



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, 2005 and October, 2005**End Date:** October, 2005 and December, 2005**Total Hours:** 23 **Total Weeks:** 9**Term/Level:** 3 **Course Credits:** 1.5**Hours/Week:** **Lecture:** 1 **Lab:****Shop:** **Seminar:** 1 **Other:** 5
(self-directed study)**Prerequisites****Course No. Course Name**

NURS 1050 Interpersonal Communications
PSYC 1101 Introductory Psychology 1 or
 credits for Introduction to Sociology 1

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

NURS 4032 Nursing Practicum 4

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

NURS 3038 Mental Health Nursing Practicum

■ Course 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.

■ Detailed Course Description

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

■ Evaluation

• Midterm Exam — Week 5 (multiple choice and rationale questions)	20%	Comments: All components of the course must be completed to receive course credit.
• Mental Status Examination Assignment	40%	
• Final Exam — Week 9 (case studies, short answer and multiple choice questions)	40%	
TOTAL	100%	

■ Course Learning Outcomes/Competencies

Upon successful completion, the student will be able to:

1. analyze optimum mental health and deteriorating mental health from multiple perspectives and contexts.
2. explain the interrelationships among developmental and medical issues and mental health.
3. explain how hope-inspiring competence can be demonstrated in order to promote mental health.
4. discuss the range of interventions and treatment approaches used to care for individuals with mental health issues.
5. formulate nursing care plans for individuals experiencing:
 - emotional distress related to a physical illness.
 - changes in their mood and affect.
 - changes in their thinking and perception.
 - selected mental health emergencies.
 - selected personality disorders.

■ 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 access databases 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 Barratt
Authoring Instructor

June 13, 2005
Date

I verify that this course outline has been reviewed.

Katherine Doyle
Program Head/Chief Instructor

June 15, 05
Date

I verify that this course outline complies with BCIT policy.

Greeman
Dean/Associate Dean

JUN 15 2005
Date

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

■ Instructor(s)

Linda Barratt	Office Location: SE12-418	Office Phone: 604-432-8915
	Office Hrs.: As posted by instructor	E-mail Address: linda_barratt@bcit.ca

■ Learning Resources

Required:

Videbeck, S.L. (2003). *Psychiatric mental health nursing* (2nd ed.). New York: Lippincott.

Mental Status Self-Study Guide (distributed in Mental Health Nursing Practicum – NURS 3038).

Weekly Assigned Readings (see weekly course schedule).

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, I. (2003). *Psychotropic agents: A handbook for mental health workers* (13th ed.). IGR Publications.

Schultz, J.M., & Videbeck, S.L. (2002). *Lippincott's manual of psychiatric nursing care plans* (7th ed.) Philadelphia: Lippincott.

■ Information for Students

The following statements are in accordance with the BCIT Student Regulations Policy 5002. To review the full policy, please refer to: <http://www.bcit.ca/~presoff/5002.pdf>.

Assignments:

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**.

Attendance/Illness:

In case of illness or other unavoidable cause of absence, the student must communicate as soon as possible with his/her instructor or Program Head, indicating the reason for the absence. Prolonged illness of three or more consecutive days must have a BCIT medical certificate sent to the department. Excessive absence may result in failure or immediate withdrawal from the course or program. If you are absent for more than 10% or more of the course, you will be provided with written notice and be expected to meet with the Program Head.

■ Information for Students (cont'd.)

Academic Misconduct:

Violations of academic integrity, including dishonesty in assignments, examinations, or other academic performances are prohibited and will be handled in accordance with the 'Violations of Standards of Conduct' section of Policy 5002.

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 their respective 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.

Conduct and Attendance

Students will adhere to all aspects of the BCIT Policy for conduct and attendance (refer to BCIT policy found in the BCIT calendar).

Participation

1. Participation in the class 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 a three-hour loan.
5. **Students are expected to complete all required readings and preparation questions on the 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.
6. The video assignment must be handed in on the specified dates. Assignments handed in late will have 10% per day deducted from the total grade of the assignment (40%). 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. A 24 hour notice of a request for an extension is required except for emergency situations.
7. Students will complete a written evaluation of the course at the end of the term.

Prerequisite

Students are expected to complete the Mental Status Examination Self-Study Learning Guide during week 1 of the course (distributed in Mental Health Practicum – NURS 3038).

