

**The University of Texas at Tyler  
College of Nursing**

**NURS 3513: Psychiatric/Mental Health Nursing**

**Spring 2017**

**Course Faculty**

***L. Brantley, MSN, RN,***

Office: Mathis hall 221 Phone: 903.727-2306

E-mail: [lbrantley@uttyler.edu](mailto:lbrantley@uttyler.edu)

(Email will be returned within 48 hours)

Office Hours: Monday 1:00 p.m. – 4:00 p.m. and by appointment

***Rebecca Carrasco, MSN, RN,***

Office: Longview University Center 231 Phone: 903.663-8231

E-mail: [rcarrasco@uttyler.edu](mailto:rcarrasco@uttyler.edu)

(Email will be returned within 48 hours)

Office Hours: Wednesday 1:00 p.m. – 4:00 p.m. and by appointment

***Rose Guidry MSN, RN, RD, LD***

Office: Tyler campus BRB 2135

Phone: 903.565.5717

E-mail: [rguidry@uttyler.edu](mailto:rguidry@uttyler.edu)

(Email will be returned within 48 hours)

Office Hours: Wednesday 1:30 p.m. - 4:30 p.m. and by appointment

***Kathy Wilson, MS, RN***

Office: Tyler campus BRB 2080

Email: [kathleenwilson@uttyler.edu](mailto:kathleenwilson@uttyler.edu)

(Email will be returned within 48 hours)

Office hours: Wednesday 1:00p.m.-4:00p.m. and by appointment

The content of this syllabus/WEB site is subject to change at the discretion of the faculty leaders according to current learning needs.

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## 1.0 Content of Syllabus

**Title:** NURS 3513 – Psychiatric/Mental Health Nursing

**Semester Credit Hours:** Five (5) Credit Hours-Didactic/Clinical (2:3)

**Prerequisites:** Courses in Level I.

### Course Description:

This course utilizes theories and concepts related to human behavior and alterations in human behavior. Using a holistic nursing approach, emphasis is on communication skills, self-awareness, and therapeutic use of self in selected settings. **Prerequisites:** Successful completion of NURS 3205, NURS 3303, NURS 3307, NURS 3310, and NURS 3603. (Credit: 2:3)

## 2.0 Student Learning Outcomes for Course:

Upon successful completion of the course the student will:

1. Integrate knowledge from nursing and other scientific and humanistic disciplines as it relates to mental health issues.
2. Demonstrate accountability for all professional interactions to reflect interpersonal caring and therapeutic use of self.
3. Integrate evidence based findings in the provision of mental health nursing care.
4. Utilize technology and information systems to facilitate the delivery of mental health nursing care.
5. Discuss the impact of health care policy and the regulatory process in the provision of mental health nursing care.
6. Participate in the coordination of care with the interdisciplinary health care team to provide safe and effective mental health nursing care.
7. Promote, maintain and/or restore optimal mental health through the use of traditional and alternative therapies.
8. Demonstrate conduct that reflects core professional values and legal and ethical principles.
9. Utilize the nursing process and knowledge of mental health to provide holistic care to diverse populations across the lifespan.

## 3.0 Textbooks

### Required:

College of Nursing. (Current). *BSN/MSN guide for nursing students*. Tyler: The University of Texas at Tyler.

Spring 2017 Syllabus for NURS 3513.

Halter, M.J. (2014). *Varcarolis Foundations of psychiatric mental health nursing: A clinical approach* (7<sup>th</sup> Ed.). St. Louis, MO: Saunders Elsevier. ISBN: 978-1-4557-5358-1

## 4.0 University Policies

<http://www.uttyler.edu/academicaffairs/files/syllabuspolicy.pdf>

UT Tyler a Tobacco-Free University:

All forms of tobacco will not be permitted on the UT Tyler main campus, branch campuses, and any property owned by UT Tyler. This applies to all members of the University community, including students, faculty, staff, University affiliates, contractors, and visitors. <http://catalogs.uttyler.edu/en/UTTyler/HOP/Series-400-Business-Affairs/4-4-2-Tobacco-Free-Campus>

- Forms of tobacco not permitted include cigarettes, cigars, pipes, water pipes (hookah), bidis, kreteks, electronic cigarettes, smokeless tobacco, snuff, chewing tobacco, and all other tobacco products.
- There are several cessation programs available to students looking to quit smoking, including counseling, guidelines, and group support. For more information on cessation programs please visit [www.uttyler.edu/tobacco-free](http://www.uttyler.edu/tobacco-free).

### **Students Rights and Responsibilities**

To know and understand the policies that affect your rights and responsibilities as a student at UT Tyler, please follow this link: <http://www.uttyler.edu/academicaffairs/syllabuspolicies.pdf>

### **Grade Replacement/Forgiveness and Census Date Policies**

Students repeating a course for grade forgiveness (grade replacement) must file a Grade Replacement Contract with the Enrollment Services Center (ADM 230) on or before the Census Date of the semester in which the course will be repeated. Grade Replacement Contracts are available in the Enrollment Services Center or at <http://www.uttyler.edu/registrar>. Each semester's Census Date can be found on the Contract itself, on the Academic Calendar, or in the information pamphlets published each semester by the Office of the Registrar.

Failure to file a Grade Replacement Contract will result in both the original and repeated grade being used to calculate your overall grade point average. Undergraduates are eligible to exercise grade replacement for only three course repeats during their career at UT Tyler; graduates are eligible for two grade replacements. Full policy details are printed on each Grade Replacement Contract.

The Census Date is the deadline for many forms and enrollment actions that students need to be aware of. These include:

- Submitting Grade Replacement Contracts, Transient Forms, requests to withhold directory information, approvals for taking courses as Audit, Pass/Fail or Credit/No Credit.
- Receiving 100% refunds for partial withdrawals. (There is no refund for these after the Census Date)
- Schedule adjustments (section changes, adding a new class, dropping without a "W" grade)
- Being reinstated or re-enrolled in classes after being dropped for non-payment
- Completing the process for tuition exemptions or waivers through Financial Aid

### **State-Mandated Course Drop Policy**

Texas law prohibits a student who began college for the first time in Fall 2007 or thereafter from dropping more than six courses during their entire undergraduate career. This includes courses dropped at another 2-year or 4-year Texas public college or university. For purposes of this rule, a dropped course is any course that is dropped after the census date (See Academic Calendar for the specific date).

Exceptions to the 6-drop rule may be found in the catalog. Petitions for exemptions must be submitted to the Enrollment Services Center and must be accompanied by documentation of the extenuating circumstance. Please contact the Enrollment Services Center if you have any questions.

### **Disability Services**

In accordance with Section 504 of the Rehabilitation Act, Americans with Disabilities Act (ADA) and the ADA Amendments Act (ADAAA) the University offers accommodations to students with learning, physical and/or psychiatric disabilities. If you have a disability, including non-visible disabilities such as chronic diseases, learning disabilities, head injury, PTSD or ADHD, or you have a history of modifications or accommodations in a previous educational environment you are encouraged to contact the Student Accessibility and Resources office and schedule an interview with the Accessibility Case Manager/ADA Coordinator, Cynthia Lowery Staples. If you are unsure if the above criterion applies to you, but have questions or concerns please contact the SAR office. For more information or to set up an appointment please visit the SAR office located in the University Center, Room 3150 or call 903.566.7079. You may also send an email to [estaples@uttyler.edu](mailto:estaples@uttyler.edu)

**Student Absence due to Religious Observance**

Students who anticipate being absent from class due to a religious observance are requested to inform the instructor of such absences by the second class meeting of the semester.

**Student Absence for University-Sponsored Events and Activities**

If you intend to be absent for a university-sponsored event or activity, you (or the event sponsor) must notify the instructor at least two weeks prior to the date of the planned absence. At that time the instructor will set a date and time when make-up assignments will be completed.

**Social Security and FERPA Statement:**

It is the policy of The University of Texas at Tyler to protect the confidential nature of social security numbers. The University has changed its computer programming so that all students have an identification number. The electronic transmission of grades (e.g., via e-mail) risks violation of the Family Educational Rights and Privacy Act; grades will not be transmitted electronically.

**Emergency Exits and Evacuation:**

Everyone is required to exit the building when a fire alarm goes off. Follow your instructor's directions regarding the appropriate exit. If you require assistance during an evacuation, inform your instructor in the first week of class. Do not re-enter the building unless given permission by University Police, Fire department, or Fire Prevention Services.

