



APR 17 2002

Course Outline

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

NURS 3036**Mental Health Issues in Nursing Practice****Start Date:** January, 2002**End Date:** May, 2002**Course Credits:** 1.5**Term/Level:** 3**Total Hours:** 21**Total Weeks:** 8**Hours/Week:** **Lecture:** **Lab:** **Shop:** **Seminar:** 2 **Other:** 7**Prerequisites****Course No.** **Course Name**

NURS 1050 Interpersonal Communications
PSYC 1101 Introduction to Psychology I or credits for
 Introduction to Sociology I

NURS 3036 is a Prerequisite for:**Course No.** **Course Name**

NURS 4030 Nursing Practicum 4

NURS 3036 is a Corequisite for:**Course No.** **Course Name**

NURS 3038 Mental Health Nursing Practicum

Course Calendar Description

NURS 3036 is a seminar course focusing on selected theory and mental health issues that nurses frequently encounter in nursing practice. Students will study individual and family mental health in a broad sense and as a key dimension of optimal health. The course will emphasize the recognition and appropriate nursing care of clients whose mental health may be threatened by a physical or mental illness, losses, personality traits and/or a disorder and developmental challenges.

Course Goals

The goal of NURS 3036 is to facilitate student understanding of mental health and mental health issues frequently encountered in nursing practice. The course will prepare students to recognize phenomena associated with mental health and deteriorating mental health. Additional emphasis will be placed on nursing care, medical care and interpersonal processes aimed at the restoration and promotion of mental health.

Evaluation

Participation in seminar*	10%	Comments:
Midterm Exam (case studies, short answer and multiple choice questions)	20%	
Assignment: Videotape of Mental Status Examination (includes suicide assessment)	40%	All components of the course must be completed to receive course credit.
Final Exam (case studies, short answer and multiple choice questions)	30%	
TOTAL	100%	* See Appendix A for participation grading criteria.

Course Learning Outcomes/Competencies

At the end of this course the student will be able to:

1. evaluate the significance of mental health as a key dimension of optimal health.
2. discuss characteristics of mental health in the individual and in families.
3. discuss phenomena associated with deteriorating mental health.
4. assess determinants of health that place individuals and families at risk for mental health problems.
5. explain the role of personality in maintaining mental health.
6. discuss the impact of personality traits and/or disorders that compromise mental health on nursing care.
7. formulate nursing care plans for individuals experiencing changes in their mood and affect.
8. formulate nursing care plans for individuals experiencing changes in their thinking and perception.
9. identify the central issues associated with mental health care of the adolescent and the elderly.
10. identify the challenges of providing nursing care for individuals with a mental illness hospitalized for treatment of a physical illness.
11. identify attributes of interpersonal processes that promote mental health in clients and families.
12. formulate nursing care plans for individuals experiencing selected mental health emergencies.

Process Learning Threads

Professionalism: Students further develop an understanding of the professional nurse's role. They develop a nursing knowledge base that is required for safe practice and analyze contextual influences. With assistance, students consider theoretical perspectives relevant to understanding individual, family and mental health issues. They discuss assessments and interventions for the effects of psychotropic medications, expressions of anxiety, anger/aggression and selected psychosocial disorders. They begin to consider the impact of mental health and illness on the individual/family and the influence of family interactions on health and illness. Students perform mental status exams. They develop an understanding of the continuum of mental health care. With assistance, they incorporate health promotion, illness prevention and rehabilitation into care planning.

Communication: Students critically discuss verbally and in writing. They use relevant research and literature to gain a broad perspective on mental health issues. They use APA style. They dialogue with colleagues and teachers in the process of learning.


Systematic Inquiry: Students are increasingly independent with critical thinking and use a variety of sources of knowing to guide care planning. They use a variety of theoretical perspectives to guide their thinking. They are encouraged to discuss new understanding of mental health and their application for selected mental health issues. They use word processing and access data bases and internet sites for information.

Professional Growth: Students take responsibility for their learning and for preparing information that is accurate and relevant. They critically read articles and textbook chapters to discuss mental health issues. They reflect on their beliefs and values about mental health and illness. They share knowledge and experiences with colleagues. Also, they are responsible and accountable for their actions and are becoming committed to professional growth.

Creative Leadership: Students critically explore mental health issues. They appreciate the role of nurses in the health care system.

Course Content Verification

I verify that the content of this course outline is current, accurate, and complies with BCIT Policy.



Program Head/Chief Instructor



Date

Note: Should changes be required to the content of this course outline, students will be given reasonable notice.



BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

NURS 3036

Mental Health Issues in Nursing Practice

Instructor(s)

Linda Barratt

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Office Phone: 432-8915

Office Hrs.: As posted by instructor

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Learning Resources

Required:

Videback, S.L. (2001). *Psychiatric mental health nursing*. New York: Lippincott.

Mental Status Self-Study Guide (distributed in Mental Health Nursing Practicum class).

Optional:

Gorman, L., Sultan, D., & Raines, M. (1996). *Davis' manual of psychosocial nursing for general patient care*. Philadelphia: F.A. Davis (a nursing care book).

Ralph, Irene. (1997). *Psychotropic agents: A handbook for mental health workers* (10th ed.). IGR Publications.

BCIT Policy Information for Students

Conduct and Attendance:

Students will adhere to all aspects of the BCIT Policy for conduct and attendance (refer to 1999–2000 BCIT Calendar, pages 5 and 6).

Participation:

1. Full participation in the seminars is required.
2. Course delivery and evaluation methods will be discussed during the first week of class.
3. A learning partnership is essential for successful completion of this course. Both students and instructor will communicate openly, will demonstrate respect in seminar discussions and will work together toward meeting the learning outcomes.
4. The assigned readings (except for those from the required textbook) are on reserve in the library. The material will be on 3-hour loan.

5. Students are expected to complete all required readings and preparation questions on the student course schedule for each seminar. Student learning is directly related to the effort put into the reading and class activities. Therefore, class participation in NURS 3036 counts for a percentage of the final grade.
Participation includes doing the reading and writing preparation for class and talking actively in the group.
 6. The video assignment must be handed in on the dates given on page 8 of the outline. Assignments handed in late will have 5 marks per day deducted from the total grade (40 marks). Extenuating circumstances, such as illness, will be handled on an individual basis and may require formal documentation stating reason for lateness, e.g., doctor's certificate.
 7. Students will complete a written evaluation of the course at the end of the term.
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Prerequisite Work

Students are expected to complete the Mental Status Examination Self-Study Learning Guide during week 1 of the course (distributed in Mental Health Practicum class).

Assignment Details: Videotape of Mental Status Examination (40 marks) (See Appendix B)

Purpose

The purposes of this assignment are to:

1. demonstrate the use of a Mental Status Examination (MSE).
2. demonstrate appropriate and accurate recording of a Mental Status Examination (MSE).
3. evaluate own interpersonal communication and assessment skills when performing a Mental Status Examination (MSE).

Parts to the Assignment

There are 3 parts to this assignment:

1. Production of a 15 minute videotape
2. Record (documentation) of assessment findings
3. Critique of the interview

How To Do This Assignment

Each student will be assigned to a classmate to produce a 15 minute videotape of himself/herself conducting a Mental Status Examination. The videotaped interview will include the categories and subcategories of the Mental Status Examination and a thorough suicide assessment. A written assessment of mental status findings is to be done based on the taped interview, as well as a written critique of the student's demonstrated assessment and interpersonal skills. The assignment (the tape recording of assessments and critique) will be submitted to the instructor during week 4, 5 or 6 of the course (see schedule). It is suggested that students use the "Mental Status Examination Self-Study Guide" to prepare for and to conduct the Mental Status Examination Video.

Critique of Interview

The student will review their own tape and evaluate their assessment and communication skills according to the criteria provided in the course outline. The student will hand in the videotape and completed written critique to the instructor.

Week of/ Number	Outcome/Material Covered	Reference/ Reading
1	<p>Introduction .</p> <ol style="list-style-type: none"> 1. Course requirements: participation, evaluation, policies. 2. Seminar process: purpose and guidelines, critical readings, questioning. <p>Mental Health, Mental Illness</p> <ol style="list-style-type: none"> 1. What is mental health? <ul style="list-style-type: none"> • characteristics for individual, for family, for communities. 2. What phenomena are associated with deteriorating mental health? 3. What puts people at risk for mental health problems? 4. What is a mental illness/disorder? 5. How is a person's mental health assessed by health professionals? 6. What is the negative impact of labeling someone with a psychiatric diagnosis? Discuss the role of stigma. 	<p>Visions: BC's Mental Health Journal (Spring, 1998). <i>What is Mental Health?</i> Canadian Mental Health Association. (Call #B-872)</p> <p>pp. 2-3 Mental health pivotal dimension of optimal health</p> <p>p. 4 Mental health outcomes in mental health promotion</p> <p>pp. 6-7 Working together for mentally healthy children</p> <p>pp. 9 & 15 How's your personal wellness?</p> <p>p. 10 Stigma: The greatest barrier to mental health</p> <p>Kenny, Jane E. (2001). Mental illness: Cloaked in secrecy and shame. <i>Canadian Nurse</i>, 97(1), 20-24. (Call #B-1248)</p> <p>Frisch, N.C., & Frisch, L.E. (1998). Through the door. In <i>Psychiatric Mental Health Nursing</i>, Chapter 1, pp. 4-13. (Call #B-1211)</p> <p>Mental Status Self-Study Guide.</p>
2	<p>Emotional Responses, Disturbances and Mood Disorders</p> <ol style="list-style-type: none"> 1. Describe the adaptive functions of emotions. 2. How is grief an adaptive emotional response? When does grief become a maladaptive response? 3. Describe the common emotional responses clients have to cancer, heart disease, chronic pain and neurological disorders. Describe emotional distress. 4. Describe the emotional responses of depression and mania. 	<p>Frisch, N.C., & Frisch, L.E. (1998). The physically ill client experiencing emotional distress. In <i>Psychiatric Mental Health Nursing</i>, pp. 439-455. New York: Delmar. (Call #B-1245)</p> <p>Videbeck, S.L. (2001). Mood disorders. In <i>Psychiatric Mental Health Nursing</i>, pp. 330-376.</p>

Week of/ Number	Outcome/Material Covered	Reference/ Reading
3	<p>Mood Disorders</p> <ol style="list-style-type: none"> 1. Compare the symptoms of major depression with those of a bipolar disorder. How are they different? 2. The development of a nurse-patient relationship with a patient who is depressed requires different approaches and skills than with a patient with a bipolar disorder — hypomanic state. Describe these differences. 3. Suicidal ideation and/or attempts can be the result of emotional distress in physically ill clients and in clients who are depressed. Discuss how a nurse can intervene to assist these clients. 4. What are the safety issues for a patient in a hypomanic phase of a bipolar disorder. 5. What medications are used for major depression and bipolar? How do they affect the person with a mood disorder? 	<p>Read case studies provided in class.</p> <p>Beeber, L.S. (1998). Treating depression through the therapeutic nurse-client relationship. <i>Nursing Clinics of North America</i>, 33(1), 153-172. (Call #B-871)</p> <p>Jiwanlal, S.S., & Weitzel, C. (2001). The suicide myth. <i>RN</i>, 33-37. (Call #B-1249)</p> <p>Adams, S.M. & Partee, D.J. (1998). Hope: The critical factor in <i>Recovery</i>, <i>Journal of Psychosocial Nursing</i>, 36(4), 29-32. (Call #B-1244)</p>
4	<p>MIDTERM EXAM (60 minutes)</p> <p>Stress, Anxiety and Anxiety Disorders</p> <ol style="list-style-type: none"> 1. What is the relationship between stress and anxiety? Include levels of anxiety in your description. 2. People cope with anxiety using conscious coping mechanisms or preconscious/unconscious processes called defense mechanisms. Give three examples of each type of mechanism. 3. Discuss the statement "anxiety in health and anxiety in illness." 4. Anxiety responses and anxiety disorders respond well to a combination of anxiolytic drugs, insight oriented therapy and cognitive-behavior therapy (CBT). Briefly describe each of these treatment approaches. 	<p>Carson, V., & Benner, (2000). Stress and anxiety disorders. In <i>Mental Health Nursing: The Nurse-Patient Journey</i>, pp. 608-632. (Call #B-1243)</p> <p>Optional</p> <p>Wells-Federman, C.L., Stuart-Shor, E., & Webster, A. (2001). Cognitive therapy: Applications for health promotion, disease prevention and disease management. <i>Nursing Clinics of North America</i>, 36(1), 93-110. (Call #B-1251)</p>

