

CLINICAL SPECIALITY -II

MENTAL(PSYCHIATRIC) HEALTH NURSING

Placement :IIInd year

Hours of Instruction
 Theory :150 hours
 Practical : 950 hours
 Total :1100 hours

Course Description

The course is designed to assist students in developing expertise and in depth understanding in the field of Psychiatric nursing. It will help students to appreciate the clients as a holistic individual and develop skill to function psychiatric nurse specialist. It Will further enable the student to function as educator, manager and researcher in the field of psychiatric nursing.

Objectives

At the end of the course the students will be able to:

1. Apply the nursing process in the care of mentally ill patients in hospital and community.
2. Demonstrate advanced skills/competence in nursing management of patients with mental illness.
3. Recognize and manage emergencies in children
4. Providing nursing care to critically ill children
5. Utilize the recent technology and various treatment modalities in the management of high risk children
6. Identify and manage psychiatric emergencies.
7. Demonstrate skills in carrying out crisis intervention
8. Appreciate the legal and ethical issues pertaining to psychiatric nursing.
9. Identify areas of research in the field of psychiatric nursing.
10. Prepare a design layout and describe standards for management of psychiatric units/hospitals.
11. Teach psychiatric nursing to undergraduate students & in-service nurses.

Unit	Hours	Content
I	2	Principles and practice of Psychiatric nursing Review
II	5	Crisis Intervention <ul style="list-style-type: none"> • Crisis, Definition • Phases in the Development of a Crisis • Types of Crisis, Dispositional, Anticipated Life Transitions Traumatic stress, Maturational/Development, Reflecting Psychopathology, Psychiatric Emergencies • Grief and grief reaction • Crisis Intervention, Phases • Post traumatic stress disorder (PTSD) • Role of the Nurse
III	4	Anger/Aggression Management <ul style="list-style-type: none"> • Anger and aggression, Types, Predisposing Factors • Management • Role of the Nurse

Unit	Hours	Content
IV	5	The Suicidal Client <ul style="list-style-type: none"> • Epidemiological Factors • Risk Factors • Predisposing Factors : Theories of Suicide-Psychological, Sociological, Biological • Nursing Management
V	5	Disorders of Infancy, Childhood and Adolescence <ul style="list-style-type: none"> • Mentally Challenged • Autistic Disorders • Attention-Deficit/Hyperactivity Disorder • Conduct Disorders • Oppositional Defiant Disorder • Tourette's Disorders • Separation Anxiety Disorder • Psychopharmacological Intervention and Nursing Management
VI	5	Delirium, Dementia and Amnestic Disorders <ul style="list-style-type: none"> • Delirium • Dementia • Amnesia • Psychopharmacological Intervention and Nursing Management
VII	10	Substances-Related Disorders <ul style="list-style-type: none"> • Substance-Use Disorders • Substances- Induced Disorders • Classes of Psychoactive Substances • Predisposing Factors • The dynamic of Substance-Related Disorder • The Impaired Nurse • Codependency • Treatment Modalities for Substances-Related Disorders and Nursing Management
VIII	10	Schizophrenia and other Psychotic Disorders (Check ICD 10) <ul style="list-style-type: none"> • Nature of the Disorder • Predisposing Factors • Schizophrenia-types <ul style="list-style-type: none"> . Disorganized Schizophrenia . Catatonic Schizophrenia . Paranoid Schizophrenia . Undifferentiated Schizophrenia . Residual Schizophrenia • Other Psychotic disorders <ul style="list-style-type: none"> . Schizoaffective disorders . Brief Psychotic disorders . Psychotic disorder due to a General Medical Condition . Substance-Induced Psychotic disorder • Treatment and Nursing Management