Rev. 06/2012

**5.0. Examinations/Assignments and Grading Policy**

Completion of NURS 3513 is based on satisfactory attainment of didactic and clinical criteria. Any student who fails to meet the student learning outcomes (course objectives) and expectations in either the classroom or clinical area must repeat the entire course and may not progress to the next level.

**A. Grading Policy**

The simple average of the exam grades, before bonus points, must be 75% or above to pass the course. Grades will not be rounded when calculating the average (74.5-74.9 is not rounded to 75).

4 Unit tests (20% each)	80%
Comprehensive Final Exam	20%
Clinical Mastery	P/F (75% or better)
Clinical Agency/Community Agency Evaluation	<u>P/F</u> (75% or better)
Total:	100%

Students will have access to an exam review and preliminary grade on all exams immediately following submission on the proctored computerized exam. Statistical analysis and evaluation of the completed exam and a posted final exam grade will occur within 72 hours of the exam. If an unforeseen occurrence should delay this process, students will be notified of the delay and projected time of resolution within the 72 hours following the exam. Students who score below 75 percent on an exam are encouraged to make an appointment with their instructor to go over exam content, study skills, and other factors contributing to exam challenges.

**Bonus Points:**

If the unit exams and final exam average 75% or above, then bonus points will be added to the course average for the medication quizzes, module quizzes, learning activities, and the ATI proctored exam.

Students scoring at or above the national average on the ATI proctored exam will earn a 1 point bonus.

ATI Exam	1 point
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All other bonus points will be scored with the potential of earning the following grade point bonus:

Medication Quiz	1 point
4 Module Quizzes (0.5 each)	2 points
4 Learning Activities (0.5 each)	<u>2 points</u>

Total of potential bonus points:

6 points

The proctored ATI exam will be scored after submission in the computer lab and the students will have immediate access to their score, the comparable national average, and individualized assessment of content strengths and weakness with corresponding tutorials.

All quizzes and learning activities will be completed independently in the Learning Management System and scored immediately after completion. Students will then have access to rationale for incorrect responses. Then the final grade will be rounded to the nearest whole number.

Letter grades will be assigned according to the following scale:

A	90 - 100
B	80 - 89
C	75 - 79
D	60 - 74 (no rounding up)
F	Below 60

(Approved Faculty Organization: Fall 1999, implemented Spring 2000)

\*Any student repeating a course must complete all course requirements or equivalent as determined by course coordinator during the semester in which the grade will be awarded.

### **B. Grade Replacement/Forgiveness**

If you are repeating this course for a grade replacement, you must file an intent to receive grade forgiveness with the registrar by the 12th day of class. Failure to do so will result in both the original and repeated grade being used to calculate your overall grade point average. Undergraduates will receive grade forgiveness (grade replacement) for only three course repeats; graduates, for two course repeats during his/her career at UT Tyler. <http://www.uttyler.edu/catalog/10-12/>

### **C. Paper/Assignment Re-grading Policy**

Student assignments will not be re-graded. At the instructor's discretion, a draft may be written for review.

### **D. Examination and Examination Review Policy**

1. All exams must be completed in the computer lab on the assigned date.
2. If absence for an exam is necessary, the student is responsible for notifying the faculty prior to the exam with an acceptable reason.
3. Students will not share calculators during exams. Students will not bring their own calculators, cell phones, or any communicating devices into an examination
4. Students will receive immediate feedback following the exam.
5. Any student achieving an examination grade less than 75% must schedule an appointment with the faculty within 2 weeks from the date of the exam grade was posted.

## **6.0 Academic Integrity**

1. Students are expected to assume full responsibility for the content and integrity of all academic work submitted as homework and examinations.
2. Students are advised to review the UT Tyler Academic Dishonesty Policy and Academic Integrity Policy in the Current College of Nursing Student Handbook and Academic Integrity Policy for UT Tyler students at [www.uttyler.edu](http://www.uttyler.edu); click on current students, then Vice-President for Student Affairs, then Student Guide for Conduct and Discipline at UT Tyler. These policies are fully endorsed and enforced by all faculty members within the College of Nursing.
3. Plagiarism, cheating, and collusion are unacceptable and if found violating any of these standards the student will be disciplined accordingly (See BSN/MSN Nursing Student Guide for definitions).

4. The College of Nursing reserves the right to dismiss students from the program for any infraction of a legal, moral, social, or safety nature, pursuant to the procedures detailed in the *Regent's Rules*.

## **7.0 Expectations of Students in NURS 3513 – Psychiatric/Mental Health**

### **7.1 Attendance**

1. Attendance during clinical experiences and clinical conferences is a professional expectation and will be monitored by course faculty. Refer to the university catalog for the policy regarding student attendance and possible student consequences.
2. Students should read and understand the attendance statement in the current UT Tyler General Catalogue.
3. Students are responsible for all material discussed and all announcements made if they are absent.
4. Students must notify the instructor prior to any scheduled clinical or post clinical conference if an absence is necessary. When scheduled in the clinical agency, the students must contact the agency personnel at least one hour prior to the scheduled clinical time. If the student is going to be late, the student must notify the agency and indicate the approximate time of arrival.
5. The use of pagers and cellular phones during the clinical setting is prohibited. For further information on University policies, please access <http://www.uttyler.edu/academicaffair/syllabuspolicies.pdf> - These general policies apply to all students.

**Non-emergent course and clinical absences:** Course and/or clinical absences (including international travel) MUST be approved by the course coordinator a minimum of 2 weeks in advance. Approval of any absences will be determined by availability of course/clinical make-up opportunities and determined by the course coordinator. If the student wishes to participate in a study abroad program and seeks clinical/course credit, the faculty must pre-approve objectives and number of clinical hours credited.

### **7.2 Student Dress Code for the University of Texas, College of Nursing**

#### **Undergraduate Clinical Dress Requirements:**

**General:** It is the philosophy of the School of Nursing that the student has a responsibility to be neatly groomed and modestly dressed. Appearances should promote good health, safety and general well-being of the student. Clothing should avoid brevity and/or design that are offensive to the dignity and rights of others. School officials have the right and responsibility to counsel with the student or take any other corrective action. Types of clothing (other than those specified in this document) may be worn at the direction of the nursing instructor for special events.

**Classroom:** Casual or everyday business wear is recommended. This includes but is not limited to the following: slacks or skirt; sweater, blouse, and shirt. Jeans as well as conservative shorts (mid-thigh or longer) may be worn, but avoid overly frayed or soiled items. Shoes must be worn. See items to be avoided below.

**Professional/Clinical Presentations:** Business or dressy day social: suit, dress, dressy separates, jacket, tie, nice fabrics, and dress shoes. Denim, jeans, t-shirt or other casual clothes are not considered appropriate and are not allowed. For workshops/seminars attended by students, professional/business attire will be worn. Students will wear a clean, white lab coat, with the UT Tyler School of Nursing patch, over professional attire at the discretion of the nursing instructor.

**Skills Laboratory and Simulation:** The school clinical laboratory setting is designed to simulate the hospital or health care clinical area. Students will wear the adopted uniform with name badge and UT Tyler School of Nursing patch on the front left pocket area while in the Skills laboratory and Simulation setting.

**Pre or Post-clinical Experiences in the Health Care Setting:** Students may be required to attend conferences or visit the clinical areas as part of their course requirements. Students will wear lab coat with name badge and UT Tyler school patch. Professional dress will be worn under the lab coat. The following items will be avoided in the clinical areas: jeans, shorts, sandals, jogging/athletic suits, t-shirts, ball-caps, etc.

**Clinical Experience:** When attending any clinical experience students are required to wear the adopted student uniform with name badge and school patch. Professional dress will be worn in appropriate clinical settings as directed by the clinical faculty with white lab coat, name badge and school patch (see items to avoid in clinical areas). Students are to remember that whenever they are visiting a clinical agency or any clinical site, they are a representative of UT Tyler and the School of Nursing and are expected to be professional in appearance and behavior at all times. Students will refrain from wearing student uniforms to non-UT Tyler related activities (restaurants, shopping, etc.)

