Instructor: Donna Rich DNP, MS, MSN-FNP, PM-NE, PM-MFT, PM-PMH, APRN, PMHNP-BC, FNP-BC
Preferred method of communication: email
Office Hours: virtual If you have a question and an email response would suffice, then simply let me know this when you email me.
Time Zone: All due dates and times in this syllabus are Central Standard Time (CST)

Course Information

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.

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

Prerequisite 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](https://www.angelo.edu/dept/nursing/student_resources/grad_info.php) Computer access requirements are further delineated in the graduate Handbook. Tutorials for ASU Library and for Blackboard are available through RamPort.

**MSN Program Outcomes**

Upon completion of the program of study for the MSN Program, 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**

<table>
<thead>
<tr>
<th>Student Learning Outcomes By the end of this program the student should be able to</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, 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 Scientific Foundations 1, 3, 4</td>
</tr>
<tr>
<td>2. Effectively demonstrate satisfactory psychiatric evaluations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Use evidence-based psychopharmacological and non-pharmacological interventions in the management of commonly</td>
<td>Reading assignments, PowerPoint, articles, handouts and screening tools, treatment and medication prescribing,</td>
<td>2, 4, 5, 9</td>
<td>2, 4, 5, 9</td>
<td>Independent Practice 2</td>
</tr>
</tbody>
</table>
occurring stress and psychiatric illnesses and referral exercises, Db, CDM, reflective journaling

4. Advocate for mentally ill patients, through system level policy development

| 4. Advocate for mentally ill patients, through system level policy development | Db, literature search, case studies, letter to the editor/legislature, policy development, reflective journaling, participating in the legislation process | 3, 6, 8 | 3, 6, 8 | Practice Inquiry 5. Policy 4 |

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**Course Delivery**

This is an online course offering via the Blackboard Learning Management System. [http://blackboard.angelo.edu](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.

**Required Texts and Materials**

*May use hard copy or digital editions*


Highly Recommended


**Technology Requirements**

To participate in one of ASU’s distance education programs, you need this technology:

- A computer capable of running Windows 7 or later, or Mac OSX 10.8 or later
- The latest version of one of these web browsers: internet Explorer, Firefox, or Safari. **Mozilla Firefox is the recommended browser for BB**
- Microsoft Office Suite or a compatible Open Office Suite
- Adobe Acrobat Reader
- High Speed Internet Access
- **CHROME is required for use with collaborate**
- Ethernet adapter cable required (wireless connections can drop during tests and Collaborate sessions)
- Webcam
- Audio recording device such as computer MP3 capability
- Logitech USB microphone headset
- Genogram software
- **Document Scanner or ability to pdf documents**
- 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

**Communication**

Faculty will respond to email and/or telephone messages within 36 hours during working hours Monday through Friday. Weekend messages may not be returned until Monday.

**Written communication via email**: All private communication will be done exclusively through your ASU email address. Check frequently for announcements and policy changes. In your emails to faculty, include the course name and section number in your subject line.

**Virtual communication**: Office hours and/or advising may be done with the assistance of the telephone or Collaborate.
“Netiquette” Guidelines

- 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.
- Be sure to get consent before forwarding someone else's messages. It is extremely rude to forward someone else's messages without their permission.
- It is acceptable 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 J 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.)

Grading

Evaluation and Grades

The table below contains the assessments employed and how they will be graded in this course.

<table>
<thead>
<tr>
<th>EVALUATION and GRADING</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syllabus Test (required after watching orientation ppt)</td>
<td>05%</td>
</tr>
<tr>
<td>Psychiatric Interview videos (2@ 15 % each) includes rubrics with genogram</td>
<td>30%</td>
</tr>
<tr>
<td>Policy change letter to the editor/legislature (or legislative day participation, or meet with your local state representative)</td>
<td>10%</td>
</tr>
<tr>
<td>Reflective journaling (2 @ 5 % each)</td>
<td>10%</td>
</tr>
<tr>
<td><strong>IDEA Survey (extra credit)</strong></td>
<td>05%</td>
</tr>
<tr>
<td>Clinical Decision Making (CDMs) Exams (2@10 % each)</td>
<td>20%</td>
</tr>
<tr>
<td>Weekly Discussion Board (DB) (15 total)</td>
<td>25%</td>
</tr>
<tr>
<td>Total possible points</td>
<td>105%</td>
</tr>
</tbody>
</table>
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 this course:
- A = 90-100 points
- B = 80-89 points
- C = 70-79 points
- D = 60-69 points
- F = 0-59 points

Teaching Strategies
This course is taught completely online through the Blackboard platform. 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. Examples of learning strategies used in this course include, but are not limited to on-line discussion board activities, written simulated assignments, group work, clinical decision-making exams, videos, PowerPoint presentations, guided learning experiences, readings, group discussions/group work, and writing assignments. Other assignments include reflective journaling, video interview assignments, and an opportunity change policy through patient advocacy methods, including letters to the editor/legislature. 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. Call IT and obtain a case number, if you are having technology issues. 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.

