



Course Syllabus

Chaminade University Honolulu
3140 Waiālae Avenue, Honolulu, HI 96816
www.chaminade.edu

Course Number: NUR 837
Course Title: Practicum in Complex & Chronic Problems in Psychiatric & Mental Health Care
Department Name: School of Nursing and Health Professions
College/School/Division: School of Nursing and Health Professions
Term: Summer 2023
Course Credits: 3
Class Meeting Days/Hours: Online, asynchronous
Class Location: Online

Instructor Name: Dana Monday DNP APRN-Rx PMHNP-BC (5/8/23-7/15/23)

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Office Hours: By Appointment only Monday 12p-3:00p, Wednesday 12p-3p

Other days may be accommodated based on faculty's availability.

Office Hours: By Appointment (in person, zoom, phone)

Instructor Name: Sherry Sutherland-Choy APRN-Rx PMHNP-BC (7/16/23-8/5/23)

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Office Location: TBD

Office Hours: By Appointment only

Practicum for Complex and Chronic Problems in Psychiatric and Mental Healthcare (3 credits)

This course is the third precepted clinical practicum designed to facilitate ongoing development of the Psychiatric Mental Health Nurse Practitioner role in management of mental healthcare needs of children, adolescents, adults, and families with chronic, and complex psychiatric illness. Learners will participate in a variety of clinical settings where emphasis will be placed on medication and evidence-based therapeutic approaches of care. Continued emphasis on assessment, diagnosis, differential diagnosis, and co-morbidities will be incorporated throughout this clinical experience. Synthesis of evidence-based treatment modalities within the context of socio-cultural, environmental, economic, spiritual, and physical needs of the patient and family will be emphasized. This course is graded on a Pass/No Pass basis. (Includes 210 clinical hours.)

<https://catalog.chaminade.edu/course/nursing>

Marianist Values

This class represents one component of your education at Chaminade University of Honolulu. An education in the Marianist Tradition is marked by five principles and you should take every opportunity possible to reflect upon the role of these characteristics in your education and development:

1. Education for formation in faith
2. Provide an integral, quality education
3. Educate in family spirit
4. Educate for service, justice, and peace
5. Educate for adaptation and change

Native Hawaiian Values

Education is an integral value in both Marianist and Native Hawaiian culture. Both recognize the transformative effect of a well-rounded, value-centered education on society, particularly in seeking justice for the marginalized, the forgotten, and the oppressed, always with an eye toward God (Ke Akua). This is reflected in the 'Olelo No'eau (Hawaiian proverbs) and Marianist core beliefs:

1. Educate for Formation in Faith (Mana) E ola au i ke akua ('Olelo No'eau 364) May I live by God
2. Provide an Integral, Quality Education (Na'auao) Lawe i ka ma'alea a kū'ono'ono ('Olelo No'eau 1957) Acquire skill and make it deep
3. Educate in Family Spirit ('Ohana) 'Ike aku, 'ike mai, kōkua aku kōkua mai; pela iho la ka nohana 'ohana ('Olelo No'eau 1200) Recognize others, be recognized, help others, be helped; such is a family relationship.
4. Educate for Service, Justice and Peace (Aloha) Ka lama kū o ka no'eau ('Olelo No'eau 1430) Education is the standing torch of wisdom
5. Educate for Adaptation and Change (Aina) 'A'ohe pau ka 'ike i ka hālau ho'okahi ('Olelo No'eau 203) All knowledge is not taught in the same school

DNP Program Learning Outcomes (PLO)

Upon completion of the DNP program:

PLO Concepts	The DNP Graduate Will:
1. Knowledge for Nursing Practice	<i>Integrate</i> nursing science with knowledge from biophysical, psychosocial, analytical, ethics, and organizational sciences as the basis for advanced practice nursing using new approaches to care delivery.
2. Systems-Based Practice, Quality, and Safety	<i>Create and lead</i> high-quality and safe nursing care in a complex global health care environment
3. Scholarship for Nursing Practice	<i>Create and disseminate</i> knowledge in evidence-informed practice.
4. Information Systems and Patient Healthcare Technologies	<i>Evaluate</i> emerging technologies for their ability to improve health care outcomes.
5. Person-Centered Care	<i>Evaluate</i> health policy and advocate for social justice and access to health care, especially for Hawai'ian and Pacific Islanders and other unique populations.

