**Different Versions of files are provided -- Prepared by Kenny**

卡通人物

中度可信度描述已自动生成

**PDF VERSION:** [**Click Here**](https://drive.co2fe.cf/J.Private/NURS1600/CRP/Note%20For%20CRP.pdf)

**WORD (.docx) VERSION:** [**Click Here**](https://drive.co2fe.cf/J.Private/NURS1600/CRP/Note%20For%20CRP.docx)

**Online Editing:** [**Click Here**](https://connecthkuhk-my.sharepoint.com/:w:/g/personal/co2fe_connect_hku_hk/Edoc4VlBvsVIjJFkoMLcnLgBMphF3iGS2x3gf7GsNjENTw?e=BFmvWO)

**NURS1600 – Some Note for Communication Role Play**

|  |  |
| --- | --- |
| 💡 | Communication role-play (Group) : 30% Weighting |

|  |  |
| --- | --- |
| 💡 | Tutorial 1  This is a tutorial for general health survey in form of client interview. The health survey provides an indication of the person’s overall health and outstanding physical features.  Students are expected to collect data for a current health problem according to **COLDSPA** and **a holistic approach with Gordon Functional Health Pattern.** |

|  |  |
| --- | --- |
| 💡 | Tutorial 6 (Need to Carry Out the Role Play)  This is a communication role-play assessment session.  Each sub-group will be assigned a scenario and practice effective therapeutic communication skills.  The information related to the scenario shall be health related.  Students are expected to identify the strengths and weaknesses of the interview, for example, in terms of the performance of the interviewer, the flow and content of the interview, client-nurse interaction, and communication skills and techniques.  After the role-play, each sub-group must summarize the communication skills and techniques used during the interview in bilingual PowerPoint format  Students’ participation in every tutorial will be graded by tutors. [Please refer to Here for the marking rubric.](#_Marking_Rubric_of) |

|  |  |
| --- | --- |
| 💡 | Moodle Resources Related to Communication Role Play:   * [Tutorial 1](https://moodle.hku.hk/mod/folder/view.php?id=2657472) * [L8 Basic Skills in Nurse-client Communication and Communication with healthcare team](https://moodle.hku.hk/mod/folder/view.php?id=2657415) * [L9 Principles of Therapeutic Communication and Counsellling](https://moodle.hku.hk/mod/folder/view.php?id=2657416) * [L10 General Health Survey & GFHP](https://moodle.hku.hk/mod/folder/view.php?id=2657410) * [L11 - Interview about 6Cs](https://moodle.hku.hk/mod/folder/view.php?id=2657420) |

|  |  |
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| 💡 | Each tutorial sub-group (9-10 students) will plan and implement a communication role play.  One out of 4 scenarios will be assigned to each sub-group by the tutor during Tutorial 1.  *The communication role-play shall include the followings:*  a) Title and background: the assigned scenario and setting  b) Demonstration of communication role-play  i. **A member performs role-play communication on an adult patient**  And **accompanied person(s) with a health problem in Cantonese.**  ii. Other sub-group members may **contribute through additional roles** or **behind the scenes.**  c) A **summary of therapeutic communication skills** used (verbal & non-verbal communication) in the orientation phase, working phase, termination phase. – [Click Here to See Lecture Content](https://moodle.hku.hk/course/view.php?id=99222)  d) **A script in Chinese language** to illustrate the application of therapeutic communication techniques  e) Description of barriers of communication and constructive ways for improvement.  f) Intext citation and reference list in APA format  g) Distribution of work among sub-group members. |

|  |  |
| --- | --- |
| 💡 | **Each sub-group has to conduct the communication role-play during Tutorial 6.**  Also, students should submit   * a PowerPoint file with **20-30 slides** * consisting of the summary of communication skills used, barriers of communication, suggestions for improvement, references, and distribution of work * soft copies of education materials (such as pamphlets, booklets).   **The front page shall include sub-group identifier, full name of each member and UID.**  The marking criteria are provided in [Appendix III & IV](#_Marking_Rubric_of_1).  Each student should complete:   * peer assessment among sub-group according to [Appendix V](#_Marking_Rubric_of_2) which accounts for 10% of the communication role play assignment.   *PowerPoint Submission by 2359 on 5 Dec 2022 via Moodle*  *Peer Assessment by 23:59 on 12 Dec 2022 via Moodle* |

**分工合作**

|  |  |
| --- | --- |
| Writing the script |  |
| Being A Patient |  |
| Being Nurses |  |
| Preparing PPT |  |
| Preparing the Summary of Communication Skills |  |
| Preparing the Summary of barriers of communication, |  |
| Preparing the Summary of suggestions for improvement |  |
| Preparing the Summary of references |  |
| Preparing the Summary of distribution of work |  |
|  |  |
|  |  |
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|  |  |

## Marking Rubric of Communication Role Play

图形用户界面, 文本, 应用程序

描述已自动生成

表格

中度可信度描述已自动生成

## Marking Rubric of Peer Review

表格

描述已自动生成

## Marking Rubric of Students’ participation in tutorial

日历

描述已自动生成

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**General Health Survey**

***Demographic Data***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: □ Male □ Female

Date of birth (dd/mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Reason for seeking health care attention***

What is your major health problem or concerns at this time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***History of present health concern***

Do you have any health problem / concern at present? □ Yes □ No (go to next part)

***Focus interview***

***COLDSPA***

|  |  |
| --- | --- |
| Character: |  |
| Onset: |  |
| Location: |  |
| Duration: |  |
| Severity: |  |
| Pattern: |  |
| Associated factors: |  |

***Past health history***

|  |  |
| --- | --- |
| Childhood diseases: |  |
| Immunizations: |  |
| Allergies (drug/ food): |  |
| Previous health problems: |  |
| Previous hospitalizations: |  |
| Previous surgeries: |  |
| Pregnancies & deliveries: |  |
| Previous accident / injuries: |  |
| Pain experience: |  |
| Emotional / mental problems: |  |

***Family Health history***

Any family history of:

□ Heart disease □ Lung disease □ Cancer

□ Hypertension □ Diabetes □ Tuberculosis

□ Arthritis □ Obesity □ Neurological disease

□ Mental illness □ Genetic disorders Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Genogram***

***Lifestyle and health practices profile (Gordon Functional Health Patterns Approach)***

|  |  |
| --- | --- |
| Health Perception &  Health Management |  |
| Nutrition &  Metabolism |  |
| Elimination |  |
| Activity & Exercise |  |

|  |  |
| --- | --- |
| Sleep & Rest |  |
| Cognitive &  Perception |  |
| Sexuality &  Reproduction |  |

|  |  |
| --- | --- |
| Self -Concept |  |
| Stress & Coping |  |
| Role & Relationship |  |

|  |  |
| --- | --- |
| Values & Belief |  |

**The University of Hong Kong**

**School of Nursing**

# *Gordon Functional Health Patterns Approach*

# Health Perception & Health Management Patterns

# *Perception of own health*

Current health status :\_\_\_\_\_\_\_\_\_\_\_\_

Any regular physical check up : □ No □ Yes (where : \_\_\_\_\_\_\_\_\_\_ )

How often do you have medical checkups? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you see the dentist or have your eyes (vision) examined? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# *Use of medications and substances*

Medications (including OTC and / or traditional remedies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much beer/wine/other alcohol do you drink? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you drink coffee or other beverages containing caffeine? □ No □Yes

Do you now / have you ever smoked cigarettes?

□ No □ Yes (no. of cigarette per day: \_\_\_\_\_\_\_)

*Use of alternative medicine*

Do you take vitamins, herbal supplements or adopt other alternative medicine ?

□ No □ Yes (please specify types \_\_\_\_\_\_\_\_\_\_)

## *Nutritional & Metabolism Patterns*

What do you usually eat during a typical day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you eat out at restaurants frequently?

□ No □Yes (please specify how frequent it is) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who buys and prepares the food you eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much and what types of fluids do you drink? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fruit taken daily : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special diet required : □ No □ Yes (please specify \_\_\_\_\_\_\_\_\_\_ )

# Elimination Patterns

Bowel Habit : How often \_\_\_\_\_\_\_\_\_\_\_ □ Normal

□ Constipation □ Diarrhoea □ Incontinence

Any medication needed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urination Habit : □ Normal □ Dysuria □ Frequent □ Dripping

□ incontinence (please specify when \_\_\_\_\_\_\_\_\_\_ )

Any other problem in urination : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Activity and Exercise Patterns

What is your daily pattern of activity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you do for leisure and recreation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you do exercise regularly? □ No □ Yes

Types of exercise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Any difficulty is breathing during

# Sleep and rest patterns

Hours per night: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have trouble falling asleep or staying asleep? □ No □ Yes

Do you feel rested when you awakened? □ No □ Yes

Do you nap during the day? □ No □ Yes How How often and for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you do to help you fall asleep? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Cognitive & Perception Patterns

Vision : □ Normal □ Presbyopis □ Myopia □ Cataract

Hearing : □ Normal □ Hearing aids needed □Rt ear □Lt ear

Pain : Location : \_\_\_\_\_\_\_\_\_\_ Severity : \_\_\_\_\_\_\_\_\_ Medication : \_\_\_\_\_\_\_\_\_

# Sexuality & Reproductive Patterns

*Female :*

When was your last menstrual period : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ frequency \_\_\_\_\_\_\_\_\_\_

□ Regular □ Irregular

Have you ever pregnant : □ No □ Yes ( G\_\_P\_\_\_)

What was the year of your menarche : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the year of your menopause : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any concern of your sexual health : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you perform BSE : □ Yes □ No

Do you know how to perform BSE : □ Yes □ No

Do you have regular Pap smear examination : □ Yes □ No

*Male :*

Do you perform TSE : □ Yes □ No

Do you know how to perform TSE : □ Yes □ No

Have you heard about PSA examination : □ Yes □ No

Do you have any sexual health concern : □ No □ Yes (Please specify \_\_\_\_\_\_\_\_ )

Do you take any contraceptive precaution : □ No □ Yes (Please specify\_\_\_\_\_\_\_\_\_ )

# Self-concept Patterns

Do you worry about your health? □ No □ Yes

Any major life accomplishment ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you think of yourself : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Stress & Coping Patterns

What do you do when you are under stress ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you experience any major life changes or stresses in the last six months ? \_\_\_\_\_\_\_\_\_

What would you rate your current stress level : □ High □ Average □ Low

Where does the stress come from ? □ Family □ Health □ Work □ Other

# Roles and Relationships

What is your relationship like with your family/spouse/children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your role in your family? Is it an important role? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you do for fun and relaxation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you involved in any community activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who would you turn to when you have problem ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Values and beliefs system

What is the most important in your life ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Religions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is it important to you ? □ No □ Yes

Do you have any special requests realted to your religion that health care providers should know about ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case C – Jeannie

**Focus - Chief Compliant – sleeping problems at night time – GFHP 5 Sleep & Rest**

**Related problem – Heavy study workload & debate competition – GFHP 2 Stress & Coping**

**General health – Delay period for 2 weeks; sexually active with BF – GFHP 7 Sexually & Reproductive**

**COLDSPA**

Character: Trouble falling asleep

Onset: 1 week

Location: Not applicable

Duration: 1-3 hours in bed

Severity: Restlessness & fully awake during the first 1-3 in bed

Pattern: Insomnia every night but left sleepy during daytime

Associated factors: Stress level – higher make worsen

|  |  |
| --- | --- |
| Sleep & Rest | See COLDSPA |
| Stress & Coping | Heavy study workload – 2 tests & debate competition past week and 2 assignment deadlines this week |
| Sexually & reproductive | Delay period for 2 weeks which is regular since 12 year-old at 28 day-cycle; G0P0; sexually active with BF for one year (dating since year 1 of study in U) – use condom and safety period occasionally as contraceptive measure |

**Family information for genogram:**

Step father – Alive at age 45, healthy

Mother – Alive at age of 38, healthy

Boyfriend – Alive at age 20, healthy

Younger brother (from step father, no biological relationship with Jeannie) - Alive at age 18, healthy

No next generation yet