Unit	Hours	Content
IX	8	Mood Disorders <ul style="list-style-type: none"> • Historical Perspective • Epidemiology • The Grief Response • Maladaptive Responses to Loss • Types of Mood disorders • Bipolar disorders • Treatment and Nursing Management
X	8	Anxiety Disorders <ul style="list-style-type: none"> • Historical Aspects • Epidemiological Statistics • How much is too Much? • Types <ul style="list-style-type: none"> . Panic Disorder . Generalized Anxiety Disorder . Phobias . Obsessive –Compulsive Disorders . Posttraumatic Stress Disorder . Anxiety Disorder Due to a General Medical Condition . Substances-Induced Anxiety Disorder • Treatment Modalities • Psychopharmacology & Nursing Management
XI	5	Somatoform and Sleep Disorders <ul style="list-style-type: none"> • Somatoform Disorders • Historical Aspects <ul style="list-style-type: none"> . Epidemiological Statistics . Pain Disorder . Hypochondriasis . Conversion Disorder . Body Dysmorphic Disorder • Sleep Disorder • Treatment Modalities and Nursing Management
XII	4	Dissociative Disorders and Management <ul style="list-style-type: none"> • Historical Aspects • Epidemiological Statistics • Application of the Nursing Management • Treatment Modalities and Nursing Management
XIII	4	Sexual and Gender Identity Disorders <ul style="list-style-type: none"> • Development of Human Sexuality • Sexual Disorders • Variation in Sexual Orientation • Nursing Management
XIV	4	Eating Disorders <ul style="list-style-type: none"> • Epidemiological Factors • Predisposing Factors : Anorexia Nervosa and Bulimia Nervosa obesity • Psychopharmacology • Treatment and Nursing Management

XV	4	Adjustment and Impulse Control Disorders <ul style="list-style-type: none"> • Historical and Epidemiological Factors <ul style="list-style-type: none"> . Adjustment disorders . Impulse Control Disorders • Treatment & Nursing Management
XVI	4	Medical Conditions due to Psychological Factors <ul style="list-style-type: none"> • Asthma • Cancer • Coronary Heart Disease • Peptic Ulcer • Essential Hypertension • Migraine Headache • Rheumatoid Arthritis • Ulcerative Colitis • Treatment & Nursing Management
XVII	10	Personality Disorders <ul style="list-style-type: none"> • Historical perspectives • Types of personality disorder <ul style="list-style-type: none"> . Paranoid Personality disorder . Schizoid Personality disorder . Antisocial Personality disorder . Borderline Personality disorder . Histrionic Personality disorder . Narcissistic Personality . Avoidance Personality disorder . Dependent Personality disorder . Obsessive- Compulsive Personality disorder . Passive-Aggressive Personality Disorders • Identification, diagnostic, symptoms • Psychopharmacology • Treatment & Nursing Management
XVII I	8	The Aging Individual <ul style="list-style-type: none"> • Epidemiological Statistics • Biological Theories • Biological Aspects of Aging • Psychological Aspect of Aging • Memory Functioning • Socio-cultural aspects of aging • Sexual aspects of aging • Special Concerns of the Elderly Population • Psychiatric problems among elderly population • Treatment & Nursing Management
XIX	5	The Person living with HIV Disease <ul style="list-style-type: none"> • Psychological problems of individual HIV/AIDS • Counseling • Treatment and Nursing Management-Counseling
XX	5	Problems Related to Abuse or Neglect <ul style="list-style-type: none"> • Vulnerable groups, Women, Children, elderly, psychiatric patients, under privileged, challenged • Predisposing Factors • Treatment & Nursing management –Counseling

