



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Science in Nursing

Option:

NURS 3036**Mental Health Issues in Nursing Practice****Start Date:** January, 2007 and March, 2007**End Date:** February, 2007 and May, 2007**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)	30%	Comments: All components of the course must be completed to receive course credit.
• Mental Status Examination Assignment	30%	
• Final Exam — Week 9 (case study 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 interpersonal communication competence can be demonstrated in order to promote hope and mental health for individuals.
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 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

December 11, 2006
Date

I verify that this course/outline has been reviewed.

J. Hunkle
Program Head/Chief Instructor

December 11, 2006
Date

I verify that this course outline complies with BCIT policy.

Green
Dean/Associate Dean

Dec. 11/06
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. (2006). *Psychiatric mental health nursing* (3rd 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. (2006). *Psychotropic agents: A handbook for mental health workers* (14th ed.). IGR Publications.

Schultz, J.M., & Videbeck, S.L. (2005). *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% (2.3 hours) or more of the course, you will be provided with written notice and be expected to meet with the Program Head.

It is expected that students will be in satisfactory health when providing nursing care. If students are not able to attend a practicum experience, the instructor and agency must be informed before the experience begins for the day.

■ Information for Students (cont'd.)

Cheating, Fabrication, Plagiarism, and/or Dishonesty:

First Offense: Any student in the School of Health Sciences involved in an initial act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, at the discretion of the Associate Dean.

Second Offense: Any student in the School of Health Sciences involved in a second act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, and the Associate Dean will recommend to the BCIT Vice-President, Education and/or President, that the student be expelled from the program.

Readmission:

BCIT Nursing Program Student Guidelines, Policies, and Procedures which are located online at <http://www.bcit.ca/health/nursing/> state: Applicants who have any combination of two instances of withdrawal or failure in a Nursing Theory course will be readmitted to the program “with written permission from the Associate Dean, who will detail any special considerations.”

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.

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/DVD 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 (30%). 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 first day of the semester).

■ **Assignment Details**

Mental Status Examination Assignment (30 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. critique own interpersonal communication and assessment skills when performing a Mental Status Examination (MSE).

Parts to the Assignment

There are two parts to this assignment:

1. Production of an 8- to 10-minute videotape.
2. Record (documentation) of assessment findings and evaluation of thoroughness of MSE content.
3. Critique of interview.

How to do this Assignment

Each student will be assigned to a classmate to produce a 8- to 10-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. It is suggested that students use the "Mental Status Examination Self-Study Guide" to prepare for and to conduct the Mental Status Examination video.

■ **Midterm Examination**

- The midterm exam for the August to October course will be on **Tuesday, February 6, 2007** during class.
- The midterm exam for the October to December course will be **Tuesday, April 10, 2007** during class.

■ **Final Examination**

- The final examination for the August to October course will be on **Thursday, March 8, 2007**. Room and time to be announced.
- The final examination for the October to December course will occur during the exam week of **May 7, 2007**.



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">• factors that influence a person's mental health• 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. What are the components of a mental health assessment?6. Discuss the positive and negative impact of a psychiatric diagnosis for a person. Discuss the role of stigma.7. Discuss the nurse-patient relationship in the context of mental health nursing.	<p>Mental Status Self-Study Guide.</p> <p>Videbeck, S.L. (2006). <i>Psychiatric mental health nursing</i> (3rd ed.). Philadelphia: Lippincott. Chapter 1.</p> <p>Kenny, J.E. (2001). Mental illness: Cloaked in secrecy and shame. <i>Canadian Nurse</i>, 97(1), 20–24. (Call #B-1248 and on-line)</p> <p>Halter, M.J. (2004). Stigma and help seeking related to depression. <i>Journal of Psychosocial Nursing</i>, 42(2), 42–51. (from CINAHL with full text database)</p> <p>Emrich, K., Thompson, T.C., & Moore, G. (2003). Positive attitude: An essential element for effective care of people with mental illnesses. <i>Journal of Psychosocial Nursing</i>, 41(5), 18–25. (from CINAHL with full text database)</p> <p>Optional</p> <p>Eckroth-Bucher, M. (2001). Philosophical basis and practice of self-awareness in psychiatric nursing. <i>Journal of Psychosocial Nursing</i>, 39(2), 33–39. (from CINAHL with full text database)</p> <p>Videbeck, S.L. (2006). <i>Psychiatric mental health nursing</i> (3rd ed.). Philadelphia: Lippincott. Chapter 8.</p>

