Psychiatry Clinical File

Student name: …………………………………………………………………..... Instructor name: …………………………………………………………………. Clinical area: …………………………………………………………………….. Date: ………………………………………………………………………………

General Clinical Objectives

:

. .1

. .2

. .3

.4

. .5

:

. : )1

. /

. )2

. )3

. )4

. 25 % )5

. )6

)7

.

)8

.

. )9

. )10

. ك

: ك •

ب ب ت

ي ح د م ق ك و ص صص ي ح د م ق ك

و ص صص ر ض ( س ح ن ث ) ي ح د م ق ك و ص صص ي ح د م ق ك و ص صص ر ض

زة ض ء سف ي زة ض ء سف ي

ر قص ر ومرت غ ء ر س ض وق س د ء و كح

حذ ء س د و ض مر ح وم ع حذ ء س د و ض مر ح وم ع ون ك

ن ح ح ث تك ن م ذ نع من ت س دو ت

ظف م و ف ظف م و ف وب ون ط ء

نع من ت بس س س س ء رقب و ي نع من ت بس إلكسس ت و ر ت

دو ت ب ثن ء :

.

.

.) ( ص

.) ( / ف

.

. (list off check) ص

ص

. ت

ص / /

ص ك













: و

أ ر:

إ ق 15 /

. ك

/ ظ ط ئ إ ك .

/ ( ض ... خ) إ ك

.

غ ئ / /

ظ ع خ غ .

ك ف إل ط

.ص

. ك

. إ غ /

غ ب:













ف رة س رح :

ق )30( / 

. 

. 

. 

. 

:ق

ط /

..خ ....

Clinical Evaluation Marks

Student Name: …………….………. Instructor Name: ………….……….

Site of training: …………….……. Unit of training……………………. Date of training: From ……………. To …………………….

Topics

Marks Date Instructor signature Student signature

Data sheet + case study …20… / 10

Presentation with clinical instructor …… / 10

Performance evaluation …… / 20

Weekly feedback + attendance …10… / 10

Second Site report/2 reports …… / 10

Psychoeducation …… / 10

Total …….. / 100%

Modern University College

Nursing Department

Course: psychiatric mental health nursing

Code: 1401219

Semester: 2021/2022

Instructor Sana Salman

Psychiatric mental health nursing

Course Overview

Psychiatric mental health Nursing is an essential component of modern healthcare that focuses on the care and treatment of individuals experiencing mental health disorders and emotional challenges. This course provides students with a comprehensive understanding of the theoretical principles, therapeutic approaches, and evidence-based practices necessary for effective psychiatric nursing care. Through a combination of classroom lectures, practical training, and clinical experiences, students will develop the necessary skills to provide compassionate, competent, and holistic care to individuals across the lifespan who are facing mental health issue.

Course description

This course is designed to enable the student to understand the psychiatric disorders, uses various theoretical approaches in the implementation of the nursing process for the care of individuals presenting various deviation from mental health. The focuses on the role of the nurse, as a member of an interdisciplinary team, in caring for and restoring to optimum functioning, the patient with a psychiatric/mental illness. The course will explore the use of the Nursing Process to promote the physical, psychosocial, cultural, and spiritual wellbeing of individuals, families and groups at the promotional, restorative and rehabilitative level of care.

Prior to clinical experience, the students will study the maladaptive patterns of behavior, psychiatric disorders commonly seen in mental hospitals and psychiatric outpatient clinics, as well as psychosocial disorder commonly seen in Arabic community along with adequate study of pathophysiology of mental disorders and their medical and nursing management.

Agency selection for this senior level clinical course provides students with opportunities to work with emotionally distressed patients of varied diagnosis at various developmental stages. Student receives experiences in supervised one-to-one nurse patient relationship and as co-leaders and / or participant observers in therapeutic settings. Participation in milieu and staff systems is integral component of the clinical experience as well. 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.