6. Interprofessional Partnerships	<i>Create collaborative interprofessional relationships to improve patient and population health outcomes with an emphasis on select populations, including Hawai’ian and Pacific Islanders.</i>
7. Population Health	<i>Evaluate the social, cultural, and environmental dimensions of population health in practice patterns/systems.</i>
8. Advanced Practice Nursing Professionalism; Personal, Professional, and Leadership Development	<i>Independently assess, diagnose, treat, and manage culturally diverse populations.</i>

Course Learning Outcomes (CLO) and Alignment

Upon completion of NUR 837, the student will:

CLOs	Links to PLOs	Methods of Measurement
1. Integrate theoretical and evidence- based knowledge to independently manage individuals with non-complicated and complex mental health needs across the lifespan.	1,3,8	Standardized Patient Encounter Paper, SOAP Notes Reflective Clinical Journal
2. Formulate and synthesize assessment findings in developing a treatment plan for patients/families with complex mental health needs, multiple co-morbidities, and undifferentiated condition(s) and health disparities across the lifespan.	1,3,8	SOAP Note Case Presentation Standardized Patient Encounter Paper
3. Design with the multidisciplinary team evidence-based treatment plans for the mental health needs of individuals and families which incorporate mental health disparities.	1,6,8	Reflective Clinical journals Case Presentation SOAP Note
4. Appraise and implement current evidence in treatment planning for individuals/families with co-occurring disorders of substance use and psychiatric disorders in the context of the social determinants of mental health and existing protective factors.	2,3,6	Reflective Clinical Journals Case Presentation SOAP Note
5. Evaluate the role of patients, families and communities in shared decision making regarding their priorities for mental health care and in the context of the recovery model.	1,3,8	Reflective Clinical journal SOAP Note Case Presentation

Required Learning Materials

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders DSM-5-TR*. (5th ed.) Arlington VA: American Psychiatric Association. ISBN-13: 978-0890425763

Carlat, D. (2022). *The psychiatric interview* (4th ed.). Lippincott Williams & Wilkens. ISBN-13: 979-8839872530

Morrison, J. (2016). *Diagnosis made easier: principles and techniques for mental health clinicians*. (2nd edition)
New York: Guilford Press. ISBN-13: 978-1462529841

Puzantian, T., Carlat, D. (2022). *Medication fact book for psychiatric practice*. (6th ed.). Carlat Publishing, LLC.
ISBN-13: 978-1732952287

Stahl, S.M. (2020). *Stahl's essential psychopharmacology: Prescriber's guide* (7th ed.). Cambridge University
Press ISBN-13: 978-1108926010

Stahl, S.M. (2022). *Prescriber's guide: Children and adolescents*. Independently Published.
ISBN-13: 979-8836209100

Wheeler, K. (2020). *Psychotherapy for the advanced practice nurse*. (3rd ed.) Mosby. ISBN-13: 978-0826193797

Teaching / Learning Strategies:

This course is online and clinical direct patient care. Online learning resources, discussion forums, individual and small group work, case studies, application assignments, and independent study are teaching-learning strategies that may be utilized in this course. Students are expected to take an active role in their learning process through reading, research, online discussions, and sharing enriching experiences.

Reflective clinical journals, SOAP notes, comprehensive mental health treatment plans and a Standardized patient encounter are specific to the clinical course and designed to measure your success in meeting the competencies as outlined in the Course learning outcomes Program learning outcomes, and NONPF Competencies for Psychiatric Mental Health.

Attendance and Participation

Regular online attendance and participation/engagement is expected for student success. Therefore, students are expected to attend every class, arrive on time for any scheduled synchronous activities, complete all assigned readings, actively participate in class discussions, complete all class assignments, and always behave appropriately and professionally. Online participation is evident through posting to a discussion board, wiki, virtual office, or classroom meeting, drop box submissions, attending virtual seminars, completing real-time activities or quizzes, and/or other course-related activities (synchronous or asynchronous). Failure to meet attendance and participation expectations may result in grade reduction, remediation requirements, or administrative withdrawal from the course. Refer to the Practicum Student Handbook for policies regarding clinical practicum attendance.

Assignments

Students must complete all assignments to achieve a passing grade in this course.

Evaluation Methods and Grading Scale

Students must achieve a final grade of B or higher to pass this course. As per the Chaminade University Graduate Catalog, students who fail a course (i.e., receive a grade of C, F, or NC) must repeat the course within 12 months and receive a CR or a grade of B or higher.

Evaluation Method	% of Total Grade	Grading Scale*
SOAP Notes (2)	20%	A = 90-100 % B = 80-89% C = Below 80% and a failing course grade.
Reflective Clinical Journals (4)	20%	
Case Presentation (1)	15%	
SP Comprehensive Treatment Plan (Part 1)	25%	
Standardized Patient Encounter Paper (Part 2 & 3)	20%	
TOTAL	100%	

*The College of Nursing and Health Professions does not round grades. For example, a score of 89.7 will be recorded as 89% and a B grade.

