

Philadelphia University Faculty of Nursing Summer Semester, 2018/2019 Mental Health Nursing (Clinical Course)

Course Syllabus			
Course Title: Mental Health Nursing (Clinical)	Course code: 910343		
Course Level: Fourth level	Course corequisite(s): Mental Health Nursing		
Course coordinator: Dr. Fadwa Alhalaiqa	(Theoretical course)		
Clinical Time: Monday-Wednesday	Credit hours: 3 hours		
8:00 – 2pm	Cicuit nouis, 5 nouis		

Name	Rank	E-mail Address
Mrs: Nisreen Almusilimi	Clinical	fhalaiqa@philadelphia.edu.jo
	instructor	

Course Description:

This course is concurrent with the theory course of Mental Health Nursing. It is designed for senior nursing students. Students explore learning experiences that promote satisfactory assimilation of fundamental mental health and mental illness concepts in their delivery of the nursing process with clients and family systems. Learning experiences with a clinical component will be provided for students to demonstrate mental health nursing care to clients with self-care deficits within the wholly and partially compensatory and educative-supportive nursing system. This course will assist the students to further consolidate their theoretical knowledge and their understanding of psychiatric disorders, its manifestation, identification and management. Maladaptive emotional and behavioral expressions are studied in the context of a mental health continuum and a social systems framework. This course focuses on the development of competencies necessary for the practice of mental health nursing with emphasis on the use of self in relationships with patients and health team members.

COURSE OBJECTIVES:

Nurse as a Provider of Care:

1. Utilizes individualized therapeutic interaction techniques in communicating with diverse

patient populations (including patient's significant others) across the life span.

2. Accurately employs the nursing process in providing comprehensive mental health

nursing care to individual patients and patient systems in supportive-educative, partially and

wholly compensatory nursing systems.



3. Discusses and describes based upon the nursing process how mental health promotion and mental health nursing interventions are fundamental to the therapeutic resolution of physiologically based self-care deficits.

4. Identifies the functions of specified neuro-anatomy in relation to an individual's ability to present adaptive physiological and psychological functioning.

5. Correlates etiology associated with alterations of neurological functioning, genetic patterns & alterations of neurotransmission specific to DSM V classified mental health disorders.

6. Demonstrates psychiatric-mental health nursing assessment of patients utilizing accepted mental health (including the mental status exam) and physical assessment techniques.

7. Applies mental health nursing principles and mental health promotion concepts consistent with legal, professional and ethical standards in identifying self - care requisites and the potential for self - care by the patient/patient system.

8. Describes the related dosages, therapeutic effects, side effects, toxic effects & related nursing actions of psychotropic medication classifications; antipsychotics, antidepressants, anxiolytics, mood stabilizers, cognitive impairment agents & antiparkinsonian /anticholinergic agents in relation to populations across the age continuum.

9. Demonstrates medication teaching to patients and designated significant others in accordance with the current Nursing Standards of Practice & Mental Health Code.10. Provides nursing care that is supportive of the patient's physiological.

Nurse as a Manager of Care

1. Professionally communicates with the multi-disciplinary health care team and reflects an accurate application of mental health nursing principles specific to the referenced patient/patient system.

2. Utilizes the evaluation process of the Nursing Process for self growth and awareness and as a basis for the ongoing evaluation of safe-competent care.

Nurse as a Member of the Discipline:

1. Demonstrates behaviors characteristic of a professional nurse.

2. Accurately discusses the relationship of the legal and professional role and scope of the nurse graduate in relation to the practice of psychiatric - mental health nursing regardless of the setting in which care is delivered.

Learning Objectives / Psychiatric Hospital:

2



\rm Accountability

- Accepts accountability & responsibility for ones own professional judgment &actions
- Recognizes the limits of one's own role & competency
- Consults with a registered nurse who has the required expertise, when care required expertise beyond the current competencies
- Consults with a registered nurse who has the required expertise, when care required expertise beyond the current competencies

4 Legal Practice

- Practices in accordance with relevant legislation
- Practices in accordance with national & local policies & procedural guidelines
- Recognizes & acts upon breaches of law relating to nursing & professional code practice

4 Care Provision

- Applies knowledge & skills to nursing practice
- Incorporates valid & relevant research findings & other evidence into practice
- Applies critical thinking, & problem-solving skills
- Applies sound clinical judgment & decision making process across the range of professional & care delivery contexts
- Initiates & enters into discussion about innovation & changes in nursing & health care
- Provides rational for nursing care delivered
- Prioritizes workload & manages time effectively
- Acts as a resource for individuals, families in coping with change in health, disability & death
- Presents information clearly & briefly
- Accurately interprets subjective & objective data & their significance for safe delivery of care