Week of/ Number	Outcome/Material Covered	Reference/Reading												
Weeks 2–8	<p>Psychopharmacology</p> <p>You are expected to independently study the material on psychopharmacology in the required textbook and your pharmacology book. You will administer many of the medications during the Mental Health Practicum. Specifically, <i>you are responsible for knowing expected effects, side effects, and required nursing assessments 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% 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 Response of Anxiety</p> <ol style="list-style-type: none">Describe the emotional response of anxiety and its characteristics.Describe the physiological, behavioral, cognitive, and affective responses of anxiety that occur in the four levels of anxiety.People cope with anxiety using conscious coping mechanisms and/or preconscious/unconscious processes called defense mechanisms. Discuss how these operate to help people cope with anxiety.Describe what is meant by an anxiety disorder. What are the key features of an anxiety disorder?Discuss selected anxiety disorders:<ul style="list-style-type: none">panic disorderobsessive-compulsive disorderpost-traumatic stress disorderDiscuss relevant nursing interventions for anxiety and anxiety disorders, specifically cognitive behavioral strategies.	<p>Stuart, G.W. (2005). Anxiety responses and anxiety disorders. In <i>Principles and practice of psychiatric nursing</i> (8th ed.) (pp. 260–284). St. Louis: Mosby. (on reserve BCIT Library)</p> <p>Shattell, M., & Hogan, B. (2005). Facilitating communication: How to truly understand what patients mean. <i>Journal of Psychosocial Nursing</i>, 43(10), 29–32. (from CINAHL with full text database)</p> <p>Optional</p> <p>Videbeck, S.L. (2006). <i>Psychiatric mental health nursing</i> (3rd ed.). Philadelphia: Lippincott. Chapter 13.</p> <p>http://www.cognitivetherapy.com/Fuller.html</p>												

Week of/ Number	Outcome/Material Covered	Reference/Reading
3	<p>Mood Disorders</p> <ol style="list-style-type: none"> 1. Describe the emotional responses of depression and mania. 2. Compare the symptoms of major depression with those of a bipolar disorder. How are they different? 3. 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. 4. Although depression and mania are both mood disorders they require different nursing approaches and skills. Compare and contrast the differences. 5. Suicidal ideation and/or attempts occur in clients who are depressed. Discuss how a nurse can intervene to assist these clients. 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? 7. What medications are used for major depression and bipolar disorders? How do they affect the person with a mood disorder? 	<p>Videbeck, S.L. (2006). <i>Psychiatric mental health nursing</i> (3rd 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>Barker, P. (2002). The tidal model: The healing potential of metaphor within a patient's narrative. <i>Journal of Psychosocial Nursing</i>, 40(7), 43–50. (from CINAHL with full text database)</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.psychologyinfo.com/depression/cognitive.htm</p>

Week of/ Number	Outcome/Material Covered	Reference/Reading
4	<p>Mental Health Issues of Individuals Experiencing a Psychosis</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. Identify similarities and differences in the mental status presentation of a client experiencing a psychosis, a depression, a delirium, and a dementia. 3. What are the goals of care when nursing a patient who is psychotic. 	<p>Videbeck, S.L. (2006). <i>Psychiatric mental health nursing</i> (3rd ed.). Philadelphia: Lippincott. Chapters 14 and 21.</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>Buccheri, et al. (2004). Long-term effects of teaching behavioral strategies for managing persistent auditory hallucinations in schizophrenia. <i>Journal of Psychosocial Nursing</i>, 42(1), 18–27. (from CINAHL)</p> <p>Optional</p> <p>http://www.mentalhealth.com Click on “Disorders,” then “Schizophrenia,” and then on “Basic facts about schizophrenia.”</p>
	<p>Video</p> <p>You are encouraged to view the video “<i>People Say I’m Crazy</i>” (84 minutes), 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>	
5	<p>MIDTERM EXAM (60 minutes)</p> <p>Mental Health Issues of Acute Agitation and Aggressiveness</p> <ol style="list-style-type: none"> 1. Describe the phenomena and relationship of agitation and aggressiveness. 2. 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. (2006). <i>Psychiatric mental health nursing</i> (3rd ed.). Philadelphia: Lippincott. Chapters 14 and 21.</p>

Week of/ Number	Outcome/Material Covered	Reference/Reading
6	<p>Personality, Personality Traits, Personality Disorders</p> <p>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 Strategies. 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. (2006). <i>Psychiatric mental health nursing</i> (3rd 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>Antai-Otong, D. (2003). Treatment considerations for the patient with borderline personality disorder. <i>Nursing Clinics of North America</i>, 38, 101–109. (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>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>

Week of/ Number	Outcome/Material Covered	Reference/Reading
7	<p>Mental Health Issues of Selected Special Populations</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. 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. 4. What factors put the adolescent and the elderly at high risk for suicide? 	<p>Frisch, N.C., & Frisch, L.E. (2002). The adolescent. In <i>Psychiatric mental health nursing</i> (3rd ed.). Chapter 23. (Call #B-1247)</p> <p>Kneisl, C.R., Wilson, H.S., Trigoboff. (2004). <i>Contemporary psychiatric-mental health nursing</i>. Upper Saddle River, New Jersey: Pearson. Chapter 27. (Call #)</p> <p>Antai-Otong, D. (2003). Suicide: Life span considerations. <i>Nursing Clinics of North America</i>. (from CNAHL or Call #)</p> <p>Optional</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>Antai-Otong, D. (2003). Managing psychiatric emergencies: Delirium and dementia. <i>Nursing Clinics of North America</i>. (from CINAHL)</p>
8	<p>Mental Health Issues of Selected Special Populations (cont'd.)</p> <ol style="list-style-type: none"> 1. The client experiencing a mental health issue and a substance use issue. 2. The client experiencing emotional distress related to a physical illness. <ul style="list-style-type: none"> • Think of some possible emotional (individual and family) responses to and meanings of the diagnosis of cancer, heart disease, chronic pain, a neurological disorder. Be specific. 	<p>Videbeck, S.L. (2006). <i>Psychiatric mental health nursing</i> (3rd ed.). Philadelphia: Lippincott. Chapter 17.</p> <p>Patrick, D.D. (2003). Dual diagnosis: Substance-related and psychiatric disorders. <i>Nursing Clinics of North America</i>. (online from CINAHL or Call #)</p> <p>Forester, A. (2003). Healing broken hearts. <i>Journal of Psychosocial Nursing</i>, 41(6), 44-49. (from CINAHL)</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 or DVD, the record of assessment findings, and the critique of interview to your NURS 3036 instructor as follows:

August–October class	January 30, 2007
October–November class	April 3, 2007

Assignments submitted after the submission date for each section (January 30, 2007 or April 3, 2007) will have **10% per day deducted** from the total grade of the assignment (30%).

Extensions will be granted for very serious extenuating circumstances only and 24-hour notice is required. **Please plan ahead.**

How to do the Assignment

The assignment has three parts:

- | | |
|--|-----------------|
| 1. Making a video or DVD in which you demonstrate your MSE skills | 1 mark |
| 2. Writing a report of assessment findings based on the video/DVD
and evaluation of thoroughness of MSE content | 15 marks |
| 3. Writing a critique of your MSE assessment skills | <u>14 marks</u> |
| TOTAL | 30 marks |

General Directions for the Assignment

***READ** all of these directions *before* you do your video/DVD.

- Make a video or DVD 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/DVD with your assignment.
- The minimum length of the interview is 8 minutes.
- The maximum length of the interview is 10 minutes. Any video content beyond 10 minutes will **not** be reviewed by the instructor.
- 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.
- **Do not** use APA for this assignment.
- Do use a title page with your name and set.
- Do use double space and one side of the paper.
- Use appropriate headings for all parts of the assignment (as per guidelines).
- **Do not** submit a written script of your interview.

Part 1: The Video (1 mark)

You will receive marks for having completed the following:

- Student submitted own video/DVD with written assignment.
- Interview was within 8–10 minutes.
- Student's videotape/or DVD of the interview is of quality for the marker to accurately evaluate its content, write-up of findings, and critique of the interview (e.g., sound, setup, visibility of client interview).

Part 2: Section A: Report of Mental Status Assessment Findings (Marks: content 8; style 1)

(Approximately 2 typed pages)

- In Section A you are to view your tape and prepare a report of your assessment findings for each category of the Mental Status Exam.

Directions

- View your videotape/DVD.
- **Write your assessment findings as though you were communicating your findings to the health team *who have not viewed your videotape/DVD*.** 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 Asian 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 and subcategories 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. Client has bought gifts for everyone on the unit so they won't forget her.

Part 2: Section B: Thoroughness of MSE (6 marks)

In this section you will identify and write down the categories and subcategories of the MSE that were: a) *omitted, b) **superficially assessed, and c) ***incorrectly assessed.

- *omitted – MSE categories and subcategories **NOT** assessed.
e.g., I omitted to assess client's long-term memory when assessing memory.
- **superficially – MSE categories and subcategories that were not assessed in sufficient depth for accuracy of data.
e.g., when client said the mood was "good," I did not clarify or assess this further.
- ***incorrectly – incorrect questions were asked for a specific category.
e.g., when assessing my client's thought content, I asked him about hallucinations.

Part 3: Critique and Analysis of Your Mental Status Assessment (14 marks) (Approximately 3 typed pages)

A critique and analysis of how skillfully you conducted your interview. Specifically, you will critique your assessment skills (observational, interviewing, and interpersonal skills) using the criteria given below.

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. Also, include what you could have said or done that would have yielded more accurate or in-depth assessment data from your client.