Late Work Policy

It is expected that assignments will be submitted on time. Late assignments will be subject to a deduction of 5% per day. No late assignments will be accepted after 48 hours. Extensions on writing assignments are not provided unless prior arrangements have been made with faculty at least a week prior to the assignment due date or unless there are extenuating circumstances. Requests made within the week prior to the due date will not be granted unless there is an emergency.

Grades of "Incomplete"

An *Incomplete* grade is granted at the discretion of the faculty of record and must be aligned with the University policies. Receiving an "Incomplete" for a nursing course that is a prerequisite for a forthcoming nursing course must be completed prior to the start of the new course.

Writing Policy

All written assignments should be formatted to APA 7th edition standards and must be submitted as MS word documents. No google docs, pdf, pages, or other formats will be accepted. Use the following format for naming your assignments: lastname(s).assignmentname

Instructor and Student Communication

Questions for this course can be emailed to the instructor and must be sent using your Chaminade email. Online and phone conferences can also be arranged. Response time is usually within 24 hours, but weekends and University holidays may extend response time.

Online Course Guidelines

Chaminade uses Canvas as the online learning management system (LMS) platform. Please review the Student Tutorial located on the Canvas course dashboard regarding instructions on accessing and submitting materials and assignments. If you are unable to find answers using the student tutorial, you may also contact the assigned faculty w questions regarding course navigation.

Students should follow standard Netiquette guidelines, including but not limited to using the same common courtesy, politeness, and appropriate online behaviors as would be used in a face-to-face environment.

Disability Access

If a student needs individual accommodations to meet course outcomes because of a documented disability, please speak with the course instructor to discuss individual needs as soon as possible so that you may have the opportunity for full participation in class and a fair assessment of your work. Students with special needs

who meet criteria for the Americans with Disabilities Act (ADA) provisions must provide written documentation of the need for accommodations from the Counseling Center by the end of week three of the class, for instructors to plan accordingly. If a student would like to determine if they meet the criteria for accommodations, they should contact the Kōkua 'Ike Coordinator at (808) 739-8305 for further information (ada@chaminade.edu).

Failure to provide written documentation through the Counseling Center will prevent instructor(s) from making the necessary accommodations, as instructors cannot provide accommodations unless they have been prescribed by the Counseling Center. Once a student has received an official notice of accommodations from the Counseling Center, it is also very important to discuss these accommodations directly with all instructors so that they can better support student needs. If a student has specific questions regarding individualized accommodations, the student may speak directly with the instructor and/or contact the Counseling Center.

Title IX Compliance

Chaminade University of Honolulu recognizes the inherent dignity of all individuals and promotes respect for all people. Sexual misconduct, physical and/or psychological abuse will not be tolerated at CUH. If a student has been the victim of sexual misconduct, physical and/or psychological abuse, they are encouraged to report this matter promptly. Faculty members promote safe and healthy environments, and any sexual, physical, and/or psychological misconduct or abuse will be reported to the Title IX Coordinator. If you or someone you know has been harassed or assaulted, you can find the appropriate resources by visiting Campus Ministry, the Dean of Students Office, the Counseling Center, or the Office for Compliance and Personnel Services.

Compliance information:

The Compliance website serves as a resource for compliance matters, including Title IX/Nondiscrimination, the Hawaii Post-Secondary Education Authorization Program, and human resource and employment policies. The Executive Director for Compliance and Personnel Services oversees university-wide efforts to meet compliance standards set forth by University policies and Federal and State regulations.

Grievances, violations, or suspected violations of these policies may be submitted by the complainant or may be submitted anonymously to the Executive Director of Compliance and Personnel Services. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation. Mechanisms in which to file a grievance can be found at the following website link: <https://compliance.chaminade.edu/resources>

Attendance Policy

Students are expected to regularly attend all courses for which they are registered. Students should notify their instructors when illness or other extenuating circumstances prevent them from attending class, and they should make arrangements to obtain missed information and complete missed assignments. Notification may be done by emailing the instructor's Chaminade email address, calling the instructor's campus extension, or by leaving a message with the instructor's division office. It is the instructor's prerogative to modify the deadlines of course requirements accordingly. Any student who stops attending a course without officially withdrawing may receive a failing grade. Students may be automatically withdrawn from the class or receive a failing grade if there are three or more absences, or two absences in a row, in a 15-week term.

Students with disabilities who have obtained accommodations from the Chaminade University of Honolulu ADA Coordinator may be considered for an exception when the accommodation does not materially alter the attainment of the learning outcomes. Federal regulations require continued attendance for continuing payment of financial aid.

When illness or personal reasons necessitate continued absence, the student should communicate first with the instructor to review options. Anyone who stops attending a course without official withdrawal may receive a failing grade or be withdrawn by the instructor at the instructor's discretion.