- Two simulated psychiatric patient video interviews will evaluate your ability to establish rapport, produce genograms, 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. When the legislature is not in session other opportunities may be provided, such as meeting with your local representative.

**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

**Assignment Submission**
All assignments MUST be submitted through the Assignments link in the Blackboard site. This is for grading, documenting, and archiving purposes. Issues with technology use arise from time to time. If a technology issue does occur regarding an assignment submission, email me at drich@angelo.edu and attach a copy of what you are trying to submit. Please contact the IT Service Center at (325) 942-2911 or go to your Technology Support tab to report the issue. This lets your faculty know you completed the assignment on time and are just having problems with the online submission feature in Blackboard. Once the problem is resolved, submit your assignment 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 Assignments Policy
Due dates and times for assignments are posted in the course schedule. Failure to submit your assignments on the assigned date will result in a two (2) point deduction for each day after the posted deadline. No papers or postings will be accepted more than six (6) days past the assigned due date. *If you need additional time related to illnesses or personal tragedy, please notify me.*

General Policies Related to This Course
All students are required to follow the policies and procedures presented in these documents:

- [Angelo State University Student Handbook](#)
- [Angelo State University Graduate Catalog](#)
- [Graduate Nursing Student Handbook](#)

Student Responsibility and Attendance
This class is asynchronous, meaning you do not have to be on-line at a certain time. 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 hope 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.

Academic Integrity
Students are expected to maintain complete honesty and integrity in all work. Any student found guilty of any form of dishonesty in academic work is subject of disciplinary action and possible expulsion from ASU.

The College of Health and Human Services adheres to the university’s [Statement of Academic Integrity](#).

Accommodations for Students with Disabilities
ASU is committed to the principle that no qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the university, or be subjected to discrimination by the university, as provided by the Americans with Disabilities Act of 1990 (ADA), the Americans with Disabilities Act Amendments of 2008 (ADAAA) and subsequent legislation.

Student Disability Services is located in the Office of Student Affairs, and is the designated campus department charged with the responsibility of reviewing and authorizing requests for
reasonable accommodations based on a disability. It is the student’s responsibility to initiate such a request by contacting an employee of the Office of Student Affairs, in the Houston Harte University Center, Room 112, or contacting the department via email at ADA@angelo.edu. For more information about the application process and requirements, visit the Student Disability Services website. The employee charged with the responsibility of reviewing and authorizing accommodation requests is:

Dallas Swafford
Director of Student Disability Services
Office of Student Affairs
325-942-2047
dallas.swafford@angelo.edu
Houston Harte University Center, Room 112

Incomplete Grade Policy
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. See ASU Operating Policy 10.11 Grading Procedures for more information.

Plagiarism
Plagiarism is a serious topic covered in ASU’s Academic Integrity policy in the Student Handbook. 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. 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. Resources to help you understand this policy better are available at the ASU Writing Center.

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.”

Academic Calendar
Students are responsible for adhering to all dates set forth in the ASU Academic Calendar for the semester.

IMPORTANT UNIVERSITY DATES
- Semester Starts January 13, 2019
- Martin Luther King Holiday January 20, 2019
- Spring break March 9-13, 2019
- Last day to drop/withdraw March 26, 2019
- Finals week begins May 4 and ends May 8, 2019
- Semester Ends May 8, 2019
- Commencement May 9, 2019

Special Notes:
- If you are graduating this semester, please make sure you complete your application for graduation.
- If you are taking the Comprehensive Exam this semester, please register for this exam.
- Please note the University Calendar for the Last day to drop a class or withdraw from a regular semester.
- Notify your faculty if you plan to drop or withdraw. A general understanding of the circumstances will be helpful for program development.

Student Absence for Observance of Religious Holy Days
A student who intends to observe a religious holy day should make that intention known in writing to the instructor prior to the absence. See ASU Operating Policy 10.19 Student Absence for Observance of Religious Holy Day for more information.

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

Title IX at Angelo State University

Angelo State University is committed to providing and strengthening an educational, working, and living environment where students, faculty, staff, and visitors are free from sex discrimination of any kind. In accordance with Title VII, Title IX, the Violence Against Women Act (VAWA), the Campus Sexual Violence Elimination Act (SaVE), and other federal and state laws, the University prohibits discrimination based on sex, which includes pregnancy, and other types of Sexual Misconduct. Sexual Misconduct is a broad term encompassing all forms of gender-based harassment or discrimination and unwelcome behavior of a sexual nature. The term includes sexual harassment, nonconsensual sexual contact, nonconsensual sexual intercourse, sexual assault, sexual exploitation, stalking, public indecency, interpersonal violence (domestic violence or dating violence), sexual violence, and any other misconduct based on sex.

You are encouraged to report any incidents involving sexual misconduct to the Office of Title IX Compliance and the Director of Title IX Compliance/Title IX Coordinator, Michelle Boone, J.D. You may submit reports in the following manner:

Online: www.angelo.edu/incident-form
Face to face: Mayer Administration Building, Room 210
Phone: 325-942-2022
Email: michelle.boone@angelo.edu
Note, as a faculty member at Angelo State, I am a mandatory reporter and must report incidents involving sexual misconduct to the Title IX Coordinator. Should you wish to speak to someone in confidence about an issue, you may contact the University Counseling Center (325-942-2371), the 24-Hour Crisis Helpline (325-486-6345), or the University Health Clinic (325-942-2171).

For more information about resources related to sexual misconduct, Title IX, or Angelo State’s policy please visit: www.angelo.edu/title-ix.

Course Disclaimer

Although it is never the intention of this course instructor to offend anyone, on rare occasions students do become offended during discussions. The nature of the content of this course may lead to someone being offended by ideas read or presented, or someone’s ideas or opinions shared. The purpose is to encourage you to consider, objectively, the viewpoints reflected in other’s works as you examine your own views, assumptions, and preconceptions in an attempt to formulate an informed, thoughtful, and defensible position. It is not the intent of this class to “indoctrinate” you into any particular point of view, persuade you to adopt any specific position, or even “challenge” your personal beliefs. The hope is that, together, we can all remain as objective as possible and keep our discussions on a high intellectual plane.

Student Evaluation of Faculty and Course

Students in all programs are given the opportunity to evaluate their courses and the faculty who teach them. Evaluations are most helpful when they are honest, fair, constructive, and pertinent to the class, clinical experience, or course. Faculty value student evaluations, and use student suggestions in making modifications in courses, labs and clinical experiences. Angelo State University uses the IDEA (Individual Development and Educational Assessment) system administered through Kansas State University for all course evaluations. The Office of Institutional Research and Assessment administers IDEA for the entire university, online and has established a policy whereby students can complete course evaluations free from coercion.

The following are considered essential and Important evaluation items for this course.

1. Gaining a basic understanding of the subject (e.g., factual knowledge, methods, principles, generalizations, theories)
2. Learning to apply course material (to improve thinking, problem solving, and decisions)
3. Developing specific skills, competencies, and points of view needed by professionals in the field most closely related to this course
<table>
<thead>
<tr>
<th>Week</th>
<th>Dates</th>
<th>Topic/reading assignments</th>
<th>Assignments Due</th>
<th>Comments(optional)</th>
</tr>
</thead>
</table>
| 1     | 1/13-18     | Introduction/orientation to class requirements  
Db questions and assignments for the week, *watch orientation ppt/video* | Syllabus test opens on 1/18 11:59 PM                | Online Orientation TBA                          |
| 2-3   | 1/20-2/01   | **Module 1-** become familiar with DSM-5-read section I; Carvalho & McIntyre Chapters 5-6;  
The psychiatric interview and mental status exam.  
Carvalho & McIntyre Chapters 1-4, article links provided, *become familiar with psych interview tool and rubric requirements*  
*Finney Chapters 1-2, 13, 14 glossaries & Appendix B* | Syllabus test closes on 1/27 at 11:59 PM            | *Many modules, starting with module 3, require group work* |
| 4     | 2/3-8       | **Module 2-** (non-pharmacological management) CBT, psychotherapy & counseling. Carvalho & McIntyre Chapter 18;  
*Review Finney Chapters 1-2, 13, 14 glossaries & Appendix B*; Clabby section 1 | Stahl chapters 1-3                                  |                                               |
| 5     | 2/10-15     | **Module 3-** (non-pharmacological management) Motivational interviewing and stages of change.  
*This module requires group work.* Carvalho & McIntyre Chapters 14 & 15;  
*Treatment Improvement Protocol (TIP) pdf; Clabby section 1; Finney Chapters 3-5* | Reflective journaling assignment #1 OPENS 2/13 and CLOSES on 2/17 at 11:59 PM |                                               |
| 6-8   | 2/17--3/07  | **For this set of modules** read *Finney Chapters 6, 7, 9, 10, appendix A (medications)*; Clabby sections 1-6  
**Modules 4-5**  
Module 4 & 5-anxiety/depression (includes mood disorders), somatic disorders, suicidal risks assessment.  
Ansari & Osser, chapters on antidepressants and anxiolytics; Carvalho & McIntyre Chapters 7, 10, 11, 12, 13, 17-21;  
DSM-5 pp. 155-234;  
**Modules 6 & 7**-sleep & eating disorders. Carvalho & McIntyre pages 235-236, chapter 12; DSM-5 pp.329-422 | 1st video assignment due by 3/2 @ 11:59 PM            | Stahl chapters 7, 9, 11, 12;                                               |
|       | 3/09-14     | Spring break!!!! Enjoy ©                                                                      |                                                     |                                               |
|       | 9-10        | **Module 8-** Adult ADD: Carvalho & McIntyre chapter 8;  
DSM 5 pp. 59-66; Clabby sections 1-6 | Submit rough draft of policy change paper to safe assign or turn it in by 3/15 @ 11:59PM | Stahl chapter 14; Ansari & Osser, chapters on simulants antidepressants, anxiolytics, and treatment of substance abuse; |
|       | 3/16--28    | **Module 9-** substance abuse, trauma. Carvalho & McIntyre Chapters 9, 10, 14; DSM-5 pp. 481-589;  
*Finney Chapters 8, 10, 11 & appendix A* | CDM 1 opens 3/26 and closes 11:59 PM on 4/1 (covers modules 1-7) |                                               |
<table>
<thead>
<tr>
<th>Date</th>
<th>Module</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/30-4/04</td>
<td><strong>Module 10</strong></td>
<td>Psychotic/schizophrenia disorders. Carvalho &amp; McIntyre Chapters 7, 8, 9, 18, 19 &amp; 23; DSM-5 pp. 87-154; Clabby sections 1-6</td>
<td>Stahl chapter 4, 5, 6 &amp; 8; Ansari &amp; Osser, chapters on simulant other meds</td>
</tr>
<tr>
<td>4/6-11</td>
<td><strong>Module 11</strong></td>
<td>Childhood disorders Carvalho &amp; McIntyre Chapters 9, 13, 14, 17 &amp; 18; DSM 5, pages 715-727; DSM-5 pages 31-86;</td>
<td>Final policy change letter due by 4/13 @ 11:59 PM</td>
</tr>
<tr>
<td>4/13-25</td>
<td><strong>Module 12</strong></td>
<td>Dementia and related disorders, DSM-5 pp 591-643; Clabby sections 1-6</td>
<td>Submit final reflective journaling assignment which opens 4/23 @11:59 PM and closes by 4/27 @ 11:59 PM</td>
</tr>
<tr>
<td>4/27--5/2</td>
<td><strong>Module 13</strong></td>
<td>Wrap up: CAM, the MH system, patient rights, ICD coding, etc. Putting it all together Clabby sections 1-6</td>
<td>Stahl chapter 10;</td>
</tr>
<tr>
<td>5/4-8</td>
<td>Finals week, no DB</td>
<td></td>
<td>CDM 2 opens 4/28 @ 11:59 PM and closes @ 11:59 PM on 5/06 (comprehensive 80% covers modules 7-13; 20% modules 1-6)</td>
</tr>
<tr>
<td>5/9</td>
<td>Commencement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 6 days 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><strong>Frequency</strong></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><strong>Initial Assignment Posting</strong></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><strong>Follow-Up Postings</strong></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><strong>Content Contribution</strong></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><strong>References &amp; Support</strong></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><strong>Clarity &amp; Mechanics</strong></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>
Letter to Legislature or Editor

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.  

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.  

Writing is professional and clear. Organization, punctuation, tone, grammar and narrative are at graduate level. Text is interesting and flows well. Formatting is business-letter appropriate and includes contact information. Facts are presented in APA format.  

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).  

Provides evidence of legislator response (bonus points)  

Total Points 105

Psychiatric Video Interview Grading Rubric for videos

<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  
-specified 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**                                            |        |        |
| 2.   | Chief complaint (cc)                                                     | -Why is the patient there?  
-Statement in patient’s own words  
-if long standing then ascertain **why now?** |        |        |
|      | Possible points=5                                                        |        |        |
| 3.   | HPI                                                                      | -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 |        |        |
|      | Possible points=5                                                        |        |        |
| 4.   | ROS                                                                      | -everything not covered in HPI |        |        |
| Possible points=5 | -s/s related to chief complaint  
--s/s related to chronic illnesses  
-Systematic responses (fever, fatigue)  
s/s related to OTC/prescription meds |
|--------------------|---------------------------------------------------------------|
| 5. Current health status | -medications (OTC, herbals, supplements)  
-Allergies (meds, foods, environment)  
-immunizations (age appropriate)  
-LMP if applicable |
| Possible points=5 | -Childhood/adult illnesses  
-hospitalizations (all types, including surgeries)  
-trauma/injury/disability  
-OB/GYN if female (pregnancies, abortions, living, etc.)  
-Sexual history  
- Submits Genogram |
| 6. PMH | -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 |
| Possible points=10 | -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) |
| 7. Past Psychiatric 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 | -mother’s pregnancy history  
---including substance use/abuse  
—complications of pregnancy/labor  
-development 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 |
### 11. Social History

**Possible points=5**
- psychosocial
  -- includes those areas appropriate to Axis IV
  -- primary support-social, education, occupation, housing finances, health care access
  -- cultural and religious beliefs

### 12. Mental Status Exam

**Possible points=10**
- 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)

### 13. Pertinent positives and negatives and Diagnosis(es)

**Possible points=10**
- 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

### 14. Presentation

**Possible points=10**
- able to view both the student and pt
- a therapeutic milieu is provided
- verbalizes information appropriately
- audiovisual elements are of acceptable quality

### 15. use of Screening Tools

**possible points 10**
- 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

**Total possible points** 100

**Comments:**

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### Journal (Self-Reflection) Rubric

<table>
<thead>
<tr>
<th>VALUE S</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>
</tbody>
</table>
### Evidence of evaluation and synthesis of material

- **50%**
  - 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
  - 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
  - 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
  - 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

### Scholarly writing and Citations using APA formatting

- **25%**
  - Does not cite sources or use consistent style.
  - Occasionally uses consistent citation style and cites sources. Greater than two mistakes noted.
  - Routinely uses consistent citation style and cites sources. Two or fewer mistakes noted.
  - Always uses consistent citation style and cites all sources. No mistakes noted.

### Clinical Decision-Making QUIZ Rubric

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>UNACCEPTABLE 0</th>
<th>ACCEPTABLE</th>
<th>GOOD</th>
<th>EXCELLENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correctly identifies abnormal or pertinent findings based on information provided</td>
<td>Doesn't do assignment. 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 assignment. Interpretation is incorrect or majority of findings.</td>
<td>Interpretation is correct, or Partially correct. Minimal information is provided. All pertinent areas not addressed</td>
<td>Interpretation is correct. Details consider most pertinent areas.</td>
<td>Interpretation is correct. All pertinent detail s are discussed.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Able to localize exam requirements appropriately to patient complaint and symptoms.</td>
<td>Does not do assignment. Does not localize requirements to patient complaint.</td>
<td>Selects areas for physical exam that are pertinent. Inc ludes some not relevant for patient.</td>
<td>Selects most pertinent exam areas. Two or fewer exam areas not relevant.</td>
<td>All pertinent exam areas are selected with no non relevant 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 for patient.</td>
<td>Selects appropriate tests or exam techniques. Misses pertinent or critical tests/exams.</td>
<td>Selects correct techniques or tests. Misses some minor techniques or tests.</td>
<td>All pertinent techniques and tests are selected with no non pertinent tests, techniques used.</td>
</tr>
<tr>
<td>Follows APA format correctly. Uses peer reviewed reference.</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 non-relevant information. Mostly students’ words.</td>
<td>All questions answered. Little that is non relevant. Majority is students’ own words.</td>
<td>All questions answered. No irrelevant material. In student/own words.</td>
</tr>
</tbody>
</table>

End of Syllabus.

Footnote links
1 https://www.angelo.edu/student-handbook/
2 https://www.angelo.edu/catalogs/
3 https://www.angelo.edu/student-handbook/community-policies/academic-integrity.php
4 https://www.angelo.edu/services/disability-services/
5 https://www.angelo.edu/content/files/14197-op-1011-grading-procedures
6 https://www.angelo.edu/student-handbook/community-policies/academic-integrity.php
7 https://www.angelo.edu/dept/writing_center/academic_honesty.php
8 https://www.angelo.edu/content/files/14206-op-1019-student-absence-for-observance-of