Credit Hours:

2 Clinical = 6 hours practicum / week (96 hrs )

Teaching Methods:

Clinical Approaches:

⦁ Clinical experience and supervision of clinical training will be at the psychiatric Hospital of Bethlehem.

⦁ Data sheets are to be completed about individual and other patients assigned for students.

⦁ Case studies may be used to integrate theoretical knowledge with clinical practice. The

nursing process is utilized to asses, diagnose, plan, implement, and evaluate the client's care.

⦁ Peer supervision and evaluation provides students with opportunities to share experiences and receive constructive feedback from peers.

⦁ Individual and small group supervision and counseling are used to help students build their personalities and improve communication techniques besides helping students adapt well and ventilate their feeling about their work.

⦁ Clinical paper and presentation. One patient is chosen by each student, where the students prepares and present a detailed report and a care plan for the patient.

Objectives of Clinical Practice:

Upon completion of the clinical part, the students are expected to:

⦁ Utilize the nursing process independently in providing mental health care appropriate to the needs of clients.

⦁ Demonstrate clinical competence and communication skills as professionals including one-to-one nurse client relationship, milieu therapy as well as other therapeutic modalities.

⦁ Demonstrate an ability to assess the mental and emotional statues of an individual and be able to plan and implement relevant intervention with individual clients.

⦁ Assume responsibility for personal and professional growth through growth through recognition of own and others soci-cultural values, leadership therapeutic styles and learning behaviors.

⦁ Collaborate with other mental health team members in providing necessary care for individual clients.

⦁ Use holistic approach in providing care for individuals, families and groups.

⦁ Demonstrate ability to perceive self as potential change agent with individual families, and groups

⦁ Professional Behavior during Clinical Experiences:

Assertiveness in expressing own thoughts, feelings, needs, concerns (student should be able to initiate

and carry out with instructor and agency staff)

Creation and direction of own clinical learning experiences in collaboration with staff and clinical

instructor; i.e., each student is responsible for "creating his or her own day"

High involvement in activities within the clinical setting; i.e., it is an expectation that students will work together with staff in a meaningful way in the work to be done within the setting

Active collaboration with staff and instructor to carry out work in the setting; i.e., students should not be waiting to be directed what to do by agency staff, clinical instructor

Active evaluation of own experience together with staff and instructor (student should be able to initiate and carry out)

Sites for clinical practice:

A-Psychiatric Hospital at Bethlehem part of the practicum will be planned at the mental hospital in Bethlehem. The student will attend governmental mental health clinics in ministry of health .

Objectives:

⦁ Understanding Mental Health Disorders: Develop a comprehensive understanding of various mental health disorders, including their etiology, manifestations, diagnostic criteria, and treatment options.

⦁ Confront fears and attitudes toward psychiatric patients.

⦁ Therapeutic Communication Skills: Acquire effective communication skills to establish rapport, build trust, and engage in therapeutic interactions with individuals experiencing mental health issues, including active listening, empathy, and nonverbal communication.

⦁ Assessment and Diagnosis: Learn how to conduct thorough and culturally sensitive mental health assessments, including the identification of risk factors, protective factors, and the formulation of nursing diagnoses based on clinical findings.

⦁ Holistic Care Planning: Develop the ability to create holistic, individualized care plans that address the physical, psychological, social, and spiritual dimensions of mental health care, integrating evidence- based interventions and considering the unique needs of each patient.

⦁ Medication Management: Gain knowledge about psychopharmacology, including the mechanisms of action, side effects, potential interactions, and monitoring protocols for common psychotropic medications.

⦁ Collaborative Interdisciplinary Care: Collaborate with other healthcare professionals, such as psychologists, social workers, psychiatrists, and occupational therapists, to provide comprehensive and integrated care to patients with mental health disorders.

⦁ Gain skills in health promotion and prevention strategies to help individuals and communities foster mental well-being, identify early signs of distress, and intervene to prevent the development of more severe mental health disorders.

