



SEP 19 2002

Course Outline

A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

**NURS 3036****Mental Health Issues in Nursing Practice****Start Date:** August, 2002**End Date:** December, 2002**Total Hours:** 21 **Total Weeks:** 8**Term/Level:** 3 **Course Credits:** 1.5**Hours/Week:** **Lecture:** **Lab:****Shop:** **Seminar:** **Other:****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 Description (required)**

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.

**■ Detailed Course Description (optional)**

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**

Midterm Exam (case studies, short answer and multiple choice questions)	25%	Comments: All components of the course must be completed to receive course credit.
Assignment: Videotape of Mental Status		
Examination (includes suicide assessment)	40%	
Final Exam (case studies, short answer and multiple choice questions)	35%	
TOTAL	100%	

## ■ Course Learning Outcomes/Competencies

Upon successful completion, 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.

■ Verification

I verify that the content of this course outline is current.

Linda Barrath  
Authoring Instructor

August 15, 2002  
Date

I verify that this course outline has been reviewed.

V. J. J. J.  
Program Head/Chief Instructor

August 15, 2002  
Date

I verify that this course outline complies with BCIT policy.

Heenan  
Dean/Associate Dean

Aug. 15/02  
Date

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

## ■ Instructor(s)

Katherine Doyle      Office Location: SE12-418      Office Phone: 604-451-6950  
Office Hrs.: As posted by instructor      E-mail Address: kdoyle@bcit.ca

## ■ Learning Resources

### *Required:*

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

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

Weekly Assigned Readings (see weekly schedule attached to course outline).

### *Recommended:*

Deglin, J., & Vallerand, A. Davis' *drug guide for nurses* (8th ed.). Philadelphia: F.A. Davis.

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. (2001). *Psychotropic agents: A handbook for mental health workers* (12th ed.). IGR Publications.

Schultz, J.M., & Videbeck, S.L. (2002). *Lippincott's manual of psychiatric nursing care plans* (6th ed.) Philadelphia: Lippincott.

## ■ Information for Students

### **Conduct and Attendance:**

Students will adhere to all aspects of the BCIT Policy for conduct and attendance (refer to BCIT policy) web site: [www.ca/~presoff/5201.htm#Policy](http://www.ca/~presoff/5201.htm#Policy) and [www.ca/~presoff/5251.htm#Policy](http://www.ca/~presoff/5251.htm#Policy)

### **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 or can be accessed via the Internet. 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. Class participation in NURS 3036 is expected.

### ■ Information for Students (cont'd.)

6. The video assignment must be handed in on the dates given on page 8 of the outline. Assignments handed in late will have 10% per day deducted from the total grade. 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.

*(Information below can be adapted and supplemented as necessary.)*

**Assignments:** Late assignments, lab reports or projects will **not** be accepted for marking. Assignments must be done on an individual basis unless otherwise specified by the instructor.

**Makeup Tests, Exams or Quizzes:** There will be **no** makeup tests, exams or quizzes. If you miss a test, exam or quiz, you will receive zero marks. Exceptions may be made for **documented** medical reasons or extenuating circumstances. In such a case, it is the responsibility of the student to inform the instructor **immediately**.

**Ethics:** BCIT assumes that all students attending the Institute will follow a high standard of ethics. Incidents of cheating or plagiarism may, therefore, result in a grade of zero for the assignment, quiz, test, exam, or project for all parties involved and/or expulsion from the course.

**Attendance:** The attendance policy as outlined in the current BCIT Calendar will be enforced. Attendance will be taken at the beginning of each session. Students not present at that time will be recorded as absent.

**Illness:** A doctor's note is required for any illness causing you to miss assignments, quizzes, tests, projects, or exam. At the discretion of the instructor, you may complete the work missed or have the work prorated.

**Attempts:** Students must successfully complete a course within a maximum of three attempts at the course. Students with two attempts in a single course will be allowed to repeat the course only upon special written permission from the Associate Dean. Students who have not successfully completed a course within three attempts will not be eligible to graduate from the appropriate program.

**Course Outline Changes:** The material or schedule specified in this course outline may be changed by the instructor. If changes are required, they will be announced in class.