Health Education

- Applies knowledge of effective interprofessional working practice
- Establishes & maintain conductive working with nursing & other colleagues
- Contributes to effective multidisciplinary teamwork by maintaining collaborative relationships
- Values the roles & skills of members of the health & social care teams
- Participates with members of the health & social team in decision making concerning patients
- Reviews & evaluates care with members of the health & social care team



- Takes account of the views of patients & carers in decision making by the interprofessional team

4 Care Management

- ✤ Safe Environment
- Creates & maintains a safe environment of care through the use of quality assurance & risk management strategies
- Uses appropriates assessment tools to identifies actual & potential risks
- Ensures the safe administration of therapeutics substances
- Implements infection control procedures
- Communicates & records safety concerns to a relevant authority

✤ Delegation & Supervision

- Delegates to others, activities suitable to their abilities & scope of practice
- Uses a range of supportive strategies when supervising aspects of care delegated to other
- Maintains accountability & responsibility when delegating aspects of care to others

4 Professional Development

- Professional Enhancement
- Promotes & maintains the professional image of nursing
- Advocates for his right to participate in health policy development & program planning
- Contributes to the development of professional nursing practice
- Acts as an effective role model
- Values research in contributing to developments in nursing as a means to improving standards of care
- Takes on leadership responsibilities where relevant in the delivery of nursing & health care

Quality Improvement

- Uses valid evidence in evaluating the quality of nursing practice
- Participates in quality improvement & quality assurance procedures
- Continuing Education
- Carriers out regular review of own practice
- Assumes responsibility for life long learning & maintenance of competence
- takes opportunity to learn together with other contributing to health care
- Acts as an effective mentor
- Takes actions to meet continuing education needs.

4Therapeutic use of self

- Recognizes the effect of one's behavior on others (patient, family staff)
- Understands the dynamics of human behaviors
- Recognizes & identifies own feelings



- Recognizes & identifies feelings of others
- interprets behavior of self & others
- Takes appropriates actions in nursing situations
- Demonstrates empathy, warmth & respect during goal –oriented interaction
- demonstrates non-judgmental attitudes
- utilizes as appropriate, problem solving techniques during interactions
- identifies individuals` communication limitations & utilizes alternative form of communication as appropriates

Course Components:

Orientation: in the lab of faculty of nursing

Two weeks

Required prior to attending clinical area, it is designed to prepare students for their clinical experience.

Clinical areas:

* The National Hospital for Mental Health (Al-Fuheis).

* The National Center for Addiction Rehabilitation (Shafa Badran)

* addiction and rehabilitation for police

<u>Textbook:</u> <u>Psychiatric manual nursing</u>

- Kneisl/Trigoboff, Instructor's Resource Manual for Contemporary Psychiatric– Mental Health Nursing.2013, 3rd Edition. Pearson
- Mary C. Townsend_Psychiatric nursing: Assessment, care plans and medications. 2015; 9th edition
- Mary C. Townsend <u>and Karyn I. Morgan</u> (2017) Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice 9th Edition ISBN-13: 978-0803660540
 JSDN 10: 0802660545

ISBN-10: 0803660545

In addition to the above, the students will be provided with handouts.

Module References:

Students will be expected to give the same attention to these references as given to the Module textbook(s)

1. Basic Concepts of Psychiatric-Mental Health Nursing. Shives R. Louise (2005) 6^{th} Edition. Lippincott Williams & Wilkins.

2. Psychiatric-Mental Health Nursing. Videbeck L. Sheila (2006) 3rd Edition. Lippincott Williams & Wilkins.

Teaching Methods:



- 1. Direct interaction with patients
- 2. Clinical Supervision.
- 3. Attending nursing care plan meeting
- 4. Attending multi disciplinary and treatment team.
- 5. Observing group meeting.
- 6. Assignments
- 7. Audio visual aids.
- 8. Individual and group discussions.

Learning Outcomes:

• Knowledge and understanding

- Discusses current trends in the treatment of people with mental illness.
- Discusses the nurse's role in educating clients and families about current neurobiologic theories and medication management.
- Identifies client responses that indicate treatment effectiveness.
- Integrates the knowledge (evidence) into management of patient(s) care.

• Cognitive skills (thinking and analysis).

Demonstrates critical thinking in clinical decision- making when planning and delivering client care.

• Communication skills (personal and academic).

-Demonstrates accountability, responsibility, professionalism, and increased level of independence when working with the clients and other health team members.

-Applies therapeutic communication skills, collaborate, and cooperate to establishs effective professional relationship with patients, health team members, college, and instructor.

• Practical and subject specific skills (Transferable Skills).

- Manages safety and comfort principles and psychomotor skill competencies with clients with variety of behavioral and emotional disorders.
- Leads team of nurses using team building activities.

General Information

Special Needs

Any student who has special needs should contact his/her clinical instructor within the first week of clinical to discuss his/her needs.