Academic Conduct Policy

Any community must have a set of rules and standards of conduct by which it operates. At Chaminade, these standards are outlined so as to reflect both the Catholic, Marianist values of the institution and to honor and respect students as responsible adults. All alleged violations of the community standards are handled through an established student conduct process, outlined in the Chaminade University of Honolulu Student Handbook and the DNP Student Handbook, and operated within the guidelines set to honor both students' rights and campus values.

Students should conduct themselves in a manner that reflects the ideals of the University. This includes knowing and respecting the intent of rules, regulations, and/or policies presented in the Student Handbook and Program Catalog and realizing that students are subject to the University's jurisdiction from the time of their admission until their enrollment has been formally terminated. Please refer to the Chaminade University of Honolulu Student Handbook and DNP Student Handbook for more details. A copy of the Student Handbook is available on the Chaminade website.

Unless otherwise instructed, all course submissions should follow the formatting of the *Publication Manual of the American Psychological Association, 7th Edition* format. The faculty of the School of Nursing and Health Professions at Chaminade University of Honolulu is dedicated to providing a learning environment that supports scholarly and ethical writing, free from academic dishonesty and plagiarism. This includes the proper and appropriate referencing of all sources. Students may be asked to submit course assignments through an online authenticity resource (e.g., Turnitin), which helps students and instructors detect potential cases of academic dishonesty.

Technology

A computer with the following technology is required in order to complete courses in the DNP Program: at least Windows 10 (for PCs), at least Mac OS X 10.5.8 (for Macs); a current antivirus program; the current Microsoft Office (PowerPoint and Word) and Adobe Acrobat; a standard web browser; and an internet or broadband connection with speed and connectivity to support internet searches and video conferencing. Installation of proctoring software may be required.

Technical Assistance for Canvas Users:

- Search for help on specific topics or get tips in [Canvas Students](#)
- [Live chat with Canvas Support for students](#)
- Canvas Support Hotline for students: +1-833-209-6111
- Watch this [video to get you started](#)
- [Online tutorials](#): click on "Students" role to access tutorials
- Contact the Chaminade IT Helpdesk for technical issues: helpdesk@chaminade.edu or call (808) 735-4855

Library: The Sullivan Family Library link is available on the CUH website: <http://www.chaminade.edu/library>
Phone: (808) 735-4725. Krystal Kakimoto, dedicated SONHP librarian: krystal.kakimoto@chaminade.edu

Tutoring and Writing Services

Chaminade offers, one-on-one tutoring and writing assistance to all students. Tutoring and writing help is available on campus at Kōkua 'Ike: Center for Student Learning in a variety of subjects (including, but are not limited to: biology, chemistry, math, nursing, English, etc.) from trained Peer and Professional Tutors. Please check Kōkua 'Ike's website (<https://chaminade.edu/advising/kokua-ike/>) for the latest times, list of drop-in hours, and information on scheduling an appointment. Free online tutoring is also available via TutorMe. TutorMe can be accessed 24/7 from your Canvas account. Simply click Account – Notifications – TutorMe. For more information, please contact Kōkua 'Ike at tutoring@chaminade.edu or 808-739-8305.

Credit Hour Policy

The unit of semester credit is defined as university-level credit that is awarded for the completion of coursework. One credit hour reflects the amount of work represented in the intended learning outcomes and verified by evidence of student achievement for those learning outcomes. Each clinical credit hour earned at Chaminade University should result in a minimum of 70 hours of clinical engagement. Additional work includes preparing for and completing readings and assignments. Such work includes, but is not limited to, all research associated with completing assignments, course readings, participation in tutorials, labs, simulations, and other electronic activities that are not a part of the instructional engagement, as well as any activities related to preparation for instructional and clinical engagement.

Course Schedule

Course content may vary from this outline at the discretion of the instructor to meet the needs of each class.

Outline of Due Dates for Clinical Assignments

Week 1		Clinical Orientation	
Week 2		Clinical	
Week 3		Reflective Clinical Journal #1	Select one of the CLO's, #1, #3, #4 or #5. See syllabus and CANVAS for guidelines and grading rubric
Week 4		SOAP Note #1	See syllabus and CANVAS for guidelines and grading rubric
Week 5		Reflective Clinical Journal #2	Select one of the CLO's, #1, #3, #4 or #5. The selection may only be used once. See syllabus for guidelines and grading rubric
Week 6		Case Presentation as Assigned (2 students) Midterm Evaluation	Case Presentation - See syllabus and CANVAS for guidelines and grading rubric

Week 7		Reflective Clinical Journal #3	Select one of the CLO's, #1, #3, #4 or #5. See syllabus and CANVAS for guidelines and grading rubric
Week 8		SOAP Note #2	The selection may only be used once. See syllabus for guidelines and grading rubric
Week 9		Reflective Clinical Journal #4	Select one of the CLO's, #1, #3, #4 or #5.
Week 10		Standardized Patient Learning Activity (4 students)	See syllabus and CANVAS for guidelines and grading rubric.
Week 11		Case Presentation as Assigned (2 students)	The selection may only be used once. See syllabus for guidelines and grading rubric
Week 12		Standardized Patient Paper Final Evaluation	See syllabus and CANVAS for guidelines and grading rubric

