COURSE NUMBER
NUR 6351

COURSE TITLE
Mental Health Concepts

CREDITS
Three Semester Credit Hours (3-0-0)
Online Class: Meets completely online using Blackboard

PREREQUISITES
Graduate status. NUR 6318, NUR 6324 and NUR 6331.

COREQUISITES
None

PRE-REQUISITE SKILLS
Accessing internet web sites, use of ASU Library resources, and proficiency with Microsoft Word and/or PowerPoint are an expectation of on-line course delivery. Computer access requirements are further delineated in the Graduate Handbook, but this course requires document scanning and pdf abilities. Tutorials for ASU Library and for Blackboard are available through RamPort. The ASU Graduate Nursing Handbook should be reviewed before taking this course https://www.angelo.edu/dept/nursing/student_resources/grad_info.php

COURSE DELIVERY
This is an online course offering. http://blackboard.angelo.edu
For online classes the level of academic rigor is parallel to that of a face-to-face section of the same course and is aligned with departmental standards. Students are advised to approach this course with the same commitment they would make to a face-to-face course.

BROWSER COMPATIBILITY CHECK
It is the student’s responsibility to ensure that the browser used to access course material on his/her computer is compatible with ASU’s Blackboard Learning System. The faculty reserve the right to deny additional access to course assignments lost due to compatibility issues. Students are responsible for reviewing the guidelines posted in this course regarding accessing Blackboard assignments. Problems in this area need to be discussed with faculty at the time of occurrence, either via a phone call (preferred) during posted acceptable hours for calling, or via email notification during times outside those posted for calls.

Be sure to perform a browser test. Select the “Technology Support” tab from the Blackboard homepage (http://www.blackboard.angelo.edu) Select “Browser Test” option.

Please see technical requirements for MSN classes at this link:
https://www.angelo.edu/dept/nursing/student_resources/computer_requirements.php
FACULTY
Donna Rich DNP, MSN, PM-NE, PM-MFT, RN, FNP-BC
Office: Virtual

OFFICE HOURS
Virtual Office Hours
By appointment only Monday and Wednesday

COURSE DESCRIPTION
This course focuses on the development of advanced practice nursing skills in mental health. Specifically, the application of evidence-based knowledge and critical thinking skills in providing clinical management of individuals with common psychiatric-mental health problems across all age groups. Development assessment, crisis intervention, pharmacological management, and therapies are discussed as well as consultation and referral to other mental health professionals.

COURSE OVERVIEW
This course provides a foundation for assessment of common psychiatric illnesses seen in the primary care setting. Emphasis will be placed upon an understanding of the pathophysiology of these illnesses, the medications used to treat the illnesses and specific interview techniques used, to screen for, and diagnose the illnesses. The topics will include recognizing the signs and symptoms of various psychiatric illnesses as well as specific manifestations of the illnesses for different population groups. Additional topics include recognizing, and managing, those illnesses requiring referral to a psychiatric specialist.

MSN PROGRAM OUTCOMES
Upon program completion, the graduate will be prepared to:
1. Integrate nursing and related sciences into the delivery of advanced nursing care to diverse populations.
2. Apply organizational and systems leadership skills.
3. Design and implement quality improvement initiatives
4. Integrate best research evidence to improve health outcomes.
5. Utilize informatics, healthcare technology and information systems.
6. Advocate through system level policy development.
7. Employ effective communication in inter-professional teams
8. Synthesize the impact of health determinants for provision of culturally relevant health promotion/disease prevention strategies.
9. Practice at the level of a Master’s prepared nurse.

Student Learning Outcomes
### Student Learning Outcomes

By the end of this program the student should be able to

<table>
<thead>
<tr>
<th>Student Learning Outcomes</th>
<th>Assessment(s) or activities validating outcome achievement:</th>
<th>Mapping to MSN Program Outcomes</th>
<th>Mapping to AACN Essential</th>
<th>Mapping to NONPF Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Screen, diagnose and manage commonly occurring stress and psychiatric disorders using the DSM-5</td>
<td>Psychiatric interviews (3), Reading assignments, genogram, PowerPoint, articles, handouts, screening tools, Db, CDM, videos, reflective journaling</td>
<td>1, 5, 7</td>
<td>1, 5, 7</td>
<td>Independent Practice 1</td>
</tr>
<tr>
<td>2. Effectively demonstrate satisfactory psychiatric evaluations</td>
<td></td>
<td></td>
<td></td>
<td>Scientific Foundations 1, 3, 4</td>
</tr>
<tr>
<td>3. Use evidence-based psychopharmacological and non-pharmacological interventions in the management of commonly occurring stress and psychiatric illnesses</td>
<td>Reading assignments, PowerPoint, articles, handouts and screening tools, treatment and medication prescribing, and referral exercises, Db, CDM, reflective journaling</td>
<td>2, 4, 5, 9</td>
<td>2, 4, 5, 9</td>
<td>Independent Practice 2</td>
</tr>
<tr>
<td>4. Advocate for mentally ill patients, through system level policy development</td>
<td>Db, literature search, case studies, letter to the editor/legislature, policy development, reflective journaling</td>
<td>3, 6, 8</td>
<td>3, 6, 8</td>
<td>Practice Inquiry 5</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Policy 4</td>
</tr>
</tbody>
</table>

### REQUIRED & TEXTBOOKS AND MATERIALS

Required can use hard copy or digital editions


American Psychological Association.