⦁ Recognize the potential emotional and psychological challenges of working in mental health care and develop strategies for self-care and maintaining professional boundaries to prevent burnout.

⦁ Understand the ethical and legal frameworks that guide psychiatric mental health nursing practice, including issues related to confidentiality, informed consent, patient rights, and involuntary treatment.

Data Sheets

Objective:

⦁ Demonstrate proficiency in conducting thorough psychiatric assessments, including gathering information about patients' mental health history, current symptoms, and psychosocial factors.

⦁ Identify risk factors for mental health crises, self-harm, or harm to others, and implement appropriate interventions.

⦁ Understand the diagnostic criteria and classification of major psychiatric disorders, such as mood disorders, anxiety disorders, psychotic disorders, and personality disorders.

⦁ Develop effective communication skills for building therapeutic relationships with patients, demonstrating empathy, active listening, and non-judgmental attitudes.

⦁ Utilize appropriate verbal and nonverbal techniques to facilitate patient engagement and encourage open dialogue.

⦁ Gain a basic understanding of common psychotropic medications, including their mechanisms of action, potential side effects, and interactions.

Instructions:

⦁ Each student will receive a typed data sheet to be filled every two week of clinical duration.

⦁ The student has the freedom to choose the patient they wants, though, the patient should be different for each data sheet.

⦁ The student should meet with his / her patient individually 2-3 times, in order to talk about the patient problems and to collect relevant data.

⦁ The data sheets will be filled by placing the appropriate data under the required criteria.

⦁ The data sheet should be organized properly grammar punctuation, and dictation.

⦁ The needed references should be written .

Evaluation:

⦁ Spellings, grammar, and Neatness 10%

⦁ Accuracy of information about the patient

details and comprehensives of data 30%

⦁ Examples of questions asked by student and

answers of patients. 30%

d. Organization of nursing care plan and data 20%

e. Use of reference and reading material

Total: 100 % 10%

Psycho education

Objectives:

⦁ Teach students how to provide education to psychiatric patients.

⦁ Improve the educational skills of students.

⦁ Integrate theory with practice at mental health setting.

⦁ Improve the interviewing skills of students.

Instructions:

⦁ 2-3 Students will select an educational subject relevant to needs of patients at the mental hospital and / or community mental health agency.

⦁ The topic should be important and relevant to group of patients such as , Smoking, the need of personal hygiene, side effects of medication etc.

⦁ The students will prepare the material and present it for patients and class.

⦁ The language of presentation should be clear, simple and concise.

⦁ Patients are encouraged to share their opinions and ask questions.

⦁ There is no need to submit a paper to the teacher.

⦁ When possible, students are encouraged to submit reminding notes in simple and direct points to clients.

⦁ Other nurses should be encouraged to attend.

⦁ The session should not exceed half an hour.

⦁ The clients (5-7) should be selected carefully. They should be able to attend, concentrate, understand, and follow through. Severely confused and agitated clients are excluded.

Evaluation:

⦁ Organization, clarity, and presentation

⦁ Stimulation of patient and participation

⦁ Control of session, environment management And selection patient

References

⦁ Halter, M. J. (2018). In E. M. Varcarolis (Ed.), Varcarolis’ Foundations of Psychiatric-Mental Health Nursing: A Clinical Approach (8th ed.). Saunders.

⦁ Videbeck, Sheila L. (2011). Psychiatric Mental Health Nursing: 5th edition. Philadelphia, Penn: Lippincott.

⦁ Townsend, M. C. (2015). Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice (8th ed.).

Modern University College Nursing Department الكلية العصرية الجامعية

دائرة التمـريض

Psychiatric Nursing Nursing Process Application

Student’s name: Instructor name : Date of admission: Patient Initials: Psychiatric diagnosis: Ward:

⦁ Socio-demographic data:( 1 mark)

Age: Sex: Address: Religion: Education:

Occupation: Marital Status: Number of children:

⦁ Current problems and chief complaint: (2 marks)

⦁ History of the psychiatric illness and admission: (hospitalization, medication, therapies and compliance with prior care plans): 2 marks

⦁ Personal history: (Development, education, work history, life events, pre-morbid personality, sociability, neurotic trait).