PLEASE NOTE:

While every attempt has been made to prepare this syllabus and class schedule in final form, it may be necessary for the course leader to make changes as may be deemed essential to meet the learning outcomes of the course. Students will be notified in writing via Chaminade email of any changes. It is recommended that you check your email and the course Canvas site frequently for announcements. All students will be held responsible to read, understand, and clarify the content within this document.

Clinical Case Presentation Guidelines:

The purpose of a clinical case presentation in supervision is to share complex and often times challenging cases encountered in your clinical practicum. Part of your future practice will be to consult with peers and other members of the interdisciplinary team on certain cases. Case presentations present an opportunity to dialogue and learn from each other about different perceptions, latest research on treatment options, medications, etc. Case discussions in supervision is a safe environment where students may also discuss freely concerns, challenges in the clinical setting, treatment planning ideas, available resources, personal reactions (countertransference) to name a few. Keep in mind that clinical cases in supervision are not to be shared with each other outside of supervision, with other colleagues, family, friends etc.

For your clinical case presentation, select a client in which you collaborated with the interdisciplinary team. The case needs to include complex mental health needs or more than one psychiatric diagnosis and also has health disparities being impacted by one or more social determinants. Use the following grading rubric to prepare your clinical case study presentation to your peers and faculty member.

1. This will include:

- a. Write up of focused assessment including all areas appropriate for presenting problem
- b. Recommended pharmacologic treatment including drug name, dose, rationale for use, and appropriate patient education
- c. Recommended psychotherapeutic interventions including health promotion strategies, with appropriate patient education
- d. Recommended therapeutic interventions contributing to the development of the therapeutic alliance which includes any cultural implications etc. of relevance
- e. A strategy for assessing patient treatment outcomes
- f. A discussion of the ethical, legal, and financial implications of the plan
- g. Collaboration with the multidisciplinary team in treatment planning
- h. Identified social determinants of mental health contributing to health disparities
- i. Integration of current latest research findings

Case Study Presentation: 230 points	
See Wheeler, pp. 151-156	
Evaluation Criteria	Points
1. Reason for the Evaluation: (narrative format) (Section 1)	10
2. History of Present Illness – (Section 2)	5
3. Past Psychiatric History - (Section 3)	5
4. History of substance use and abuse – (Section 4)	5
5. Medical History - (Section 5)	5
6. Family History - (Section 6)	5
7. Developmental History - (Section 7)	5
8. Social History -(Section 8)	5
9. Violence History -(Section 9)	5
10. Psychiatric Review of Systems - (Section 10)	10
11. Mental Status Exam: (Section 11)	30
12. DSM 5- TR Differential diagnosis, includes the “rule out” and/or “provisional” diagnoses. (Section 12)	15
13. Case formulation: (Section 13)	15
14. Treatment Plan: (Section 14) A. Biological B. Psychological C. Social D. Strengths E. Non-prescriptive treatments/nursing interventions F. Complementary adjunctive therapies	90
15. Strategy for assessing patient treatment outcomes	10
16. Describes collaboration with multidisciplinary team in designing treatment plan.	10
17. Integration of identified health social determinants of mental health contributing to health disparities into treatment plan	10
18. Incorporation of current evidence-based practice.	10
Total Points	250

Psychiatric SOAP Note Template

There are different ways in which to complete a Psychiatric SOAP (Subjective, Objective, Assessment, and Plan) Note. This is a template that is meant to guide you as you continue to develop your style of SOAP in the psychiatric practice setting.

Criteria	Clinical Notes
State one CLO (#1,#3, or #5)	Each CLO may only be selected once for the Reflective Clinical Journal. Be sure to check the due dates in the schedule.
Subjective	
<i>Include chief complaint, subjective information from the patient, names and relations of others present in the interview, and basic demographic information of the patient. HPI, Past Medical and Psychiatric History, Social History.</i>	
Objective	
<i>This is where the objective data is located. Include relevant labs, test results, vitals, and Review of Systems (ROS) – if ROS is negative, “ROS noncontributory,” or “ROS negative with the exception of...” Include MSE, risk assessment here, and psychiatric screening measure results.</i>	
Assessment	
<i>Include your findings, diagnosis and differentials (DSM-5-TR and any other medical diagnosis) along with ICD-10 codes,</i>	