Instructional Model

Eight (8) hours per week will be spent in a clinical practice setting. **Psychiatric nursing** orientation day counts for the first eight hours of clinical. The specific timing of hours spent in a clinical practice setting will vary by the clinical site. All students will participate in supervised clinical nursing practice and clinical conference seminars each week. Clinical conference seminars count as part of clinical hours.



The overall purpose of the clinical seminar is to assist students to integrate theoretical concepts and clinical experiences. There will be discussion of clinical issues, clinical case studies, short didactic presentations, and other clinical experiences. The format will vary to fit the topic discussed. All students are expected to be consistently active participants in clinical seminars.

Clinical placements will use both in-patient and out-patient experiences. In-patient experiences are closely supervised by faculty. Students will focus on assessment of the major psychiatric problems, clinical management of disorders, medications, the treatment team, milieu and group therapy, and beginning therapeutic communication. Students will also practice advanced communication skills.

Students will be provided with specific details about the model of clinical instruction used at their clinical site prior to the first week of on-site clinical.

Weeks	Area	Visits
1 st week 15-17/10/2018	University lab	Orientation (course Syllabus)
2 nd week 22-24/10/2018	University lab	Therapeutic communicationTerminology
	University lab	 Mental Health Assessment and nursing process Lab quiz
3 rd week 29-31/10/2018	The National Hospital for Mental Health (Al-Fuheis	 Unit orientation (The National Hospital for Mental Health) Learn about safety procedure on the unit
4 th week 5-7/11/2018	The National Hospital for Mental Health (Al-Fuheis)	 Interview patient/ document assessment consult with instructor on meaning/ interpretation of patient's behavior and communication/nursing progress note. Demonstration of interview and assessment of mentally ill patient Demonstration nursing care to the patient Spend structured time with patient with an activity Identify policy and procedure of medication preparation
5 th week	The National Hospital for Mental	 <u>Interaction analysis</u> <u>Nursing Notes 1st one</u> Asking about admission policy Preparing and administering of medication
12-14/11/2018	Health (Al-Fuheis)	in cooperation with nursing staff

Course calendar:



		• <u>Midterm students clinical evaluation</u>
6 th week 19-21/11/2018	The National Hospital for Mental Health (Al-Fuheis)	• <u>Mid-Term Exam</u>
7 th week 26-28/11/2018	The National Hospital for Mental Health (Al-Fuheis	 Demonstration individualized nursing care to the patient in cooperation with nursing staff Maintain therapeutic communication Spend structured time with patient with an activity Identify admission policy and implementing admission procedure Writing an admission note <i>Nursing care plan 1</i>
8 th week 3-5/12/2018	The National Hospital for Mental Health (Al-Fuheis	 Demonstration nursing care to the patient in cooperation with nursing staff Care plan application and spend structured time with patient with an activity Nursing care plan 2
9 th week 10-12/12/2018	The National Hospital for Mental Health (Al-Fuheis)	 Demonstration nursing care to the patient Nursing Care plan application Creative activity
10 th week 17-19/12/2018	The National Hospital for Mental Health (Al-Fuheis)	• Demonstration nursing care to the patient
11 th week 24-26/12/2018	The National Hospital for Mental Health (Al-Fuheis))	 Demonstration nursing care to the patient in cooperation with nursing staff Care plan application and spend structured time with patient with an activity
12 th week 31/12- 2/1/2019	The National Hospital for Mental Health (Al-Fuheis)	 Demonstration nursing care to the patient <i><u>Final students clinical evaluation</u></i>
13 th week 7-9/1/2019	The National Hospital for Mental Health (Al-Fuheis)	 Demonstration nursing care to the patient in cooperation with nursing staff Care plan application and spend structured time with patient with an activity
14 th week 14-16/1/2019	The National Hospital for Mental Health (Al-Fuheis	Demonstration nursing care to the patient <u>Final practical exam</u>
15 th week 21-23/1/2019	Final	<u>Total scores</u>



Course Evaluation

Modes of Assessment:	Score
Presentation at weekly clinical conference	10 %
Nursing care plan (2)	15%
Creative activity	10%
Mid Student Clinical Evaluation	10 %
Documentation sheets (nurses notes) (2 sheets)	5 %
Final Student Clinical Evaluation	10 %
Comprehensive midterm exam (Oral exam)	20 %
Comprehensive final Exam (oral exam)	20 %
Total	100 %

The assignment should be handled on the deadline; any delay for will be managed as the following:

- 1- two days 5% of the whole points will be subtracted;
- 2- four days, 10%,
- 3- delay for one week 50%
- 4- More than one week the assignment mark will be zero.

Attendance Policy:

Absence from lectures and/or tutorials shall not exceed 15%. Students who exceed the 15% limit without a medical or emergency excuse acceptable to and approved by the Dean of the relevant college/faculty shall not be allowed to take the final examination and shall receive a mark of zero for the course. If the excuse is approved by the Dean, the student shall be considered to have withdrawn from the course.

- 2 late considered by 1 day absent.
- Make-up exams will be offered for valid reasons only with consent of the Dean.

Make-up exams may be different from regular exams in content and format.

Documentation and Academic Honesty:

Submit your home work covered with a sheet containing your name, number, course title and number, and type and number of the home work (e.g. tutorial, assignment, and project).

Any completed homework must be handed in to instructor on the due date. After the deadline "zero" will be awarded. You must keep a duplicate copy of your work because it may be needed while the original is being marked.

You should hand in with your assignments:

- A printed listing of your test programs (if any).
- A brief report to explain your findings.



• Your solution of questions.

• <u>Protection by Copyright</u>

- 1. Coursework, laboratory exercises, reports, and essays submitted for assessment must be your own work, unless in the case of group projects a joint effort is expected and is indicated as such.
- 2. Use of quotations or data from the work of others is entirely acceptable, and is often very valuable provided that the source of the quotation or data is given. Failure to provide a source or put quotation marks around material that is taken from elsewhere gives the appearance that the comments are ostensibly your own. When quoting word-for-word from the work of another person quotation marks or indenting (setting the quotation in from the margin) must be used and the source of the quoted material must be acknowledged.
- 3. Sources of quotations used should be listed in full in a bibliography at the end of your piece of work.

<u>Avoiding Plagiarism</u>

- 1. Unacknowledged direct copying from the work of another person, or the close paraphrasing of somebody else's work, is called plagiarism and is a serious offence, equated with cheating in examinations. This applies to copying both from other students' work and from published sources such as books, reports or journal articles.
- 2. Paraphrasing, when the original statement is still identifiable and has no acknowledgement, is plagiarism. A close paraphrase of another person's work must have an acknowledgement to the source. It is not acceptable for you to put together unacknowledged passages from the same or from different sources linking these together with a few words or sentences of your own and changing a few words from the original text: this is regarded as over-dependence on other sources, which is a form of plagiarism.
- 3. Direct quotations from an earlier piece of your own work, if not attributed, suggest that your work is original, when in fact it is not. The direct copying of one's own writings qualifies as plagiarism if the fact that the work has been or is to be presented elsewhere is not acknowledged.
- 4. Plagiarism is a serious offence and will always result in imposition of a penalty. In deciding upon the penalty the Department will take into account factors such as the year of study, the extent and proportion of the work that has been plagiarized, and the apparent intent of the student. The penalties that can be imposed range from a minimum of a zero mark for the work (without allowing resubmission) through caution to disciplinary measures (such as suspension or expulsion).
- 5. Further Instruction:
 - The university bus will leave the university campus at 8 a.m. Any student who misses the bus is expected to reach the clinical area at his \ her expenses.
 - The bus will leave the clinical area at 1:30 p.m. Therefore, all students should be on the bus by this time. Smoking is not allowed during clinical hours or on bus.
 - Students' appearance is expected to be appropriate (clean neat clothes, 1st name tag, etc...).



- Keep the bus and hospital clean and maintained.
- Information about patients (users) should remain confidential and not discussed with others.
- Students not allowed leaving the premises of the clinical area during clinical hours
- Evaluation is the responsibility of the clinical instructor.
- The student however, is encouraged to ask for formal evaluation at midterm and before the final evaluation.

Assignments

- 1- Nursing assessment
- 2- Nursing Care Plan
- 3- Interaction analysis
- 4- Midterm and Final clinical evaluation
- 5- Midterm and Final clinical Exam
- 6- Nursing progress Notes
- 7- Patient case presentation/weekly conference

Each assignment should be handled to instructor in the due date that determined above in the academic calendar

Weekly conferences/presentations

Students are expected to attend all clinical conferences, which will be comprised of three general aims:

1) The first aim is operational. Students and faculty discuss clinical experience goals, turn in paperwork, discuss upcoming assignments, and the like;

2) The second aim is informal discussion of the events of the clinical experience. Students report learning that they have accomplished as well as problems, needs, and concerns that need to be addressed. Here the faculty may provide theoretical content, and students provide problem solving and support to peers; and

3) The third aim of the clinical conference is to apply theory learned to practice in clinical settings. In order to accomplish this goal, each student is expected to make one presentation each semester on a selected concept.

The requirements for the weekly seminar student presentation are as follows: Students will:

1) research this theoretical concept and make a presentation about their findings to their peers and provide handouts about relevant information

2) present the theoretical cause of the problems and the nursing interventions that can lead to resolution of the problem (see grading criterion below).

Additional topics can be negotiated based on student interest, clinical experiences, etc. Each student is expected to lead one of these seminars.

Suggested topics:

- 1. Use of Defense mechanisms
- 2. Low Self Esteem
- 3. Crisis state
- 4. Sensory overload



- 5. Inability to identify and express feelings
- 6. Value conflict
- 7. Dependence
- 8. Unresolved grief
- 9. Limited decision making ability
- 10. Chaotic family of origin
- 11. Cognitive distortion
- 12. Impaired identity
- 13. Mistrust
- 14. Hopelessness
- 15. Helplessness
- 16. Learned Optimism
- 17. Stress Management
- 18. Other area of interest as arranged with clinical faculty



Philadelphia university/Faculty of Nursing Weekly conference/Grading criteria

Students name: ID: Problem:					
Item evaluation	Grade	Notes			
1. Clear definition of the problem, concept or issue. (20%)					
 2. Oral discussion of at least two non-internet sources of information about the topic. (30%) 					
3. Two to three clearly generated theory based nursing interventions that address the cause of the nursing problem. (20%)					
4. Generation of at least one discussion question to be considered by the clinical group. (10%)					
5. Provision of relevant handouts <u>summarizing main points</u> with references. (10%)					
 Clear and concise presentation (about 10 minutes before discussion). (10%) 					

Total grade:

Date:

Student signature:

Clinical instructor signature:



Clinical Assessment and Nursing Care Plan

- PURPOSE: to provide the learner the opportunity to complete an assessment of the biopsychosocial needs of an individual receiving services in the mental health care delivery system, and to design a plan of care to respond to the assessed needs.
- OBJECTIVE: To provide the learner with the skills to complete an assessment of the biopsychosocial needs of the client in the mental health clinical setting.

FORMAT:

Assessment:

- 1. Biopsychosocial History of the Client.
- 2. DSMIV-TR diagnosis: Provide multiaxial assessment{axis I-IV} if possible.
- 3. Physical Assessment as Appropriate.
- 4. Mental Status Exam
 - a. Level of awareness and orientation.
 - b. Appearance and behavior (Speech and Communication)
 - c. Mood or affect.
 - d. Thought process.
 - e. Perception.
 - f. Insight
 - g. Risk of self harm or harm to others.
 - h. Medications-Prescribed drugs, over the counter and street drugs.

Nursing Care Plan:

- 1. Nursing Diagnosis
 - a. Based on the above assessment, state NANDA nursing diagnoses
 - b. Examples:
 - c. Disturbance in self concept/self esteem related to death of spouse evidenced by withdrawal and feelings of hopelessness
 - d. Ineffective individual coping related to mistrust of others evidenced by refusal to take medication
- 2. Outcome Criteria:
 - a. State at least three outcomes related to each defined nursing diagnosis.
- 3. Nursing Interventions:
 - a. Provide nursing interventions which comprehensively address defined outcomes
 - b. Include scientific rationale for each intervention
- 4. Evaluation:
 - a. Evaluate the potential or effectiveness of each intervention
 - b. Were the goals achieved? If you have been unable to implement the interventions, describe how effective you think they'll be in meeting the goals and why.

Nursing progress Notes

Use the adopted model of Nursing Notes (POMR).

- 1- Write clearly
- 2- Do not leave spaces.
- 3- Scratch errors you make while leaving the error legible.



4- Sign your Nursing Notes Interaction Analysis

Purpose: the purpose of this paper is to implement therapeutic communication (verbal/nonverbal) with mental health patients

Objectives:

- 1. Identify therapeutic communication.
- 2. Differentiate between verbal and non-verbal communication.
- 3. Identify therapeutic communication techniques that can be used to facilitate a therapeutic relationship.
- 4. Identify communication techniques that limit communication and the reason why.
- Identify communication interventions that are indicated with clients presenting alterations in emotional responsiveness, alterations in reality testing and/or disturbed thought processing.
- 6. Demonstrate the application of communication theory.
- 7. Demonstrate active listening.
- 8. Demonstrate a therapeutic Nurse-Patient relationship with a specified patient based upon sound psychiatric-mental health principles and consistent with the patient's established nursing care plan and/or treatment plan.
- 9. Demonstrate therapeutic communication (goal specified and relevant to the patient's plan of care) for a period of minimally 15 minutes.



Philadelphia University Faculty of Nursing 2nd Semester, 2016/2017

Patient's Daily Progress Notes (5%)

Date:	/ /	obtained score (/5)
Proble m	Time	Nursing Notes
No. 1		S
No. 2		S

Problem	Time	Nursing Notes		
		Р		
No. 3				



		S
		0
		A
		P
i		
No. 4		
	-	S
		0
i		

Problem	Time	Nursing Notes			
		A			
		P			
N. 7					
No. 5					



	S
	0
	A
	P

S: Subjective Data O: Objective Data A: Assessment\Analysis P: Planning



Philadelphia University Faculty of Nursing Psychiatric Mental Health Nursing Assessment Tool and Nursing care plan (10%)

Date of handle of assignement:.....

Physical Dimension

- Client Name:
 D (D)
- Date of Admission:
 By (RN):....
- Medical Diagnosis:
 Psychiatrist Name:....
- Unit:....
- Mode Of Admission: Voluntary Involuntary Emergency Criminal Act
- Admitted From: OPD Home ER
- Date Of Birth:....
- Gender: Male Female
- Marital Status: Single Married Divorced Widowed
- Educational Level : Illiterate Elementary Primary High School Intermediate College University
- Occupation:....
- Religion:....

• Reason Of Current Admission (Onset ,Duration ,Interval History)

-
- Any Suicidal Ideation : Yes No
- Any Suicidal Attempts : Yes No
- Allergies: Yes No Specify
- Medications:

Drug's Name	Dosage	Frequency	Side Effects	Notes

• Medical And Surgical History:

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•••••	
•••••	
•••••	
Family	History (Medical & Psychiatric):
•	
•••••	
Genera	al Appearance :
a)	Dress ,Cloths : Appropriate or Inappropriate to Age & Weather
b)	Style : Formal, Informal, Dressy
,	Cosmetics : No makeup, Heavy makeup, Appropriate
	Hygiene : Clean, Dirty
,	Odor : No smell, Perfume, Alcoholic, Bad smell
,	Posture : Stiff, Relaxed
1)	rosture . Sun, Kelazeu
D 1 (
•	Systems Assessment :
	Vital Signs
b)	Cardiovascular
c)	Respiratory
d)	Gastrointestinal
e)	Urinary
	Reproductive
	Musculoskeletal
0,	Neurological
i)	Endocrine
1)	
	ty Of Daily Living:
a)	Sleep : (Number Of Hours ,Dreams)
	·
b)	Nutrition : (Type of Diet, Appetite, Nutritional Status):
0)	Nutrition . (Type of Diet, Appente, Nutritional Status).
c)	Recreation & Hobbies :
- /	



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- Habits :
 - a) Alcohol:.....
 - b) Smoking:....
 - c) Caffeine:.....
- Psychomotor Activity :
 - a) Gait : Slow ,Hesitant ,Pacing ,Dancing ,Shuffling
 - b) Coordination of Movement : Poor ,Good ,Falls easily
 - c) Motion :Hyperactive ,Hypoactive ,Retardation ,Restlessness, Agitation
 - d) Abnormal Movement : Tics , Echopraxia , Waxy Flexibility , Impulsive
- ☑ Note : Differentiate Between Symptoms Related to Illness & Side Effect of Anti-Psychotic Medication Such as :
 - a) Acute Dystonia : Spasm of Tongue & Neck
 - b) Akathesia : Restlessness , fine hand tremor , jittery movement
 - c) Pseudo-Parkinsonism : Rigidity ,tremors ,masked face ,shuffling gait &Drooling

Intellectual (Cognitive) Dimension

• Orientation (Time, Place, Persons):

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-
- Memory :
- a) Immediate : within Past 24 Hours
- b) Recent : Within Past 6 Weeks
- c) Remote : More than 6 Weeks
- Attention: (Alert, Distracted, Lethargic)
- Insight : (Insightful, Partial Insight, Lack of Insight)

The Patient's Ability to Recognize Signs & Symptoms of his Illness, his Need for Help, & Accept Help & Treatment

- Concentration:
- Logical Reasoning :
 - a) Abstract Thinking : Ability to Make Connection Between Events



- b) Concrete Thinking : Inability to Make Connection Between Events
- Judgment : (Social , Financial , Employment)

..... Fund of Information: • Perception : a) Hallucination : (Auditory, Visual, Gustatory, Tactile, Olfactory) Its False Sensory Perception of One The Senses Which Occur Without External Stimuli b) Illusion : It's Misinterpretation of external Stimuli c) De realization : False Perception That the Environment has Changed Larger, Smaller, or Unfamiliar d) De personalization : Patient have Sense that his Body has Changed, Lost his Identity or Feels Unreal Thought Content : a) Delusion : False Fixed Belief, not Shared with Others can't be changed by Logic *** Types of Delusion : (Grandiose , Persecution , Somatic , Nihilistic , Reference , Poverty, Being controlled, Thought broadcasting, Thought Insertion, Thought Withdrawal) b) Obsession: Unwanted Repetitive Thought, Idea or Impulses That Cause Anxiety

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c) Phobia :