■ Assignment Details

Mental Status Examination Assignment (40 marks) (See Mental Status Examination Assignment Guidelines)

Purpose

The purposes of this assignment are to:

1. demonstrate 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 three parts to this assignment:

1. Production of a 12 to 15 minute videotape
2. Record (documentation) of assessment findings
3. Critique of interview

How to do this Assignment

Each student will be assigned to a classmate to produce a 12 to 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. An assessment of mental status findings will be written based on the taped interview, as well as a written critique of the student's demonstrated assessment and interpersonal skills. The assignment will be submitted to the instructor during week 4, 5 or 6 of the course. It is suggested that students use the "Mental Status Examination Self-Study Guide" to prepare for and to conduct the Mental Status Examination Video.

■ Final Examination

- The final examination for the August to October course will be on **Thursday, October 13, 2005**. Room and time to be announced.
- The final examination for the October to December course will occur during the exam week of December 5.



British Columbia Institute of Technology
Bachelor of Technology in Nursing Program

Mental Health Issues in Nursing Practice – NURS 3036

Course Schedule

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. Class 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 communities2. 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.7. Discuss the range of interventions used to care for clients with mental health issues.	<p>Videbeck, S.L. (2003). <i>Psychiatric mental health nursing</i> (2nd ed.). Philadelphia: Lippincott. Chapters 1 and 8.</p> <p>Kenny, J.E. (2001). Mental illness: Cloaked in secrecy and shame. <i>Canadian Nurse</i>, 97(1), 20–24. (Call #B-1248)</p> <p>Mental Status Self-Study Guide.</p> <p>Optional</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>Video</p> <p>You are encouraged to view the video “<i>People Say I’m Crazy</i>” (84 mins.), which can be found in the BCIT Burnaby library. Call # RC 514 p46 2003. Below is a brief summary:</p> <p>A documentary photographed and directed by an artist with schizophrenia, who invites audiences to tour the world inside his mind: a chaotic, paranoid and creative universe where he struggles to know what is real and what is not.</p>	

Week of/ Number	Outcome/Material Covered	Reference/Reading												
	<p>Psychopharmacology You are expected to study the material on psychopharmacology in the required textbook independently. You will administer many of the medications during the Mental Health Practicum. Specifically, <i>you are responsible for knowing expected effects and side effects of the following drug categories:</i></p> <table><tr><td>general</td><td>Chapter 2</td></tr><tr><td>antianxiety drugs</td><td>Chapter 13</td></tr><tr><td>antidepressant drugs</td><td>Chapter 15</td></tr><tr><td>mood stabilizing drugs</td><td>Chapter 15</td></tr><tr><td>antipsychotic drugs</td><td>Chapter 14</td></tr><tr><td>antiparkinsonian drugs</td><td>Chapter 14</td></tr></table> <p>Approximately 10–15% of midterm and final exam marks will be for knowledge of psychopharmacology.</p>	general	Chapter 2	antianxiety drugs	Chapter 13	antidepressant drugs	Chapter 15	mood stabilizing drugs	Chapter 15	antipsychotic drugs	Chapter 14	antiparkinsonian drugs	Chapter 14	
general	Chapter 2													
antianxiety drugs	Chapter 13													
antidepressant drugs	Chapter 15													
mood stabilizing drugs	Chapter 15													
antipsychotic drugs	Chapter 14													
antiparkinsonian drugs	Chapter 14													
2	<p>Emotional Distress (anxiety, fear, anger, guilt)</p> <ol style="list-style-type: none">Describe the adaptive functions of emotions.When does an emotional response become maladaptive?Describe some common emotional responses and individual meanings that clients have to cancer, heart disease, chronic pain and neurological disorders.Anxiety is an emotional response to feelings such as fear, anger, rejection and guilt. Our experience of anxiety is manifested through behavior and physical symptoms and can be experienced at different levels of intensity. Describe the cognitive, perceptual, affective and physical changes that occur in four levels of anxiety.People cope with anxiety using conscious coping mechanisms or preconscious/unconscious processes called defense mechanisms. Give three examples of each type of mechanism.Discuss relevant nursing interventions for anxiety related to emotional distress.	<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>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>Optional</p> <p>Videbeck, S.L. (2003). <i>Psychiatric mental health nursing</i> (2nd ed.). Philadelphia: Lippincott. Chapter 3.</p>												