XXI	10	Community Mental Health Nursing <ul style="list-style-type: none"> • National Mental Health Programme-Community mental health program • The Changing Focus of care • The Public Health Model • The Role of the Nurse • Case Management • The Community as Client
		<ul style="list-style-type: none"> . Primary Prevention . Populations at Risk . Secondary prevention . Tertiary Prevention • Community based rehabilitation
XXII	5	Ethical and Legal Issues in Psychiatric/Mental Health Nursing <ul style="list-style-type: none"> • Ethical Considerations • Legal Consideration <ul style="list-style-type: none"> . Nurse Practice Acts . Types of Law . Classification within Statutory and Common Law . Legal Issues in Psychiatric/Mental Health Nursing . Nursing Liability
XXIII	5	Psychosocial rehabilitation <ul style="list-style-type: none"> • Principles of rehabilitation • Disability assessment • Day care centers • Half way homes • Reintegration into the community • Training and support to care givers • Sheltered workshop • Correctional homes
XXIV	5	Counseling <ul style="list-style-type: none"> • Liaison psychiatric nursing • Terminal illnesses-Counseling • Post partum psychosis-treatment, care and counseling • Death dying Counseling • Treatment, care and counseling- <ul style="list-style-type: none"> . Unwed mother . HIV and AIDS
XXV	5	Administration and management of psychiatric units <ul style="list-style-type: none"> • Design & layout • Staffing • Equipment, Supplies • Norms, Policies and protocols • Quality assurance • Practice standards for psychiatric care unit
XXVI	5	Education and training in psychiatric care <ul style="list-style-type: none"> • Staff orientation, training and development • In-Service education program • Clinical teaching programs

Practicals

Total = 960 Hours

1 Week = 30 Hours

Assignments

SN	Area of Posting	No of Week	Total Hours	CS/NCP	CP	GT
1.	Acute Psychiatric Ward	4	120 Hours	1/1	1	-
2.	Chronic Psychiatric Ward	4	120 Hours	1/1	1	-
3.	De-addiction Unit	4	120 Hours	Behaviour Therapy -1		1
4.	Psychiatric Emergency Unit	4	120 Hours			
5.	O.P.D (Neuro and Psychiatric)	3	90 Hours	-	-	1
6.	Child Psychiatric Unit and Child guidance clinic	2	60 Hours	1	-	-
7.	Post natal ward	1	30 Hours			
8.	Family Psychiatric Unit	2	60 Hours	Family therapy -1		
9.	Field Visits	2	60 Hours	Visit to NIMHANS & its Community Mental Health Centre		
10.	Rehabilitation	2	60 Hours	1	-	-
11.	Community Mental Unit	4	120 Hours	Mental Health Awareness camp		
	Total	32 Weeks	960 Hours			

Abbreviation : CS – Case Study-1, CP – Case Presentation – 2. Group therapy-2, Nursing care plan-2

ESSENTIAL PSYCHIATRIC NURSING SKILLS

Procedures Observed

1. Psychometric tests
2. Personality tests
3. Family therapy
4. CT
5. MRI
6. Behavioral therapy

Procedure Performed

1. Mental status examination
2. Participating in various therapies-Physical ECT.
3. Administration of Oral, IM, IV psychotherapy drugs
4. Interviewing Skills
5. Communication Skills
6. Counseling Skills
7. Psycho education
8. Interpersonal relationship skills.
9. Community Survey for identifying mental health problems
10. Rehabilitation therapy
11. Health education and life skills training
12. Supportive psycho therapeutic skills
13. Group therapy
14. Milieu therapy
15. Social/Recreational therapy
16. Occupational therapy
17. Journal Presentations -5
18. Family burden assessment

Field Visits

School for Mentally Challenged, Destitute Home, Old Age Home, Remand Home, Orphanage, HIV/AIDS Rehabilitation Programme, Suicide Prevention Programme, Dist./State Mental Hosp, Child Guidance Clinic, Crisis Intervention Programme, Deaddiction Centre

BIBLIOGRAPHY OF MENTAL HEALTH NURSING BOOK

1. Elizabeth M. Varca ; “Foundation of Psychiatric Mental Health Nursing; A Clinical Approach “; W.B. Saunders ; ed Jan 15,2002
2. Ann ; Wolbert ; Bcerges ;”Advance practice Psychiatric Nursing ; Publishers Prentice hall ; 1st edition ; Jan 15,1998.
3. Michael B. First ;”DSM IV TR Mental Disorders”; John Wiley and Sons Publishers ; Book News 2004 ; Portland
4. SVancy Rudolph ;”Springhouse review of Psychiatric and Mental health Nursing Certificate”; Lippicott. Williams and Wilkins ; 3rd edition ; April 15 2002.
5. Karen Lee Footaine ;”Mental health Nursing”; Prentice hall Publishers ; 5th edition ; Portland.
6. Gelder Micheal “Oxford text book of Psychiatry” ,2nd edition Oxford,1989
7. De Souza Alan et al ,”National series –Child Psychiatry”1st edition ,Mumbai,The National Book Depot.
8. Patricia ,Kennedy ,Ballard, “Psychiatric Nursing Intergration Of Theory and Practise”, USA ,Mc Graw Hill.
9. Principles and Practice of Psychiatric Nursing ,8th edition ,Gail, Wiscars Stuart ,Mosby 2005.
10. Psychiatric Nursing Care Plans ,Katherine M Fort,Mosby Year book ,Toronto.
11. Nursing Diagnosis reference manual 5th edition, Sheila M. Sparks, Cynthia M Jalor, Spring House Corporation. Pennsylvania.
12. A Guide to mental health & Psychiatric Nursing , R Sreevani, Jaypee brothers Medical Publishers[p]1st edition New Delhi.
13. Psychiatric Nursing, R Baby, NRBrothers Indore 1stedition, 2001
14. Mary C Townsend, “Psychiatric & Mental Health Nursing”- Concept of care, 4th edition, FA Davis Company, Philadelphia, 2003
15. Deborrha Aantai Oting, “Psychiatric Nursing” Biological & Behavioural Concepts Thompson, Singapore, 2003.
16. Mary Ann Boyd, “Psychiatric Nursing”- Contemporary Practice. Lippincott. Williams & Willikins Tokyo.
17. Neeraj Ahuja, “Post graduate text book of psychiatry”. Volume 1 & 2.

Journals:

- 1 Indian journal of psychiatry.
- 2 Journal of psychosocial nursing.
- 3 British journal of psychiatric nursing.

**CLINICAL ASSIGNMENTS
MENTAL HEALTH NURSING**

EVALUATION

I Internal Assessment (theory) Periodical Exams - 2 **Maximum Marks : 25**
(Practical) **Maximum Marks : 50**

Practicum:

1. History taking :	50 marks each
2. MSE:	50 marks each
3. Process Recording:	25 marks each
4. Clinical performance evaluation	Marks: 100
5. Case Study:	Marks: 50
6. Case Presentation:	Marks: 50
7. Drugs study	Marks : 50
9. Health Education:	Marks: 25

Practical Exam :

1. 1 st Periodical viva	Marks: 25
2. Midterm Exam	Marks 50
3. Prelims Exam	Marks 50

External Assessment - University Exam :Theory Marks 75
Practical Marks 50

MENTAL HEALTH & PSYCHIATRIC NURSING

CLINICAL EXPERIENCE GUIDELINES & EVALUATION FORMATS

I) PSYCHIATRIC NURSING HISTORY COLLECTION FORMAT

c) Demographic data:

- Name
- Age
- Sex
- Marital Status
- Religion
- Occupation
- Socio-economic status
- Address
- Informant
- Information (Relevant or not) adequate or not

II. Chief Complaints/presenting complaints (list with duration)

- In patient's own words and in informants own words.

E.g. : - Sleeplessness x 3 weeks

- Loss of appetite & hearing voices x2 weeks
- talking to self

III. Present psychiatric history / nature of the current episode

- Onset - Acute (within a few hours)
- Sub acute (within a few days)
- Gradual (within a few weeks)
- Duration – days, weeks or months
- Course – continuous/episodic
- Intensity / same / increasing or decreasing
- Precipitating factors – yes/no (if yes explain)
- History of current episode (explain in detail regarding the presenting complaints)
- Associated disturbances – includes present medical problems (E.g. Disturbance in sleep, appetite, IPR & social functioning, occupation etc).

IV. Past Psychiatric history:

- Number of episode with onset and course
- Complete or incomplete remission
- Duration of each episode
- Treatment details and its side effects if any
- Treatment outcomes
- Details if any precipitating factors if present

- V.**
- a) Past Medical History
 - b) Past Surgical History
 - c) Obstetrical History (Female)

Cont..