---

### 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 A)

### *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.

## Schedule

Week of/ Number	Outcome/Material Covered	Reference/ Reading
1	<p><b>Introduction</b></p> <ol style="list-style-type: none"> <li>1. Course requirements: participation, evaluation, policies.</li> <li>2. Seminar process: purpose and guidelines, critical readings, questioning.</li> </ol> <p><b>Mental Health, Mental Illness</b></p> <ol style="list-style-type: none"> <li>1. What is mental health? <ul style="list-style-type: none"> <li>• characteristics for individual, for family, for communities.</li> </ul> </li> <li>2. What phenomena are associated with deteriorating mental health?</li> <li>3. What puts people at risk for mental health problems?</li> <li>4. What is a mental illness/disorder?</li> <li>5. How is a person's mental health assessed by health professionals?</li> <li>6. What is the negative impact of labeling someone with a psychiatric diagnosis? Discuss the role of stigma.</li> <li>7. Discuss the range of interventions used to care for clients with mental health issues.</li> </ol>	<p>Visions: BC's Mental Health Journal (Spring, 1998). <i>What is Mental Health?</i> Canadian Mental Health Association. (Call #B-872 – EReserve)</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 &amp; 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>Videbeck, S.L. (2001). Foundations of psychiatric nursing. In <i>Psychiatric mental health nursing</i> (pp. 2–14).</p> <p>Boyd, M.A. (2002). Psychiatric nursing interventions overview. In <i>Psychiatric nursing: Contemporary practice</i> (2nd ed.) (pp. 258–273). (Call #B-1468)</p> <p>Mental Status Self-Study Guide.</p>

Week of/ Number	Outcome/Material Covered	Reference/ Reading
2	<p><b>Emotional Responses and Disturbances</b></p> <ol style="list-style-type: none"> <li>1. Describe the adaptive functions of emotions.</li> <li>2. When does an emotional response become maladaptive?</li> <li>3. Describe the common emotional responses clients have to cancer, heart disease, chronic pain and neurological disorders. Describe emotional distress.</li> <li>4. Anxiety is an emotional response to feelings such as fear, anger, rejection and guilt. Its experience is communicated through behavior and physical symptoms and can be experienced at different levels of intensity. Describe the cognitive, perceptual, affect and physical changes that occur in the four levels of anxiety described in your readings.</li> <li>5. Discuss relevant nursing interventions for anxiety related to feelings of fear, anger and guilt.</li> </ol>	<p>Frisch, N.C., &amp; 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>Varcarolis, E.M. (2002). Understanding anxiety and anxiety defenses. In <i>Foundations of psychiatric mental health nursing</i> (4th ed.) (pp. 283–299). New York: W.B. Saunders. (Call # B-1392)</p> <p>Review anti-anxiety medications.</p>
3	<p><b>Mood Disorders</b></p> <ol style="list-style-type: none"> <li>1. Describe the emotional responses of depression and mania.</li> <li>2. Compare the symptoms of major depression with those of a bipolar disorder. How are they different?</li> <li>3. What are the goals of care when nursing a patient who is depressed and a patient who is in a manic phase of a bipolar illness. List at least four each.</li> <li>4. 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/manic state. Describe these differences.</li> <li>5. Suicidal ideation and/or attempts in clients who are depressed. Discuss how a nurse can intervene to assist these clients.</li> <li>6. What are the safety issues for a patient in a hypomanic/manic phase of a bipolar disorder and how can a nurse keep such patients safe?</li> <li>7. What medications are used for major depression and bipolar disorders? How do they affect the person with a mood disorder?</li> </ol>	<p>Videbeck, S.L. (2001). Mood disorders. In <i>Psychiatric mental health nursing</i> (pp. 330–376).</p> <p>Jiwanlal, S.S., &amp; Weitzel, C. (2001). The suicide myth. <i>RN</i>, 33–37. (Call #B-1249 – EReserve)</p> <p>Review “anti-depressant and mood stabilizing” drugs in pharmacology text.</p> <p><b>Optional</b></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.</p> <p><a href="http://www.cognitivetherapy.com/Fuller.html">http://www.cognitivetherapy.com/Fuller.html</a></p> <p><a href="http://www.psychologyinfo.com/depression/cognitive.htm">http://www.psychologyinfo.com/depression/cognitive.htm</a></p>



Week of/ Number	Outcome/Material Covered	Reference/ Reading
4	<p><b>MIDTERM EXAM (60 minutes)</b></p> <p><b>Anxiety Disorders</b></p> <ol style="list-style-type: none"> <li>1. People cope with anxiety using conscious coping mechanisms or preconscious/unconscious processes called defense mechanisms. Give three examples of each type of mechanism.</li> <li>2. What are the goals of care when nursing a patient with an anxiety disorder.</li> <li>3. Anxiety responses and anxiety disorders respond well to a combination of anxiolytic and antidepressant drugs, insight oriented therapy and cognitive-behavior therapy (CBT). Briefly describe each of these treatment approaches.</li> </ol>	<p>Videbeck, S.L. (2001). Anxiety and stress related illness. In <i>Psychiatric mental health nursing</i> (pp. 267–289).</p> <p>Review anti-anxiety medications and antidepressant medications.</p>
5	<p><b>Mental Health Issues of Individuals with a Psychotic Illness Hospitalized for a Physical Illness</b></p> <ol style="list-style-type: none"> <li>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?</li> <li>2. What are the goals of care when nursing a patient who is psychotic due to a schizophrenic illness? List at least four.</li> <li>3. 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.</li> </ol>	<p>Videbeck, S.L. (2001). Schizophrenia. In <i>Psychiatric mental health nursing</i> (pp. 296–323).</p> <p>Review “antipsychotic” medications.</p> <p><b>Optional</b></p> <p>Farrell, S.P., Harmon, R.B., &amp; 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>Parker, B.A. (1992, May). When your medical/surgical patient is also mentally ill. <i>Nursing</i> 92, 66–68. (Call #B-895 – EReserve)</p> <p><a href="http://www.mentalhealth.com">http://www.mentalhealth.com</a>. Click on “Disorders,” then “Schizophrenia” and then on “Basic facts about schizophrenia.”</p>