⦁ Infancy : 1 mark

⦁ Childhood( 2-10 years): 1 mark

⦁ Teenage ( 11-18 years ):1 mark

⦁ adulthood ( 1 marks

–––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––

–––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––

–––––––––––––––––––––––––––––––––––––––––––

5 - Medical History and admission: (allergies, medical illnesses, surgery, medications) 2 marks

6- Social habits and living patterns: describe any changes due or after illness: Psychological (e.g., self concept, esteem, coping and defenses…. Etc.

⦁ psychological patterns and composition of personality: 1.5 marks

⦁ Self-concept and self-esteem: 1.5 marks

C. Defense mechanisms: 1.5 marks

⦁ Sleep pattern: (sleep pattern disturbances, increase or decrease, difficulty falling asleep "DFA= difficulty falling asleep, EMA= early morning awakening, SCD=sleep continuity disturbance”

(1.5 marks

⦁ Eating- Nutritional Patterns: 1 mark

⦁ Drugs and substance use: 1 mark

⦁ Elimination: 1 marks

⦁ Rest-Exercise: 1 mark

11. Sexual Activity: 1 mark

- Mental Status Examination-

⦁ Appearance: General health, grooming, dress, posture, facial expression, contact with external environment. ( with example ) 2 marks

⦁ Activity/ behavior: Hyperactive, agitation, psychomotor retardation, Calm, tremors, tics. unusual movements/gestures, catatonia,, akathisia, facial movements (jaw/lip smacking), others. ( with examples ( 2 marks)

⦁ Thought Form: Loose associations, tangentiality, circumstantiality, blocking perseveration, derailment, flight ideas, neologism, clang association, ( with example 2 marks)

⦁ Thought Content: Delusions of grandeur, persecution, somatic delusions, nihilistic, thought control, insertion, withdrawal, broadcasting, preoccupations, obsessions, and phobias ( with example 2 marks )

⦁ Speech: Volume, rate, rhythm, paraphasia, and neologisms: ( 2 marks with example)

⦁ Perceptual Disorder:(Hallucinations; auditory (command), visual, olfactory, tactile), Illusions, derealization, depersonalization, fluid boundaries. ( with examples / 2 marks )

⦁ Mood: (What patient reports about how they feel), sad, depressed, fearful, euphoric, hopeless, anxious). ( 2 marks / with examples)

⦁ Affect: Range, intensity, lability, appropriateness. ( 1 mark / with example) .

⦁ Vegetative Signs: decreased interest in life, guilty/worthless, decreased energy, decreased concentration, appetite increase or decrease, weight gain or loss, psychomotor retardation or agitation.( 2 marks / examples)

⦁ Dangerousness history: ( 2 mark ).

⦁ Current suicidal ideation X, intent, plan, means available previous suicide attempt(s): precipitants, method, lethality, dates.

⦁ Current homicidal ideation, intent, plan; means available assault history, legal history, predatory behavior (sexual stalking, kidnapping,) fire-setting, history.

⦁ Sensorium and Cognition: ( 10 marks )

⦁ Alertness: Level of consciousness, alert, confused, sedated, stuporous, exhausted,

concentration, and vigilance ( 2marks )

⦁ Orientation (time, place & person).

⦁ Memory (remote, recent, immediate):

\_d. Concentration and attention:

⦁ Intelligence and calculation (counting, subtracting):

⦁ Ability to abstract (give example):

⦁ General fund of information:

⦁ Judgment ability (give example): Awareness of condition, own role in difficulties:

I . Insight:

⦁ Treatment and therapies: Present treatment and observed side effect: ( 2 marks ) .

