological findings that indicate that schizophrenia is a brain disorder.</p> <p>3. Differentiate among the positive and negative symptoms of schizophrenia in terms of treatment and effect on quality of life.</p> <p>4. Describe clinical manifestations of each anxiety and obsessive-compulsive disorder.</p> <p>5. Examine genetic, biological, psychological, and cultural factors that may contribute to anxiety and obsessive-compulsive disorders.</p> <p>6. Justify feelings that may be experienced by nurses caring for patients with anxiety and obsessive-compulsive disorders.</p>	<p>Halter: 12, 15, 16, 21, 27</p> <p>ATI:</p>	<p>Small group discussion: PTSD can be associated with any kind of trauma. We have experienced a pandemic across the globe. Many of our healthcare providers will experience PTSD, is our healthcare infrastructure capable and ready to treat this population?</p> <p>Class discussion: Ethical care of the psych-mental health patient and safety for caregivers.</p> <p>ATI Video Case Studies: Anxiety, Depression</p>	<p>Learning System Standard Quiz Mental Health 2</p>

	<p>7. Recognize clinical manifestations of each disorder covered under the general umbrella of trauma-related and dissociative disorders.</p> <p>8. Describe biological, psychological, and environmental factors related to the development of impulse control disorders.</p> <p>9. Compare and contrast three theories that explain the origins of anger, aggression, and violence.</p> <p>10. Discuss strategies for de-escalation.</p> <p>11. Discuss two criteria that make the use of seclusion or restraint more appropriate than verbal intervention.</p> <p>12. Create evidence-based, patient-centered, compassionate care planning for patients discussed in this section.</p> <p>13. Discuss the pharmacological management of Schizophrenia Spectrum Disorders disorders including the role of the nurse in educating the patient/support system.</p>			
<p>11</p>	<p>Bipolar and related disorders, Depressive disorders, Neurocognitive disorders, Child and Elder Abuse and violence, Older adults</p> <p>1. Describe the signs and symptoms of bipolar I, bipolar II, and cyclothymic disorder.</p> <p>2. Distinguish between mania and hypomania.</p> <p>3. Evaluate the use of lithium in management of bipolar disorders and the risk of toxicity.</p> <p>4. Examine the use of electroconvulsive therapy.</p> <p>5. Assess behaviors in a patient with depression in regard to each of the following areas: (a) affect, (b) thought processes, (c) mood, (d)</p>	<p>Halter: 13, 14, 23, 28, 31 Meiner: 24, and pg. 195</p>	<p>Class discussion: Family support and caregiving for family members experiencing dementia.</p> <p>ATI: Dosage Calculations and Safe Medication Administration Case Studies: Advanced Alzheimer’s Disease, Depression and Bipolar</p> <p>Video Case Studies: Bipolar</p>	<p>Exam 2 Weeks 9/10</p> <p>ATI CMS Assessment Mental Health Practice A + Focused Review and Post Study Quiz</p>

	<p>feelings, and (e) physical behavior.</p> <p>6. Discuss the pharmacological management of Schizophrenia depressive disorders including the role of the nurse in educating the patient/support system.</p> <p>7. Discuss the onset and progress of dementia.</p> <p>8. Evaluate the evidence-based, patient-centered compassionate care of a patient with delirium.</p> <p>9. Compose a list of appropriate referrals in the community—including a support group, hotline for information, and respite services—for persons with dementia and their caregivers.</p> <p>10. Identify the nature and scope of family violence and factors contributing to its occurrence.</p> <p>11. Identify three indicators of (a) physical abuse, (b) sexual abuse, (c) neglect, and (d) emotional abuse.</p> <p>12. Compose a safety plan for a victim of intimate partner abuse.</p>			
<p>12</p>	<p>Somatic symptom disorders, eating and feeding disorders and sleep-wake disorders</p> <p>1. Describe clinical manifestations of each of the somatic symptom disorders.</p> <p>2. Discuss biological, psychological, behavioral, cognitive, environmental, and cultural factors influencing the onset and course of the somatic symptom disorders.</p> <p>3. Analyze the impact of childhood trauma on adult somatic preoccupation.</p> <p>4. Describe how anxiety, depression, and trauma can result in physical distress</p> <p>5. Compare and contrast the signs and symptoms of anorexia nervosa, bulimia nervosa, and binge eating disorder.</p>	<p>Halter: 17, 18, 19 Meiner: 159-168</p> <p>ATI:</p>	<p>Prior to beginning the lecture: Have student teams compete to list as many categories of negative impact as they can think of that inadequate sleep might cause or contribute to.</p> <p>Small group discussion: Have students, create a list of complications of bulimia,</p>	<p>ATI CMS Practice Assessment B Mental Health + Focused Review and Post Study Quiz</p>

	<p>6. Describe the biological, psychological, and environmental factors associated with eating disorders.</p> <p>7. Apply the nursing process to patients with anorexia nervosa, bulimia nervosa, and binge eating disorder.</p> <p>8. Using the nursing process, develop evidence-based, patient-centered, compassionate care planning for patients with these conditions.</p> <p>9. Discuss the pharmacological management of somatic and eating disorders including the role of the nurse in educating the patient/support system.</p>		<p>including a brief description of the reason for the connection between bulimia and the problem.</p>	
<p>13</p>	<p>Substance abuse, addiction, personality disorders, suicide and non-suicide self-injury, Dying, Death, and Grieving</p> <p>1. Describe the major groups of substance-related and addictive disorders in terms of use, intoxication, withdrawal, overdose, and treatment.</p> <p>2. Identify characteristics of each of the ten personality disorders.</p> <p>3. Analyze the interaction of biological determinants and psychosocial risk factors in the development of personality disorders.</p> <p>3. Describe the emotional and clinical needs of nurses and other staff when working with patients who have personality disorders.</p> <p>4. Identify the role of the advanced-practice nurse when working with patients with personality disorders.</p> <p>5. Create care plans that are promote best practices, patient-centered, compassionate care.</p> <p>6. Discuss the pharmacological management of addiction including the role</p>	<p>Halter: 22, 24, 25, 30</p> <p>ATI:</p>	<p>Class discussion: What comes to mind when you hear that a person has a personality disorder? Can they function independently? What needs will nurses have to work effectively with this population?</p> <p>Small group discussions: Advanced care planning for end-of-life.</p> <p>SLO #7 Engage Fundamentals Clinical Judgment Concept Map Activity: EOL Care</p>	<p>ATI Learning System Standard Quiz: Mental Health Final</p>

	<p>of the nurse in educating the patient/support system.</p> <p>7. Evaluate the role of palliative care and hospice in supporting patients and families facing chronic diseases and terminal illnesses.</p> <p>8. Recall the stages of the dying process as described by Kübler-Ross.</p> <p>9. Examine the controversy around facilitating death.</p> <p>10. Describe the components of advance care planning for death.</p>			
14	<p>Sexual dysfunction, gender dysphoria, and paraphilias, Sexual Assault, Forensic Nursing, Serious Mental Illness, Crisis and Disaster</p> <p>1. Describe clinical manifestations of each major sexual dysfunction.</p> <p>2. Consider the impact of medical problems and medications on normal sexual functioning.</p> <p>3. Describe biological, psychological, and environmental factors related to sexual dysfunction.</p> <p>4. Define sexual assault, sexual violence, completed rape, and attempted rape.</p> <p>5. Discuss the implications for the underreporting of sexual assault.</p> <p>6. Describe the profile of the victim and the perpetrator of sexual assault.</p> <p>7. Distinguish between the acute and long-term phases of the rape-trauma syndrome, and identify some common reactions during each phase.</p> <p>8. Identify five areas to assess when working with a person who has been sexually assaulted.</p> <p>9. Identify three roles of psychiatric nurses in the specialty of forensic nursing.</p> <p>10. Discuss the roles of the forensic psychiatric nurse</p>	<p>Halter: 20, 29, 33</p> <p>Meiner: pg. 204-208</p> <p>ATI:</p>	<p>Class discussion: Forensic nursing</p>	<p>Exam 3 Weeks 11/12/13</p> <p>ATI CMS Assessment: Mental Health Proctored + Focused Review</p>

	within the legal system.			
15	Comprehensive Final Exam			
16	Course Wrap-up and shared meal in Santa Barbara			

Clinical syllabus

Faculty: TBD
 Clinical Site: TBD
 Faculty: TBD
 Phone: TBD
 Email: TBD
 Office hours: TBD

Clinical objectives:

1. Discuss safe practices for healthcare providers and patients in the locked psychiatric unit.
2. Provides safe, quality, culturally sensitive, and compassionate care to a diverse group of patients with a variety of psychiatric conditions.
3. Recognize the importance of individual and group therapy.
4. Compare and contrast the treatment modalities of various psychiatric conditions in the inpatient and residential settings.
5. Use a variety of communication techniques depending on the diagnosis of the psychiatric patient.
6. Communicate changes in patient behavior or condition to the healthcare provider.
7. Create a comprehensive discharge plan including community resources for the psychiatric patient.
8. Evaluate lab and diagnostic results to ensure safe medication administration.
9. Justify the need for the least restrictive form of restraint for the patient who is a harm to self or others.

Clinical schedule:

Week	Patient care focus	Preconference Lunch Post-conference
------	--------------------	---

3	Hospital orientation, Assessment review, communication patterns, skills checklist for seclusion, restraints	6:30-6:45 Preconference 13:00-14:00 Postconference
5	Building trust, interview techniques, community resources. Complete patient care on one patient. Begin medication administration	6:30-6:45 Preconference 13:00-14:00 Postconference
6	Observation of group therapy Complete patient care on one patient.	6:30-6:45 Preconference 13:00-14:00 Postconference
7	Begin medication administration Complete patient care on one patient.	6:30-6:45 Preconference 13:00-14:00 Postconference
9	Pick-up second patient for the total care of two patients, medication on 2 patients	6:30-6:45 Preconference 13:00-14:00 Postconference Group therapy paper due
11	Pick-up second patient for the total care of two patients, medication on 2 patients	6:30-6:45 Preconference 13:00-14:00 Postconference Care plan due
13	Pick-up second patient for the total care of two patients, medication on 2 patients	6:30-6:45 Preconference 13:00-14:00 Postconference
15	Pick-up second patient for the total care of two patients, medication on 2 patients	6:30-6:45 Preconference 13:00-14:00 Postconference
16	Course wrap-up , Clinical evaluations	