<i>treatment options, and patient input regarding treatment options (if possible), including obstacles to treatment.</i>	
Plan	
<i>Include a specific plan, including medications & dosing & titration considerations, lab work ordered, referrals to psychiatric and medical providers, therapy recommendations, holistic options and complimentary therapies, and rationale for your decisions. Include when you will want to see the patient next. This comprehensive plan should relate directly to your Assessment.</i>	

SOAP Note Grading Rubric

Note: Scholarly resources are defined as evidence-based practice, peer-reviewed journals; textbook (not only source permitted) and National Standard Guidelines

Rubric Criteria	20 points	15 points	10 points	0 points	Total Points
Symptom Identification	Key symptoms are identified and targeted in treatment plan.	Key symptoms are identified but do not correlate to treatment choices	Focus is on secondary symptoms	Key symptoms are not identified and/or target symptoms which lack focus or clarity	20
Decision Making	Prescriptive decision making is	Prescriptive decision making is appropriate and	Prescriptive decision making is adequate,	Prescriptive clinical decision	20

	appropriate and within standard of care. Clinical reasoning and decision making is congruent with evidence-based practice.	within standards of care.	but second-line choices are utilized.	making is inappropriate or unsafe. Not based on evidence or standards of care.	
Clinical Reasoning	Rationale is well-explained and justifies treatment choices. Rationale is evidence-based and supported with references.	Rationale is well-explained and justifies treatment choices. Rationale is evidence-based but appropriate references are missing	Explanation of treatment choices is rudimentary and/or does not justify treatment choices. Links are not made to evidence.	Rationale demonstrates a lack of integration of the evidence to clinical decision making.	20
Patient Safety	Patient safety is addressed, including suicidality, danger to others or gravely disabled with impaired judgement. Health monitoring is complete including any necessary lab screening or monitoring.	Patient safety is addressed. Health screening/monitoring is incomplete.	Patient safety is addressed. Necessary health screening/monitoring is omitted	Patient safety is not addressed.	20
Treatment Goals	Goals are well outlined and realistic. Goals meet SMART criteria. Pharmacology	Goals of treatment are outlined and appropriate, but interventions do not support attainment of stated treatment goals.	Goals of treatment are outlined but aspects are not explained or confused.	Goals of treatment are not included in plan of care.	20

	cal and non-pharmacological interventions support attainment of treatment goals.				
Total points					100

Reflective Clinical Journal

Reflective Clinical Journals: Over the course of this experience students will complete 4 reflective journals. This activity is designed to assess achievement of CLO#1, #3, #4 and #5. Each journal is worth 50 points and contains three parts. The scoring rubric for the journal responses is outlined below. See due dates in Class Schedule. A required element of the journal under “Making Connections” is to incorporate readings from N836 and previous coursework as they relate to the CLO’s for this clinical practicum.

The purpose of keeping a journal is to provide the learner with opportunities to thoughtfully reflect upon one’s perceptions, experiences, understanding and questions regarding self-growth in becoming an advanced practice nurse in psychiatric mental health nurse practitioner (PMHNP) in the clinical setting. Journaling allows the student to analyze and document subjective and objective experiences as she/he develops expertise in the advanced practice role. This activity is designed to assess achievement of course learning outcomes. The journal **must** reflect the descriptions in the rubric.

Students will complete 4 journals during this course student will choose one of the following student learning outcomes to as the focus of their journal: **CLO #1, CLO #3, CLO #4 and #5**. Each journal is worth 50 points and contains three parts. The scoring rubric for the journal responses is outlined below. See due dates in Class Schedule. A required element of the journal under “Making Connections” is to incorporate readings from NUR 836 as they relate to the student learning outcomes.

CLO #1

Integrate theoretical and evidence- based knowledge to independently manage individuals with non-complicated and complex mental health needs across the lifespan.

Part A. Identify a patient from your clinical practice and provide a brief summary of your SOAP note or comprehensive treatment plan.

Part B. Analyze the assessment findings for actual or potential social determinants which may affect the patient/family in meeting the treatment outcomes. How did you account for the social determinants in the treatment plan? What cultural factors did you need to take into consideration in developing the treatment plan for the client and family if indicated? Provide your rationale as cited in the literature and cite scholarly sources.

Part C. Reflect on the relationship between the clinical experience cited and your response to the patient: What thoughts and feelings were generated in the interaction? How did you respond and what might you

have done differently? What other information do you need? How did your personal feelings/behaviors influence the interactions? Provide a self-appraisal of your progress toward meeting the CLO.

CLO #3

Design with the multidisciplinary team evidence-based treatment plans for the mental health needs of individuals and families which incorporate mental health disparities.

Part A. Highlight and describe an experience in multidisciplinary collaboration in formulating a treatment plan with a patient/family in your clinical setting. Provide the patient SOAP note and your role in working with the team and the members you collaborated with.

Part B. Analyze the interactions within the team. What were the roles of each member and how did they contribute to the treatment plan? Or not? Who was the leader in the meeting? Did you see a hierarchical structure or was it more of a “collaborative” approach? Provide your rationale. Cite the evidence from the literature and address the role of PMHNP.

Part C. What thoughts and/or feelings were generated during the multidisciplinary team meeting? What might you have done differently? Provide a self-appraisal of your progress toward meeting the course learning outcome.

SLO #4

Appraise and implement current evidence in treatment planning for individuals/families with co-occurring disorders of substance use and psychiatric disorders in the context of the social determinants of mental health and existing protective factors.

Part A. Identify a patient from your clinical practice with a co-occurring substance use disorder and psychiatric disorder and provide a brief summary of your SOAP note or comprehensive treatment plan.

Part B. Analyze the assessment findings for protective factors, actual or potential social determinants which may affect the patient/family in meeting the treatment outcomes. How did you account for the social determinants in the treatment plan? What non-pharmacological interventions or treatment modalities are important to integrate into the treatment plan for individuals with co-occurring disorders? Be specific and cite the evidence. What cultural factors did you need to take into consideration in developing the treatment plan for the client and/or family if indicated? Provide your rationale as cited in the literature about treatment for co-occurring diagnoses and cite scholarly sources.

Part C. Reflect on the relationship between the clinical experience cited and your response to the patient: What thoughts and feelings were generated in the interaction and in working with a patient having a substance use disorder? Do you have any lived experience that might challenge your own biases and attitudes to substance use? Provide a self-appraisal of your progress toward meeting the CLO.

SLO #5

Evaluate the role of patients, families and communities in shared decision making regarding their priorities for mental health care and in the context of the recovery model.

Part A. Identify a patient from your clinical practice and provide a brief summary of your SOAP note or comprehensive treatment plan.

Part B. Discuss how the principles of the recovery model and the wellness Recovery Action Plan (WRAP) can be or were integrated into the treatment plan with the patient and family and cite the underlying evidence.

Part C. How did the patient and family respond to the “shared decision” approach? What are your thoughts and feelings about shifting from a directive to a shared decision approach? What are the advantages and disadvantages of the medical and recovery model? Provide a self-appraisal of your progress in shifting towards an integration of both approaches and provide specific goals for improvement.

Reflective Clinical Journal Grading Rubric			
Criteria	Exemplary (10 – 8)	Intermediate (7 – 4)	Beginning (3 – 0)
Self-disclosure	Seeks to understand concepts by examining openly own experiences in the past as they relate to the topic, and to illustrate points made. Demonstrates an <i>open, non-defensive ability to self-appraise</i> , discussing both growth and challenges as they relate to learning in the clinical setting. Risks asking probing questions about self and seeks to answer these.	Seeks to understand concepts by examining <i>somewhat cautiously</i> own experiences in the past as they relate to the topic. Sometimes defensive or one-sided in analysis. Asks some probing questions about self, but do not engage in seeking to answer these.	<i>Little self-disclosure</i> , minimal risk in connecting concepts from class to personal experiences. Self-disclosure tends to be superficial and factual, without self-reflection.
Connection to clinical experiences	<i>In-depth synthesis</i> of thoughtfully selected aspects of clinical experiences related to the topic. Makes <i>clear</i> connections between what is learned from clinical experiences and the topic.	Goes into <i>some detail</i> explaining some specific ideas or issues from clinical experiences related to the topic. Makes <i>general</i> connections between what is learned from clinical and the topic	Identifies some <i>general ideas</i> or issues from clinical experiences related to the topic
Connection to readings (assigned and others brought in from the literature/scholarly sources)	<i>In-depth synthesis</i> of thoughtfully selected aspects of readings related to the topic. Makes <i>clear</i> connections between what is learned from readings and the topic. Demonstrates further analysis and insight resulting from what is learned from reading and application to clinical.	Goes into <i>more detail</i> to explain some specific ideas or issues from readings related to the topic. Makes general connections between what is learning from readings and the topic. Includes reference to at least one scholarly source other than	Identifies some general ideas or issues from reading related to the topic. Readings are only those assigned for the topic.

	Includes references to at least 2 scholarly sources other than those assigned for course.	those assigned to the course.	
Connection to clinical discussions and course learning outcomes.	Synthesizes, analyzes and evaluates <i>thoughtfully selected</i> aspects of clinical relevance as they relate to the journal topic and course learning outcome.	Synthesizes clearly <i>some</i> direct clinical relevant issues as they relate to the journal topic and course learning outcomes.	<i>Restates</i> some general clinically relevant issues to the journal topic as it relates to course learning outcomes.
APA format, spelling & grammar	Appropriate use of APA format, no spelling or grammar errors.	Few errors in APA format, spelling or grammar errors.	Many errors in APA format, use of incomplete sentences, and inadequate proof reading.
			Total points: 50

Standardized Patient Encounter

Evaluation of Therapeutic process and Assessment with Standardized Patient:

This assignment has 3 parts and is designed to assess achievement of CLOs #1, #3, and #5.