Week of/ Number	Outcome/Material Covered	Reference/ Reading
5	<p>Mental Health Issues of Individuals with a Mental Illness Hospitalized for a Physical Illness</p> <ol style="list-style-type: none"> 1. Psychosis is a common presentation of many underlying illnesses both medical and psychiatric. What knowledge of mental illnesses such as schizophrenia will assist you in recognizing the presence of psychosis? Specifically, what alterations in mental status might a client experience? 2. Acute agitation and aggression (self and others) is common during psychotic episodes. Discuss interventions to manage agitation and aggression of clients in the medical and surgical setting. Be sure to fully discuss interpersonal approaches and the use of appropriate medications. 3. How would you promote the mental health of a client with schizophrenia hospitalized for a physical illness? 	<p>Videbeck, S.L. (2001). Schizophrenia. In <i>Psychiatric Mental Health Nursing</i>, pp. 296–323.</p> <p>Farrell, S.P., Harmon, R.B., & Hastings, S. (1998). Nursing management of acute psychotic episodes. <i>Nursing Clinics of North America</i>, 33(1), 187–199. (Call #RT1 N77V.33)</p> <p>Optional Parker, B.A. (1992, May). When your medical/surgical patient is also mentally ill. <i>Nursing '92</i>, 66–68. (Call #B-895)</p>
6	<p>Personality, Personality Traits, Personality Disorders</p> <ol style="list-style-type: none"> 1. What is meant by the word personality? 2. What shapes our personality? Nature or nurture? (Refer to psychology text.) 3. What are some characteristics of a healthy personality? 4. What enduring patterns of behavior identify an individual with a personality disorder? 5. With what particular nursing challenges do the following disorders present: borderline personality disorder, antisocial personality disorder and dependent personality disorder? Discuss specific relevant nursing approaches for each. 	<p>Videbeck, S.L. (2001). Personality disorders. In <i>Psychiatric Mental Health Nursing</i>, pp. 414–443.</p> <p>Trimpsey, M., & Davidson, S. (1998). Nursing care of personality disorders in medical surgical setting. <i>Nursing Clinics of North America</i>, 33(1), 173–186. (Call #B-870)</p> <p>Williams, L. (1998). A classic case of borderline personality disorder. <i>Psychiatric Services</i>, 49(2). (Call #B-1250)</p> <p>Optional Smith, M.E., & Hart, G. (1994). Nurses' responses to patient anger: From disconnecting to connecting. <i>Journal of Advanced Nursing</i>, 20, 643–651. (Call #B-869)</p> <p>Lego, S. (1996). The client with borderline personality disorder. In <i>Psychiatric Nursing: A Comprehensive Reference</i> (2nd ed.), pp. 234–245. Philadelphia: Lippincott. (Call #B-868)</p>

Week of/ Number	Outcome/Material Covered	Reference/ Reading
7	<p>Mental Health Issues of the Elderly and the Adolescent</p> <ol style="list-style-type: none"> 1. Mental health in adolescence is defined differently by health professionals and society at large and adolescents themselves. Discuss these definitions and identify how these definitions would impact mental health care planning. 2. Discuss the concepts of "identity formation" and "social competence" and how they relate to positive mental health in adolescence. 3. Discuss the interconnected role that physical health and family support systems play in the mental health of the elderly. 4. Depression is a common but yet under-diagnosed mental health problem of both the adolescent and the elderly. Discuss the many reasons why depression is overlooked in these age groups. In your answer also include the similarities and differences in how depression presents itself in the adolescent and in the elderly. 5. What factors put the adolescent and the elderly at high risk for suicide? 	<p>Frisch, N.C., & Frisch, L.E. (1998). The adolescent. In <i>Psychiatric Mental Health Nursing</i>, pp. 497–521. (Call #B-1247)</p> <p>Frisch, N.S., & Frisch, L.E. (1998). The elderly. In <i>Psychiatric Mental Health Nursing</i>, pp. 525–555. (Call #B-1246)</p>
8	<p>FINAL EXAM (90 minutes)</p> <p>COURSE EVALUATION (20 minutes)</p> <p>and</p> <p>PARTICIPATION GRADES</p>	



British Columbia Institute of Technology

Nursing Program
Mental Health Issues in Nursing Practice
NURS 3036

Self-Evaluation Form

Name: _____

Set: _____

Student #: _____

As you know, 10% of your course mark is based on your participation in the content and process of the course.

Please evaluate your participation in the course by assigning the mark you believe best reflects your participatory effort, (out of 6), based on the following.

- Attendance
- Reading Preparation (Completing all the assigned readings prior to each session).
- Written Preparation (Having written answers to the preparation questions prior to each session).
- Verbal Participation (Contributing comments to class discussion, asking relevant questions, etc.).

Student's Assessment of Participation: /6
 (to be completed by student)

Instructor's Assessment of Participation: /4
 (to be completed by instructor)

Total Participation Mark /10



British Columbia Institute of Technology

Nursing Program
Mental Health Issues in Nursing Practice
NURS 3036

**Mental Status Examination – Videotape, Record of Assessment
 Findings and Critique of Interview Guidelines**

Assignment Value (40 marks)

This assignment is based on the application of the “Mental Status Examination Self-Study Guide.” Use the guide to prepare for the videotaping.