VI. Family History:

- Family genogram – 5 generations include only grandparents. But if there is a family history include the particular generation

VII. Personal History:

- Pre-natal history - Maternal infections
- Exposure to radiation etc.
- Check ups
- Any complications
- Natal history - Type of delivery
- Any complications
- Breath and cried at birth
- Neonatal infections
- Mile stones: Normal or delayed

Behavior during childhood

- Excessive temper tantrums
- Feeding habit
- Neurotic symptoms
- Pica
- Habit disorders
- Excretory disorders etc.

Illness during childhood

- Look specifically for CNS infections
- Epilepsy
- Neurotic disorders
- Malnutrition

Schooling

- Age of going to School
 - Performance in the School
 - Relationship with peers
 - Relationship with teachers
- (Specifically look for learning disability and attention deficit)

- Look for conduct disorders E.g. Truancy, stealing

Occupational history

- Age of joining job
- Relationship with superiors, subordinates & colleagues
- Any changes in the job – if any give details
- Reasons for changing jobs
- Frequent absenteeism

Sexual history

- Age of attaining puberty (female-menstrual cycles are regular)
- Source and extent of knowledge about sex, any exposures

- **Marital status** : with genogram.

VIII. Pre morbid personality : (Personality of a patient consists of those habitual attitudes and patterns of behavior which characterize an individual. Personality sometimes changes after the onset of an illness. Get a description of the personality before the onset of the illness. Aim to build up a picture of the individual, not a type. Enquire with respect to the following areas.)

1. Attitude to others in social, family and sexual relationship:

Ability to trust other, make and sustain relationship, anxious or secure, leader or follower, participation, responsibility, capacity to make decision, dominant or submissive, friendly or emotionally cold, etc. Difficulty in role taking – gender, sexual, familial.

2. Attitudes to self:

Egocentric, selfish, indulgent, dramatizing, critical, depreciatory, over concerned, self conscious, satisfaction or dissatisfaction with work. Attitudes towards health and bodily functions. Attitudes to past achievements and failure, and to the future.

3. Moral and religious attitudes and standards:

Evidence of rigidity or compliance, permissiveness or over conscientiousness, conformity, or rebellion. Enquire specifically about religious beliefs. Excessive religiosity

4. Mood:

Enquire about stability of mood, mood swings, whether anxious, irritable, worrying or tense. Whether lively or gloomy. Ability to express and control feelings of anger, anxiety, or depression.

5. Leisure activities and hobbies:

Interest in reading, play, music, movies etc. Enquire about creative ability. Whether leisure time is spent alone or with friends. Is the circle of friends large or small?

6. Fantasy life:

Enquire about content of day dreams and dreams. Amount of time spent in day dreaming.

7. Reaction pattern to stress:

Ability to tolerate frustrations, losses, disappointments, and circumstances arousing anger, anxiety or depression. Evidence for the excessive use of particular defense mechanisms such as denial, rationalization, projection, etc.

8. Habits: Eating, sleeping and excretory functions.

IX. Summary & Clinical Diagnosis

EVALUATION CRITERIA FOR PSYCHIATRIC CASE HISTORY TAKING

(Maximum Marks : 50)

SN	Criteria	Marks Allotted	Marks Obtained
1	Format	03	
2	Presenting Complaints	05	
3	Organization of history of present illness	10	
4	Past history of illness	05	
5	Family history of illness	04	
6	Personal history	05	
7	Pre-morbid personality	05	
8	Physical Examination	08	
9	Summary & Clinical Diagnosis	05	

Total 50

II) MENTAL STATUS EXAMINATION (MSE) FORMAT:

I. General appearance and behavior (GAAB):

- a) Facial expression (E.g. Anxiety, pleasure, confidence, blunted, pleasant)
- b) Posture (stooped, stiff, guarded, normal)
- c) Mannerisms (stereotype, negativism, tics, normal)
- d) Eye to eye contact (maintained or not)
- e) Rapport (built easily or not built or built with difficulty)
- f) Consciousness (conscious or drowsy or unconscious)
- g) Behavior (includes social behavior, E.g. Overfriendly, disinherited, preoccupied, aggressive, normal)
- h) Dressing and grooming – well dressed/ appropriate/ inappropriate (to season and situation)/ neat and tidy/ dirty.
- i) Physical features:- look older/ younger than his or her age/ under weight/ over weight/ physical deformity.

II. Psychomotor Activity:

(Increased/decreased/ Compulsive/echopraxia/ Stereotypy/ negativism/ automatic obedience)

III. Speech: One sample of speech (verbatim in 2 or 3 sentences)

- a) Coherence-coherent/ incoherent
- b) Relevance (answer the questions appropriately) – relevant / irrelevant.
- c) Volume (soft, loud or normal)
- d) Tone (high pitch, low pitch, or normal/ monotonous)
- e) Manner – Excessive formal / relaxed/ inappropriately familiar.
- f) Reaction time (time taken to answer the question) – increased, decreased or normal

IV. Thought:

- a) Form of thought/ formal thought disorder – not understandable / normal/ circumstantiality/ tangentiality/ neologism/ word salad/ preservation/ ambivalence).
- b) Stream of thought/ flow of thought- pressure of speech/ flight of ideas/ thought retardation/ mutism/ aphonia/ thought block/ Clang association.)
- c) Content of thought
 - i) Delusions- specify type and give example- Persecutory/ delusion of reference/ delusions of influence or passivity/ hypochondracal delusions/ delusions of grandeur/ nihilistic- Derealization/ depersonalization / delusions of infidelity.
 - ii) Obsession
 - iii) Phobia
 - iv) preoccupation
 - v) Fantasy – Creative / day dreaming.

V. Mood (subjective) and Affect (objective):

- a) Appropriate/ inappropriate(Relevance to situation and thought congruent.
- b) Pleasurable affect- Euphoria / Elation / Exaltation/ Ecstasy
- c) Unpleasurable affect- Grief/ mourning / depression.
- d) Other affects- Anxiety / fear / panic/ free floating anxiety/ apathy/ aggression/ moods swing/ emotional liability

VI. Disorders Perception:

- a) Illusion
- b) Hallucinations- (specify type and give example) – auditory/ visual/ olfactory/ gustatory/ tactile
- c) Others- hypnologic/ hypnopombic/ lilliputian/ kinesthetic/ macropsia/ micropsia/

VII. Cognitive functions:

a) Attention and concentration :

- Method of testing (asking to list the months of the year forward and backward)
- Serial subtractions (100-7)

b) Memory:

- a) Immediate (Teach an address & after 5 mts. Asking for recall)
- b) Recent memory – 24 hrs. recall
- c) Remote : Asking for dates of birth or events which are occurred long back
 - i) Amnesia/ paramnesia/ retrograde amnesia/ anterograde amnesia
 - ii) Confabulation
 - iii) 'Déjà Vu' / Jamaes Vu
 - iv) Hypermnesia

c) Orientation :

- a. Time approximately without looking at the watch, what time is it?
- b. Place – where he/she is now?
- c. Person – who has accompanied him or her

d) Abstraction: Give a proverb and ask the inner meaning (E.g. feathers of a bird flock together/ rolling stones gather no mass)

e) Intelligence & General Information: Test by carry over sums / similarities and differences/ and general information/ digit score test.

f) Judgment: - Personal (future plans)

- Social (perception of the society)
- Test (present a situation and ask their response to the situation)

g) Insight:

- a) Complete denial of illness
- b) Slight awareness of being sick
- c) Awareness of being sick attribute it to external / physical factor.
- d) Awareness of being sick, but due to some thing unknown in himself.
- e) Intellectual insight
- f) True emotional insight

VIII General Observations:

- a) Sleep
 - i) Insomnia – temporary/ persistent
 - ii) Hypersomnia – temporary/ persistent
 - iii) Non-organic sleep- wake cycle disturbance
 - iv) EMA- Early Morning Awakening
- b) Episodic disturbances – Epilepsy/ hysterical/ impulsive behavior/ aggressive behavior/ destructive behavior

IX Summary & Clinical Diagnosis EVALUATION

CRITERIA FOR MENTAL STATUS EXAMINATION

(Maximum Marks : 50)

SN	Criteria	MarksAllotted	MarksObtained
1	Format	02	
2	General appearance	04	
3	Motor disturbances	04	
4	Speech	04	
5	Thought disturbances	04	
6	Perceptual disturbances	05	
7	Affect and mood	04	
8	Memory	03	
9	Orientation	02	
10	Judgment	03	
11	Insight	02	
12	Attention and Concentration	03	
13	Intelligence and General information	03	
14	Abstract thinking	02	
15	General Observation	02	
16	Summary	03	
		Total 50	

III) EVALUATION OF PROCESS RECORDING

Process recording are written records of encounters with patients that are as verbatim as possible and include both verbal and nonverbal behaviours of the nurse and client.

1. FORMAT:

1. Base line data of the client.
2. List of Nursing problems identified through history, MSE and systematic observation.
3. List of objectives of interactions based on the problems identified and learning needs of.
 - a) Client b) Student

(Note : The above data are obtained and recorded on initial contact. Later as each day's interaction are planned, the following format has to be followed).

2. DATE AND TIME DURATION :

3. SETTING : General ward/patient's unit

4. OBJECTIVES TO BE ATTAINED IN THAT PARTICULAR INTERACTION:

1.
2.

PARTICIPANT CONVERSATION INFERENCE THERAPEUTIC COMMUNICATION

TECHNIQUE USED

Nurse (N) Good morning Mr. Ramu (smile, looks at patient)

Patient (P) Good morning sister Patient appears (looks down, voice pitch sad and monotonous) un-interested to converse

Mr. Ramu, you appear

Making To be sadder than observation, showing interest

Yesterday. Can we talk about it? (stands closer to patient)

Let us sit down in the

Room (leads the patient to the room)

5. NATURE OF TERMINATION OF INTERACTION:

Evaluation by the student:

1. Your general impression about the interaction (this could include whether TNPR maintained, use of TCT, co-operation of client etc).
2. Whether objectives achieved, and to what extent. If not- why and how do you intend to achieve it.
3. Summary of your inferences

Evaluation by teacher:

1. Overall recording
2. Phases of nurse patient relationship
3. Use of Therapeutic Communication Techniques
4. Ability to achieve objectives

NOTE: Limit objective to one or two and make all efforts to attain the objectives.

At the end of the process recording, mention if you were able to achieve the objective and to what extent. If not, how you intend to achieve it and what hindered you from achieving it. Maintain a therapeutic nurse-patient relationship (TNPR) in all your interactions and use as many therapeutic communications of the participants.

EVALUATION CRITERIA FOR PROCESS RECORDING EXAMINATION

(Maximum Marks : 25)

SN	Criteria	Marks Allotted	Marks Obtained
1	Format	05	
2	Objectives	03	
3	Setting	02	
4	Therapeutic techniques used	10	
5	Evaluation by students	05	

Total 25

IV) FORMAT FOR NURSING CARE PLAN

1. Bio data of the patient.
2. History of the patient
3. Pre- morbid personality.
4. Physical examination.
5. Mental status examination.
6. Assessment Data – Objective data – Subjective data
7. Nursing Diagnosis.
8. Short term goals, long terms goals.
9. Plan of action with rationale
10. Implementation including health teaching
11. Evaluation.
12. Bibliography.

VI) FORMAT FOR CASE PRESENTATION / CASE STUDY

1. History
2. Physical examination.
3. Mental status examination.
4. Description of the case.
 - a) Definition
 - b) Etiological Factors
 - c) Psycho Pathology / Psychodynamics
 - d) Clinical Manifestations
 - i) In general
 - ii) In the patient
5. Differential diagnosis.
6. Diagnosis & Prognosis
7. Management-AIM & OBJECTIVES(including Nursing care)

(a)Medical -

- Pharmaco therapy & Somatic therapy
- Psychosocial therapy

(b)Nursing Management – In general

(c) Nursing process approaches

(d)Rehabilitation / Long term care

8. Progress notes.

9. Bibliography.

VI a) Evaluation of Case Presentation

EVALUATION CRITERIA FOR CASE PRESENTATION

(Maximum Marks : 50)

SN	Criteria	Marks Allotted	Marks Obtained
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I Case Presentation

1. History Taking		02	
2. Mental Status Examination		02+2	
3. Description of Disease Condition			
a) Definition		03	
b) Etiological Factors		03	
c) Psycho Pathology/ Psychodynamics		02	
4. Clinical Manifestations			
a) In general / In books		02	
b) In the patient		02	
5. Differential Diagnosis			
6. Prognosis			
7. Management - AIM & OBJECTIVES			
a) Pharamaco therapy & Somatictherapy		02	
b) Psychosocial approaches		02	
8. Nursing Management			
a) General approaches		06+2	
b) Nursing Process approach		05	
c) Rehabilitation / long term care		05	
II Presentation (effectiveness)		04	
III A.V. Aids		03	
IV Bibliography		03	
			Total 50

Remarks & signature of supervisor- Date :
Date :

Signature of student

VI b) Evaluation of Case Study

EVALUATION CRITERIA FOR CASE STUDY

(Maximum Marks : 50)

Sr.No.Criteria	MarksAllotted	MarksObtained
1. History Taking	02	
2. Mental Status Examination	04	
3. Description of Disease Condition –	06	
a) Definition		
b) Etiological factors		
c) Psychopathology/		
4. Clinical Manifestation –	04	
In general / in book		
In Patient -		
5. Differential diagnosis	04	
6. Prognosis	04	
7. Management –	08	
a) Pharmaco therapy and Somatic therapies		

b) Psychosocial approaches
8.Nursing Management – 08+2

- a) General approaches
- b) Nursing Process
- c) Rehabilitation/ long term care

Drugs Study 04

Bibliography 04

Total 50

PSYCHIATRIC NURSING

VII) CLINICAL PERFORMANCE EVALUATION PROFORMA

Name of the student :

Batch : Ward :.....

Period: From ----- to ----- Maximum Marks 100

Excellent 5 V. Good 4 Good 3 Average 2

Poor 1

I. KNOWLEDGE ABOUT THE PATIENT:

1. Elicit the comprehensive history of the patient.
2. Understands the disease aspect
3. Examines the mental status of the patient
4. Participates in the management of patient, in relation to drug and psychosocial intervention.
5. Carries out Nursing process with emphasis on: Meeting physical needs of patient.
6. Attends to psycho social needs
7. Identifies and meets the family needs.

II. COMMUNICATION & INTERPERSONAL SKILLS

1. Utilizes therapeutic communication techniques while interacting with patients & family members.
2. Improve therapeutic communication skills by process recording.
3. Maintains professional relationship with health team members.

III. APPLICATION OF THERAPEUTIC MILIEU CONCEPT

1. Accepts the patient as he is Maintains consistency in behavior and attitude
2. Structures time of the patient
3. Provides a safe environment.

IV. RECORDING & REPORTING

1. Records & Reports MSE daily (assigned patients)
2. Applies the principles of recording and reporting (accuracy, apprehensiveness, accountability)

V. Health Teaching Incidental and planned teaching.

VI. Personality

1. Professional appearance
2. Sincerely Sense responsibility
3. Punctuality

Remarks & Signature of Supervisor & Date

Signature of student & Date

Internal Assessment

Theory			
Sl. No.	Techniques	Number	Weightage
1	Tests	2	
	Midterm (50 marks)		50
	Prefinal (75 marks)		75
2	Other Assignment		
	Seminar (100 marks)		100
	Project Work		100
			<hr/>
			325

Total Internal Assessment 25

Total External Assessment 75