Week of/ Number	Outcome/Material Covered	Reference/Reading
3	Mood Disorders <ol style="list-style-type: none"> Describe the emotional responses of depression and mania. Compare the symptoms of major depression with those of a bipolar disorder. How are they different? What are the goals of care for a patient who is depressed and for a patient who is in a manic phase of a bipolar illness. List at least four each. Although depression and mania are both mood disorders they require different nursing approaches and skills. Compare and contrast the differences. Suicidal ideation and/or attempts occur in clients who are depressed. Discuss how a nurse can intervene to assist these clients. 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? What medications are used for major depression and bipolar disorders? How do they affect the person with a mood disorder? 	<p>Videbeck, S.L. (2003). <i>Psychiatric mental health nursing</i> (2nd ed.). Philadelphia: Lippincott. Chapter 15.</p> <p>Jiwanlal, S.S., & Weitzel, C. (2001). The suicide myth. <i>RN</i>, 33-37. (Call #B-1249 – EReserve)</p> <p>Optional</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 #RT1 N77V.33)</p> <p>http://www.cognitivetherapy.com/Fuller.html</p> <p>http://www.psychologyinfo.com/depression/cognitive.htm</p>
4	Mood Disorders (cont'd.) <ol style="list-style-type: none"> 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. Discuss the concepts of "identity formation" and "social competence" and how they relate to positive mental health in adolescence. 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 or dementia contribute to depression being under-diagnosed in the elderly. 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>Whall, A.L., & Hoes-Gurevich, M.L. (1999, June). Missed depression in elderly individuals. Why is this a problem? <i>Journal of Gerontological Nursing</i>, 44-46.</p> <p>Videbeck, S.L. (2003). <i>Psychiatric mental health nursing</i> (2nd ed.). Philadelphia: Lippincott. Chapter 21.</p> <p>These articles are relevant to the content in Weeks 6, 7 and 8 also.</p> <p>Optional</p> <p>Adams, S.M., & 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>Arnold, E. (2004). Sorting out the 3Ds. <i>Nursing 2004</i>, 34(6). EReserve.</p>

Week of/ Number	Outcome/Material Covered	Reference/Reading
5	<p>MIDTERM EXAM (60 minutes)</p> <p>Anxiety Disorders</p> <ol style="list-style-type: none"> 1. Anxiety responses and anxiety disorders respond well to cognitive-behavior therapy (CBT). Briefly describe this treatment approach. 	<p>Varcarolis — see Week 2.</p> <p>Wells-Federman, C.L. (2001). Cognitive therapy. Applications for healthy promotion, disease prevention and disease management. <i>Nursing Clinics of North America</i>, 36(1), 93–112. (Call #B-)</p> <p>This reading is required for Week 8 also.</p> <p>Optional</p> <p>www.cognitivetherapy.com</p>
6 and 7	<p>Mental Health Issues of Individuals with a Psychotic 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? 2. What are the goals of care when nursing a patient who is psychotic due to a schizophrenic illness? List at least four. 3. Acute agitation and aggression (toward 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. 	<p>Videbeck, S.L. (2003). <i>Psychiatric mental health nursing</i> (2nd ed.). Philadelphia: Lippincott. Chapters 10 and 14.</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</p> <p>Arnold, E., & Hallinen, K. (2000). Mind over matter. <i>Nursing 2000</i>, 30(10).</p> <p>Forchuk, C., Jewell, J., Tweedell, D., & Steinnagel, L. (2003). Reconnecting: The client experience of recovery from psychosis. <i>Perspectives in Psychiatric Care</i>, 39(4). EReserve.</p> <p>http://www.mentalhealth.com</p> <p>Click on “Disorders,” then “Schizophrenia” and then on “Basic facts about schizophrenia.”</p>