**Highly Recommended**


**OTHER REQUIRED MATERIALS**

- Computer with Windows Operating System or Mac
- **Mozilla Firefox is the recommended browser for Bb**
- High Speed Internet Access
- Webcam (Logitech highly recommended)
- Audio recording device such as computer MP3 capability
- Logitech USB microphone headset
- Genogram software
- **Document Scanner**

Refer to Angelo State University’s Distance Education website for further technology requirements: [http://www.angelo.edu/distance_education/](http://www.angelo.edu/distance_education/)

**TOPIC OUTLINE**

Is located at the end of the syllabus in the course calendar

**GRADING SYSTEM**

Course grades will be dependent upon completing course requirements and meeting the student learning outcomes.

The following grading scale is in use for didactic courses:

- A = 90-100 percent
- B = 80-89 percent
- C = 70-79 percent
- F = <70 percent

**Late assignments**: failure to submit your assessments/assignments on the assigned date will result in a **two-point deduction for each day** after the posted deadline. No papers or postings will be accepted more than one week past the assigned due date (**without prior faculty approval**) and a grade of zero (0) will be given.

**COURSE RUBRIC**
### EVALUATION and GRADING

<table>
<thead>
<tr>
<th>Assignment</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syllabus Test</td>
<td>05%</td>
</tr>
<tr>
<td>Psychiatric Interview videos (3@8% each) includes rubrics with genograms</td>
<td>24%</td>
</tr>
<tr>
<td>Policy change letter to the editor/legislature (or legislative day participation)</td>
<td>11%</td>
</tr>
<tr>
<td>Reflective journaling (2 @ 5 points each)</td>
<td>10%</td>
</tr>
<tr>
<td>IDEA Survey</td>
<td>05%</td>
</tr>
<tr>
<td>Clinical Decision Making (CDMs) Exams (2@10 points each)</td>
<td>20%</td>
</tr>
<tr>
<td>Discussion Board</td>
<td>25%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

### TEACHING STRATEGIES

This course is taught completely online through the Blackboard platform. Teaching strategies, include, but are not limited to, on-line discussion board activities, written simulated assignments, clinical decision making exams, videos, and PowerPoint presentations. Students are expected to be “active learners.” It is a basic assumption of the instructor that students will be involved (beyond the materials and lectures presented in the course) discovering, processing, and applying the course information using peer-review journal articles, researching additional information and examples on the Internet, and discussing course material and clinical experiences with their peers. A Discussion Board is provided in Blackboard specifically for students (“Student Lounge”) to share websites, articles, apps, and clinical experiences relevant to the course topics.

### ASSIGNMENT DESCRIPTIONS

*Please note: Rubrics for all assessments are located at the end of this syllabus.

**Discussion Board Activities:**
Discussion Boards provide an avenue for synthesis of material / information. A Discussion Board is provided in this course as a way to help students’ process course materials, express thoughts, and engage others opinions and ideas in a healthy and productive learning environment. Students are expected to respond to all discussion board assessments using the “Discussion Board Rubric” to support individual answers to the assigned questions throughout this course.

**Instructional Design (ID) Assignments**
There are two instructional design assignments students will complete during this course. This will be demonstrated through clinical decision making (CDM) evaluations. These assignments use a commonly employed instructional design framework i.e. the ADDIE Model, to design and develop all aspects of a learning module for that particular component. Students are encouraged to use course facilitators as a resource for feedback on ideas and plans prior to enacting those plans. These ID assignments will be submitted in blackboard for evaluation.
Other assignments include reflective journaling, video interview assignments, and an opportunity change policy through patient advocacy methods, including letters to the editor/legislature.

I am your **best source** of help and information. If you are struggling with a topic, do not get behind. I am available to you by email at all times, within the parameters discussed under “attendance.” When you email me, I will do my very best to provide you with a response as quickly as possible. During exam times, I check my email frequently in case a problem has come up. Although a phone call is the preferred method of contact in these instances, I will respond as soon as I have read the email. Phone calls during instances of exam difficulty will be answered if made between the hours of 8 a.m. and 10 p.m.