Irrational Fear From an Object ,Event ,or Environment

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-
- Form of Thought :
 - a) Speech Pattern :
 - 1) Flow of Speech : Mute , Talkative , Stuttering
 - 2) Speed of Speech : Slow ,Fast
 - 3) Intensity (Volume) : Loud ,Soft ,Whisper
 - 4) Clarity : Clear , Irrelevant
 - b) Loose of Association
 - c) Clang Association
 - d) Block
 - e) Mutism
 - f) Flight of Idea
 - g) Word Salad
 - h) Circumstantiality
 - i) Perseveration
 - j) Echolalia
 - k) Neologism
 - 1) Autism

Emotional Dimension

• Mood :

It's the Patient's Self Report about His Emotional State

• Affect :

It's the Patient's Emotional State Observed by the Nurse (Facial Expression) Types: Sad, Angry, Guilt, Depressed, Hostile

- Congruency of Affect with Mood
- Appropriateness of Affect to Situation
- Duration
- Quality (Superficial, Intense, Immature, Mood Swings)
- Post trauma Response

* Social Dimension

- Self Concept :
 - a) Body Image:

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		Ideal Self:
	Th	e Client Perception of how he would like to be
	•••	
	•••	
		Perceived Self:
	Tł	ne Client's View of Self
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	•••	
	d)	Self Esteem:
		Demonal Identity
	e)	Personal Identity:
	f)	Role & Performance (Functioning):
	1)	Kole & Terrormanee (Tunetioning).
• In	terne	ersonal Relations:
	-	System, Trust, Dependency or Independency, Communication Pattern)
		mily:
2.	Sc	hool:
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3. Work:

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	4.	Community:
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*	• S]	piritual Dimension
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(T		Client's General Attitude or meaning about Life)
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•	Li	fe Values:
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Beliefs	about	Life	&	death

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Nursing Diagnosis	Patient Goal & Objectives	Nursing	Evaluation
		Intervention	
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Philadelphia University Faculty of Nursing Mental Health Nursing (Clinical Course)

Interaction Analysis: (15%)

Learning Outcomes:

- 1) Identify therapeutic communication.
- 2) Differentiate between verbal and non-verbal communication.
- 3) Identify therapeutic communication techniques that can be used to facilitate a therapeutic relationship.
- 4) Identify communication techniques that limit communication and the reason why.
- 5) Identify communication interventions that are indicated with clients presenting alterations in emotional responsiveness, alterations in reality testing and/or disturbed thought processing.
- 6) Demonstrate the application of communication theory.
- 7) Demonstrate active listening.
- 8) Demonstrate a therapeutic Nurse-Patient relationship with a specified patient based upon sound psychiatric-mental health principles and consistent with the patient's established nursing care plan and/or treatment plan.
- 9) Demonstrate therapeutic communication (goal specified and relevant to the patient's plan of care) for a period of minimally 15 minutes.
- To meet satisfactory performance of this assignment the student must submit to their clinical instructor an interaction analyses which presents documentation of a patient's verbal and non verbal communication, the student nurse's verbal communication and non verbal behavioral response, and interpretation and evaluation of both the patient's and the student nurse's responses. Further, the analyses should identify and include:

This interaction is documented to the best of the student's recall. *Note taking is not allowed during interactions*.



Philadelphia University Faculty of Nursing Mental Health Nursing (Clinical Course)

Interaction Analysis: (15%)

# Site:		
Student Name:	Date:	
Client Initials:	Diagnosis:	
Goal of Interaction:		

Outline of the paper/documentation (2-3 pages) of:

- 1. Patient's verbal and non verbal communication (5 points)
- The student nurse's verbal communication and non verbal behavioral response (5 points)
- 3. Interpretation and evaluation of both the patient's and the student nurse's responses(5 points)
- 4. Identification of the student's use of at least 3 therapeutic interaction techniques (5 points)
- 5. Identification of 2 blocks or barriers to the communication process (5 points).
- Identification of 3 client behavioral responses that characterize defense mechanisms &/or are indicative of the DSM V mental disorder (5 points).



PHILADELPHIA UNIVERSITY

COLLEGE OF NURSING MENTAL HEALTH NURSING /CLINICAL (10%)

Evaluation criteria of clinical performance of the students

Guidelines

- Your clinical performance and behavior will be evaluated using the designed criteria below
- The evaluation is be based on the instructor daily observation of your behavior and performance in the assigned clinical setting; a formal evaluation will be at the end of each 5 weeks
- Ensure understanding of each criterion before starting your clinical activities; ask your instructor to clarify and ambiguous item

• Your behavior / performance will be evaluated using this Likert-type scale Students' behavior will be assessed during each interaction throughout the course and feedback will be provided on an ongoing basis. Based upon patterns of observed behavior, using the four-point scale described below.

4 = Excellent

Performs safely and accurately without supportive cues. Assumes responsibility of behavior with initiative and in a self-directed manner.

Synthesizes appropriate data and knowledge.

3 = Very Good

Performs safely and accurately with *minimal* supportive cues Assumes responsibility of behavior; *frequently* takes initiative. Synthesizes appropriate data and knowledge with *some* assistance.

2 = Satisfactory

Performs safely and accurately; requires *frequent* supportive cues. Assume responsibility of behavior; *occasionally* takes initiative. Synthesizes appropriate data and knowledge with *frequent* assistance.

1 = Provisional

Performs safely and accurately *only with* supervision. Assumes responsibility; *lacks* initiative. Synthesizes appropriate data and knowledge *only with* assistance.



lent Name:	ID. N	0:		2	Т
		1	2	3	
Criterion		Provisional	Satisfactory	Very Good	
Nursing process, Knowledge and Critical thinking (7)					
• Collect relevant information about the assigned case using	history-taking,				
physical exam, diagnostic procedures and lab tests					
• Identify physiological and psychosocial health responses of	•				
family (nursing diagnoses) to health alterations experienced					
Prioritize nursing diagnoses					
Integrate knowledge of Basic sciences(Anatomy, Physiology					
• Shows knowledge of action and side actions of medication					
the management of health alterations in the selected body sys					
Interpret findings of common diagnostic procedures and lab t	tests				
Shows organized thought process					
Communication, Ethics and Values (3)			•		
• Demonstrate caring approach during patients' care					
 Displays respect to patients' values and beliefs 					
Collaborate with health care providers in providing care to th	ne patients				
Professionalism (6)					
• Show knowledge of ethical standards established by JNMC					
• Show knowledge of the clinical settings' policy and regulation	ons				
 Shows organization of the activities of the clinical day u effectively 	using the time				
Accepts criticism positively					
Ensure safe practice					
Asks relevant questions					
Intervention/ Nursing Care (6)					
• Implement specific nursing interventions at the bedside.					
Nursing interventions are individualized based on patient's c	urrent needs				
Provide patient teaching interventions based on identified r	needs.				
• Nursing interventions are based on up to date knowledge.					
Rationales are scientifically correct.					
• Evaluates patient response to the interventions					
Professional behaviors in the clinical course (3)					
• Punctual					
Complete uniform					T
Show respect to instructors and peers			1		t

Name and Signature of the Clinical Instructor:

Date:



PHILADELPHIA UNIVERSITY COLLEGE OF NURSING Mental HEALTH NURSING /CLINICAL 1st semester 2018-2019

CLINICAL PERFORMANCE EVALUATION: STRENGTH AND WEAKNESS

Name of the student:

ID No:

Unit:

From / / To / /

Strengths:

Areas that need improvement:

Signature of the Student Date:

Name and Signature of the Clinical Instructor Date:



PHILADELPHIA UNIVERSITY COLLEGE OF NURSING MENTAL HEALTH NURSING /CLINICAL 1st Semester 2018/2019 Mid/final oral exam

Students name: Instructor name:

ID number:

Final Grade:

/20

Date	:					
Item		1	2	3	4	Comments
Theore	etical Knowledge					
1)	Definition					
2)	Etiology					
3)	Clinical manifestation according DSM1V					
4)	Therapeutic modalities					
Therap	peutic communication skills					
1)	Verbal/nonverbal behaviors					
2)	Questioning					
3)	Clarification					
4)	Paraphrasing					
5)	Giving feedback					
6)	Imparting information					
7)	Summarization					
Psycho	ppharmacology					
1)	Classification					
2)	Indications/target symptoms					
3)	Major side effects					
4)	Nursing implication					
Nursin	g process					
1)	Assessment subjective/objective data					
2)	Psychiatric nursing diagnosis (1)					
3)	Short term goal					
4)	Nursing interventions					
5)	Assessment subjective/objective data					
6)	Psychiatric nursing diagnosis(2)					



7)	Short term goal			
8)	Nursing interventions			
Profess	ionalism			
	1) Complete uniform			
	2) Leadership abilities			
	3) Acceptable of criticism			
	4) Well prepared/confident/organized /			
	Logical thinking and consequence			
Total sc	core			

4 = Excellent

Performs safely and accurately without supportive cues. Assumes responsibility of behavior with initiative and in a self-directed manner. Synthesizes appropriate data and knowledge.

3 = Very Good

Performs safely and accurately with *minimal* supportive cues Assumes responsibility of behavior; *frequently* takes initiative. Synthesizes appropriate data and knowledge with *some* assistance.

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Performs safely and accurately; requires *frequent* supportive cues. Assume responsibility of behavior; *occasionally* takes initiative. Synthesizes appropriate data and knowledge with *frequent* assistance.

1 = Provisional

Performs safely and accurately *only with* supervision. Assumes responsibility; *lacks* initiative. Synthesizes appropriate data and knowledge *only with* assistance