Week of/ Number	Outcome/Material Covered	Reference/Reading
8	<p>Personality, Personality Traits, Personality Disorders Please refer to an introductory psychology text to answer questions 1 to 3. They will not be reviewed in class.</p> <ol style="list-style-type: none"> 1. What is meant by the word personality? 2. What shapes our personality? Nature or nurture? 3. What are some characteristics of a healthy personality? 4. What enduring patterns of behavior identify an individual with a personality disorder? 5. What particular nursing challenges do patients with the following personality traits present on a med-surg unit: projection, splitting of staff, manipulative behavior, and dependency? 6. What are the goals of care in any nursing setting when nursing a patient who presents with a diagnosed <ul style="list-style-type: none"> • borderline personality disorder? • antisocial personality disorder? 7. People with problematic personality traits respond well to Cognitive Behavioral Therapy. Describe what is meant by reframing and decatastrophizing. 8. Describe how the concept of hope and hope-inspiring interventions can be implemented with people experiencing a mental health issue. 	<p>Videbeck, S.L. (2003). <i>Psychiatric mental health nursing</i> (2nd ed.). Philadelphia: Lippincott. Chapter 16.</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>Wells-Federman — see Week 5.</p> <p>Russinova, Z. (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> <p>Optional</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> <p>Williams, L. (1998). A classic case of borderline personality disorder. <i>Psychiatric Services</i>, 49(2). (Call #B-1250 – EReserve)</p>



British Columbia Institute of Technology

Bachelor of Technology in Nursing Program

Mental Health Issues in Nursing Practice — NURS 3036

Mental Status Examination Assignment Guidelines

Objective

In this assignment you are expected to apply observational, interpersonal, interviewing and reporting skills related to doing a Mental Status Examination (MSE). The categories and subcategories of the MSE are described in the “Mental Status Examination Self-Study Guide.”

Due Date

- Submit your own videotape, the record of assessment findings, and the critique of interview to your NURS 3036 instructor as follows:

August–October class	September 20, 2005
October–December class	November 15, 2005

Assignments submitted after the submission date for each section (September 20 or November 15) will have **10% per day deducted** from the total grade of the assignment (40%). Extensions will be granted for very serious extenuating circumstances only and 24 hours notice is required. Please plan ahead.

How to do the Assignment

The assignment has three parts:

- | | |
|---|----------|
| 1. Making a video in which you demonstrate your MSE skills | 4 marks |
| 2. Writing a report of assessment findings based on the video | 12 marks |
| 3. Writing a critique of your MSE assessment skills | 24 marks |

General Directions for the Assignment

- Make a video of yourself conducting a MSE of your partner. Assess all of the categories and subcategories, including a thorough suicide assessment, using your observational, interpersonal and interviewing skills.
- Submit your own individual video.
- The minimum length of the interview is 12 minutes.
- The maximum length of the interview is 15 minutes.
- Prepare for the interview by studying the MSE Guide. Practice asking the sample questions in the guide. Rephrase them if you feel stilted or uncomfortable with them.
- You may prepare a brief outline to use in the interview to remind you of the categories and subcategories; however, you need to use it skillfully and tactfully.
- Do not assess other areas of functioning, for example, body systems, and lifestyle or health history (**except for suicide risk factors**).
- Do not do problem identification, solving or therapeutic interventions with your client.
- *Information for the interviewee:* **Role-play** in a manner that allows the interviewer to **demonstrate** his or her skills. Provide enough information and cues for the interviewer to recognize and respond to. You can base your role-play on patient behavior that you have experience with in your practicum. However, the role-play does not have to be consistent with any mental disorder. I suggest that you do not “script” or rehearse the role-play with your partner.

Part 1: The Video (4 Marks)

You will receive marks for having completed the following:

- Student submitted own video.
- Interview was within 12–15 minutes.
- Student’s video tape of the interview is of quality for the marker to accurately evaluate it’s content, write up of findings, and critique of the interview (e.g., sound, set up, visibility of client interview).

Part 2: Report of Mental Status Assessment Findings (Marks: content 10; style 2) (Approximately 3 pages)

- 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 who have not viewed your videotape.** For example, when writing the data for General Appearance you will write a clear detailed description of the person. "Client is a tall, thin, 24-year-old woman with short black hair, dark brown eyes and pale complexion who looks older than her stated age. She was wearing blue jeans and a red t-shirt and was well-groomed but with very little make-up...."
- Use the five categories of the MSE plus a section for suicide assessment as headings to organize your report. Within each heading use paragraphs appropriately.
- Use MSE terminology accurately.
- Make clinical judgments with *supporting data*.