Part 1: Students will submit a write up of the comprehensive assessment in the syllabus. The required format for the assessment and write-up will be posted in CANVAS with the grading rubric. **(200 pts)**

This will include:

- a. Write up of focused assessment including all areas appropriate for presenting problem
- b. Recommended pharmacologic treatment including drug name, dose, rationale for use, and appropriate patient education
- c. Recommended psychotherapeutic interventions including health promotion strategies, with appropriate patient education
- d. Recommended therapeutic interventions which contribute to the development of the therapeutic alliance which includes any cultural implications.
- e. A strategy for assessing patient treatment outcomes.
- f. A discussion of the ethical, legal, and financial implications of the plan.

Discussion Board for Case Presentation: 200 points See Wheeler, pp. 151-156	
Evaluation Criteria	Points
1. Reason for the Evaluation: (narrative format) (Section 1)	10
2. History of Present Illness – (Section 2)	5
3. Past Psychiatric History - (Section 3)	5
4. History of substance use and abuse – (Section 4)	5
5. Medical History - (Section 5)	5
6. Family History - (Section 6)	5
7. Developmental History - (Section 7)	5
8. Social History -(Section 8)	5
9. Violence History -(Section 9)	5

10. Psychiatric Review of Systems - (Section 10)	10
11. Mental Status Exam: (Section 11)	30
12. DSM 5- TR Differential diagnosis, includes the “rule out” and/or “provisional” diagnoses. (Section 12)	15
13. Case formulation: (Section 13)	15
14. Treatment Plan: (Section 14) A. Biological B. Psychological C. Social D. Strengths *Place complementary adjunctive therapies in the appropriate category*	70
15. Strategy for assessing patient treatment outcomes	10
Total Points	200

Part 2: Each student will have access to a video recording of his/her interaction with the standardized patient. You will critically evaluate and appraise the recorded interaction by completing a process recording. Please select relevant excerpts of the interaction which is limited to 8-10 pages. The focus will be on therapeutic alliance, verbal and non-verbal communication. The goal of this assignment is for the student to identify those parts of the interaction that were done well and those not effective (e.g. were therapeutically effective or ineffective- see Table in Wheeler textbook, Chapter 4 on “Selected Therapeutic Communication Techniques), suggesting alternative responses where appropriate. Also include a critique of your use of OARS to engage the patient (used in all 4 processes of MI principle): **O**-open-ended questions; **A**- affirming; **R**-Reflection and **S**- Summarizing in the interaction. You will also include written feedback from the SP. This critical review should reflect an understanding of best practices, with citations used appropriately. **(100pts)**

Standardized Patient Part 2 – Process Recording Grading Rubric	Possible Points
Evaluation Criteria	
1. Critique of interview using examples from the transcript by selecting and citing pertinent <u>segments</u> of your interview with the patient. Identifies responses (e.g. therapeutically effective or ineffective), use of OARS and suggesting alternative responses where appropriate.	30
2. Use of pertinent chapters in Psychotherapy for the Advanced Practice Nurse by Wheeler and Rollnick et.al MI textbook to document analysis in transcript	30
3. Includes reflection, analysis, and response to feedback from the SP.	20

4. Selection of relevant segments of therapeutic interaction in process recording transcript	10
Composition and Format	
<ul style="list-style-type: none"> ● APA format ● Utilizes academic sources in reference page and cites sources 	10
TOTAL POINTS	
	100

Part 3: A self-evaluation of the collection of information for the mental health assessment and therapeutic responses of the interaction. How well were you organized? what was the flow of the interview? What areas of assessment did you miss or not include? How will you improve the information gathering of the assessment in your next encounter? Utilize The First Interview textbook, Carlat etc. and other readings from NUR 831 and 832. The assignment due date in is in the Course Outline and CANVAS. **(50 pts)**

Standardized Patient Encounter Part 3 – Self Evaluation	Possible Points
Evaluation Criteria	
1. Analyzes organization and flow of assessment and therapeutic responses, and specific plans on for improvement and also present strengths	10
2. Evaluates areas of information gathered and those not addressed and specific plans for improvement.	10
3. Goals and plans for improving/continuing the information gathering during the encounter and therapeutic interventions/responses in building the therapeutic alliance (trust and connection) with the patient.	20
Composition and Format	
<ul style="list-style-type: none"> ● APA format ● Utilizes academic sources in reference page and cites sources. 	10
TOTAL POINTS	
	50