Criteria to critically evaluate your interview.

Use the bold face headings to organize your paper.

- a. **Conveyed respect, concern, and professional presence to establish a therapeutic connection with client (3 marks)**
 - Introduced self and set a supportive 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, supportive, reassuring responses

b. Structured and directed the interview (4 marks)

- Opened the interview appropriately and sufficiently by introducing the MSE and its purpose to client, length, and confidentiality of the interview.
- Redirected the interview to maintain focus on MSE.
- Recognized derailing by both client and interviewer.
- Made links from one topic to another that contributed to flow and elaboration of mental status data.
- Acknowledged and picked up on verbal and non-verbal cues to focus on relevant mental status data.
- Recognized when topics were dropped by both client and interviewer and picked up on them.
- Recognized when topics were changed and not fully assessed.
- Closed the interview effectively.

c. Identified barriers that prevented effective acquisition of mental status assessment data (7 marks)

- Ineffective or lack of use of active listening and questioning skills
 - ▶ reflection of client's feelings
 - ▶ use of clarification and paraphrasing
 - ▶ use of appropriate questions to obtain data
 - ▶ use of requests for information
 - ▶ use of minimal prompts to provide elaboration of data
 - ▶ use of silence
- Change of focus, i.e., health history data instead of MSE data
- Lack of knowledge of mental status examination categories and subcategories and of listening skills
- Inadequate preparation for assignment
- Anxiety, other distractions.

Mental Health Issues in Nursing Practice – NURS 3036

MSE Instructor Assignment Marking Guide

PART 1: VIDEO

	Evident on Video (4 marks)	Marks
<ul style="list-style-type: none"> • Student submitted own video with written assignment • Interview within 8–10 minutes • Video tape quality <ul style="list-style-type: none"> ▶ sound ▶ visibility of client and interviewee 		/1

PART 2: SECTION A

	Report of Findings and Style (9 marks)	Marks
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 		
Sensory/Experience <ul style="list-style-type: none"> • Hallucinations • Illusions • Depersonalization 		
Thinking <ul style="list-style-type: none"> • Thought content • Thought form 		
Sensorium and Cognitive Processes <ul style="list-style-type: none"> • LOC • Orientation • Judgment • Insight • Memory • Attention • Concentration 		
Suicide Assessment <ul style="list-style-type: none"> • Risk factors • Intent • Plan • Contract 		
Style or Report		/9

PART 2: SECTION B: THOROUGHNESS OF CONTENT ASSESSED

	Not Assessed	Insufficiently Assessed	Incorrectly Assessed	Marks
Accurately identified categories and subcategories of MSE <ul style="list-style-type: none"> • Omitted (not assessed) • Insufficiently (superficially assessed) • Incorrectly assessed 				/6

PART 3: CRITIQUE AND ANALYSIS SKILLS (14 Marks): INSTRUCTOR MARKING GUIDE

Criteria	Notes	Mark
<p>a. Conveyed respect, concern, and professional presence to establish a therapeutic connection with client (3 marks)</p> <ul style="list-style-type: none"> • Introduced self and set a supportive 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, supportive, reassuring responses 		
<p>b. Structured and directed the interview (4 marks)</p> <ul style="list-style-type: none"> • Opened the interview by appropriately and sufficiently by introducing the MSE and its purpose to client, length, and confidentiality of the interview • Recognized derailing by both client and interviewer and redirected the interview to maintain focus on MSE • Made links from one topic to another that contributed to flow and elaboration of mental status data • Acknowledged and picked up on verbal and non-verbal cues to focus on relevant mental status data • Recognized when topics were dropped by both client and interviewer and picked up on them • Recognized when topics were changed and not fully assessed • Closed the interview effectively 		
<p>c. Identified barriers that prevented effective acquisition of mental status assessment data (7 marks)</p> <ul style="list-style-type: none"> • Ineffective or lack of use of active listening and questioning skills (provide examples) <ul style="list-style-type: none"> ▸ reflection of client's feelings ▸ use of clarification and paraphrasing ▸ use of requests for information ▸ use of appropriate questions to obtain data ▸ use of minimal prompts to provide elaboration of data ▸ use of silence • Change of focus, i.e., health history data instead of MSE data • Lack of knowledge of mental status examination categories and subcategories and of active listening skills • Inadequate preparation for assignment • Anxiety, other distractions 		

SUMMARY OF MARKS

PART 1	Video (1 mark)	
PART 2: Section A	Report of Assessment Findings and Style (9 marks)	
PART 2: Section B	Thoroughness of Content of the MSE (6 marks)	
PART 3	Critique and Analysis of Assessment Skills (14 marks)	
	TOTAL MARKS	/ 30

COMMENTS:
