

		<p>patients/clients with knowledge from the liberal arts.</p> <ul style="list-style-type: none"> Analyze therapeutic communication techniques used with a patient with a behavioral health variance. <p>1.2A4. Engage in ethical reasoning and actions to provide leadership in advocacy, collaboration, and social justice as a socially responsible citizen.</p>	<p>Communication Analysis</p> <p>Policy/ Op-Ed/ Nurses' Day on the Hill, Ecumen</p>
<p>Gustavus ISLO: Integration of Learning Intellectual Capacities Cognitive Practice Leadership Intercultural Understanding.</p>	<p>ESLO #2: Apply organizational and systems leadership quality care and patient safety.</p>	<p>2.1A4. Promote safe and quality patient care initiatives, which involve individuals, families, groups, communities, populations, and other members of the healthcare team.</p> <ul style="list-style-type: none"> Evaluate decisions in terms of logical reasoning, creativity, and critical thinking. Defend accountability as an essential component of nursing practice. Evaluate the role of nursing in various behavioral health settings, including environments that pose a risk to self and patients. <p>2.2A4 Integrate the caregiver, educator, advocate and collaborator role to provide nursing care with patients adapting to multiple stressors.</p> <ul style="list-style-type: none"> Discuss communication and generate strategies for improving communication of patient values, preferences, and expressed needs with team members. Advocate for sensitivity and respect for diverse preferences and needs when caring for individuals and families adapting to multiple and chronic stressors. 	<p>Clinical reflection: re: decision making.</p> <p>Class: Legal</p> <p>Post-clinical discussion. Clinical reflection re: the role of the nurse.</p> <p>Post-clinical discussion: role of nurse among the clinical sites.</p> <p>Post-clinical discussion/team meetings. Reflection.</p> <p>Policy/ Day on the Hill. Clinical/ Ecumen</p>
<p>Gustavus ISLO: Cognitive Practice Intellectual Capacities Integration of Learning.</p>	<p>ESLO #3: Examine, analyze, and participate in the scholarship for evidence-based practice.</p>	<p>3.1A4. Participate in the process of retrieval, appraisal, and synthesis of evidence in the provision of care.</p> <ul style="list-style-type: none"> * Apply research findings related to nursing care of individuals and families adapting to multiple and chronic stressors. * Synthesize credible sources in a professional presentation. * Generate ideas for nursing research related to individuals and families adapting to multiple and chronic stressors, the nursing profession, and the management of patient care. <p>3.2A4. Evaluate the credibility of sources of information including but not limited to databases and internet resources.</p>	<p>Patient Group Teaching Project in clinical</p> <p>Clinical Self Eval. Q. #2</p> <p>Discharge Plan</p>
<p>Gustavus</p>	<p>ESLO #4:</p>	<p>4.1A4: Evaluate data from all relevant sources,</p>	<p>Teaching presentation/</p>

<p>ISLO: Integration of Learning Cognitive Practice Ethical Reflecion</p>	<p>Utilize technology in the management of patients and patient-related information.</p>	<p>including technology, to improve patient outcomes in the delivery of care. * Evaluate evidence-based practice research, policies and procedures and patient preferences to guide patient centered care. 4.1B4: Integrate the ethical standards embedded in HIPAA related to data security, regulatory requirements, confidentiality, and patient’s right to privacy.</p>	<p>clinical Clinical/Ecumen: Faculty Evaluation of student performance Q. # 19</p>
<p>Gustavus ISLO: Integration of Learning Cognitive Practice Leadership Intercultural Understanding</p>	<p>ESLO #5: Examine healthcare policies, regulation, and finance in the context of a dynamic health care environment.</p>	<p>5.1A4. Evaluate the potential positive and negative consequences of health care policy in state, national and global settings. * Identify changes that are needed to address health care disparities that are related to the impact of sociocultural, economic, legal, (geographic) and political factors influencing healthcare delivery and practice for individuals, families, and community. 5.2A4. Advocate for improved healthcare as a nursing professional in political processes and grassroots legislative efforts. * Advocate for a social policy change that will better health care for behavioral health/cognitively impaired populations.</p>	<p>Class discussion/ policy Class: Policy Clinical Self Evaluation (Q. # 5). Ecumen Reflection Nurse’s Day on the Hill/ Policy/Op-Ed</p>
<p>Gustavus ISLO: Intellectual Capacities Leadership Integration of Learning</p>	<p>ESLO #6: Engage in interprofessional communication and collaboration for improving patient health outcomes.</p>	<p>6.1A4. Demonstrate collaboration with other health care professionals in providing safe, quality health care to individuals, families and communities. * Advocate for high quality and safe patient care including sensitivity and respect, as a member of the interprofessional team. 6.2A4 Evaluate plan of care to ensure continuity of care across disciplines. * Identify the need for interdisciplinary conferences, and nursing’s unique perspective.</p>	<p>Clinical Reflection: Ecumen Reflection Clinical: Team meeting reflection/ Ecumen reflection Post-clinical Clinical reflection: Team Mtg.</p>
<p>Gustavus ISLO: Integration of Learning Cognitive Practice Intellectual Capacities Leadership</p>	<p>ESLO #7: Perform individual, family, and community level interventions of clinical prevention and population health.</p>	<p>7.1 A4. Assess protective and predictive factors, including genetics, (and environmental exposure), which influence the health of individuals and families adapting to multiple and chronic stressors. * Identify health promotion needs of an individual, family and/or community based on a health and health history assessment. 7.2A4. Use behavioral change strategies to promote health and manage illness with sensitivity to the values and preferences of individuals and families. * Evaluate communication and generate strategies for improving communication of patient values, preferences, and expressed needs. * Use evidence –based practice to guide health teaching and health counseling in the nursing care of individuals and families adapting to</p>	<p>Class discussion: Newman’s Theory; Genomics presentation. Discharge Plan/Communication analysis. Class/ Pete Thomsen Ecumen Communication Analysis</p>

		<p>multiple stressors.</p> <ul style="list-style-type: none"> * Collaborate with other health care professionals in providing culturally and spiritually sensitive health care promotion and injury/ disease prevention strategies taking into account determinants of health for individuals adapting to multiple and chronic stressors. <p>7.3A4. Advocate for social justice, including a commitment to the health of vulnerable populations and the elimination of health disparities.</p>	<p>Group Teaching Project/ Clinical Team Meetings/ Ecumen collaboration reflection Policy/Op-Ed Day on the Hill.</p>
<p>Gustavus ISLO: Integration of Learning Intellectual Capacities Ethical Reflection Wellbeing</p>	<p>ESLO #8: Demonstrate professionalism in nursing.</p>	<p>8.1 A4. Demonstrate professionalism, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with patients.</p> <p>8.1 B4. Reflect on one's own beliefs and values as they relate to professional nursing practice.</p> <ul style="list-style-type: none"> * Evaluate one's own beliefs, attitudes, and personal bias discuss communication to the health care team regarding the impact one's bias has on difficult health care decisions and one's ability to provide care. <p>8.1 C4. Recognize the relationship between personal health, self renewal, and the ability to deliver sustained quality health care.</p> <ul style="list-style-type: none"> * Evaluate one's self-care plan and one's ability to deliver sustained, quality care. <p>8.1 D4. Demonstrate professional engagement through activism in a professional organization related to nursing.</p> <p>8.2 A4. Advocate for a nursing issue by integrating historical points.</p>	<p>Clinical/Ecumen: HIPAA Evaluation Pre/Post Course Reflection Clinical Reflection. Participation/ reflection in a professional nursing organization. (MSNA) Reflection on history/ trends/class discussion</p>
<p>Gustavus ISLO: Integration of Learning Intellectual Capacities Intercultural Understanding</p>	<p>ESLO #9: Practice as a baccalaureate generalist nurse.</p>	<p>9.1 A4. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management, and nursing management across the health-illness continuum, across the lifespan, and in all healthcare settings.</p> <ul style="list-style-type: none"> * Assess physical, behavioral, psychological, spiritual, socioeconomic, and environmental impact of health and illness parameters in patients, using developmentally and culturally appropriate approaches. * Demonstrate compassionate, patient-centered, evidence-based care that respects patient and family preferences. * Create a patient-centered, evidence-based practice discharge plan involving the caregiver's knowledge of care requirements to promote safe care. 	<p>Clinical/Ecumen reflection Discharge Plan Alternative modalities/Ecumen Clinical: Faculty Evaluation. Ecumen reflection Discharge Plan</p>

		<p>* Integrate complementary and alternative modalities in caring for patients facing multiple and chronic stressors.</p> <p>* Demonstrate effective communication with all members of the healthcare team, including the patient and the patient's support network.</p> <p>9.1 C4. Demonstrate tolerance for the ambiguity and unpredictability of the world and its effect on the health care system.</p>	<p>Group Teaching/ Discharge Plan/ Ecumen</p> <p>Communication/analysis Ecumen evening notes Clinical Faculty Evaluation.</p> <p>Tolerance of Ambiguity Inventory</p>
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VII. Topical Outline

Please refer to a more specific topical outline with readings at the end of the syllabus.

Unit	Psychiatric Mental Health
<p>1</p> <p>Exam 1</p>	<p>Introduction / Historical Perspectives of Mental Illness</p> <p>Therapeutic Nurse-Patient Relationship Communication , Neurolinguistics, Boundaries, Team building, Emergency management in the behavioral health setting.</p> <p>Conceptual Framework and Assessment, Predictive environmental factors: Psychological, socio-cultural, behavioral, biological factors.</p> <p>Stuart Stress Model Neuman's flexible lines of defense.</p> <p>Legal/ Ethical Voluntary vs Involuntary Commitment Ethical dilemmas: Autonomy vs Paternalism Legislative initiatives / policy.</p>
<p>2</p> <p>Exam 2</p>	<p>Nursing Assessment and Intervention with Patients Experiencing Mood Disorders Depression Bipolar I; Bipolar II</p> <p>Suicide Suicide ideation/ cutting.</p> <p>Nursing Assessment and Intervention with Patients Experiencing Anxiety Disorders. Obsessive –compulsive Generalized anxiety Phobias Post-traumatic Stress</p>
<p>3</p> <p>Exam 3</p>	<p>Nursing Assessment and Intervention with Patients Experiencing Psychotic Disorders: Schizophrenia</p> <p>Nursing Assessment and Intervention with Patients Experiencing Personality Disorders Borderline</p>
<p>4.</p> <p>Exam 4</p>	<p>Nursing Assessment and Intervention with Patients Experiencing Substance Abuse Disorders Alcohol,</p>

<p>Legal and illegal substances.</p> <p>Nursing Assessment and Intervention with Elderly Patients Experiencing Psychiatric Disorders</p> <p>Delirium Dementia Depression Alzheimers</p> <p>Nursing Assessment and Intervention with Child and Teenage Patients Experiencing Psychiatric Disorders</p> <p>Eating disorders, ADHD Autism.</p> <p>Future Trends in Psychiatric Care/ Access to medications and treatment</p> <p>Psychotropic drugs/ genomics</p>

VIII. Teaching and Learning Strategies:

Students are referred to the Gustavus Nursing Student Handbook, “Expectations of Faculty and Students Regarding the Teaching-Learning Process.”

A. Teaching and Learning Environments

1. Classroom:

Learning is an intentional activity. Treatment of class time by students (e.g., dress, behavior, attention) communicates a lot about seriousness with respect to patient care. It is the expectation of the faculty that students come to class prepared to participate in discussion and application of reading assignments.

- *Electronic devices:* Your complete attention will be required throughout class. Please stow and silence your phone, computers, etc. There may be instances where devices, such as laptops, may be used with permission.
- *Respectful dialogue:* Respectful dialogue focuses on understanding other people’s positions and treating those positions with respect. Please respect the written and oral discussion of opinions of all.
- *Food:* Eating during class time is a privilege. Please eat quietly and clean up after yourself. If eating becomes a distraction to faculty or other students, the privilege may be revoked.

2. Clinically Based Experiences and Community Based Experiences:

Clinically based experiences and community-based experiences involve a teaching strategy that integrates engagement with academic coursework. This teaching strategy, known as the pedagogy of engagement promotes students’ academic learning and civic development while simultaneously addressing real life needs and interests. There is an emphasis on reciprocity and collaboration with the clinical agency and/or community, and a structured reflection by which learning and meaning are derived from the experiences.

-- Gustavus Center for Community –Based Service and Learning

- **Hospital Clinical setting:** In this clinical setting the students will engage in communicating with a variety of patients in an acute care behavioral health unit. Communication will involve the students ability to read non-verbal cues, to assess the patient’s need for presence, or privacy; and provide respectful, validating, therapeutic responses. Communication may involve silence while putting a puzzle together with a patient, or redirection, and/or de-escalation of an agitated patient. Students will work as a team with the hospital staff in maintaining patient safety, and respect. In collaboration with the team, students will design an interactive presentation and lead a group educational hour with patients on the unit concerning topics suggested by patients and/or staff.
- Students must complete the hospital requirements of onboarding or orientation in compliance with the hospital’s time frame. Students will adhere to the policies and

regulations specific to each clinical setting. Professional behavior is expected, including timeliness, attire, and communication with staff regarding circumstances that necessitate a clinical absence or late arrival. Health Insurance Portability and Accountability Act (HIPAA) regulations are enforced, including zero tolerance for photos taken in the clinical setting, and zero tolerance for reference to the clinical setting on any form of social media.

- **Ecumen Community setting:** In this setting, students will work together with other pre-health majors in providing alternative non-pharmaceutical care for patients who suffer from nocturnal delirium and/or cognitive impairment. Students will work with the Occupational Therapy staff at Ecumen, the Certified Nursing Assistants, and the Activities Director to learn about various alternative modalities for the elderly and to engage the therapies to calm/ settle a resident in order to avoid unnecessary sedative medications. Students will collaborate with peers to engage in various alternative modalities in calming the patient and reflect on the benefits of various activities for each particular resident through written notes for the next team of students to consider when visiting the residents.
- Students must complete Ecumen's orientation as well as a background check through the nursing department prior to beginning this experience. Students will adhere to the policies and regulations specific to Ecumen. Professional behavior is expected, including timeliness, attire, and communication with staff regarding circumstances that necessitate a clinical absence or late arrival. HIPAA regulations are enforced, including zero tolerance for photos taken in the Ecumen setting, and zero tolerance for reference to the Ecumen setting on any form of social media.

3. Nursing Lab & Simulation:

The nursing practice and simulation labs are also important learning environments. All scenarios, regardless of their outcome, should be treated in a professional manner. All simulated patient information is confidential and students will be accountable for upholding the requirements of HIPAA. The lab/simulation mannequins are to be used with respect and treated as if they were live patients. Please refer to the Simulation and Confidentiality Agreement in the Nursing Student Handbook.

IX. Student Resources

1. Accommodating Students with Disabilities:

Gustavus Adolphus College is committed to ensuring the full participation of all students in its programs. If you have a documented disability (or you think you may have a disability of any nature) and, as a result, need reasonable academic accommodation to participate in class, take tests or benefit from the College's services, then you should speak with the Disability Services staff, for a confidential discussion of your needs and appropriate plans. Course requirements cannot be waived, but reasonable accommodations may be provided based on disability documentation and course outcomes. Accommodations cannot be made retroactively; therefore, to maximize your academic success at Gustavus, please contact Disability Services as early as possible. Disability Services (www.gustavus.edu/advising/disability/) is located in the Academic Support Center.

Advising Center, Johnson Student Union, Room 204
Disability Services Coordinator: 507-933-6286
Disability Specialist: 507-933-7138

2. Reference Desk Assistance:

The library's Reference Desk provides one-on-one guidance to help you with your research. The reference librarians will help you find information on a topic, develop search strategies for papers and projects, search library catalogs and databases, and provide assistance at every step. No appointment necessary. Visit www.gustavus.edu/library/reference_question.html for hours, location, and more

information.

3. Support for Multilingual Students:

Support for English learners and multilingual students is available through the Academic Support Center's Multilingual Learning Academic Specialist (www.gustavus.edu/advising/). The MLAS can meet individually with students for tutoring in writing, consulting about academic tasks, and helping students connect with the College's support systems. When requested, the MLAS can consult with faculty regarding effective classroom strategies for English learners and multilingual students. The MLAS can provide students with a letter to a professor that explains and supports appropriate academic arrangements (e.g., additional time on tests, additional revisions for papers). Professors make decisions based on those recommendations at their own discretion. In addition, English learners and multilingual students can seek help from peer tutors in the Writing Center (www.gustavus.edu/writingcenter/).

Academic Support Center and the English Learning Specialist, 507-933-7197.

4. Sexual Misconduct:

Title IX is federal legislation that makes clear that violence and harassment based on sex or gender are civil rights violations. Gustavus Adolphus College takes incidents of sexual misconduct seriously. Sexual misconduct includes the following: Non-Consensual Sexual Contact, Non-Consensual Sexual Intercourse, Sexual Exploitation (taking non-consensual or abusive sexual advantage of another), Intimate Partner Violence—physical, sexual, or psychological harm by a current or former partner or spouse, Stalking.

Please see the student sexual Misconduct Policy in the *Gustavus Guide* for more details and definitions or online at: <https://gustavus.edu/deanofstudents/policies/gustieguide/sexual-assault.php>

Not all college employees are mandatory reporters. However, all faculty are legally mandatory reporters and must make a formal report to the Dean of Students Office within twenty-four hours. If you are unsure of your responsibility, contact the Title IX Coordinator Paula O'loughton (Associate Provost) at 507.933.7541 or Deputy Coordinators Stephen Bennett (Associate Dean of Students) at 507.933.7526 and Ken Westphal (Vice-President for Finance) at 507.933.7499.

X. Evaluation:

A. Grading Evaluation

To successfully complete this course and progress in the program, the student must:

- Complete all course requirements (classroom, clinical, and simulation);
- Achieve 74% of total possible points in the course; the course grade is a composite of grades in the examination component, satisfactory clinical/lab experiences, and the grade on any other learning activity/assignments stated in the syllabus;
- Meet any other criteria of the course stated in the syllabus.
- Grades in the course are not rounded up or down and are assigned as follows:

Satisfactory		Unsatisfactory	
A	94.00 – 100%	C-	70.00 – 73.99%
A-	90.00 – 93.99%	D	67.00 – 69.99%
B+	87.00 – 89.99%	D-	64.00 – 66.99%
B	84.00 – 86.99%	F	< 64.00 %
B-	80.00 – 83.99%		
C+	77.00 – 79.99%		
C	74.00 – 76.99%		

Theory Assignments and Exams:

Exam I	24 Points
Exam II	47 Points
Exam III	34 Points

Exam IV	52 Points
Quizzes (8 points each.)	<u>40 Points</u>
Total Exam/Quiz Points	157 Points

Policies/ Advocacy Op-Ed/ Nurse's Day on the Hill	30 Points
Global perspective on mental health vs. USA perspective.	20 Points.
Participation Points	<u>10 Points</u>
Total Outside Clinical Points	60 Points

ATI Pham Made Easy: (with test at the end).	
• Neurological System Part 1 (Active learning template on each drug)	
• Neurological System Part 2. (Active learning template on each drug.)	
• Take test at the end and print out the certificate.	5 Points
ATI Practice Assessment & Proctored Professional Communication Exam	15 Points
ATI Practice Assessments (2) & Proctored Integrated Mental Health Exam	<u>30 Points</u>
Total ATI Points	50 Point

Clinical / Community Assignments

Ecumen Awakening's	30 Points
Clinical Reflections: (4 x 10 points)	40 Points
Communication Analysis/	60 Points
Discharge Plan:	40 Points
Patient Group Presentation	40 Points
Empathy Project	25 Points
Summary Letter	10 Points
Self-Evaluation Form	S/U
Clinical Evaluation Form	<u>S/U</u>
Total Clinical Points	245 Points

Total Course Points: 512 Points

XI. Policies:

Students will be held accountable for all College policies and those published in the Gustavus Nursing Student Handbook. Students should specifically review the policies on Academic Behavior and Academic Integrity (including plagiarism).

A. Course Policies:

1. Attendance and Participation:

Attendance in all learning activities is required. If illness or other special circumstances prevent attendance in class, students are responsible for contacting the faculty prior to the start of class. Students need to complete an "Explanatory Statement of Absence from Class" form found on the Gustavus Health Service website: <https://gustavus.edu/healthservice> within 24 hours of the class absence and turn it in to the course faculty. The Gustavus Honor Code applies when filling out the form and for signing the form as a witness (see Honor Code Policy in the Gustavus Nursing Student Handbook).

2. **Late Assignments:** All course requirements must be submitted or completed by assigned due dates. All late course requirements must be negotiated with the faculty at least one academic day prior to the due date. Non-negotiated late course work will be reduced by 10% from the earned score per calendar day.

3. **Communication via e-mail:** Students are responsible for checking their Gustavus e-mail on a regular basis (i.e., daily).

B. College Policies:

Academic Honesty:

Every Gustavus Adolphus College student agrees to abide by the academic honesty policy and honor code as a condition for enrollment. The honesty policy stipulates:

In all academic exercises, examinations, presentations, speeches, papers, and reports, students shall submit their own work. Footnotes or some other acceptable form of citation must accompany any use of another's words or ideas. Students are especially cautioned against quoting from or paraphrasing from electronic sources without proper citation is as serious a violation as copying from a book or other printed source.

A student may not submit work that is substantially the same in two courses without first gaining permission of both instructors if the courses are taken concurrently, or permission of the current instructor, if the work had been submitted in the previous semester.

Plagiarism. The presentation of the work of another as one's own. Plagiarism may take the form of inadequate or misleading use of sources, or the presentation of a written assignment as one's own when, in fact, a significant portion or all of it is the work of others. *Students must be especially vigilant in their use of electronic sources, as no distinction will be made between misuse of such sources and misuse of written, non-electronic sources.*

Full descriptions of the Academic Honesty Policy and the Honor Code can be found in the Academic Catalog (online at www.gustavus.edu/general_catalog/current/acainfo).

XII. Textbooks:

Required

Stuart, G. (2013). *Principles and practice of psychiatric nursing*, (10th Ed). St. Louis: Mosby Elsevier, Inc.

Recommended

All co-required and previous nursing textbooks.

XIII. Guidelines for Assignments/Course Activities

A. Ecumen Awakening's (30 Points: See Reflection questions for this).

Ecumen is a nation-wide Senior Housing Facility, that includes senior living housing, assisted living housing, and residential daily care, including the option of a memory care unit for patients with Alzheimers, dementia, and other cognitive variances. Ecumen Awakenings is a national project among Ecumen facilities to reduce the use of psychotropic medications by engaging residents in alternative modalities of care. (See link :<http://www.ecumen.org/resources/ecumen-%E2%80%9Cawakenings%E2%80%9D-reducing-antipsychotic-drug-use#.VfiuzM7B-7o>)

Ecumen Sand Hills in St. Peter has reached out to Gustavus for a partnership between pre-health students and the patients with cognitive challenges in Ecumen's Awakenings. In collaboration with the staff at Ecumen, student groups of 8 will be assigned to a group of residents for the semester. The group of 8 will divide up into 4 sub-groups of 2 students each. Each subgroup (of 2 students) will visit residents once every 2 weeks, from 6-8:30 pm. The residents will be visited twice a week per group of 8. (For example: Group 1 will have subgroups A, B, C and D. A & B subgroups will cover week 1, with A visiting once and B visiting once. Week 2, subgroups C & D will cover the week, C visiting once and D visiting once.) The goal is to have one interprofessional student with one nursing student in each subgroup of 2. Pre-meds, psychology students, and music majors interested in music therapy, have been invited to join this project.

The scheduled time of student visits will be posted on Google Doc specifically for participants in this experience. If there is a need to switch shifts with another student, the change must be entered on the Google Doc and staff at Ecumen should be notified of the change. All students are asked to treat this opportunity in a professional manner and with respect to Ecumen's staff, who are counting on student help with Awakenings.

Students will attend one of the orientation meetings at Ecumen prior to beginning their experience at Ecumen. Orientations are scheduled for February 18th and 19th from 3:30 – 5:00 pm at Ecumen Sand Hills (across the street from the St. Peter Riverside Hospital, off Dodd St.). During orientation, students will be given information on how to assess and calm a patient who is feeling agitated and upset with alternative interventions that replace psychotropic medications. Alternative therapies may include, hand massage, reminiscence therapy, reminiscence music, walking together, listening, sitting together, painting, aroma therapy, and/or a variety of memory resources provided by Ecumen.

- On each student visit, the student will check in and check out via the nurse's station.
- Prior to leaving, each student will complete a log entry on the patient visit; Describing the patient behavior, and noting what worked; and what did not. The log entry should include suggestions for the next student to try.
- A week before finals, students assigned to the same patient will meet and create a collective report for the agency, summarizing their findings related to behavior and alternative strategies.

***At the end of the student experience, students will complete the following post-Ecumen reflection:**

Post-Ecumen reflection:

1. Describe a significant event or realization that you experienced at Ecumen. Why was this significant to you?
2. How did you communicate and collaborate with each other to provide sensitive care that was respectful of the patient's needs and preferences? Were there challenges in communicating patient preferences to others caring for the patient?
3. What underlying issues (societal, personal) surfaced as a result of this experience? What did you learn about yourself? What did you learn about the population you engaged with in Ecumen's Awakenings?
4. How has your time at Ecumen affected you as a socially responsible citizen? What advocacy is needed for this vulnerable population?

B. Clinical Communication/ Discharge Assignment. (60/40points) Due 3 days after last clinical day.

1. Select an interaction (conversation), or portion of an interaction, that you have had with a patient. Record the verbal and nonverbal communication; Analyze each communication exchange, providing rationale you're your responses/interventions; along with commentary on the patient's response as well. Identify the times you feel you could have facilitated a better response from the patient and provide rationale for your thoughts about that.

It is most important to focus on interactions which caused you some difficulty or with which you were not satisfied. Therefore, do not hesitate to record what you might think are unsatisfactory interactions. The expectation is not that you have flawless interactions, but that you demonstrate improvement in your communication as a result of thoughtful analysis of your interactions. Incorporate pertinent material from the literature (including, but not limited to, your text) into your analysis of the clinical situation.

Your communication analysis section should appear on a table, rather than in paragraph form. Below is a sample of how this should look:

Student Nurse	Patient	Analysis
Hi, may I sit down here by you?	Sure. (Mumbles, Keeps looking down.)	I used a natural opening; Patient's lack of eye contact, and mumbling may indicate sadness, depression.....
Next question or statement	Patient's response	Analysis
Next question or statement	Patient's response	Analysis

In order to understand your patient and your patient's interaction with you, you will need to include the following as part of your assignment:

2. Background data:

- a. Patient's initials, age, and all diagnoses
- b. Present a wholistic assessment.
- c. Write a brief summary of the patient's psychiatric history (previous hospitalizations, diagnoses, etc.)
- d. A description of the patient– appearance, behavior, interaction with others in the setting, etc.
- e. The patient's current psychotropic medications, including: dosage for this patient, expected effects, major side effects, nursing implications. Be sure to discuss these factors as they relate to this particular patient.
- f. The patient's predictive/ protective factors, including genetic risks/ family history, environmental risks, and social support.
- g. What previous contact you have had with the patient
- h. Date, time, length of the interaction
- i. Description of the setting at the time of the interaction (where the interaction took place, where you were in relation to patient, distractions)
- j. Your thoughts and feelings prior to the interaction.

3. Nursing goals and expected patient outcomes for this interaction:

- a. Identify your goals for the interaction based on the needs/treatment goals for the patient.
- b. Identify the outcomes you expect (or expected) as a result of your interaction. For example, your nursing goal may be to facilitate increased self-esteem of the patient. The expected outcome may be that the patient will identify one personal strength by the end of the interaction.

4. Summary

- a. Themes you identified in the interaction.
- b. Evaluation of the extent to which patient outcomes were achieved.
- c. What you would do in subsequent interactions with this patient?

5. References

- a. Cite resources you used in your analysis. (Use APA).

Part II: Discharge Plan (40 points)

Using the same patient you described in your communication analysis, discuss how you think the needs of this patient can best be addressed following discharge from the treatment setting. What is the specific community where to this patient will be discharged? Include the following in your discussion:

- Describe the effect of the illness on the patient and his or her family.

- How has it affected his or her ability to function at home, at work or school, and in the larger community?
- What effects has it had on the patient's family members? How have family members responded to the patient's illness?
- In some situations, there will be very little available information about the patient's family. If possible, talk with the social worker working with the patient.
- If you are unable to obtain family data, state that in your paper.

Develop a plan for meeting the needs of this patient in the community, including at least three examples of evidence-based programs/resources in which the patient could participate, and why these programs would be good for the patient and family.

- In the event that there are limited resources in the community to which the patient will be discharged, note that and provide rationale for why there are limited resources.
- Proceed to describe evidence based programs/ resources that WOULD be helpful to the patient if the community had these resources.
- How could aspects of the above programs/ resources feasibly be part of this patient's discharge plan?
- Cite the research/evidence -based practice articles you use in the text per APA, and provide a reference list noting the articles that were cited in your text. (APA format. See Lynck's APA guide on Moodle.) Provide a copy of the articles or a link to the article.

B. Clinical Group Teaching Presentation (40 points). Due 3 days after your presentation.
(A group grade will be given for this assignment.)

Students will facilitate, prepare and present a group education seminar to a patient group on a particular aspect of mental health, incorporating principles of psychiatric nursing. Topics should be chosen based on patient request or nurse suggestion.

1. Use research/ evidence-based practice literature to guide your presentation.
2. Create your presentation based on the teaching/ learning needs of the patients, as a whole.
3. Identify at least three objectives for the group education seminar.
4. You will be graded on your creativity and fulfillment of your stated objectives; and your ability to effectively communicate with the patients who attend your group.
5. Create an outline of your presentation, including citation of resources you used in preparing for the group.
6. **Post-presentation reflection:**
 - a. Describe how you assessed and attended to the teaching/ learning needs of patients.
 - b. Describe what went well in your presentation and provide specific examples as evidence that this went well.
 - c. What would you do differently had you to do this again? Provide specific examples of why you would want to change your approach.
 - d. Provide a reference list (APA). Only list the references you cited in your presentation outline and include a copy of the article(s) or link to the article.

D. Clinical Reflections (10 points each x 4 = 40 points total.)

Students will turn in four reflection papers regarding the following topics: (Remember to maintain patient privacy in all of your responses. Do not use names of patients or staff.)

Reflection #1

- Reflect on how decisions are made on the unit, either in a team meeting, or among nurses and patients.
 - Provide an example of a decision made.
 - Describe how logical reasoning was used.

- Describe how creativity/ innovation was used.
- Describe the use of critical thinking in coming to the decision.
- Were you satisfied with the process and outcome? Would you have used a different process? Come to a different decision? If so, how and why

Reflection #2

- Reflect on how you see patient-centered care on your acute care behavioral health unit.
 - Provide examples of patient-centered care on the unit, as well as examples of patient care that did not seem to be sensitive to the patient's needs/ culture/ religious beliefs.
 - How is patient-centered care achieved in the unit?
 - What are your suggestions for how patient-centered care could be improved on the behavioral health unit you are assigned to.

Reflection #3

- Reflect on the role(s) of nursing in the acute care behavioral health setting
 - What do you perceive to be the primary role of nursing on your unit? Or is there not a "primary role"?
 - Provide specific examples of the role(s) nurses have on your unit.
 - Compare and contrast the role of behavioral health nurses and the role of medical – surgical nurses.
 - Are the roles all that different? Should the roles be different?

Reflection #4

- Attend at least one interprofessional team meeting, and reflect on the communication and collaboration in terms of patient advocacy.
 - Reflect on the team's sensitivity to patient needs, safety, continuity, and quality of care.
 - How are patients advocated for by the various disciplines represented at the meeting?
 - Describe the collaboration among the disciplines as well as the challenges in communication that you witnessed. Provide examples.
 - How did you see nursing's unique perspective presented? Provide examples.

E. Empathy Project (25 points) Due of the last day of your mental health clinical rotation. (Due last clinical day of your rotation.)

The purpose of this assignment is to describe the **subjective** experience of mental illness. Select a patient with whom you have worked (or observed) and, through whatever means you choose, describe the experience as if you were the patient. You may use painting, poetry, music, etc., to convey this individual's experience. These will be shared during the final clinical conference. In a written document, explain the meaning of your project as it relates to a specific patient.

F. Clinical Summary Reflection Letter (10 points): (Due 3 days after your last clinical day.)

Students will reflect on clinical time in the unit in order to write a letter of appreciation to the Nurse Manager of the unit. In the letter, students will:

- Express gratitude for the opportunity to be on the unit.
- Describe what was learned about psychiatric nursing that was found to be the most exciting or interesting.
- Describe what was the most puzzling.
- What was learned about learning? What was helpful in facilitating learning?
- Give credit to the nurses by name who were especially helpful and participated in your learning. Provide evidence by examples.
- Make 2 copies. Sign both of them. One of the letters will be mailed to the agency, the other placed in your file.

G. Policy*-Advocacy Op ED/ Nurse’s Day on the Hill (30 points). Due dates: First sharing of policy: Feb. 19. Op-Ed advocacy assignment must be completed before May 13.) (A group grade will be given.)

Throughout the course, you will work in groups of 4-5 students, to find state* and national* policies that hinder health care for behavioral health patients and their families. You will choose three policies that your group feels strongly about the need to change or enhance as advocates of social justice regarding healthcare. Consider economic disparity, access to behavioral health resources, and the vulnerability of a patient with mental health issues. In a professional report, you will describe the three and choose one for which your group will write an Op ED persuasive letter that you will present to each of your district legislative representatives during a Nurse’s Day on the Hill event of your choosing. (This should be done in conjunction with the Day on the Hill advocacy you do for your Leadership Class.) If you are not able to meet with your representative, electronically submit the letter to your congressperson.

- Op-Ed assignments are short, pithy, to the point and based on research and facts that are supported in the literature. Op –Eds are typically 500-700 words in length and cite sources in a succinct way. Op-Eds include a reference list.
- Please see report format checklist at the end of this syllabus. APA format is a must.

H. Global perspective (20 points) (Due: May 13 as a presentation in class.)

Policy groups will choose a country outside of North America, and compare USA mental health perspectives, policy/ social norm with the mental health perspectives, policy/ social norm of the country your group chooses to study. In a 1-2 page paper describe the similarities and differences regarding each country’s perspective on mental health. What can the USA learn from the country you have chosen? What might the other country learn from the USA?

XIV: Weekly Objectives and Assigned Readings/ Activities.

Stuart, G. (2013). *Principles and practice of psychiatric nursing*, (10^h Ed). St. Louis: Mosby Elsevier, Inc.

Date	Assigned reading	Objectives	Notes
Feb. 9 Orientation	Stuart (2013). <i>Principles and practice of psychiatric nursing</i> , (10 ^h Ed). Chapter 2: “Therapeutic Nurse-Patient Relationship”	<ul style="list-style-type: none"> • Analyze factors that contribute to effective interdisciplinary team functioning. • Reflect on personal perspectives regarding mental health. Reflect on personal challenges that you are concerned about or looking forward to this clinical. 	8-noon: at SPRTC, for CBHH & SPRTC students. Bring your driver’s license. For ALL seniors: 12:30 – 2:30 President’s Dining Pete Thomsen: Communication.
Feb. 11 ATI Proctored exam:	ATI Nurses Touch exam: Professional Communication: Follow ATI Remediation Template.	ATI Proctored exam: Professional Communication	1:30 – 3:30 PM Mattson
Feb. 12 Historical perspective.	Stuart (2013). <i>Principles and practice of psychiatric nursing</i> , (10 ^h Ed). Chapter 1: “Roles and Functions of Psychiatric Nurses: Competent Caring”	<ol style="list-style-type: none"> 1. Discuss the historical evolution of the treatment of the mentally ill. 2.Explain the major influences in the development of psychiatric nursing. 3.Describe the present scope of practice of the psychiatric-mental health nurse. 4.Discuss the essential activities in providing evidence-based psychiatric 	

		nursing care. 5. Analyze factors that contribute to effective interdisciplinary team functioning. 6. Discuss the definitions of the terms mental health and mental illness.	
Feb. 17 Conceptual framework, Assessment.	Chapter 3: "The Stress Adaptation Model of Psychiatric Nursing Care" Chapter 5: "Biological Context of Psychiatric Nursing" Chapter 6: "Psychological Context of Psychiatric Nursing Care." Chapter 7: "Social, Cultural, and Spiritual Context of Psychiatric Nursing Care".	1. Discuss the definitions of the terms mental health and mental illness. 2. Identify the key components of the psychological, socio-cultural, behavioral, biological and nursing models of mental health care. 3. Critically assess the value of each of the conceptual models in understanding human behavior. 4. Analyze the therapeutic process as it relates to each of the models. 5. Discuss the implications of each of the models for nursing practice.	
Feb. 19 Legal & Ethical issues.	Chapter 8: Legal and Ethical Context of Psychiatric Nursing Care. Chapter 9: "Policy and Advocacy in mental Health Care"	1. Explain the legal rights of psychiatric patients. 2. Clarify the legal issues surrounding involuntary commitment of individuals for psychiatric reasons. 3. Explain the significance of selected judicial decisions in relation to the treatment of the mentally ill. 4. Evaluate the potential positive and negative consequences that may arise from the patient's right to refuse treatment and the right to treatment in the least restrictive setting. 5. Analyze ethical dilemmas in providing nursing care to psychiatric patients. 6. Identify current legislative initiatives affecting treatment of psychiatric patients.	Policy groups: Report on 1 state or national policy re: mental health patients.
Feb. 26	<i>Exam 1</i>	<i>Exam 1</i>	<i>Exam 1</i>
March 1	5:00 pm – 7 :00 pm Proctored Wellbeing - Self Care Exam. (Extra credit.)		
March 2 & 4 Mood disorders	ATI: Real Life RN: Mood Disorder. (Do before class.) Chapter 18: "Emotional Responses and Mood Disorders" Chapter 26:	1. Discuss epidemiologic findings related to mood disorders. 2. Review the psychological, sociocultural, physiological and developmental factors associated	Mood quiz due before 3/2 class.

	<p>“Psychopharmacology”, pp. 536-549. Chapter 27: “Behavior Change and Cognitive Interventions”</p> <p>Chapter 29: “Somatic Therapies”. (SKIM)</p> <p>Chapter 30: “Complementary Alternative Therapies” 608-610 (SKIM)</p>	<p>with the occurrence of mood disorders.</p> <ol style="list-style-type: none"> 3. Describe behaviors and coping mechanisms associated with mood disorders. 4. Formulate nursing diagnoses for clients with mood disorders. 5. Describe nursing interventions appropriate to the needs of the client experiencing a mood disorder. 6. Discuss the use of anti-depressants, mood stabilizing medications, and electroconvulsive therapy in the treatment of clients with mood disorders. 	
<p>March 4.</p> <p>Mood Disorders & Suicide</p>	<p>Chapter 19: “Self-Protective Responses and Suicidal Behavior”</p>	<ol style="list-style-type: none"> 1. Examine personal and societal attitudes toward self-destructive behavior. 2. Identify intra, inter and extrapersonal stressors that increase the risk of self-destructive behavior. 3. Describe the behaviors associated with direct and indirect self-destructive patterns. 4. Analyze the difference between self-mutilation and suicidal intent. 5. Describe the process of lethality assessment. 6. Apply principles of crisis intervention to the patient exhibiting suicidal behavior. 7. Describe nursing interventions appropriate for the self-destructive client. 	
<p>March 11</p> <p>Anxiety Disorders.</p>	<p>ATI Real Life RN Mental Health: Anxiety Disorder (Do before class).</p> <p>Chapter 15: “Anxiety Responses and Anxiety Disorders”.</p> <p>Chapter 16: “Psychophysiologic Responses and Somatoform and Sleep Disorders”.</p> <p>Chapter 26: “Psychopharmacology”, pp. 532-536</p> <p>Chapter 30: “Complementary and Alternative Therapies”, pp.</p>	<ol style="list-style-type: none"> 1. Review the physiological, behavioral, cognitive and affective behaviors associated with anxiety. 2. Differentiate the following anxiety disorders on the basis of symptoms, prevalence and course: generalized anxiety, panic, phobic, obsessive-compulsive and post-traumatic stress disorders. 3. Relate the concepts of conflict, stress and anxiety to psychophysiologic reactions. 4. Discuss nursing interventions used in the care of clients with anxiety and psychophysiological disorders. 5. Discuss current treatment methods 	<p>Anxiety Quiz</p>

	610-612. (Review)	for anxiety disorders.	
March 18	<i>Exam 2</i>	<i>Exam 2</i>	<i>Exam 2</i>
Spring Break	Spring Break	Spring Break	Spring Break
April 6 Personality Disorders.	Chapter 21: "Social Responses and Personality Disorders".	<ol style="list-style-type: none"> 1. Describe characteristic behaviors associated with the borderline, antisocial, paranoid and dependent personality disorders. 2. Describe the behaviors associated with variations in sexual response. 3. Identify predisposing factors that may contribute to the development of personality and sexual disorders. 4. Discuss the effects of manipulative and aggressive behavior on interpersonal relationships. 5. Describe therapeutic approaches that can be used to intervene in manipulative and aggressive behavior. 	Quiz before class.
April 8 Schizophrenia	ATI: Real Life RN Mental Health Schizophrenia (Do before class) Chapter 20: "Neurobiological Responses and Schizophrenia and Psychotic Disorders" Chapter 26: "Psychopharmacology", pp. 549-555. Chapter 28: "Preventing and Managing Aggressive Behavior"	<ol style="list-style-type: none"> 1. Discuss the phenomenon of psychosis. 2. Identify the developmental, sociocultural and physiological factors associated with schizophrenia. 3. Describe the characteristic behaviors of persons with the medical diagnosis of schizophrenia. 4. Formulate nursing care plans appropriate to the needs of clients with psychotic disorders. 5. Describe psychotherapeutic strategies used to intervene in psychotic processes. 6. Analyze the impact of schizophrenia on the family and the community. 7. Discuss the use of medication in treating psychotic disorders. 8. Discuss the use of seclusion and restraint in managing the client with a psychotic disorder. 	Guest Speaker: Barbara Kroll Watch : A Beautiful Mind .
April 15	<i>Exam 3</i>	<i>Exam 3</i>	<i>Exam 3</i>
April 20 Alcohol Abuse	ATI: Real Life RN Mental Health: Alcohol Use Disorder. (Do before simulation.)	<ol style="list-style-type: none"> 1. Define chemical health, abuse and dependency. 2. Discuss the prevalence of psychoactive 	Simulation

Simulation	Chapter 23: "Chemically Mediated Responses & Substance-Related Disorders"	substance use disorders among client populations. 3. Describe the process of incorporating the behavioral, physical and social indicators of substance abuse into a nursing assessment. 4. Explain the principles of nursing management of persons in a medical emergency resulting from substance abuse. 5. Describe approaches to the treatment and rehabilitation of the chemically dependent person and family.	
April 22	Chapter 23: "Chemically Mediated Responses & Substance-Related Disorders" Chapter 30: "Complementary and Alternative Therapies" pp.612-613.	1. Explore personal and societal attitudes toward substance abuse and dependency. 2. Discuss the psychological, sociocultural and physiological factors associated with the development of chemical dependency. 3. Compare and contrast the major categories of abused substances.	
April 29 Mental health in the elderly.	Chapter 22: "Cognitive Responses and Organic Mental Disorders." Chapter 37: "Geropsychiatric Nursing" "Psychopharmacology and genomics." Pp. 555-556.	1. Identify environmental and physiological risk factors for depression in the elderly. 2. Identify the factors that contribute to the development of cognitive disorders. 3. Distinguish among the conditions of delirium, dementia and depression. 4. Describe the components of a comprehensive geropsychiatric assessment. 5. Describe nursing interventions with clients who have reversible and irreversible states of confusion.	Elderly quiz before class. Colleen Jacks: Speaker on pharmacogenetics.
May 4 Child and Teen Behavioral Health	Chapter 35: "Child Psychiatric Nursing" Chapter 36: "Adolescent Psychiatric Nursing"	1. Describe the major categories of data necessary to collect with regard to the health status of children and adolescents. 2. Review the major mental health problems experienced by children and adolescents. 3. Discuss the therapeutic modalities used in providing mental health care for children and adolescents.	Quiz before class <ul style="list-style-type: none"> • George Elliot on Eating Disorders. • Loronda Schuler: Michael's story.
May 6	<i>ATI: Proctored Integrated Mental</i>	<i>ATI: Proctored Integrated Mental Health Exam</i>	* Must bring evidence of two

<i>ATI: Proctored Exam</i>	<i>Health Exam</i>		practice tests and remediation to exam for full points. 8-10:00 am
May 13 Trends/ Global Policy comparison.	Chapter 33: "Hospital-Based Psychiatric Nursing" Chapter 34: "Community-Based Psychiatric Nursing Care"	<ol style="list-style-type: none"> 1. Identify milestones in the community mental health movement in the United States. 2. Analyze the impact of deinstitutionalization on the care of the mentally ill. 3. Compare community orientation to mental health to that of an individual approach. 4. Describe the changing focus of care in the field of mental health. 5. Describe the role of nursing in today's mental health care delivery system. 	Group presentations on global policies vs USA policies.
May 20- May 24.	Final Exam	Final Exam	Final Exam

Appendix A
ATI Proctored Assessment: Mental Health

Content Mastery Series

12 Points

Appendix A
ATI Proctored Assessment: Mental Health

12 Points

Complete Practice Assessment(s): Required to sit for the Proctored Exam (s) → Mental Health

Remediation for all students:

- Minimum one hour focused review on each Practice Assessment.
- Complete active learning templates for each topic that corresponds to each missed item (noted from Focused Review) and submit to faculty the day of the proctored exam

If score is less than 71.7% on either/both Practice Assessments, complete Learning System Mental Health Practice Assessment and print out score and bring the day of the proctored exam.



Proctored Assessment

Level 3 12 Points	Level 2 9 Points	Level 1 3 Point	Below Level 1 0 Points
1 hour Focused Review <ul style="list-style-type: none"> • Complete active learning templates for each topic that corresponds to each missed item and then submit them to your course faculty within 72 hours. 	2 hour Focused Review <ul style="list-style-type: none"> • Complete active learning templates for each topic that corresponds to each missed item and then submit them to your course faculty within 72 hours. 	3 hour Focused Review <ul style="list-style-type: none"> • Complete active learning templates for each topic that corresponds to each missed item and then submit them to your course faculty within 72 hours. • Complete Learning System RN Mental Health Final Assessment 	4 hour Focused Review <ul style="list-style-type: none"> • Complete active learning templates for each topic that corresponds to each missed item and then submit them to your course faculty within 72 hours. • Complete Learning System RN Mental Health Final Assessment
6 Points	6 Points	6 Points	6 Points
Total Points: 30/30	Total Points: 27/30	Total Points: 21/30	Total Points: 18/30

**** Failure to turn in remediation within 72 hours will result in a 0.**

Appendix A
ATI Proctored Assessment: Professional Communication

Content Mastery Series
5 Points
<p>Complete Practice Assessment: Required to sit for the Proctored Exam (s) → <u>Professional Communication</u></p> <p>Remediation for all students:</p> <ul style="list-style-type: none"> • The focused review on this practice assessment is based on the practice assessment report indicating your weak areas. • For your review: Go to tutorial and complete the modules that are noted as weak in ATI's assessment report. • Complete an active learning templates for each module and submit the active learning templates or notes and ATI's assessment report to faculty the day of the proctored exam.



Proctored Assessment			
Level 3 7 Points	Level 2 5 Points	Level 1 2 Points	Below Level 1 0 Points
<p>1 hour Focused Review</p> <ul style="list-style-type: none"> • Complete active learning templates for each topic that corresponds to each missed item and then submit them to your course faculty within 72 hours. 	<p>2 hour Focused Review</p> <ul style="list-style-type: none"> • Complete active learning templates for each topic that corresponds to each missed item and then submit them to your course faculty within 72 hours. 	<p>3 hour Focused Review</p> <ul style="list-style-type: none"> • Complete active learning templates for each topic that corresponds to each missed item and then submit them to your course faculty within 72 hours. • Complete Learning System RN Professional Communication Assessment 	<p>4 hour Focused Review</p> <ul style="list-style-type: none"> • Complete active learning templates for each topic that corresponds to each missed item and then submit them to your course faculty within 72 hours. • Complete Learning System RN Professional Communication Assessment
3 Points	3 Points	3 Points	3 Points
Total Points: 15/15	Total Points: 13/15	Total Points: 10/15	Total Points: 8/15

**** Failure to turn in remediation within 72 hours will result in a 0.**

Content Mastery Series

1 Points

Complete Practice Assessment(s): Required to sit for the Proctored Exam (s) → Wellness & Self Care Practice and Proctored Exam

Remediation for all students:

- The focused review on this practice assessment is based on the practice assessment report indicating your weak areas.
- For your review: Go to tutorial and complete the modules that are noted as weak in ATI's assessment report.

Complete an active learning templates for each module and submit the active learning templates or notes and ATI's assessment report to faculty the day of the proctored exam.



Proctored Assessment

Level 3 4 Points	Level 2 3 Points	Level 1 2 Points	Below Level 1 0 Points
1 hour Focused Review <ul style="list-style-type: none"> • Complete active learning templates for each topic that corresponds to each missed item and then submit them to your course faculty within 72 hours. 	2 hour Focused Review <ul style="list-style-type: none"> • Complete active learning templates for each topic that corresponds to each missed item and then submit them to your course faculty within 72 hours. 	3 hour Focused Review <ul style="list-style-type: none"> • Complete active learning templates for each topic that corresponds to each missed item and then submit them to your course faculty within 72 hours. • Complete Learning System RN Wellness & Self Care Assessment 	4 hour Focused Review <ul style="list-style-type: none"> • Complete active learning templates for each topic that corresponds to each missed item and then submit them to your course faculty within 72 hours. Complete Learning System RN Professional Wellness & Self Care Assessment.
1 Points	1 Points	1 Points	1 Points
Total Points: 6/6	Total Points: 5/6	Total Points: 4/6	Total Points: 2/6

**** Failure to turn in remediation within 72 hours will result in a 0.**

Criterion	10 points	6-8 points	4 points	0 points
Degree to which student integrates course readings into classroom participation/discussion questions	Often cites from readings/videos; uses readings/videos to support points; often articulates “fit” of readings/videos with topic at hand.	Occasionally cites from readings/videos to support points; occasionally articulates “fit” of readings/videos with topics at hand.	Rarely able to cite from readings/videos to support points; rarely articulates “fit” of readings/videos with topic at hand.	Unable to cite from readings/videos; cannot use readings/videos to support points; cannot articulate “fit” of readings/videos with topic at hand.
Interaction/participation in classroom discussion	Always a willing participant, responds frequently to questions; routinely volunteers point of view.	Often a willing participant, responds occasionally to questions; occasionally volunteers point of view.	Rarely a willing participant, rarely able to respond to questions; rarely volunteers point of view.	Never a willing participant, never able to respond to questions; never volunteers point of view.
Interaction/participation in classroom learning activities	Always a willing participant; acts appropriately during all role plays, etc.; responds frequently to questions; routinely volunteers point of view.	Often a willing participant; acts appropriately during role plays, etc., responds occasionally to questions; occasionally volunteers point of view.	Rarely a willing participant, occasionally acts inappropriately during role plays, etc; rarely able to respond to direct questions; rarely volunteers point of view.	Never a willing participant, often acts inappropriately during role plays, etc.; never able to respond to direct questions; never volunteers point of view.
Demonstration of professional attitude and demeanor	Always demonstrates communication through thorough preparation; always arrives on time; often solicits instructors’ perspective outside of class.	Rarely unprepared; rarely arrives late; occasionally solicits instructors’ perspective outside of class.	Often unprepared; occasionally arrives late; rarely solicits instructors’ perspective outside class.	Rarely prepared; often arrives late; never solicits instructors’ perspective outside of class.
Attendance	Always present at every class period; proper notification to instructor if late/absent.	Rarely absent; missed 1 class without prior communication with instructor.	Often absent; missed 2 to 3 class periods without prior communication with instructor.	Absent more than 3 times without prior communication with instructor.