How to do the Assignment

- You have been assigned to a classmate as partner.
- The videotape should be no longer than 15 minutes in length.
- It should include **all** categories of the MSE and a **thorough suicide assessment**.
- The interviewee should **role play** in a manner that allows the interviewer to **demonstrate** understanding the MSE and skill in recognizing and responding to a variety of cues. Role play does **not** have to be consistent with any diagnostic category, as this assignment is not for the purpose of diagnosis.
- You are to review your own tape and record your findings.
- You are to review your tape and critique your assessment and interpersonal skills.
- Hand in your videotape, record of assessment findings, together with the completed critique of interview to:

Linda Barratt – Room 418

1st Group — January 29, February 5 or 12, 2002

2nd Group — April 2, 9 or 16, 2002

- The videotape, record of assessment findings and your critique of interview will be reviewed by an instructor, and graded out of 40 marks.

Part I: The Mental Status Assessment Interview (5 marks)

- Use the “Mental Status Examination Self-Study Guide” to prepare yourself for this interview.
- Practice conducting a Mental Status Exam using appropriate interpersonal communication skills.
- Conduct the interviews (15 minutes) so as to assess your “client’s” mental/emotional functioning in the various categories of the Mental Status Examination.

Part II: Recording of Assessment Findings (15 marks)

- View your tape and prepare a report of your assessment findings for **each category** of the Mental Status Exam.
- *Write your assessment findings in narrative form as you would record your assessments on a client’s chart.* Use the sheets provided below. If you type this part of your assignment on separate pages, be sure to use the same format, that is, title of category with appropriate assessment findings.

A. General Appearance

B. Emotional State

C. Experience

D. Thinking

E. Sensorium and Cognitive Process

F. Suicide Assessment

Part III: Critique of Interview and Interpersonal Skills (20 marks)

- View your tape to **critique** your assessment skills and your communication skills in conducting the interview.
- Use the criteria outlined below to **critically** evaluate your interview. Clearly state what worked and didn't work in your interview.
- Provide examples from your interview to support your critique.
- Indicate what assessment data you omitted and possible reasons for those omissions.

Criteria to Critically Evaluate Interview

a. Conveyed respect, concern, presence and connection

- ▶ introduced self and set a positive tone to interview
- ▶ maintained eye contact
- ▶ used touch appropriately
- ▶ displayed posture that conveyed attentiveness and warmth
- ▶ demonstrated appropriate smiling
- ▶ used appropriate meaningful and respectful silence (include examples)
- ▶ used appropriate supportive, encouraging responses (include examples)

b. Responded to what the client said, that is, not letting things drop or changing the topic

- ▶ clarified what was unclear to nurse (include examples)
- ▶ reflected client's feelings
- ▶ paraphrased what client said to convey nurse's understanding (include examples)
- ▶ validated what the client said (include examples)
- ▶ recognized when topics were dropped and picked up on them (include examples)
- ▶ recognized when topics were changed and not fully assessed (include examples)

c. Demonstrated initiative and purpose by structuring the interview

- ▶ appropriately and sufficiently introduced mental status assessment to client
- ▶ changed the topic when necessary and helpful for the client
- ▶ made links from one topic to another (include examples) that contributed to flow and elaboration of topics
- ▶ identified themes in interactions and pursued them to gain a deeper understanding
- ▶ asked open questions to promote elaboration of data (include examples)
- ▶ asked closed questions to obtain specific mental status information (include examples)
- ▶ used minimal prompts to promote elaboration of data (include examples)

- ▶ acknowledged and picked up on verbal and non-verbal cues to focus on relevant mental status data
- ▶ summarized ideas
- ▶ closed the interview effectively

d. Identified barriers that prevented effective acquisition of mental status assessment data

- ▶ change of focus, i.e., health history data instead of MSE data
- ▶ inadequate preparation for assignment
- ▶ anxiety
- ▶ technical difficulties

Comments:

Part IV

Hand in your videotape, together with the written assessment of findings and critique to your classroom instructor:

Linda Barratt — Room 418

1st Group — January 29, February 5 or 12, 2002

2nd Group — April 2, 9 or 16, 2002

NB * Please choose a date that fits with your workload and/or learning schedule. Any assignments handed in *after* February 12 (1st group) and April 16 (2nd group) will have 5 marks per day late deducted from the total mark of 40. Extenuating circumstances, such as illness, will be handled on an individual basis.