When student uniforms are required for clinical experiences, as specified by the course, the following guidelines must be adhered to:

- a) School patch on the front left pocket area of lab coat and uniform top.
- b) The UT Tyler name badge with photo will be worn in all clinical settings. Name tag must be worn above the waist, so name and title are clearly visible.
- c) White or neutral nylon hose are worn with dress/skirt; nylon hose, knee highs or white socks with pants. Socks must cover ankles.
- d) Clean, white clinical shoes or white leather athletic shoes should be worn, no canvas, mesh, or clogs (shoes may be mostly white and if stripes or logos are on shoes, these must be minimal and light colored). Shoes must be secured at heel with fixed back.
- e) Jewelry: wedding or engagement rings only; single stud earrings and only 1 in each lobe (no dangling or hoops); no rings or studs in the nose, tongue, lip or any other facial or body piercing (other body piercing must be covered or removed); no necklaces or bracelets (only Medic Alert). Students must have a watch with a second hand.
- f) Make-up, hair, and grooming should be conservative. Hair shoulder length or longer must be pulled neatly back in a ponytail or bun. Hair clips, bands, etc. shall be functional, not decorative (no bows). Mustaches and beards will be neatly groomed, clean and trimmed.
- g) Tattoos must be covered and not visible.
- h) Nails are to be clean and neatly trimmed to no more than fingertip length; no polish or artificial nails.
- i) No perfume, after-shave or other strong scents since this causes nausea and /or difficulty in breathing for many patients.
- j) Gum chewing is not allowed.
- k) Any question concerning adherence to the dress code should be directed toward the clinical instructor.

Failure to comply with the above requirements may result in an unexcused clinical absence and/or negative clinical evaluation.

In order to meet the variety of needs for warmth the following options for undershirts and/or jackets are permissible:

- l) No undershirt for females are required if uniform top neckline is such that complete modesty is maintained, no cleavage is to be showing.



- m) Sleeveless white round neck tank top.
- n) A short sleeve, round neck, royal blue or white top available through designated vendor.
- o) A 3/4 length sleeve, white top available through designated vendor.
- p) Men will wear a round neck white undershirt without visible logos or advertising. Short sleeves should not be visible hanging from under sleeve of uniform top.
- q) Long sleeve or turtleneck tops are not acceptable options.
- r) A royal blue, cotton jacket available through a designated vendor with the UT Tyler School of Nursing patch on the upper left pocket area, may be worn over the student's matching UT Tyler uniform.

Some individual situations may require collaborative effort by faculty to reach an appropriate solution to best deal with tattoos, skin disorders etc.

**Items to be avoided in all School-related Functions (including but not limited to):** overly frayed, worn or soiled garments; costume look, transparent blouses, bare midriff shirts, tank tops, spaghetti straps, muscle shirts, overtly sexual styles, gang colors or logos, facial or body piercing, obscene slogans or pictures, bedroom wear, short-shorts, short skirts, or clothing that may be offensive to others.

If the dress code rules are broken and a change of clothes is not available, the student may be removed from the school-related function for the remainder of the day. **Appropriate disciplinary action will be taken for repeated violations of this code.**

Revised: Fall 2015

### 7.3 CPR/Required Immunizations

Students are responsible for providing current CPR certification, TB screening, and the required immunizations. Failure to comply with the College of Nursing requirements will result in unexcused clinical absence.

### 7.4 Clinical Injuries

Hospital and other health facilities **do not cover** any medical expenses as a result of accident or injury; thus, each student is responsible for any medical or hospitalization charges that occur.

### 7.5 Working Prior to Clinical

Students working the shift prior to the assigned clinical experience are at high risk for unsafe clinical practice.

### 7.6 Course Information for Lecture

1. Each unit module will have a recorded lecture or live lecture, exercises, and other study materials needed to be successful in the course. Students are required to complete the module requirements and contact their assigned course instructor with any questions prior to taking each unit test.
2. The clinical portion of the course syllabus, handouts, and any other required course materials will be placed on blackboard.
3. All submitted written material (papers, assignments, examinations, etc.) are the property of the College of Nursing. They will be maintained in an archived file in the College of Nursing.
4. The BSN/MSN Nursing Student Guide is available on the CON website at <http://www.uttyler.edu/nursing/undergrad/documents?BaccalaureateSTudentGuideFO9.pdf>

5. The Student Guide Affirmation form can be found on the Blackboard course. The student must type their name and initials in the blanks on the form and upload the form in Blackboard. The student typed name represents an electronic signature.
6. The Exam Honor Statement form can be found on the Blackboard course. The student must type their name and initials in the blanks on the form and upload the form in Blackboard. The student typed name represents an electronic signature
7. ATI Policy: Students must complete the ATI Mental Health
8. All nursing students are required to use their student email accounts for all correspondence (Approved FO: 2/03)

**Clinical medication errors will be documented in College of Nursing student files.**

**Student Affirmation form:** Please read the Student Affirmation form in Blackboard, check each box provided by each statement as well as type your name, date, and submit via the Assignment Link in the Syllabus tab in Blackboard. Thank you!

**Social Networking Policy:** Please read the Social Networking Policy in Blackboard, type your name, date, and submit via the Assignment Link in the Syllabus tab in Blackboard. Thank you!

**Exam Honor Statement:** Please read the Exam Honor Statement in Blackboard, type your name, date, initial the blanks by each statement and submit via the Assignment Link in the Syllabus tab in Blackboard. Thank you!

### **Learning Lab/Simulation Center Guidelines**

Introduction: While you are in a learning lab at a UT-Tyler College of Nursing facility in the student role, you should be respectful of the lab environment; this time is considered a clinical experience.

#### UT-Tyler Policy

1. All student learners will follow the skills laboratory student dress code while participating in lab experience. Dress code may be altered at the discretion by the faculty of the course based on the intent or need of the lab.
2. It is the student's responsibility to bring the required, standard equipment for the learning lab/simulation experience, including, but not limited to textbooks, lab book, syllabus, stethoscope, etc.
3. Students are to complete any required preparation for the lab experiences, i.e. watching of required videos, completing case studies, reading assigned articles or text, completion of ATI skill modules, etc.
4. Safety for all participants must be ensured, *i.e.*,
  - a. Keep Lab neat and orderly.
  - b. Put equipment where instructed.
  - c. No equipment should be moved, touched, or disconnected unless supervised by the clinical faculty or lab coordinator.
  - d. Be aware of any wires and tubes which may pose a risk for falls or patient endangerment.
5. Students are to speak with their peers and clinical instructor with professional communication.
6. No food or drink is allowed in the simulation area/skills lab except with instructor approval.
7. Do not sit on any bed; there are chairs and tables available.
8. Any supplies or equipment checked out from the lab needs to be returned to the skills lab coordinator by the required date. Failure to do will result in an incomplete in the course until the equipment is returned or may require replacement cost.
9. Phones are to be put away and silenced while in the learning labs. Students are not to video or audio record any learning lab/simulation experience.

#### Mannequin Care

10. Consider all mannequins (or peers acting as patients) to be true patients and treat them with respect – keep them covered and dressed. Maintain privacy between your patients (mannequins or peers) by pulling screens or pull drapes as necessary.
11. Do not move, reposition, or disconnect any mannequin unless instructed by the lab coordinator.
12. Do not apply or insert any substances, such as Betadine, KY jelly, IV catheters, and Foley catheters to any mannequin without specific direction from your instructor. There are specific mannequin lubricants and tapes available. Students are not to perform any practice task training on the high fidelity mannequins as replacement parts are expensive; instead, please use the task trainers for practice.

### **College of Nursing Undergraduate Student Accountability**

Students may NOT:

- Take verbal or telephone orders from physicians, midwives, nurse practitioners, or physician assistants
- Transcribe or note physician, midwife, nurse practitioner, or physician assistant orders
- Witness operative or procedural permits
- Perform any skill that violates the Nurse Practice Act, even if under a physician’s supervision (*i.e.*, intubation of a patient)
- Perform any delegated **medical** act (*i.e.*, removal of chest tube, arterial line, pacer wires)
- Discontinue central IV lines, including PICC lines
- Access central venous access devices (*i.e.*, portacath, mediport)
- Administer chemotherapy
- Initiate or adjust IV Pitocin drips during the labor process
- Initiate IV therapy in the nursery
- Take possession of the narcotic keys
- Sign out narcotics, witness stocking of narcotics, or remove narcotics from a storage unit
- Initiate infusion of blood products
- Participate in patient seclusion and restraint or physical interventions (*i.e.*, Code M/”take down”)
- Take possession of psychiatric/mental health facility keys or key pads

Students MUST be supervised by the preceptor/instructor when:

- Performing any peripheral or central IV related procedure (including IV initiation, hanging solutions, changing tubing, flushes, IVPB, IVP, site dressing change)
- Performing an unfamiliar skill; students should only be performing skills listed on the CON clinical lab check-off lists
- Administering medications by any route

If present during a code, a student may:

- Perform CPR except on a newborn
- Document code procedures
- NOT administer drugs or perform skills other than basic CPR

## II. Classroom Component

### 8.0 Student Learning Outcomes for Lecture/Modules

\*Learning activities for each unit may include vignettes, guest speakers, and other supplemental resources.

**\*\*Refer/Review Biological Basis for Understanding Psychotropic Drugs from Textbook for each lecture and the related Chapters in your Pharmacology Text.**

#### **LECTURE/MODULE #1 Topic: 1/18/17**

Introduction to Mental Health Nursing/Mental Illness, Legal and Ethical Guidelines for Safe Practice, The Clinical Interview

#### **LECTURE/UNIT STUDENT LEARNING OUTCOMES**

##### **Introduction to Mental Health Nursing/Mental Illness**

1. Define mental health and mental illness.
2. Describe the continuum of mental health and mental illness.
3. Identify how cultural influences the view of mental illness and emphasize the importance of cultural competence.
4. Examine the elements of a psychiatric nursing assessment and the mental status examination.
5. Describe the nursing process in the assessment and treatment of mental illness.
6. Discuss the importance of a psychosocial assessment, addressing the physiological, psychological, spiritual, and cultural components.

##### **Legal and Ethical Guidelines for Safe Practice**

1. Identify the four principles of bioethics: (a) beneficence, (b) autonomy, (c) justice, and (d) nonmaleficence.
2. Discuss admission criteria: voluntary versus involuntary admission.
3. Review the patients' rights, including right to treatment, right to refuse treatment, and right to informed consent.
4. Discuss the legal concepts in psychiatric mental health nursing: (a) duty to intervene, (b) and duty to report, (c) documentation, and (d) confidentiality.
5. Evaluate the treatment process to ensure least restrictive measures are instituted.
6. Discuss a patient's civil rights and how they pertain to restraint and seclusion.

#### **PREPARATION:**

Halter – Chapters 1 and 6

#### **EVALUATION:**

Exams, Quiz

Clinical Conference/Clinical Performance

#### **LECTURE/MODULE #2 Topic: 1/25/17**

Biological Basis for Understanding Psychiatric Medications and Treatment; Therapeutic Communication; Nurse-Patient Relationship/Therapeutic Use of Self

#### **LECTURE/UNIT STUDENT LEARNING OUTCOMES**

##### **Biological Basis for Understanding Psychiatric Disorders and Treatments**

1. Identify how the brain functions to affect mood and behavior.
2. Describe how a neurotransmitter functions as a neuromessenger.
3. Identify the main neurotransmitters affected by the following psychotropic drugs and their subgroups:
  - a. Antianxiety agents

- b. Sedative-hypnotic agents
  - c. Antidepressants
  - d. Mood stabilizers
  - e. Antipsychotic agents
  - f. Anticholinesterase drugs
5. Describe special dietary and drug restrictions for patients taking a monoamine oxidase inhibitor.
6. Identify specific cautions for patients who use:
- a. Herbal Medication
  - b. Identify how the effect of medications differ among ethnic, gender, and age-related groups.

**PREPARATION:**

Halter Text, Chapter 3 and (Partial Chapter 14; p. 269 only)

**Therapeutic Communication/Nurse-Patient Relationship/Therapeutic Use of Self**

1. Compare and contrast a social and therapeutic relationship.
2. Analyze what is meant by boundaries, boundary blurring, and the influence of transference and countertransference.
3. Explore qualities that foster or hinder a therapeutic nurse-patient relationship.
4. Compare and contrast empathy and sympathy.
5. Identify the use of attending behaviors (*i.e.*, eye contact, body language, vocal qualities, and active listening).
6. Identify verbal and non-verbal communication with attention to cultural differences.
7. Recognize therapeutic and non-therapeutic communication techniques.
8. Recognize the importance of clinical supervision.

**The Clinical Interview**

Identify the importance of the initial contact and interview in the nurse-patient interaction.

**PREPARATION:**

Halter – Chapters 8 and 9

**EVALUATION:**

Exams

Clinical Conference/Clinical Performance

Multidisciplinary Treatment Team Plan Presentation

**LECTURE/MODULE #3 Topic: 2/1/17**

Understanding and Managing Responses to Stress; Defense Mechanisms

Anxiety and Related Disorders; Anxiolytic and Related Medications

**LECTURE/UNIT STUDENT LEARNING OUTCOMES**

**Understanding and Managing Responses to Stress; Defense Mechanisms**

1. Recognize the short-term and long-term physiological consequences of stress.
2. Discuss the theory of fight or flight stress response as well as the body's long term and short term physiological responses to stress.
3. Describe how responses to stress are mediated through perception, personality, social support, culture, and spirituality.
4. Identify and describe holistic approaches to stress management.
5. Focus on a behavioral technique to help lower stress and anxiety.
6. Identify how cognitive techniques can help increase a person's tolerance for stressful events.

**Anxiety and Related Disorders; Anxiolytic and Related Mechanisms**

1. Compare and contrast the levels of anxiety in relation to perceptual field, ability to problem solve, and physical and other defining characteristics.
2. Identify biological, psychological, and cultural factors that may contribute to anxiety and obsessive-compulsive disorder.
3. Describe clinical manifestations of anxiety, obsessive-compulsive disorder, phobias, panic disorder, acute stress disorder and posttraumatic stress disorder (PTSD).
4. Describe the classes of medications appropriate for anxiety and obsessive-compulsive disorders

**PREPARATION:**

Halter – Chapters 10, 15 and (Partial Chapter 16; pp. 310-315 only)

**EVALUATION:**

Exams

Clinical Conference/Clinical Performance

Journaling

**LECTURE/MODULE #4 Topic: 2/8/17**

Depressive Disorders; Suicide and Non-Suicidal Self-Injury; Antidepressant Medications

**LECTURE/UNIT STUDENT LEARNING OUTCOMES****Depression**

1. Identify the prevalence, causes, and types of Depression.
2. Recognize the objective and subjective symptoms of Major Depressive Disorder (MDD).
3. Apply the priority nursing interventions when treating a patient with MDD.
4. Apply accurate knowledge when teaching a patient/family on the uses, expected side effects and possible adverse effects of antidepressant medications.
5. Identify the use and precautions of ECT (electro-convulsive therapy) for patients with retractable depression.

**Suicide and Non-Suicidal Self-Injury**

1. Recognize possible suicidal statements and signs/symptoms of suicidal ideation.
2. Recognize assessment techniques for symptoms of suicidal ideation
3. Describe risk factors for suicide and non-suicidal self-injury.
4. Recognize cultural influences on suicidal behavior in the following populations: persons from military service, geriatric and pediatric groups.

**PREPARATION:**

Halter – Chapters 14 & 25

**EVALUATION:**

Exams

Clinical Conference/Clinical Performance

**LECTURE/MODULE #5 Topic: 2/15/17**

Bipolar Disorders and related Disorders; Anticonvulsant Medications; and Lithium

**LECTURE/UNIT STUDENT LEARNING OUTCOMES**

**Bipolar Disorder**

1. Recognize the onset, origin, and symptomology in Bipolar Disorder.
2. Identify the behavioral and physiological risk factors in Bipolar Disorder.
3. Prioritize interventions and teaching based on risk assessment.
4. Apply knowledge of mood stabilizers; antidepressants, anxiolytics, and antipsychotic medications when monitoring a patient's expected outcome.

**PREPARATION:**

Halter – Chapters 13

**EVALUATION:**

Exams

Clinical Conference/Clinical Performance

**LECTURE/MODULE #6 Topic: 2/22/17**

Schizophrenia; Schizophrenia Spectrum Disorders; Antipsychotic and Anticholinergic Medications

**LECTURE/UNIT STUDENT LEARNING OUTCOMES****Schizophrenia**

1. Describe the symptoms, progression, nursing care, and treatment needs for schizophrenia.
2. Compare and contrast between the positive and negative symptoms of Schizophrenia.
3. Identify first generation (conventional, typical) antipsychotic medications with second generation (atypical) antipsychotic medications.
4. Recognize the nursing responsibilities related to first generation and second generation antipsychotic medications including, action, administration, potential adverse effects (e.g. NMS, EPS, TD, and Acute Dystonic Reaction).

**PREPARATION:**

Halter – Chapter 12

**EVALUATION:**

Exams

Clinical Conference/Clinical Performance

Multidisciplinary Treatment Team Plan Presentation

**LECTURE/MODULE #7 Topic: 3/1/17**

Anger and Aggression

**STUDENT LEARNING OUTCOMES****Anger and Aggression**

1. Identify the difference between anger, aggression, and violence.
2. Recognize the difference between interventions for a patient with healthy coping skills with those for a patient with marginal coping behaviors.
3. Identify principles of de-escalation with a moderately angry patient.
4. Describe two criteria for the use of seclusion or restraint over verbal intervention to decrease the potential of violence.

**PREPARATION:**

Halter: Chapters 27

**EVALUATION:**

Exams

Clinical Conference/Clinical Performance Multidisciplinary treatment Plan Presentation

Journaling

**LECTURE/MODULE # 8 Topic: 3/8/17**

Personality Disorders; Feeding, Eating, and Elimination Disorders; and Related Medications

**LECTURE/STUDENT LEARNING OUTCOMES****Personality Disorders**

1. Identify a few main characteristics of the 10 personality disorders
2. Recognize the need to appropriately express thoughts and feelings related to caring for a patient with a personality disorder and measures staff can take to reinforce clear boundaries.
3. Identify the use of therapies and psychotropic medications in the treatment of personality disorders.

**Eating, Disorders**

1. Identify the physiological and behavioral symptoms of Anorexia Nervosa and Bulimia Nervosa Eating Disorders.
2. Identify the use of therapies and psychotropic medications in the treatment of Eating Disorders.

**PREPARATION:**

Halter – Chapters 18 & 24

**EVALUATION:**

Exams

Clinical Conference/Clinical Performance

**LECTURE/MODULE # 9 Topic: 3/22/17**

Childhood and Neurodevelopmental Disorders; Child Abuse, Adolescent Disorders; Impulse Control Disorders, Stimulants and related medications.

**LECTURE/STUDENT LEARNING OUTCOMES****Childhood, Adolescent and Neurodevelopment Disorders**

1. Identify the prevalence and factors that affect the developmental of mental illness in children and adolescents.
2. Discover characteristics associated with resiliency can mitigate ecological influences
3. Discover clinical symptoms and behaviour related to the following child and adolescent psychiatric and neurodevelopmental disorders: Intellectual Developmental Disorders, Autism, and ADHD.
4. Compare and contrast treatment modalities for children and adolescents.
5. Identify areas in the assessment of suicide that may be unique to children or adolescents
6. Identify the use of medications in the treatment of child and adolescent disorders.

**Child Abuse**

1. Identify the responsibility of the nurse when caring for a child or adolescent who has been abused or neglected.

**Impulse Control Disorders**



1. Identify the 3 main Impulse Control Disorders.
2. Identify the need to perform a thorough risk assessment for suicide and other directed violence.
3. Determine appropriate nursing interventions for children/adolescent with Impulse Control Disorders and their families.
4. Identify the use of medications in the treatment of Impulse Control Disorders.

**PREPARATION:**

Halter – Chapters 11; 21; 28 and (Partial Chapter 2; pp. 22-25 only)

**EVALUATION:**

Exams

Clinical Conference/Clinical Performance

**LECTURE/MODULE #10 Topic: 3/29/17**

Substance Related and Addictive Disorders; and Related Treatment Medications; TPAPN

**STUDENT LEARNING OUTCOMES****Substance Related and Addictive Disorders; and Related Treatment Medications; TPAPN**

1. Discuss the effects of substance abuse on the patient, family and community.
2. Identify between the use and misuse of substances; tolerance and withdrawal.
3. Assess risk factors and nursing interventions for safety in addiction withdrawal.
4. Discuss the therapeutic interventions for the chemically impaired patient.
5. Identify the use of medications in addiction treatment.
6. Explore risk factors, assessment, and peer review programs available for substance impaired nurses.

**PREPARATION:**

Halter – Chapter 22

**EVALUATION:**

Exams

Clinical Conference/Clinical Performance

Multidisciplinary Treatment Team Plan Presentation

Journaling

**LECTURE/MODULE #11 Topic: 4/5/17**

Intimate Partner Violence; Sexual Assault; SANE Nurse

**STUDENT LEARNING OUTCOMES****Intimate Partner Violence**

1. Identify the nature and scope of intimate partner violence.
2. Identify three indicators of (a) physical abuse, (b) sexual abuse.
3. Describe risk factors for both victimization and perpetration of intimate partner violence.
4. Describe four areas to assess when interviewing a person who has experienced abuse.
5. Identify two common emotional responses the nurse might experience when faced with a person subjected to abuse.
6. Discuss the legal and ethical responsibilities of nurses when working with individuals experiencing violence.

**Sexual Assault**

1. Define sexual assault, sexual violence, rape, and attempted rape.
2. Identify the implications for the underreporting of sexual assault.

3. Identify the profile of the victim and the perpetrator of sexual assault.
4. Distinguish between the acute and long-term phases of the rape-trauma syndrome.
5. Identify some common reactions during each phase.
6. Identify areas to assess when working with a person who has been sexually assaulted.
7. Discuss two long-term outcomes and two short-term goals for the nursing diagnosis post-trauma syndrome.

**SANE Nurse**

1. Identify the role of the sexual assault nurse examiner.
2. Identify the long-term psychological effects of sexual assault that might lead a patient to seek psychological care.

**PREPARATION:**

Halter: Review chapter 28 and (Partial Chapter 29; p. 600 only)

**EVALUATION:**

Exams

Clinical Conference/Clinical Performance Multidisciplinary treatment Plan Presentation

Journaling

**LECTURE/MODULE #12 Topic: 4/12/17**

Neurocognitive Disorders and Medications; Elder Abuse

**LECTURE/UNIT STUDENT LEARNING OUTCOMES**

**Neurocognitive Disorders**

1. Compare and contrast delirium, dementia, and depression.
2. Identify the clinical picture of delirium and dementia.
3. Identify the assessment guidelines for the most common neurocognitive disorders in the older adult.
4. Recognize the signs and symptoms occurring in Alzheimer's disease.
5. Identify common nursing interventions for patients with Alzheimer's disease.
6. Review the medications specific to Alzheimer's disease.

**Elder Abuse**

1. Discuss three different types of elder abuse; include the signs and symptoms for each type.
2. Critique the nurse's role in assessing, documenting, and reporting suspected elder abuse.
3. Identify measures for prevention of elder abuse.

**PREPARATION:**

Halter – Chapters 23 and review chapter 28

**EVALUATION:**

Exams

Clinical Conference/Clinical Performance

Multidisciplinary Treatment Team Plan Presentation

**LECTURE/MODULE #13 Topic: 4/19/17**

Integrative/Complementary Care

**LECTURE/UNIT STUDENT LEARNING OUTCOMES**

**Integrative/Complementary Care**

1. Define the terms integrative care and complementary and alternative medicine.
2. Identify the category of alternative medical systems along the domains of integrative care: natural products, mind and body approaches, manipulative and body-based practices, and other therapies.

3. Discuss the techniques used in major complementary therapies and potential applications to psychiatric mental health nursing practice.
4. Identify informational resources available through literature and online sources.

**PREPARATION:**

Halter - Chapter 35

**EVALUATION:**

Exams

Clinical Conference/Clinical Performance

Journaling

**Clinical Forms:**

All clinical paperwork forms are posted in Blackboard under the Clinical Information tab.

**NURS 3513: Psychiatric/Mental Health Nursing****FALL 2015****9.1 Clinical Faculty*****L. Brantley, MSN, RN,***

Office: Mathis hall 221

Phone: 903.727-2306

E-mail: [lbrantley@uttyler.edu](mailto:lbrantley@uttyler.edu)

(Email will be returned within 48 hours)

Office Hours: Monday 1:00 p.m. – 4:00 p.m. and by appointment

***Rebecca Carrasco, MSN, RN,***

Office: Longview University Center 231

Phone: 903.663-8231

E-mail: [rcarrasco@uttyler.edu](mailto:rcarrasco@uttyler.edu)

(Email will be returned within 48 hours)

Office Hours: Wednesday 1:00 p.m. - 4:00 p.m. and by appointment

***Rose Guidry MSN, RN, RD, LD***

Office: Tyler campus BRB 2135

Phone: 903.565.5717

E-mail: [rguidry@uttyler.edu](mailto:rguidry@uttyler.edu)

(Email will be returned within 48 hours)

Office Hours: Wednesday 1:30 p.m. - 4:30 p.m. and by appointment

***Kathy Wilson, MS, RN***

Office: Tyler campus BRB 2080

Email: [kathleenwilson@uttyler.edu](mailto:kathleenwilson@uttyler.edu)

(Email will be returned within 48 hours)

Office hours: Wednesday 1:00p.m.-4:00p.m. and by appointment

***Adjunct Faculty TBA***

## 9.2 Overview of Clinical Experience:

*Students are required to complete 112.5 Psychiatric/Mental Health clinical hours.*

The clinical portion of 3513 may include: In-patient, Outpatient, Community, Clinical Conference, and Independent experiences. All clinical objectives must be met continuously while in the various clinical settings. **Please** note that on campus Clinical Conferences are also part of the 112.5 required hours and students must notify their instructor in advance if an absence is necessary. As with all clinical hours, conference time will need to be made-up with assignments at the instructor's discretion.

The clinical component is a pass/fail – You must score a 75% average on all of your clinical assignments and all of the clinical components in NURS 3513 – Psychiatric/Mental Health. Clinical assignments will be scored and returned to the student prior to the next clinical experience and not more than 2 weeks from the last clinical experience. Students who fail to meet the rubric criteria for an assignment will be given an opportunity to remediate with their clinical instructor and repeat the assignment. Each clinical group will be scheduled for different clinical facility experiences; please check with your clinical instructor for your specific agency assignments.

### Student Behavior Guidelines During Clinical Agency Visits

- 1) **Maintain confidentiality** at all times (a confidentiality agreement must be signed by All students prior to seeing patients/families)
- 2) **Set goals** for yourself prior to this experience. Staff expects you to be able to tell them what your goals are at the beginning of the experience. Don't expect them to set goals for you. Review what you have achieved at the end of the day.
- 3) **Participate actively** - ask questions, staff is there to help you learn. If you don't ask questions, it may appear that you aren't interested.
- 4) **Listen.** Staff, patients and families have a wealth of experience to share.
- 5) **Be professional.** Dress appropriately, according to agency policy.
- 6) **Keep an open mind** - patients are in many different settings - **be respectful** of others' cultures and choices
- 7) **Enjoy yourself** - This should be fun as well as educational.
- 8) **Notify your clinical instructor immediately if there are problems.**

### Clinical Conferences:

Attendance at clinical conferences is mandatory (this is a part of your scheduled clinical experience). It provides opportunities for simulated clinical learning experiences, discussion of clinical performance, and application of theory to practice and identification and discussion of researchable clinical problems in the psychiatric setting.

**Students are expected to actively participate and maintain professional behavior.**

### **III. Clinical Component: NURS 3513**

#### **9.3 Unsafe Clinical Practice**

1. Any act of omission or commission, which may result in harm to the patient, is considered unsafe clinical practice, and may result in removal from the clinical setting, disciplinary action according to the discretion of the course faculty, a negative clinical evaluation, a course failure, and/or dismissal from the program.
2. During the clinical practicum, unsafe clinical practice is defined as any one of the following:  
When the student:
  - a. Commits repetitive and/or a single, serious medication error.
  - b. Violates or threatens the physical, psychological, microbiological, chemical, or thermal safety of the patient.
  - c. Violates previously mastered principles/learning objectives in carrying out nursing care skills and/or delegated medical functions.
  - d. Assumes inappropriate independence in action or decisions.
  - e. Does not adhere to current Center for Disease Control (CDC) guidelines for infection control.
  - f. Fails to recognize own limitations, incompetence, and/or legal responsibilities.
  - g. Fails to accept moral and legal responsibility for his/her own actions thereby violating professional integrity as expressed in the Code of Ethics for Nurses.
  - h. Arrives at clinical settings in an impaired condition as determined by the Clinical Instructor.
3. Failure to comply with any of the above requirements may result in an unexcused clinical and/or negative clinical evaluation.

Policy Revision and approval: Spring 2006

#### **9.4 Clinical Student Learning Outcomes**

Upon successful completion of the course (NURS 3513), the student will: (FO 9/1999)

##### **PROVIDER OF CARE**

1. Assess the health status and mental health needs of individuals and their families with alterations in mental health.
2. Identify individualized problems/psychosocial diagnoses based on assessment data.
3. Participate in formulating individualized multi-disciplinary treatment team plans of care with appropriate nursing intervention for the patient with alterations in mental health.
4. Implement nursing actions that are based on current theory and research.
5. Evaluate the effectiveness of nursing interventions in meeting the expected outcomes.
6. Revise the plan of care when the expected and actual outcomes do not coincide.

##### **COORDINATOR OF CARE**

7. Coordinate care for patients that is organized, thorough and provided in a timely manner.
8. Identify community resources that enhance patient coping skills.

##### **MEMBER OF THE PROFESSION**

9. Demonstrate responsibility and accountability for own actions.
10. Apply legal and ethical principles to the care patients.
11. Abide by the laws and standards designated by The University of Texas at

Tyler (UTT), UTT College of Nursing, Board of Nurse Examiners, and the American Nurses Association Code of Ethics.

12. Project a professional image by adhering to dress code and attendance requirements.
13. Maintain strict confidentiality

### **COMMUNICATION**

14. Document relevant patient information accurately, concisely and in a timely manner.
15. Verbally communicate pertinent patient information to appropriate health care team members.
16. Establish effective working relationships with clinical faculty, facility personnel, peers, patients and patient families.
17. Maintain therapeutic interpersonal relationships and psychological safety with patients.

### **SAFETY**

18. Provide safe care by accurately administering medications in real and simulated situations.
19. Accurately identify safety risks and appropriately intervene to provide a safe patient environment.

Approved: University of Texas System-Spring 1999Faculty Organization-Spring'00

**THE UNIVERSITY OF TEXAS AT TYLER  
COLLEGE OF NURSING  
NURS 3513 – Psychiatric/Mental Health  
Student Learning Outcomes for Clinical**

**Upon completion of NURS 3513 clinical experience, the student will have demonstrated the ability to:**

**I. PROVIDER OF CARE**

1. Assess the health status and mental health needs of individuals and their families with alterations in mental health.
2. Identify individualized problems/psychosocial diagnoses based on assessment data.
3. Participate in formulating individualized multi-disciplinary treatment team plans of care with appropriate nursing intervention for the patient with alterations in mental health.
4. Implement nursing actions that are based on current theory and research.
5. Evaluate the effectiveness of nursing interventions in meeting the expected outcomes.
6. Revise the plan of care when the expected and actual outcomes do not coincide.

**II. COORDINATOR OF CARE**

7. Coordinate care for patients that is organized, thorough and provided in a timely manner.
8. Identify community resources that enhance patient coping skills.

**III. MEMBER OF THE PROFESSION**

9. Demonstrate responsibility and accountability for own actions.
10. Apply legal and ethical principles to the care patients.
11. Abide by the laws and standards designated by The University of Texas at Tyler (UTT), UTT College of Nursing, Board of Nurse Examiners, and the American Nurses Association Code of Ethics.
12. Project a professional image by adhering to dress code and attendance requirements.
13. Maintain strict confidentiality.

**IV. COMMUNICATION**

14. Document relevant patient information accurately, concisely and in a timely manner.
15. Verbally communicate pertinent patient information to appropriate health care team members.
16. Establish effective working relationships with clinical faculty, facility personnel, peers, patients and patient families.
17. Maintain therapeutic interpersonal relationships and psychological safety with patients.

**V. SAFETY**

18. Provide safe care by accurately administering medications in real and simulated situations.
19. Accurately identify safety risks and appropriately intervene to provide a safe patient environment.

APPROVED: Faculty Organization -----11/1999  
Board of Nurse Examiners—04/2000

**STUDENT CLINICAL EVALUATIONS ARE PLACED IN THE STUDENT'S FILE AT THE  
END OF THE SEMESTER FOR EACH CLINICAL COURSE**





**III. MEMBER OF THE PROFESSION:** Demonstrate responsibility and accountability for own actions. Apply legal and ethical principles to the care patients. Abide by the laws and standards designated by The University of Texas at Tyler (UTT), UTT College of Nursing and Health Sciences, Board of Nurse Examiners, and the American Nurses Association Code of Ethics. Project a professional image by adhering to dress code and attendance requirements. Maintain strict confidentiality.