⦁ Psychiatric diagnosis: DSM-IV ( 10 marks ) Axis 1

Axis 2

Axis 3

Axis 4 – (Mention stressors within the last 2 year).

Axis 5 – (level of functioning)

Select the most three urgent nursing diagnosis and prepare a nursing care plan for each: List here the most urgent problems. ( 15 marks ).

Nursing Care Plan Three nursing diagnosis ( 5 marks for each one )

Assessment Nursing Diagnosis (3) Planning Short term and Long-Term Goal Statements Interventions Rationale Evaluation

Assessment Nursing Diagnosis (3) Planning Short term and Long-Term Goal Statements Interventions Rationale Evaluation

Assessment Nursing Diagnosis (3) Planning Short term and Long-Term Goal Statements Interventions Rationale Evaluation

References ( at least two references ) 2 marks 1.

2.

(Case Study) Report

(10 points)

⦁ Name of disease

………………………………………………………………………………..

⦁ Pathophysiology

…………………………………………………………………………………

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

……………………………………………………………………………………………………..

Sign and Symptoms

in books on patients

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

Treatment approch

in books on patients

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

…………………………………………………… ……………………………………………………

St. Name: …………………………………. Date: ………………………………………

Subject: …………………………………… Location: ………………………………….

Content Grade No Yes

I- Introduction

- Introduction self. 0.5

- Introduction of topic. 0.5

II- Content:

- Topic related to the content. 1

- Objectives clear. 1

- Topic developed in logical sequence. 1

- Cover all the prepared content. 1

- Creative connection between content parts. 1

III- Teaching Methods: 1

- Are the teaching method suitable for the subject.

IV- What visual aid material that has been used?

- Equipment managed well 1

- Written materials 1

- Reminder card used 1

V- Presentation

- Appearance:

- Comfortable positioning 0.5

- Show anxiety 0.5

- Show self confidence, show enthusiasm manner 0.5

- Attract audience attention to him 0.5

- Gesture keep eye contact / smile 1

VI- Communication:

- Clear, loud voice 0.5

- Change in speech pattern 0.5

- Explain terms & concepts 0.5

- Use examples 0.5

- Avoid depending on the notes 1

- Give chance to the group to ask questions 0.5

- Good time management

1.5

VII- Summary:

- Summarize main pints effectively 1

- Asks for feed back 1

Total Mark = 10

Clinical Instructor Name

…………………..

Comments:

………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

………………………………………………………………………………

Student:

Course: Mental Health Nursing

Clinical Instructor:

Scoring Legend 1 = Dependent: Marginal, unsafe

(Unsatisfactory)2 = Provisional: Marginal (Needs Improvement) 3 = Safe (Satisfactory)

4 = Supervised: Minimal supervision (Very Good)

5 = Independent: (Excellent)

Professional Behaviors Mark 1 2 3 4 5

Practice within the ethical, legal, and regulatory frameworks of Psychiatric Mental Health nursing and standards of professional nursing practice.

Demonstrate accountability for nursing care given.

Use standards of nursing practice to perform and evaluate patient care.

Maintain organizational and patient confidentiality.

Serve as a positive role model within the healthcare setting.

maintain appropriate professional boundaries in the nurse-patient relationship.

Punctual for clinical and adheres to professional dress code including: hair, jewelry,

nails, name tag, and uniform.

Prepared with appropriate resources and equipment prior to delivery of patient care

Completes and submits all written materials and other course requirements on time and in the proper format.

Notifies instructor of absence or tardiness before clinical begins.

Communication

Outcome 2: Demonstrate caring, compassion, and cultural awareness utilizing therapeutic communication.

Establishes and maintains therapeutic relationships with clients.

Utilizes therapeutic communication skills when interacting with patients and significant

support person(s).

Communicates relevant, accurate, and complete information in a concise and clear manner.