**PROCESS**

- This course must be completed in order via Learning Modules.
- Each learning module contains the same type of materials, in the same order: overview, reading assignments, PowerPoint’s, web resources/videos, articles, etc.
- Week I begins with student introductions, an initial survey of the course and course requirements (all under orientation), and an introduction to the DSM-5 manual and more. You will have an opportunity to post any questions you have about the course, requirements, content, etc. during this week. Other questions can be posted as the semester progresses.
- There are two clinical decision making (CDM) assignments. These assignments are designed to evaluate your ability to formulate appropriate questions for acquisition of pertinent clinical information; cluster the information you receive into probable diagnosis, develop rule outs and differential diagnoses, and utilize diagnostic data as part of your decision making, and offer rationales as to your thought process during this clinical reasoning exercise. Information regarding the purpose, structure, due dates, instructions for completion, and grading rubric is available under the “COURSE ASSIGNMENTS” link within the course.
- The discussion board, module assignments, will be utilized to hone skills needed to incorporate knowledge acquired from other courses (pathophysiology, pharmacology, theory/research/ethics), and individual readings into your overall assessment of a patient for a more holistic approach to patient management. Information regarding the purpose, structure, due dates, instructions for completion, and grading rubric is available under the “COURSE ASSIGNMENTS” link within the course.
- Three simulated psychiatric patient video interviews will evaluate your ability to establish rapport, produce a genogram, elicit relevant information, and guide an interview, as well as develop rule outs and differentials for the complaint given. Information regarding the purpose, structure, due dates, instructions for completion, and grading rubric is available under the “ASSIGNMENT & RUBRIC” link within the course.
The letter to the editor/legislature will provide the student with the opportunity to advocate for a systems level change in healthcare policy or the student may choose to participate in policy development by attending “legislative” day at the capital.

PLAN IN ADVANCE FOR THE POSTED DUE DATES
The best process for success is that you complete each of the following for every topic:

- Review each PowerPoint lecture as soon as it becomes available and use your reading, weblinks, and video links to add the details to the outlines provided in those lectures.
- Post questions about your readings to the “I have a question” discussion board.
- Review all additional material provided for each topic and post any questions or comments you may have to the “I have a question” discussion board.
- Memorize the common signs/symptoms/timeframes associated with mental health disorders specific to the weekly topic and practice formulating rule outs and differentials based on age, gender, and risk factors.

GENERAL POLICIES RELATED TO THIS COURSE
All students are required to follow the policies and procedures presented in the following documents:

- University Catalog located on the ASU website: [https://www.angelo.edu/catalogs/](https://www.angelo.edu/catalogs/)
- University Graduate Nursing Handbook, located on the Nursing website: [https://www.angelo.edu/dept/nursing/student_resources/grad_info.php](https://www.angelo.edu/dept/nursing/student_resources/grad_info.php)

IMPORTANT UNIVERSITY DATES

- Semester Starts January 14, 2019
- Martin Luther King Holiday January 21, 2019
- Spring break March 11-15, 2019
- Last day to drop/withdraw March 28, 2019
- Finals week begins May 6 and ends May 10, 2019
- Semester Ends May 10, 2019
- Commencement May 11, 2019

STUDENT RESPONSIBILITY & ATTENDANCE
This class is asynchronous, meaning you do not have to be on-line at a certain time. There are readings which you will have to complete to be able to adequately participate in individual and group assessments. In order to complete this course successfully, you do have to participate in all course activities i.e. discussion boards, course projects, reflective logs, etc. Students are expected to engage in course activities and submit work by due dates and times.

The expectation is that students will make substantive contributions which reflect integration
of assigned materials as well as any outside readings as appropriate. Scholarly contribution is an expectation. For planning purposes, this class will probably require a minimum of 6-9 study hours per week on average. Collaborate sessions may be conducted on a regular basis or as deemed necessary by faculty. Student participation is expected.

COMMUNICATION
Faculty will respond to email and/or telephone messages within 24 hours during working hours Monday through Friday. Weekend messages may not be returned until Monday. Written communication via Blackboard: It is an expectation of this class that you use formal writing skills giving appropriate credit to the source for your ideas. Follow APA (2010) 6th edition (2nd Printing or higher only) guidelines for referencing. Written communication via email: All private communication will be done exclusively through your ASU email address. Check frequently for announcements and policy changes. Virtual communication: Office hours and/or advising may be done with the assistance of the telephone, Skype, Join.me, Google Hangouts, etc.

Use Good "Netiquette":
• Check the discussion frequently and respond appropriately and on subject.
• Focus on one subject per message and use pertinent subject titles.
• Capitalize words only to highlight a point or for titles. Otherwise, capitalizing is generally viewed as SHOUTING!
• Be professional and careful with your online interaction. Proper address for faculty is by formal title such as Dr. or Ms./Mr. Jones unless invited by faculty to use a less formal approach.
• Cite all quotes, references, and sources.
• When posting a long message, it is generally considered courteous to warn readers at the beginning of the message that it is a lengthy post.
• It is extremely rude to forward someone else's messages without their permission.
• It is fine to use humor, but use it carefully. The absence of face-to-face cues can cause humor to be misinterpreted as criticism or flaming (angry, antagonistic criticism). Feel free to use emoticons such as 😂 or 😊 to let others know you are being humorous.

(The above "netiquette" guidelines were adapted from Arlene H. Rinald's article, The Net User Guidelines and Netiquette, Florida Atlantic University, 1994, available from Netcom.)