Example 1: Client is experiencing thought insertion. States "I don't want these evil thoughts. They put them in my head."

Example 2: Client's judgment is impaired. When asked what she would do if she found an addressed, stamped envelope, she said, "I would pick it up and save it for evidence for the police."

Part 3: Critique and Analysis of Your Mental Status Assessment Skills (24 marks) (Approximately 6 pages)

This part of the assignment has two (2) sections:

Section A (10 marks)

An evaluation of the thoroughness and accuracy of the content of the MSE. Using the table in this package, complete the section as directed on the table. **Detach the table and include it in your submission.**

Section B (14 marks)

A critique and analysis of how skillfully you conducted your interview. Specifically, you will critique your assessment skills (observational, interviewing, and interpersonal skills). The information you recorded on your evaluation of the thoroughness and accuracy of your MSE assessment (Section 3A) will assist you to complete this section.

When you write the critique it is important for you to give *examples of things you said* that support your critique. It is also important for you to describe *the reasons* you did not do certain things.

Use the criteria outlined below to critically evaluate your interview.

Use the bold face headings (a–e) to organize your paper.

a. Conveyed respect, concern, presence and connection (3 marks)

- Introduced self and set a positive tone to interview
- Maintained appropriate eye contact
- Used touch or avoided touch appropriately
- Displayed posture that conveyed attentiveness and warmth
- Demonstrated appropriate smiling
- Used appropriate, meaningful and respectful silence
- Used appropriate, supportive, encouraging responses
- Established a therapeutic alliance by acknowledging client's concerns without getting off-goal of doing MSE

b. Responded to what the client said, that is, not letting things drop or changing the topic (5 marks)

- Clarified what was unclear to you
- Reflected client's feelings
- Paraphrased what client said to convey your understanding
- Validated what the client said or non-verbal cues you noticed
- Recognized when topics were dropped and picked up on them
- Recognized when topics were changed and not fully assessed

c. Structured and directed the interview (4 marks)

- Opened the interview by appropriately and sufficiently by introducing the MSE and its purpose to client, length and confidentiality of the interview
- Changed the topic when necessary and helpful for the client
- Made links from one topic to another that contributed to flow and elaboration of topics
- Asked open questions to promote elaboration of data
- Asked closed questions to obtain specific mental status information
- Used minimal prompts to promote elaboration of data
- 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 (2 marks)

- Change of focus, i.e., health history data instead of MSE data
- Lack of knowledge of mental status examination categories and subcategories
- Inadequate preparation for assignment
- Anxiety
- Technical difficulties

e. Assessment meets the RNABC Standards for Nursing Practice

- How did your assessment meet the RNABC Standards for Nursing Practice?

Part 3: Section A – Thoroughness of the content of the MSE (10 marks)

Indicate in the columns beside *each* subcategory to indicate your evaluation of the thoroughness and accuracy of your MSE interview. Clearly state the extent of assessment that you did or did not do. Please hand in this form with your assignment.

	* Thoroughly assessed?	** Superficially assessed?	Not assessed?
General Appearance <ul style="list-style-type: none"> • Appearance • Speech • Motor activity • Behavior and attitude during interview 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • •
Emotional State <ul style="list-style-type: none"> • Mood • Affect 	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • •
Perceptions <ul style="list-style-type: none"> • Hallucinations • Illusions • Depersonalization 	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • •
Thinking <ul style="list-style-type: none"> • Thought content • Thought form 	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • •
Sensorium <ul style="list-style-type: none"> • LOC • Orientation • Judgment • Insight • Memory • Attention • Concentration 	<ul style="list-style-type: none"> • • • • • • • 	<ul style="list-style-type: none"> • • • • • • • 	<ul style="list-style-type: none"> • • • • • • •
Suicide Assessment <ul style="list-style-type: none"> • Risk factors • Intent • Plan • Contract 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • •

*** Thoroughly assessed** — means you assessed each and every category and subcategory in depth and with accuracy.

**** Superficially assessed** — means you omitted a category and/or subcategory(ies) and did not assess specific items in sufficient depth for accuracy of data.

Mental Health Issues in Nursing Practice – NURS 3036
MSE Instructor Assignment Marking Guide

PART 1: VIDEO

	Evident on Video (4 marks)	Notes
<ul style="list-style-type: none"> • Student submitted own video • Interview within 12–15 minutes • Video tape quality <ul style="list-style-type: none"> ▸ sound ▸ set up ▸ visibility of client and interviewee 	/ 4	

PART 2:

	Report of Findings & Style (12 marks)	Notes
General Appearance <ul style="list-style-type: none"> • Appearance • Speech • Motor activity • Behavior and attitude during interview 		
Emotional State <ul style="list-style-type: none"> • Mood • Affect 		
Perceptions/Experience <ul style="list-style-type: none"> • Hallucinations • Illusions • Depersonalization 		
Thinking <ul style="list-style-type: none"> • Thought content • Thought form 		
Sensorium <ul style="list-style-type: none"> • LOC • Orientation • Judgement • Insight • Memory • Attention • Concentration 		
Suicide Assessment <ul style="list-style-type: none"> • Risk factors • Intent • Plan • Contract 		
Style or Report	/ 12	

PART 3 / SECTION A: ASSESSMENT OF THOROUGHNESS OF THE CONTENT OF THE MSE
(10 Marks)

	* Thoroughly assessed?	** Superficially assessed?	Not assessed?
General Appearance <ul style="list-style-type: none"> • Appearance • Speech • Motor activity • Behavior and attitude during interview 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • •
Emotional State <ul style="list-style-type: none"> • Mood • Affect 	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • •
Perceptions <ul style="list-style-type: none"> • Hallucinations • Illusions • Depersonalization 	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> • • •
Thinking <ul style="list-style-type: none"> • Thought content • Thought form 	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • • 	<ul style="list-style-type: none"> • •
Sensorium <ul style="list-style-type: none"> • LOC • Orientation • Judgment • Insight • Memory • Attention • Concentration 	<ul style="list-style-type: none"> • • • • • • • 	<ul style="list-style-type: none"> • • • • • • • 	<ul style="list-style-type: none"> • • • • • • •
Suicide Assessment <ul style="list-style-type: none"> • Risk factors • Intent • Plan • Contract 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • •

PART 3 / SECTION B: CRITIQUE AND ANALYSIS SKILLS (14 Marks)

Criteria	Notes	Mark
Conveyed respect, concern, presence and connection <ul style="list-style-type: none"> • Introduced self and set a positive tone to interview • Maintained eye contact • Used touch or avoided touch appropriately • Displayed posture that conveyed attentiveness and warmth • Demonstrated appropriate smiling • Used appropriate, meaningful and respectful silence • Used appropriate, supportive, encouraging responses • Established a therapeutic alliance by acknowledging client's concerns without getting off-goal of doing MSE 		
Responded to what the client said, that is, not letting things drop or changing the topic <ul style="list-style-type: none"> • Clarified what was unclear to you • Reflected client's feelings • Paraphrased what client said to convey your understanding • Validated what the client said or non-verbal cues you noticed • Recognized when topics were dropped and picked up on them • Recognized when topics were changed and not fully assessed 		
Structured and directed the interview <ul style="list-style-type: none"> • Opened the interview by appropriately and sufficiently introducing MSE and its purpose, length and confidentiality of interview • Changed the topic when necessary and helpful for the client • Made links from one topic to another that contributed to flow and elaboration of topics • Asked open questions to promote elaboration of data • Asked closed questions to obtain specific mental status information • Used minimal prompts to promote elaboration of data • Acknowledged and picked up on verbal and non-verbal cues to focus on relevant mental status data • Summarized ideas • Closed the interview effectively 		
Identified barriers that prevented effective acquisition of mental status assessment data <ul style="list-style-type: none"> • Change of focus, i.e., health history data instead of MSE data • Lack of knowledge of mental status examination categories and subcategories • Inadequate preparation for assignment • Anxiety • Technical difficulties • Other 		
Assessment meet RNABC standards for Nursing Practice		/ 14

SUMMARY OF MARKS

PART 1	Video (4 marks)	
PART 2	Report of Assessment Findings & Style (12 marks)	
PART 3/ SECTION A	Completion of Thoroughness of Content of the MSE Form (10 marks)	
PART 3/ SECTION B	Critique And Analysis Of Assessment Skills (14 marks)	
	TOTAL MARKS	/ 40

COMMENTS:
