**BARTON COMMUNITY COLLEGE**

**COURSE SYLLABUS**

**I. GENERAL COURSE INFORMATION**

Course Number: MENT 1000

Course Title: Documentation and Medical Report Writing in Mental Health Settings

Credit Hours: 3

Prerequisites: Admission to MHT program

Division/Discipline: WTCE

Course Description: This course introduces the detail needing for completing various reports required in a Mental Health setting. Structure, terminology, detail, grammar and a variety of report styles will be studied. The course will also include basic concepts of written communications adapted to meet specific needs in the institutionalized setting.

**II. INSTRUCTOR INFORMATION**

**III. COLLEGE POLICIES**

Students and faculty of Barton constitute a special community engaged in the process of education. The college assumes that its students and faculty will demonstrate a code of personal honor that is based upon courtesy, integrity, common sense and respect for others both within and outside the classroom.

The College reserves the right to suspend a student for conduct that is detrimental to the College’s educational endeavors as outlined in the College catalog.

Plagiarism on any academic endeavors at Barton will not be tolerated. Students are expected to learn the rules of, and avoid instances of, intentional or unintentional plagiarism.

Anyone seeking an accommodation under provisions of the Americans with Disabilities Act should notify Student Support Services. Additional information about academic integrity can be found at the following link: <http://academicintegrity.bartonccc.edu>

**IV. COURSE AS VIEWED IN THE TOTAL CURRICULUM**

Documentation and Medical Report Writing in Mental Health Settings is designed to fulfill the curriculum approved by the Kansas State Board of Nursing for MHT certificate completion. Credits are transferable for additional education according to individual college and university guidelines.

**V. ASSESSMENT OF STUDENT LEARNING**

Barton Community College is committed to the assessment of student learning and to quality education. Assessment activities provide a means to develop an understanding of how students learn, what they know, and what they can do with their knowledge. Results from these various activities guide Barton, as a learning college, in finding ways to improve student learning. The competencies will be assessed through written, oral, practicum or presentation.

A. Apply ethical and legal concepts in health care.

1. Describe HIPAA

2. Describe documentation purpose

3. Interpret the Kansas Nurse Practice Act

4. Interpret the Patient Bill of Rights

5. Translate the Informed Consent

6. Identify the role of the DPOA

B. Apply basic therapeutic communication techniques.

1. Demonstrate types of communication techniques

2. Describe principles of distance and space

3. Describe assertive vs aggressive communication

4. Describe the interview process

5. Explain reporting client information orally, in writing and via technology

6. Develop in-depth interviewing skills needed for observation and reporting.

7. Define verbal and nonverbal communication.

8. Define active listening skills and refine these skills.

C. Differentiate among the basic principles of client assessment.

1. Describe subjective data

2. Describe objective data

3. Describe types of assessment and observations

4. Describe components of assisting with a physical exam

D. Evaluate technical correspondence based on clarity, conciseness, document

design, audience recognition and accuracy.

1. Describe clarity as it relates to report writing and documentation.

2. Describe conciseness as it relates to report writing and documentation.

3. Describe and evaluate various report designs and purposes.

4. Describe and demonstrate accuracy in report writing and documentation.

E. Develop professional, organized and ethical note taking and reporting skills.

1. Develop reports in chronological order.

2. Define fact vs opinion.

3. Define vague vs specific language.

4. List common approved abbreviations for note taking.

F. Develop proper writing practices for developing a report or documentation.

1. Apply appropriate grammar and punctuation to written communications.

2. Write logical, coherent phrases, sentences and paragraphs.

3. Use proper spelling and punctuation.

4. Demonstrate skills in the collection and interpretation of information.

G. Develop an understanding for medical terminology in relation to medical report

writing and documentation.

1. State the meaning of basic combining forms, prefixes and suffixes of the

medical language.

2. Use these combining forms, prefixes and suffixes to build medical terms.

3. Locate a term in a medical dictionary.

4. Comprehend, pronounce, and correctly spell medical terms.

5. Identify terms related to the anatomy, physiology and pathology.

6. Apply knowledge of medical terms in their proper context, such as in medical reports and records.

**VI. INSTRUCTOR’S EXPECTATIONS OF STUDENTS IN CLASS**

**VII. TEXTBOOKS AND OTHER REQUIRED MATERIALS**

**VIII. REFERENCES**

**IX. METHODS OF INSTRUCTION AND EVALUATION**

**X. ATTENDANCE REQUIREMENTS**

**XI. COURSE OUTLINE**