EXPECTED BEHAVIOR	3	2	1	0	3	2	1	0	COMMENTS
Professional Character									
1. Accountability/ Responsibility									
2. Professional Awareness									
3. Integrity									
4. Advocacy									
5. Moral Conduct									
Ethical/Legal Conduct									
1. Confidentiality									
2. Professional Standards									
Professional Image									
1. Dress Code									
2. Attendance									

**IV. COMMUNICATION:** Document relevant patient information accurately, concisely and in a timely manner. Verbally communicate pertinent patient information to appropriate health care team members. Establish effective working relationships with clinical faculty, facility personnel, peers, patients and patient families. Maintain therapeutic interpersonal relationships and psychological safety with patients.

EXPECTED BEHAVIOR	3	2	1	0	3	2	1	0	COMMENTS
1. Written Documentation									
2. Verbal Communication									
3. Interpersonal/Psychological									

**V. SAFETY:** Provide safe care by accurately administering medications in real and simulated situations. Accurately identify safety risks and appropriately intervene to provide a safe patient environment.

EXPECTED BEHAVIOR	3	2	1	0	3	2	1	0	COMMENTS
*1. Medication administration									Psychiatric Knowledge Exam
*2. Environmental									

**VI. MASTERY SKILLS:** Skills performed in the clinical area are completed following accepted standards of nursing practice. These skills will be performed without cues of support from the clinical faculty. Failure to perform the mastery skills will result in an

automatic failure of the course regardless of the clinical performance or grade in the theory component of the course.

<b>EXPECTED BEHAVIOR</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>COMMENTS</b>
1. Monitor and maintain safety									
2. Monitor and maintain infection control									
3. Actively listen (feedback indicated active listening/comprehension)									
4. Assess psychosocial issues									
5. Therapeutic Communication Interactions: Verbal and Non-Verbal (clinical interactions indicate applied learning)									Therapeutic Communication Interaction documentation and Use of Therapeutic Communication in the various clinical settings

MID-CLINICAL

Contract Initiated:

Yes

No

Demonstrated clinical strengths:

Demonstrated clinical weaknesses:

Measures to strengthen clinical performance:

\_\_\_\_\_  
Clinical Faculty

\_\_\_\_\_  
Student

Date: \_\_\_\_\_

FINAL CLINICAL

Demonstrated clinical strengths:

Demonstrated clinical weaknesses:

Measures to strengthen clinical performance:

\_\_\_\_\_  
Clinical Faculty

\_\_\_\_\_  
Student

Date: \_\_\_\_\_

## NURS 3513 CLINICAL EVALUATION CRITERIA

EXPECTED BEHAVIOR	3 EXCEEDS EXPECTATION	2 MEETS EXPECTATION	1 UNSATISFACTORY	0 UNSAFE
<b><u>I. PROVIDER OF CARE</u></b>				
<b>A. NURSING PROCESS</b>				
1. Assessment Obj. 1: Assess the health status and mental health needs of individuals and their families with alterations in mental health.	Completes data base with all objective and subjective data of the by identifying physiological, psychological, and sociocultural strengths and weaknesses	<u>Usually</u> completes data base with all objective and subjective data by identifying physiological, psychological, and sociocultural strengths and weaknesses	<u>Frequently</u> requires assistance in completing data base with all objective and subjective data to identify physiological, psychological, and sociocultural strengths and weaknesses	<u>Cannot</u> complete a data base with all objective and subjective data to identify physiological, psychological, and sociocultural strengths and weaknesses
2. Nursing Diagnosis and Expected Outcomes Obj. 2: Identify individualized problems/psychosocial diagnoses based on assessment data.	Identifies and prioritizes signs and symptoms and actual and potential problems/risk factors and patient responses to problem/risk factors	<u>Usually</u> identifies and prioritizes signs and symptoms and actual and potential problems/risk factors and patient responses to problems/risk factors.	<u>Frequently</u> requires assistance to identify and prioritize signs and symptoms and actual and potential problems/risk factors and patient responses to problems/risk factors.	<u>Consistently</u> requires assistance in identifying and prioritizing signs and symptoms and actual and potential problems/risk factors and patient responses to problems/risk factors
3. Patient Outcomes Obj. 3: Participate in formulating individualized multi-disciplinary treatment team plans of care with appropriate nursing intervention for the patient with alterations in mental health.	Formulates individualized patient outcomes in collaboration with patient and other health care providers utilizing SMART (short, measurable, applicable, realistic, timely) goals	<u>Usually</u> formulates individualized patient outcomes in collaboration with patient and other health care providers utilizing SMART (short, measurable, applicable, realistic, timely) goals	<u>Frequently</u> requires assistance to formulate individualized patient outcomes and to utilize SMART goals	<u>Cannot</u> formulate individualized patient outcomes utilizing SMART goals

EXPECTED BEHAVIOR	3 EXCEEDS EXPECTATION	2 MEETS EXPECTATION	1 UNSATISFACTORY	0 UNSAFE
<p>4. Delivery of Care Obj. 4: Implement nursing actions that are based on current theory and research.</p>	<p>Implement a plan of care to manage actual and potential problems/risk factors in a safe manner according to principles/theoretical rationales. Previously learned skills are performed in an organized manner without supervision. Is prepared for new skills utilizing appropriate scientific principles and seeks appropriate supervision</p>	<p><u>Usually</u> implements a plan of care to manage actual and potential problems/risk factors in a safe manner according to principles/theoretical rationales. Previously learned skills are performed in an organized manner without supervision. Is prepared for new skills utilizing appropriate scientific principles and seeks appropriate supervision</p>	<p>Requires <u>direct</u> support and supervision to perform previously learned and new skills in an organized manner. Requires assistance in seeking appropriate supervision and implementing planned nursing actions in a safe manner according to nursing principles/rationales</p>	<p><u>Consistently</u> requires direct support and supervision to perform previously learned and new skills in an organized manner. <u>Consistently</u> requires assistance in seeking appropriate supervision and implementing planned nursing actions in a safe manner according to nursing principles/rationales</p>
<p>5. Evaluation of Patient Outcomes Obj. 5 &amp; 6: Evaluate the effectiveness of nursing interventions in meeting the expected outcomes. Revise the plan of care when the expected and actual outcomes do not coincide.</p>	<p>Identifies patient outcomes met with supportive data. Identifies partially or met outcomes with recommendations to alter and/or revises plan of care</p>	<p>Evaluates process and outcomes of nursing interventions based upon desired patient outcomes and patient response. <u>Needs assistance</u> with altering and/or revising plan according to outcomes</p>	<p><u>Frequently</u> requires assistance evaluating the process and patient outcomes. <u>Frequently</u> needs assistance with altering and/or revising plan of care according to outcomes</p>	<p><u>Consistently</u> requires assistance evaluating the process and patient outcomes. Cannot alter and/or revise plan according to outcomes</p>

EXPECTED BEHAVIOR	3 EXCEEDS EXPECTATION	2 MEETS EXPECTATION	1 UNSATISFACTORY	0 UNSAFE
<b><u>II. COORDINATOR OF CARE</u></b>				
Obj. 7 & 8: Coordinate care for patients that is organized, thorough and provided in a timely manner. Identify community resources that enhances patient coping skills.				
1. Time Management	Nursing care is organized and timely to meet the prioritized needs of the patient.  Utilizes multidisciplinary resources and patients and participates in planning delivery and evaluation of care in a variety of settings	Nursing care is organized and timely to meet the prioritized needs of the patient. Requires <u>minimal</u> supervision  Utilizes multidisciplinary resources and patients and requires <u>minimal</u> supervision when planning delivery and evaluation of care	<u>Frequently</u> requires supervision with time utilization to organize and prioritize needs of the patient  Has <u>difficulty</u> identifying multidisciplinary resources and working with patients to plan health care delivery	<u>Poor</u> judgment is consistently used in work organization, priority setting, and/or time utilization  <u>Cannot</u> identify multidisciplinary resources to plan and coordinate care and has difficulty working with patients to plan health care delivery
2. Clinical Decision-Making and Clinical judgment	Makes pro-active decisions in managing care. Referrals to appropriate resources made as needed. Uses clinical decision-making model (CDM) correctly	With <u>minimal supervision</u> is able to make decisions and referrals as needed. <u>Usually</u> works through CDM correctly	<u>Frequently</u> requires supervision to make decisions and referrals as needed. Has <u>difficulty</u> using CDM correctly	<u>Does not</u> use CDM
<b><u>III. MEMBER OF THE PROFESSION</u></b>				
A. Professional Character				
Obj. 9: Demonstrate responsibility and accountability for own actions.				
1. Accountability/Responsibility	Assumes accountability and responsibility for quality of nursing care for patients according to level of competence and course objectives. Utilizes constructive criticism consistently	Assumes accountability and responsibility for quality of nursing care for patients according to level of competence and course objectives. Usually utilizes constructive criticism consistently	<u>Fails</u> to assume responsibility for own actions and fails to utilize constructive criticism to enhance clinical performance	
2. Professional Awareness	Realistically identifies own strengths and weaknesses and independently seeks measures to increase professional growth	Requires <u>minimal</u> supervision to realistically identify own strengths and weaknesses and seeks measures to increase professional growth	<u>Frequently</u> requires assistance to identify strengths and weaknesses, or initiate measure for professional growth	<u>Fails</u> to identify own strengths and weaknesses, or initiate measures for professional growth