ASSESSMENT/ASSIGNMENT SUBMISSION
In this class, all assignments need to be submitted through the Submit Assignments link in the Blackboard course site. This is for grading purposes. Issues with technology use arise from time to time. If a technology issue does occur regarding an assessment submission, email your instructor at their ASU email address and attach a copy of what you are trying to submit. This lets your faculty know you completed the assessment on time and are just having problems with the online submission feature in Blackboard. Once the problem is resolved, submit your assessment through the appropriate link. This process will document the problem and establish a timeline. Be sure to keep a backup of all work.
LATE WORK OR MISSED ASSESSMENT/ASSIGNMENTS POLICY
The week begins on Monday and ends on Saturday. Assignment due dates are shown on the calendar/schedule or posted within Blackboard. Late submissions are not accepted without prior approval of faculty. Students must complete all work for this course to pass this course, even if the late submission is not accepted for a grade. Faculty reserve the right to deduct points if late assignments are accepted past the original due date.

ACADEMIC HONESTY
Academic honesty is expected on all work. Students are expected to maintain complete honesty and integrity in their online experiences. Any student found guilty of any form of dishonesty in academic work is subject of disciplinary action and possible expulsion from ASU. The Nursing Department adheres to the academic honesty statement as set forth in the Angelo State University Student Handbook [http://www.angelo.edu/student-handbook/](http://www.angelo.edu/student-handbook/) and [http://www.angelo.edu/forms/pdf/Honor_Code.pdf](http://www.angelo.edu/forms/pdf/Honor_Code.pdf)

PLAGIARISM
Plagiarism at ASU is a serious topic. The Angelo State University’s Honor Code gives specific details on plagiarism and what it encompasses. Plagiarism is the action or practice of taking someone else's work, idea, etc., and passing it off as one's own. Plagiarism is literary theft.

In your discussions and/or your papers, it is unacceptable to copy word for word without quotation marks and the source of the quotation. We use the *APA Style Manual of the American Psychological Association* as a guide for all writing assignments. Quotes should be used sparingly. It is expected that you will summarize or paraphrase ideas giving appropriate credit to the source both in the body of your paper and the reference list. Papers are subject to be evaluated for originality via Bb Safe Assignment or Turnitin. Resources to help you understand this policy better are available at the ASU Writing Center [http://www.angelo.edu/dept/writing_center/academic_honesty.php](http://www.angelo.edu/dept/writing_center/academic_honesty.php)

STUDENTS WITH DISABILITIES
“Disability Services is part of the *Office of Student Affairs* at Angelo State University. Angelo State's Office of Student Affairs works to ensure that qualified students with disabilities have equal access to all institutional programs and services. The office advocates responsibly for the needs of students with disabilities and educates the campus community so that others can understand and support students with disabilities.”

The following includes contact information for Disability Services at ASU:

- ada@angelo.edu
- 325-942-2047
- Fax: 325-942-2211
- Houston Harte University Center, 112
- ASU Station #11047, San Angelo, TX 76909

INCOMPLETE GRADE POLICY ([OP 10.11 Grading Procedures](http://www.angelo.edu/))
It is policy that incomplete grades be reserved for student illness or personal misfortune. Please contact faculty if you have serious illness or a personal misfortune that would keep you from completing course work. Documentation may be required.

STUDENT ABSENCE FOR OBSERVANCE OF RELIGIOUS HOLY DAYS
1. “A student who intends to observe a religious holy day should make that intention known in writing to the instructor prior to the absence.” Please see ASU Operating Policy 10.19.

COPYRIGHT POLICY
Students officially enrolled in this course should make only one printed copy of the given articles and/or chapters. You are expressly prohibited from distributing or reproducing any portion of course readings in printed or electronic form without written permission from the copyright holders or publishers.

SYLLABUS CHANGES
The faculty member reserves the option to make changes as necessary to this syllabus and the course content. If changes become necessary during this course, the faculty will notify students of such changes by email, course announcements and/or via a discussion board announcement. It is the student’s responsibility to look for such communications about the course on a daily basis.

WEBLINKS:
- Board of Nursing for the State of Texas http://www.bne.state.tx.us
- National Magnet Agenda https://www.nursingworld.org/organizational-programs/magnet/
- Campaign for Action (The Future of Nursing) http://campaignforaction.org/
- MSN Graduate Student Resources http://www.angelo.edu/dept/nursing/student_resources/grad_info.php
- NONPF Competencies http://www.nonpf.org/?page=14

COURSE EVALUATION
“In order to ensure consistent, sufficient student feedback regarding programs and services provided for students by the Department of Nursing, as required by our accreditation requirements, opportunities for students to evaluate both their courses and course instructors will be provide. Student opinions and feedback are valued and are part of each Course and Instructor evaluation process
Students are provided the opportunity, and are strongly encouraged to participate in a course evaluation at the end of the semester.

Areas on the IDEA evaluation include:
1. Learning to apply course material (to improve thinking, problem solving, and decisions)
2. Developing specific skills, competencies, and points of view needed by professionals in the field most closely related to this course

COLLABORATIVE WORK
Each student must turn in his or her own work that reflects his or her own individual analysis and understanding of the material presented. While students may wish to collaborate in order to better understand the course content, or to resolve technical issues with their computers/Blackboard, collaboration with other students is unacceptable for online clinical decision making (CDM) exams, case presentations, or any assignment the instructors stipulate as an “individual assignment only.”