Week of/ Number	Outcome/Material Covered	Reference/ Reading
6	<p><b>Personality, Personality Traits, Personality Disorders</b></p> <ol style="list-style-type: none"> <li>1. What is meant by the word personality?</li> <li>2. What shapes our personality? Nature or nurture? (Refer to psychology text.)</li> <li>3. What are some characteristics of a healthy personality?</li> <li>4. What enduring patterns of behavior identify an individual with a personality disorder?</li> <li>5. What particular nursing challenges do the following disorders present on a med-surg unit: borderline personality disorder, antisocial personality disorder and dependent personality disorder?</li> <li>6. What are the goals of care when nursing a patient who presents with a personality disorder in <i>all</i> nursing settings. List at least four.</li> </ol>	<p>Videbeck, S.L. (2001). Personality disorders. In <i>Psychiatric mental health nursing</i> (pp. 414–443).</p> <p>Trimpsey, M., &amp; 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 – EReserve)</p> <p><b>Optional</b></p> <p>Smith, M.E., &amp; Hart, G. (1994). Nurses' responses to patient anger: From disconnecting to connecting. <i>Journal of Advanced Nursing</i>, 20, 643–651. (Call #B-869 – EReserve)</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) or Internet</p>

Week of/ Number	Outcome/Material Covered	Reference/ Reading
7	<p><b>A. Mental Health Issues of the Older Adult and the Adolescent</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Discuss the concepts of “identity formation” and “social competence” and how they relate to positive mental health in adolescence.</li> <li>3. Depression is a common but yet under-diagnosed mental health problem of both the adolescent and the older adult. 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. Discuss how the presence of delirium, dementia and/or depression contribute to why depression is under-diagnosed in the elderly.</li> <li>4. What factors put the adolescent and the elderly at high risk for suicide?</li> </ol> <p><b>B. Hope as a Factor in the Recovery and Rehabilitation of Persons Experiencing Mental Health Issues</b></p> <ol style="list-style-type: none"> <li>1. Discuss hope-instilling strategies that can foster hope in patients experiencing mental health issues.</li> </ol>	<p>Frisch, N.C., &amp; Frisch, L.E. (1998). The adolescent. In <i>Psychiatric mental health nursing</i> (pp. 497–521). (Call #B-1247)</p> <p>Laraia, M.T. &amp; Sundeen, S.J. (2001). Cognitive Responses and Organic Mental Disorders. In <i>Principles and practise of psychiatric nursing</i> (pp. 460–482). (Call #B-1383)</p> <p>Adams, S.M., &amp; Partec, D.J. (1998). Hope: The critical factor in recovery. <i>Journal of Psychosocial Nursing</i>, 36(4), 29–32. (Call #B-1244) or use CINAHL.</p> <p><b>Recommended</b></p> <p>Russinova, Zlatka. (1999). Providers hope-inspiring competence as a factor optimizing psychiatric rehabilitation outcomes. <i>Journal of Rehabilitation</i>, 65(4), 50–58 or use CINAHL.</p>
8	<p><b>FINAL EXAM (90 minutes)</b></p> <p><b>COURSE EVALUATION (20 minutes)</b></p>	





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 assessment 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:

**Katherine Doyle – Room 418**

**1st Group — September 10, 17 or 24, 2002**

**2nd Group — November 5, 12 or 19, 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 as though you were communicating your findings to the health team.* 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 rationales and examples from your interview to support your critique.
- Indicate what assessment data you omitted to assess 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
- lack of knowledge of Mental Status Examination
- 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:

**Katherine Doyle — Room 418**

**1st Group — September 10, 17 or 24, 2002**

**2nd Group — November 5, 12 or 19, 2002**

**NB** \* Please choose a date that fits with your workload and/or learning schedule. Any assignments handed in *after* September 24 (1st group) and November 19 (2nd group) will have 10% per day late deducted from the total grade. Extenuating circumstances, such as illness, will be handled on an individual basis.