## 3. Integrity

Always reports errors/incidents to clinical faculty and appropriate facility personnel in a timely manner and seeks resolution to the issue/s

**Does not** report error/incidents to clinical faculty and appropriate facility personnel in a timely manner or seeks resolution to the issue/s

EXPECTED BEHAVIOR	3 EXCEEDS EXPECTATION	2 MEETS EXPECTATION	1 UNSATISFACTORY	0 UNSAFE
4. Advocacy	Consistently applies appropriate strategies guided by professional standards and ethics codes when advocating for patients	<u>Usually</u> applies appropriate strategies guided by professional standards and ethics codes when advocating for patients	<u>Frequently</u> requires supervision to apply appropriate strategies guided by professional standards and ethics codes when advocating for patients	<b>Does not</b> function as a patient advocate
5. Moral conduct	Consistently recognizes cultural diversity, belief systems, and values when interacting and communicating with others	<u>Usually</u> recognizes cultural diversity, belief systems, and values when interacting and communicating with others	<u>Frequently</u> requires supervision to recognize cultural diversity, belief systems, and values when interacting and communicating with others	<b>Unaware</b> of cultural diversity, belief systems, and values
<p>B. Ethical/Legal Conduct            Obj. 10, 11, &amp; 13: Apply legal and ethical principles to the care patients. Abide by the laws and standards designated by The University of Texas at Tyler (UTT), UTT College of Nursing and Health Sciences, Board of Nurse Examiners, and the American Nurses Association Code of Ethics. Maintain strict confidentiality.</p>				
1. Confidentiality	Protects faculty, peers, patient/s confidentiality in all settings			Breaches confidentiality

EXPECTED BEHAVIOR	3 EXCEEDS EXPECTATION	2 MEETS EXPECTATION	1 UNSATISFACTORY	0 UNSAFE
2. Professional standards		Abides by the laws and standards designated by the University of Texas at Tyler, College of Nursing, and Nurse Practice Act for the State of Texas, Board of Nurse Examiners, and Nursing Code of Ethics. Adheres to the standards of the clinical agency		<b>Violates</b> any law or standard designated by the University of Texas at Tyler, College of Nursing, Nurse Practice Act for the State of Texas, Board of Nurse Examiners, and Nursing Code of Ethics and/or standards of the clinical agency
C. Professional Image Obj. 12: Project a professional image by adhering to dress code and attendance requirements.				
1. Dress code		Complies with required clinical dress code in all settings	<b><u>Requires reminders</u></b> of required clinical dress code	<b><u>Does not</u></b> comply with required clinical dress code
2. Attendance		Always arrives to clinical assignment on time with timely notification of clinical faculty and/or facility if going to be late. Excused absence with prior notification to clinical facility and clinical faculty	<b><u>Frequently</u></b> arrives late to clinical assignment with or without timely notification to clinical faculty and/or facility	<b><u>Unable</u></b> to meet clinical objectives due to repeated absences and/or tardiness

EXPECTED BEHAVIOR	3 EXCEEDS EXPECTATION	2 MEETS EXPECTATION	1 UNSATISFACTORY	0 UNSAFE
<b><u>IV. COMMUNICATION</u></b>				
1. Written Documentation Obj. 14: Document relevant patient information accurately, concisely and in a timely manner.	Documentation of care is comprehensive, organized, and clearly stated without errors. Penmanship is legible Spelling, punctuation, and grammar are correct	Documentation of care is <u>generally</u> comprehensive, organized, and clearly stated Penmanship is legible <u>Occasional</u> spelling, punctuation, and grammar are incorrect	<u>Frequently</u> assistance is required to organize comprehensive, clear documentation Penmanship is <u>not</u> legible <u>Frequent</u> spelling, punctuation, and grammar errors made	Documentation of care is <u>incomplete</u> and <u>not</u> legible <u>Poor</u> spelling, punctuation, and grammar
2. Verbal Communication Obj. 15: Verbally communicate pertinent patient information to appropriate health care team members.	Updates clinical faculty and/or facility personnel regarding patient/s status as required Gives concise report to appropriate clinical facility personnel and/or clinical faculty when leaving patients	<u>Occasional</u> reminder required to update clinical faculty and/or facility personnel regarding patient/s status Gives concise report to appropriate clinical facility personnel and/or clinical faculty when leaving patients	<u>Consistent</u> reminders required to update clinical faculty and/or facility personnel regarding patient/s status Report is incomplete and requires cueing from clinical faculty and/or clinical personnel	<u>Does not</u> update clinical faculty or facility personnel regarding patient/s status Report not done
3. Interpersonal/Psychological Communication Obj. 16 & 17: Establish effective working relationships with clinical faculty, facility personnel, peers, patients and patient families. Maintain therapeutic interpersonal relationships and psychological safety with patients.	Establishes effective working relationships with clinical faculty, facility personnel, peers, and patient/s Demonstrates insight and understanding of therapeutic behavior/s	<u>Generally</u> establishes effective working relationships with clinical faculty, facility personnel, peers, and patient/s Demonstrates insight and understanding of therapeutic behavior/s	<u>Frequently</u> has problems establishing effective working relationships with clinical faculty, facility personnel, peers, and patient/s <u>May not</u> recognize therapeutic behavior/s	<u>Consistently</u> has problems establishing effective working relationships with clinical faculty, facility personnel, peers, and patient/s <u>Does not</u> recognize therapeutic behavior/s

EXPECTED BEHAVIOR	3 EXCEEDS EXPECTATION	2 MEETS EXPECTATION	1 UNSATISFACTORY	0 UNSAFE
<b><u>V. SAFETY</u></b>				
1. Medication Administration/ Simulations/Therapeutic Interventions Obj. 18: Provide safe care by accurately administering medications in real and simulated situations.		Administers and calculates medications/solutions correctly according to medication administration policy		<u>Does not</u> administer and/or calculate medications/solutions correctly. Needs continuous supervision. <u>Places the patient in jeopardy</u>
2. Environmental Obj. 19: Accurately identify safety risks and appropriately intervene to provide a safe patient environment.		Complies with OSHA guidelines and Universal Precautions. Provides safe patient environment. Anticipates unsafe situations and provides preventive interventions. Seeks guidance from appropriate facility personnel and/or clinical faculty		<u>Does not</u> comply with OSHA guidelines or Universal Precautions. <u>Does not</u> provide safe client environment or anticipate unsafe situations. Performs interventions without seeking guidance from appropriate facility personnel or clinical faculty
<b><u>VI. MASTERY SKILLS</u></b>				
1. Monitor and maintain safety.		Performs skills without assistance or cues from faculty.	<u>Does not</u> perform skills without assistance or cues from faculty.	
2. Monitor and maintain infection control.		Performs skills without assistance or cues from faculty.	Unable to perform skills without assistance or cues from faculty.	
3. Actively listen (feedback indicated active listening/comprehension)		Performs skills without assistance or cues from faculty.	Unable to perform skills without assistance or cues from faculty.	
4. Assess psychosocial issues.		Performs skills without assistance or cues from faculty.	Unable to perform skills without assistance or cues from faculty.	
5. Therapeutic communication interaction: Verbal and Non-verbal (clinical interactions indicate applied learning)		Performs skills without assistance or cues from faculty.	Unable to perform skills without assistance or cues from faculty.	