COPYRIGHT POLICY
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Course Calendar and RUBRICS start on the next page
<table>
<thead>
<tr>
<th>Week/Date</th>
<th>Topic/Reading Assignments</th>
<th>Assignments Due</th>
<th>Comments/Optional Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/14-19</td>
<td>Introduction/orientation to class requirements; Db questions and assignments for the week</td>
<td></td>
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</tr>
<tr>
<td>1/21-2/02</td>
<td><strong>Module 1</strong> - become familiar with DSM-5-read sections I; Casey &amp; Byng Chapters 4, 19, 20; Schaffer &amp; Rodolfa, Ch. 1-3. The psychiatric interview and mental status exam. Casey &amp; Byng Chapters 1-3, article links provided. become familiar with psych interview tool and rubric requirements. <em>Finney Chapters 1-2, 13, 14 glossary &amp; Appendix B</em>.</td>
<td>Syllabus test due by 1/30 11:59 PM</td>
<td>Clabby section 1</td>
</tr>
<tr>
<td>2/11-16</td>
<td><strong>Module 3</strong> - Motivational Interviewing and stages of change. Casey &amp; Byng Chapters 20, 21 &amp; 22; Schaffer &amp; Rodolfa, Ch. 4. <em>Finney Chapters 3-5</em>.</td>
<td>Reflective journaling assignment #1 due by 2/19 at 11:59 PM</td>
<td>Clabby section 1</td>
</tr>
<tr>
<td>2/18--3/09</td>
<td><strong>For this set of modules</strong> read <em>Finney Chapters 6, 7, 9, 10, appendix A (medications)</em>. <strong>Modules 4-8</strong> Module 4 &amp; 5-anxiety &amp; depression. Ansari &amp; Osser, chapters on antidepressants and anxiolytics; Casey &amp; Byng Chapters 5, 6, 11 &amp; 12; DSM-5 pp. 155-234; Schaffer &amp; Rodolfa, Ch. 1-6. <strong>Module 6 &amp; 7</strong>-sleep &amp; eating disorders. Casey &amp; Byng pages 235-236, chapter 12; DSM-5 pp.329-422. <strong>Module 8</strong>-Adult ADD: Casey &amp; Byng pages 134-135; DSM 5 pp. 59-66; Ansari &amp; Osser, chapters on stimulants other meds.</td>
<td>1st video assignment due by 3/9 @ 11:59 PM</td>
<td>Stahl chapters 7, 9, 11, 12; Clabby sections 1-6</td>
</tr>
<tr>
<td>3/11-17</td>
<td>Spring break!!!! Enjoy 😊</td>
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<tr>
<td>3/18--3/30</td>
<td><strong>Module 9</strong>-substance abuse. Casey &amp; Byng Chapters 10; DSM-5 pp. 481-589; Schaffer &amp; Rodolfa, Ch. 6, 7; Ansari &amp; Osser, chapters on antidepressants, anxiolytics, and treatment of substance abuse; <em>Finney Chapters 8, 10, 11 &amp; appendix A</em>.</td>
<td>Submit rough draft of policy change paper to safe assig or turn it in by 3/25 @ 11:59PM</td>
<td>Stahl chapter 14; Clabby sections 1-6</td>
</tr>
<tr>
<td>4/1-06</td>
<td><strong>Module 10</strong> psychotic/schizophrenia/mood &amp; sexual disorders. Casey &amp; Byng Chapters 7, 8, 9, 18, 19 &amp; 23; DSM-5 pp. 87-154; Schaffer &amp; Rodolfa, Ch. 6, 7, 8; Ansari &amp; Osser, chapters on mood stabilizers, and</td>
<td>2nd video assignment due by 4/7 by 11:59 PM (s)</td>
<td>Stahl chapter 4, 5, 6 &amp; 8; Clabby sections 1-6</td>
</tr>
<tr>
<td>Week</td>
<td>Module</td>
<td>Description</td>
<td>Final Policy Change Letter</td>
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| 12   | 4/8-13 | **Module 11** Childhood disorders  
Casey & Byng Chapters 13, 14, 17 & 18; DSM 5, pages 715-727; DSM-5 pages 31-86; Schaffer & Rodolfa, Ch. 6-10; Ansari & Osser, chapters on simulants other meds | **Final policy change letter due by 4/15 @ 11:59 PM** | 12; Clabby sections 1-6 |
| 13-14 | 4/15-27 | **Module 12** Dementia and related disorders, DSM-5 pp 591-643; Schaffer & Rodolfa, Ch. 6-10 | **Submit final reflective journaling assignment by 4/29 @ 11:59 PM** | 13 Clabby sections 1-6 |
| 15   | 4/29--5/4 | **Module 13** Wrap up: CAM, the MH system, patient rights, ICD coding, etc. Casey & Byng chapters 20, 21 & 22; Schaffer & Rodolfa, Ch. 6-10. | **3rd video assignment due by 5/5 at 11:59 PM (dementia)** | 10; Clabby sections 1-6 |
| 16   | 5/6-10 | Finals week | **CDM 2 due by 11:59 PM on 5/10 (comprehensive 80% covers modules 8-13; 20% modules 1-7)** | |
| 5/11 |          | Commencement |                          |               |

**Late assignments**: failure to submit your assessments/assignments on the assigned date will result in a **two-point deduction for each day** after the posted deadline. No papers or postings will be accepted more than one week past the assigned due date **(without prior faculty approval)** and a grade of zero (0) will be given.

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<table>
<thead>
<tr>
<th>Criteria</th>
<th>Good to Excellent 90-100</th>
<th>Good to Average 80-89</th>
<th>Fair 79 or less</th>
<th>Unacceptable 0 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency 15%</td>
<td>Participates 3 times throughout the week on 3 separate days.</td>
<td>Participates 2 times: postings must be distributed throughout week.</td>
<td>Participates 1-2 time during the week.</td>
<td>Participates not at all, or posts after deadline</td>
</tr>
<tr>
<td>Initial Assignment Posting 25%</td>
<td>Posts well developed &amp; referenced assignment that fully addresses and develops all aspects of the task.</td>
<td>Posts well developed assignment that addresses all aspects of the task; lacks full development of concepts.</td>
<td>Posts adequate assignment with superficial thought and preparation; doesn’t address all aspects of the task.</td>
<td>Posts no assignment.</td>
</tr>
<tr>
<td>Follow-Up Postings 20%</td>
<td>Demonstrates analysis of others’ posts; extends meaningful discussion by building on previous posts.</td>
<td>Elaborates on an existing posting with further comment or observation. Post must be pertinent and meaningful.</td>
<td>Posts shallow contribution to discussion (e. g., agrees or disagrees); does not enrich discussion.</td>
<td>Posts no follow-up responses to others.</td>
</tr>
<tr>
<td>Content Contribution 20%</td>
<td>Posts factually correct, reflective and substantive contribution; advances discussion.</td>
<td>Posts information that is factually correct; has full development of concept or thought.</td>
<td>Repeats but does not add substantive information to the discussion.</td>
<td>Post information that is off-topic, incorrect, or irrelevant to discussion.</td>
</tr>
<tr>
<td>References &amp; Support 10%</td>
<td>Uses references to literature, readings, or personal experience to support comments to peers.</td>
<td>Incorporates some references from literature and personal experience.</td>
<td>Uses personal experience, but no references to readings or research.</td>
<td>Includes no references or supporting experiences</td>
</tr>
<tr>
<td>Clarity &amp; Mechanics 10%</td>
<td>Contributes to discussion with clear, concise comments formatted in an easy to read style that is free of grammatical or spelling errors.</td>
<td>Contributes valuable information to discussion with minor clarity or mechanics errors.</td>
<td>Communicates in friendly, courteous and helpful manner with some errors in clarity or mechanics.</td>
<td>Posts long, unorganized or rude content that may contain multiple errors or may be inappropriate.</td>
</tr>
</tbody>
</table>
## Clinical Decision-Making QUIZ Rubric
### 50 possible points

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>UNACCEPTABLE</th>
<th>ACCEPTABLE 5 points each</th>
<th>GOOD 6 points each</th>
<th>EXCELLENT 7.14 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correctly identifies abnormal or pertinent findings based on information provided.</td>
<td>Doesn’t do. Incorrect identification of majority of findings.</td>
<td>Identifies some abnormal or pertinent findings but misses major findings. Findings come from only 50% of sections completed.</td>
<td>Identifies the most important findings, misses some minor ones. Doesn’t present findings from all sections completed.</td>
<td>Identifies all abnormal or pertinent findings using information provided from each section completed.</td>
</tr>
<tr>
<td>Interprets findings correctly considering pathologic al, social, lifestyle and genetic components.</td>
<td>Does not do. Interpretation is incorrect or partially correct. Minimizes information provided. All pertinent areas not addressed.</td>
<td>Interpretation is correct. Details consider most pertinent areas.</td>
<td>Interpretation is correct. All pertinent details are discussed.</td>
<td></td>
</tr>
<tr>
<td>Able to localize exam requirements appropriately to patient complaint and symptoms.</td>
<td>Does not do. Does not localize requirements to patient complaint.</td>
<td>Selects areas for physical exam that are pertinent. Includes some not relevant for patient.</td>
<td>Selects most pertinent exam areas. Two or few exam areas not relevant.</td>
<td>All pertinent exam areas are selected with none nonrelevant areas.</td>
</tr>
<tr>
<td>Appropriately considers use of special exam techniques, lab tests, imaging or ‘special’ testing to assist with diagnosis.</td>
<td>Does not do. Techniques or tests chosen inappropriate or critical tests/exams.</td>
<td>Selects appropriate tests or exam techniques. Misses pertinent or critical tests/exams.</td>
<td>Selects correct techniques or tests. Misses some pertinent techniques or tests.</td>
<td>All pertinent techniques or tests are selected with no nonpertinent tests, techniques used.</td>
</tr>
<tr>
<td>Follows APA format correctly. Uses peer-reviewed reference includes copy of actual article.</td>
<td>Does not do. References are not peer-reviewed. Article not included. Major issues with APA formatting.</td>
<td>Follows APA format with some errors. Most references are peer-reviewed. Articles included where appropriate.</td>
<td>Follows APA format with minor errors. All references are peer-reviewed. Articles included where appropriate.</td>
<td>Follows APA format with no errors. All references are peer-reviewed. Articles included where appropriate.</td>
</tr>
<tr>
<td>All questions are answered succinctly and completely, using student’s own words.</td>
<td>Questions are missed. Response is taken directly from source.</td>
<td>All questions answered. Responses contain nonrelevant information. Lastly students’ words.</td>
<td>All questions answered. Little that is nonrelevant. Majority is students’ own words.</td>
<td>All questions answered. No irrelevant materials. All students’ own words.</td>
</tr>
</tbody>
</table>
Letter to Legislature

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explains and analyzes a significant public mental health problem. Uses facts, statistics and logic to explain why it is a serious problem.  Describes health, economic, and societal implications.</td>
<td>40</td>
</tr>
<tr>
<td>Uses facts and logical reasoning to propose a realistic, substantive solution.  Discussion/solution is in-depth, well-reasoned, and based on research.  Facts lead to accurate conclusions about specific actions to be taken, directed to the appropriate person. Be sure to ask for a response to your concerns.</td>
<td>20</td>
</tr>
<tr>
<td>Writing is professional and clear.  Organization, punctuation, tone, grammar and narrative are at baccalaureate level.  Text is interesting and flows well.  Formatting is business-letter appropriate and includes contact information. Facts are presented in APA format.</td>
<td>20</td>
</tr>
<tr>
<td>Reference page is APA formatted and lists at least 6 credible sources.  Three of 6 sources must be professional journals.  (Reference page follows letter in the same Word document).</td>
<td>20</td>
</tr>
<tr>
<td>Provides evidence of legislator response (bonus points)</td>
<td>5</td>
</tr>
</tbody>
</table>

Total Points 105

or

Letter to the Editor

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analyzes and describes significant mental health problem.  Provides facts and statistics in to (a) explain seriousness and significance, and (b) emphasize health, economic and societal implications.  Draws accurate conclusions about problem.</td>
<td>40</td>
</tr>
<tr>
<td>Describes fact-based solution.  Discussion/solution is not simplistic or superficial (like washing hands, eating right or exercising), but is in-depth and well-reasoned.  Facts lead to accurate conclusions about solution.  Tells reader what to do and how to do it. Lists local resources and contact information or websites, government agencies, etc.</td>
<td>20</td>
</tr>
<tr>
<td>Writing is professional, simple and clear.  Organization, punctuation, tone, grammar and narrative are at baccalaureate level.  Text is interesting and flows well.  Uses APA format to present facts. Formatting is business-letter appropriate and includes contact information</td>
<td>20</td>
</tr>
<tr>
<td>Reference page is APA formatted and lists at least 6 credible sources.  Three of the 6 sources must be professional journals.  (Reference page follows LTE combined within one single Word document).</td>
<td>20</td>
</tr>
<tr>
<td>Provides evidence of publication (bonus points)</td>
<td>5</td>
</tr>
</tbody>
</table>

Total 105
<table>
<thead>
<tr>
<th>Item</th>
<th>Criteria</th>
<th>Points</th>
<th>Totals</th>
</tr>
</thead>
</table>
| 1. Uses appropriate therapeutic communication | Demographics are complete  
-Uses language the patient can understand  
-specifies and quantifies questions  
-is nonjudgmental  
-takes into consideration age of patient and cultural influences  
-uses open and closed questions  
-Explains and inquires | Possible points=5 | |

Elements of the interview

<table>
<thead>
<tr>
<th>2. Chief complaint (cc)</th>
<th>Possible points=5</th>
</tr>
</thead>
</table>
| -Why is the patient there?  
-Stated in patient’s own words  
-if long standing then ascertain *why now?* | |

<table>
<thead>
<tr>
<th>3. HPI</th>
<th>Possible points=5</th>
</tr>
</thead>
</table>
| -Chronology of current s/s  
-cover the temporal aspects of onset and exacerbation  
-cover the usual questions using the OLDCAARTS acronym  
-this will be used to develop pertinent positives and negatives | |

<table>
<thead>
<tr>
<th>4. ROS</th>
<th>Possible points=5</th>
</tr>
</thead>
</table>
| -everything not covered in HPI  
-s/s related to chief complaint  
--s/s related to chronic illnesses  
-Systematic responses (fever, fatigue)  
s/s related to OTC/prescription meds | |

<table>
<thead>
<tr>
<th>5. Current health status</th>
<th>Possible points=5</th>
</tr>
</thead>
</table>
| -medications (OTC, herbals, supplements)  
-Allergies (meds, foods, environment)  
-immunizations (age appropriate)  
-LMP if applicable | |

<table>
<thead>
<tr>
<th>6. PMH</th>
<th>Possible points=5</th>
</tr>
</thead>
</table>
| -Childhood/adult illnesses  
-hospitalizations (all types, including surgeries)  
-trauma/injury/disability  
-OB/GYN if female (pregnancies, abortions, living, etc.)  
-Sexual history  
-Submits Genogram | |

<table>
<thead>
<tr>
<th>7. Past Psychiatric History</th>
<th>Possible points=10</th>
</tr>
</thead>
</table>
| -chronological  
-all past episodes (suicide attempts including aborted suicide attempts, hospitalizations)  
-previous diagnosis(es)  
treatment and response to treatment (including medications-dosage, efficacy, side effects and duration)  
-therapy | |

<table>
<thead>
<tr>
<th>8. Addiction History</th>
<th>Possible points=5</th>
</tr>
</thead>
</table>
| -Both legal and illegal substances and psychoactive drugs  
--alcohol, caffeine, nicotine, marijuana, cocaine, opiates, sedative-  
hypnotics, K2, bath salts, etc.  
--stimulants androgenic steroids, hallucinogens  
-Amount frequency, route, pattern of use  
-consequences (legal, social and personal) | |
| 9. Family History | -family dynamics, strengths and weaknesses of relationships, including disruptions (divorce, prolonged absences, foster care and adoption)  
| | -based in part of patient’s disorder  
| | -consider parents, siblings, spouse, children  
| | -review general medical and psychiatric disorders (esp those that are genetic or familial)  |
| **Possible points=5** |
| 10. Developmental history | -mother’s pregnancy history  
| | ---including substance use/abuse  
| | —complications of pregnancy/labor  
| | -developmental milestones (include delays)  
| | -Formal education, academic performance  
| | -patterns of response to life events  
| | --sexual, physical, verbal abuse  
| | --exposure to natural disasters, war  
| | --parental/child loss | **Possible points=5** |
| 11. Social History | -psychosocial  
| | --includes those areas appropriate to Axis IV  
| | --primary support-social, education, occupation, housing finances, health care access  
| | --cultural and religious beliefs | **Possible points=5** |
| 12. Mental Status Exam | -Covers all elements of the MSE  
| | -MMSE if indicated  
| | -verbalizes all elements of the interview that are through observation (may do this at the end of the interview when discussing PP/PN/DDx) | **Possible points=10** |
| 13. Pertinent positives and negatives and Diagnosis(es) | At the end of the interview verbalizes:  
| | -The elements on the problem list  
| | -Lists all pertinent positives and negatives  
| | -Identifies at least two DDx  
| | -Ascertains primary Dx  
| | -Demonstrates connection between PP and primary Dx  
| | -Treatment plan and follow-up and/or referrals  
| | -Includes pertinent patient education | **Possible points=10** |
| 14. Presentation | -able to view both the student and pt  
| | -a therapeutic milieu is provided  
| | -verbalizes information appropriately  
| | -audiovisual elements are of acceptable quality | **Possible points=10** |
| 15. use of Screening Tools | -Uses **appropriate** screening tools for the situation  
| | -Demonstrates ability to reach patient at the level of his/her understanding (paraphrasing as needed)  
| | -does not read from the indicated tool, uses it as a reference | **possible points 10** |
| Total possible points | 100 |
| Comments: |  |
### Journal (Self-Reflection) Rubric

<table>
<thead>
<tr>
<th>VALUES</th>
<th>Criteria</th>
<th>Unacceptable – 0</th>
<th>Marginal – 50</th>
<th>Proficient – 75</th>
<th>Exemplary - 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>Specific Reflection Log Items</td>
<td>Does not answer any Reflection Log Items.</td>
<td>Thoroughly answers a minority of Reflection Log item.</td>
<td>Thoroughly answers a majority, but not all Reflection Log Items.</td>
<td>Thoroughly answers each log specific reflective item.</td>
</tr>
<tr>
<td>50%</td>
<td>Evidence of evaluation and synthesis of material</td>
<td>Does not use concepts and terminology appropriately; Does not provide examples; Answers not organized and easy to follow; Lacks evidence of insightful evaluation and synthesis</td>
<td>Occasionally uses concepts and terminology appropriately; when applicable, occasionally provides appropriate examples; format is occasionally organized and easy to follow; evidence of insightful evaluation and synthesis is occasionally present</td>
<td>Most of the time uses concepts and terminology appropriately; when applicable, most of the time provides appropriate examples; presented in a format that is most often organized and easy to follow; evidence of insightful evaluation and synthesis is most often present</td>
<td>Always uses concepts and terminology appropriately; when applicable. Always provides appropriate examples; Answers always presented in a format that is organized and easy to follow; evidence of insightful evaluation and synthesis is always present</td>
</tr>
<tr>
<td>25%</td>
<td>Scholarly writing and Citations using APA formatting</td>
<td>Does not cite sources or use consistent style.</td>
<td>Occasionally uses consistent citation style and cites sources. Greater than two mistakes noted.</td>
<td>Routinely uses consistent citation style and cites sources. Two or fewer mistakes noted.</td>
<td>Always uses consistent citation style and cites all sources. No mistakes noted.</td>
</tr>
</tbody>
</table>

End of Syllabus.