Focuses communication on patient-centered goals and concerns

Uses language consistent with patients level of understanding

Report and documents assessments, interventions, and progress toward patient outcomes.

Utilize information technology to support and communicate the planning and provision of

patient care.

Utilize appropriate channels of communication to achieve positive patient outcomes.

Safety

Outcome 3: to deliver safe care for the patient .

Protects the patient from physical injury by implementing appropriate safety measures.

Maintains patient privacy and confidentiality

Identifies environmental risks particular to the psychiatric setting ( i.e., sharps, matches, etc.

).

Identifies patient risks for self-injury.

Identifies risks for aggressive behavior

Identifies appropriate strategies for staff self-protection

States guidelines for restraints.

States guidelines for seclusion

States guidelines for imposing patient restrictions ( i.e., phone, visitors ).

Prevents emotional threat by avoiding any action or inaction which threatens the emotional

well-being of the patient or significant other

Assessment Date:

Outcome 4: Provide comprehensive assessments utilizing a holistic view of the patient(s). 1 2 3 4 5

Assess the interaction patterns of the patient and/or support person(s).

Assess the impact of developmental, emotional, cultural, religious, and spiritual

influences of the patient's health status.

Assess the patient's health status by completing a health history and performing a physical, mental status (appearance, behavior, speech,

mood, form of thought, content of thought, cognition and

ideas of harming self or others), psychosocial and functional assessment.

Assess patient and support person(s) for learning strengths, capabilities, barriers, and

educational needs.

Assess the patient's response to interventions.

Assess the patient for changes in health status and identified needs.

Assess the patient's ability to access available community resources as part of discharge planning.

Assess the environment for factors that may impact patient's health status.

Nursing Process: outcome 5

Utilizes critical thinking in applying the nursing process.

Collects data that is relevant to the client=s condition and presenting problems.

Identifies significant changes in database and/or patient condition.

Asks appropriate questions to determine client=s response to interventions.

Performs mental status assessment of clients focusing on the lived experience of anxiety, schizophrenia, mood andcognitive disorders.

Verbalizes understanding of identified symptoms related to DSM classification system.

Utilizes critical thinking in applying the nursing process.

Analyzes the implications of biology and genetics on acute and chronic health conditions.

Analyzes the implications of society and culture on acute and chronic health conditions.

Analyzes the implications of economics and politics on acute and chronic conditions.

Formulates a plan of care related to patients’ health care needs.

Identifies appropriate clinical group assignment based on clinical needs of the patient and goals of the group.

Evaluates outcomes of interventions.

Caring intervention: outcome 6

provide caring interventions which are nurturing , protective , compassionate, and person -centered

Provide a safe physical and psychosocial environment for the patient.

Assist the patient and support person(s) to cope with and adapt to stressful events and

changes in health status.

Assist the patient to achieve optimum comfort and functioning.

Observational experiences

Intake Interview

Family meeting

Discharge planning meeting

Discharge planning meeting with outside agencies

Medical consultation

ECT

Verbalizes knowledge about selected classifications of psychotropic medications

Identifies side effects of psychotropic medications

Assesses patients for side effects of medications.

FINAL EVALUATION FINDINGS

Student Signature Clinical Instructor Signature

STUDENT COMMENTS

Date Date--------------------------------

Student Attendance

Psychiatry :

1 2 3 4 5 6 7 8 9 10 11 12

Attend

Absent

Late

الموضوع/ التغيب عن التدريب العملي

اسم الطالب .

الرقم الجامعي .

اسم المشرف:

مكان التدريب العملي:

وذلك لألسباب التالية:

...........................................................................................................

..................................

...........................................................................................................

..................................

...........................................................................................................

..................................

...........................................................................................................

..................................

رأي المشرف العملي:

...........................................................................................................

..................................

...........................................................................................................

..................................

...........................................................................................................

..................................

...........................................................................................................

..................................

توقيع الطالب: توقيع األستاذ: