

PRACTICUM REPORT

**THE DEVELOPMENT OF A SELF-LEARNING MODULE ON MENTAL
STATUS ASSESSMENT FOR REGISTERED NURSES WORKING WITHIN
MENTAL HEALTH AND ADDICTIONS**

by © Beverly P. Chard A Practicum Report submitted
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Abstract

Background: An essential role of the mental health nurse at the Waterford Hospital is to complete a mental status assessment on all patients at the time of admission and throughout the patient's hospitalization. To ensure that all registered nurses are knowledgeable in performing a mental status assessment, all registered nurses orientating to the Waterford Hospital are required to attend a three and a half hour mental status assessment in-service. Outside of this mental status assessment in-service, there are currently no other learning resources on mental status assessment available for registered nurses orientating to the Waterford Hospital. **Purpose:** The purpose of this practicum project was to develop a comprehensive self-learning module intended to increase orientating registered nurses' knowledge of mental status assessment. **Methods:** This practicum project included a review of the literature, consultation with key stakeholders and subject matter experts, and a review of mental health textbooks. **Results:** A self-learning module on mental status assessment was developed. It consists of eight sections, each containing descriptors of each of the components, sample documentation, and a reflective exercise. The module also includes a glossary of mental status terminology, a quick reference tool, and questions to elicit psychopathology. **Conclusion:** A self-learning module on mental status assessment was developed for registered nurses at the Waterford Hospital. Next steps include implementation and evaluation of the self-learning module.

Keywords: mental status assessment, mental health nurses, self-learning modules

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Introduction

During hospitalization at the Waterford Hospital, persons with mental illnesses require care under the supervision of a healthcare team. Mental health nurses are essential members of the healthcare team and are required to perform a mental status assessment on patients at the time of admission and throughout the patient's hospitalization. Mental health nurses must have knowledge of the content of a mental status assessment in order to perform an accurate mental status assessment. However, newly hired nurses to mental health may have limited knowledge of the content to include within a mental status assessment. Therefore, educational resources are needed to increase the orientating nurses' knowledge in assessing the mental status of mental health patients.

The goal of this practicum project was to provide new orientating registered nurses to mental health with a comprehensive self-learning module that is intended to increase their knowledge of mental status assessment. This practicum project included a literature review, consultations, and the development of a self-learning module on mental status assessment. Knowles (1980) principles of Adult Learning Theory and Morrison, Ross, Kalman, and Kemp's Instructional Design Model (2013) were chosen to inform the development of the self-learning module. The practicum project has enabled the student to demonstrate advanced nursing practice competencies of clinical, research, leadership, and consultation and collaboration.

Background

Mental illnesses are a leading cause of illness and disability worldwide (World Health Organization, 2001). In Canada, 20% of the population will experience a mental

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illness at some point in their lifetime (Canadian Mental Health Association, 2015). Some persons who experience a mental illness may require hospitalization for assessment, diagnosis, and treatment (Public Health Agency of Canada, 2011). The Waterford Hospital is a psychiatric hospital in the Mental Health and Addictions (MH&A) program of Eastern Health, the largest regional health authority in Newfoundland and Labrador, which admits persons with mental illnesses. Registered nurses are the largest discipline employed at the Waterford Hospital that provides care to persons with mental illnesses in the acute care inpatient setting. The MH&A program mandates that a registered nurse complete a mental status assessment on all patients admitted to an acute care inpatient unit. The information gathered from the mental status assessment aids in formulating a diagnosis, gauging psychiatric symptoms, monitoring course and prognosis of the mental illness, developing a treatment plan, and determining the effectiveness of interventions (Robinson, 2008). Therefore, the mental health nurses ability to complete the mental status assessment is critical to the patient's overall recovery. Consequently, all registered nurses must possess the knowledge to be able to complete mental status assessments.

Rationale

Annually, there are between 25 to 35 registered nurses hired at the Waterford Hospital. Whether the new orientating nurse is a new graduate or a registered nurse with no prior mental health working experience, the novice nurse to mental health may lack the knowledge to complete a mental status assessment. To ensure that all registered nurses are knowledgeable in completing a mental status assessment, all registered nurses orientating to the Waterford Hospital are required to attend a three and a half hour mental

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status assessment in-service during the first one to two months of orientation. Outside of this mental status assessment in-service, there are currently no other learning resources on mental status assessment available for registered nurses orientating to the Waterford Hospital. Therefore, this practicum project will fill this resource gap and provide mental health nurses with a self-learning module on mental status assessment.

Practicum Goals and Objectives

The overall goal of this practicum project was to provide registered nurses orientating to mental health with a comprehensive self-learning module on mental status assessment. The objectives addressed in this practicum project were:

1. To conduct a literature review to identify and synthesize literature related to mental status assessment and registered nurses working in mental health.
2. To consult with key stakeholders and subject matter experts working at the Waterford Hospital to inform the development of the self-learning module.
3. To utilize Knowles (1980) principles of Adult Learning Theory and Morrison et al.'s Instructional Design Model (2013) to inform the development of a self-learning module on mental status assessment.
4. To develop an evidenced based self-learning module on mental status assessment for registered nurses working in MH&A based on findings from the literature review and the consultations.
5. To demonstrate advanced nursing practice competencies such as clinical, research, leadership, and consultation and collaboration competencies in the development of a self-learning module on mental status assessment.

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Overview of Methods

The practicum project involved three main methods; a literature review, consultation with key stakeholders and subject matter experts, and the development of a self-learning module on mental status assessment. Details of the three methods are provided in the subsequent sections.

Summary of the Literature Review

A literature review was conducted for the purpose of identifying and synthesizing research about mental status assessment for registered nurses working in mental health. The complete literature review is included in Appendix A.

Search Strategy

An online search was conducted of electronic databases including Cumulative Index of Nursing and Allied Health Literature (CINAHL) Plus, Psychological Information (PsycInfo), and Google Scholar to identify peer-reviewed articles in English published between 1998-2016. Search terms used included “Mental Status Examination,” “Mental Status Assessment,” “Psychiatric Nurses,” “Mental Health Nurses,” “Self-Learning Modules,” “Staff Development,” “Staff Education,” “New Nurses,” “Orientating Nurses,” “New Graduate Nurses,” and “Mental Health.” Medical and nursing textbooks were searched and included in the review if they described any aspect of a mental status assessment. A total of 16 articles were included in the review and two medical and nursing textbooks were located that describe the content that should be included in a mental status assessment. Three themes emerged from the literature review,

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learning needs in mental health nursing, assessment in mental health nursing, and self-learning modules.

Learning Needs in Mental Health Nursing

The literature review revealed that understanding the psychopathology of mental illnesses was a learning need of mental health nurses (Hung, Huang, Cheng, Wei, & Lin, 2014; Waite, 2006; Tingleff & Gildberg, 2014). Limited theoretical education and clinical experiences pertaining to mental health in nursing education programs have resulted in a lack of knowledge in psychopathology of mental illness, treatment options, and psychiatric terminology (Waite, 2006; Tingleff & Gildberg, 2014). In addition, patient assessment was suggested in the literature as a learning need of new graduate nurses (Tingleff & Gildberg, 2014; Charleston, Hayman-White, Ryan, & Happell, 2007; Patterson, Curtis, & Reid, 2008). Jones and Lowe (2003) suggested that the needs of novice mental health nurses differed from the needs of experienced nurses. The authors determined that the learning needs of experienced nurses with greater than four years of experience included knowledge in word processing and technical skills. Conversely, the learning needs of novice nurses included risk assessment, de-escalation, care planning, caring for challenging patients, and assessment skills (Jones & Lowe, 2003).

Assessment in Mental Health Nursing

Assessment is cited as an important task and main focus of the mental health nurse's role (Bishop & Ford-Bruins, 2003; Fourie, McDonald, Connor, & Bartlett, 2003; Cowman, Farrelly, & Gilheany, 2001). The registered nurse is central to the assessment process because the registered nurse is considered to be the one who knows the patient

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the best (Bishop & Ford-Bruins, 2003). However, to perform assessments the registered nurse must have knowledge of the signs and symptoms of psychiatric illnesses and knowledge of all aspects of the patient. By having the knowledge to accurately assess the patient's mental status, the registered nurse is able to play an active and collaborative role within the interprofessional team (Schwartz, Wright, & Lavoie-Tremblay, 2011). Specifically, mental health nurses are expected to perform comprehensive mental health assessments that include a mental status assessment.

Self-Learning Modules

One means of acquiring the knowledge needed to perform specific tasks is through the use of self-learning modules. The literature review determined that self-learning modules have been developed to support registered nurses in meeting their learning needs. Nevertheless, there are both advantages and disadvantages to this mode of learning (Morrison et al. 2013; Rowles, 2012).

Advantages of Self-Learning Modules

Self-learning modules provide a flexible teaching modality while increasing learners' knowledge and participation (Huddleston, 1988). Self-paced learning can encourage self-reliance and contribute to personal responsibility for learning needs (Morrison et al., 2013; Huddleston, 1988; Mast & John Van Atta, 1986). Unlike traditional modalities of learning such as lecture-based approaches that can lead to passive learners (Carcich & Rafti, 2007), a self-learning module fosters learning in the absence of the educator (Rowles, 2012). Self-learning modules are a suitable alternative to traditional styles of learning because they allow the learner the opportunity to have

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control over when and where the learning can occur (Rowles, 2012). A self-learning module is also advantageous because it provides consistency of information sharing; information is standardized and remains consistent among learners (Morrison et al., 2013). Furthermore, instructional challenges related to declining training budgets have resulted in self-paced learning as an alternative option (O'Very, 1999). Procuik (1990) suggested that orientating nurses prefer self-learning modules in comparison to other teaching methods because orientating nurses prefer to have input into their educational needs.

Disadvantages of Self-Learning Modules

While self-learning modules have been described as a favorable method of acquiring knowledge, the literature review suggested that there are also disadvantages to this form of learning. Solely using self-paced resources can negatively impact on the interaction between the learner and the educator (Morrison et al. 2013) resulting in the learner feeling isolated and abandoned (Rowles, 2012). Self-learning modules may also promote procrastination and avoidance or neglecting to complete educational requirements in a timely manner (Morrison et al. 2013; Rowles, 2012). Furthermore, developing self-learning modules may be both time consuming and costly for an organization. Clifford, Goldschmidt, and O'Connor (2007) proposed that not only may there be a copious amount of time and work involved in creating self-learning modules but maintaining and updating the modules also needs to be taken into consideration.

Limitations of Literature Review

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The results of the literature search yielded a large number of articles; however, only a small number of articles were applicable to the topic of interest. Also, there were several limitations that affect the generalizability of the findings. For instance, the studies included small sample sizes, were limited in the number of settings, and there was a lack of Canadian studies in acute care mental health inpatient settings. The articles included in this review were primarily qualitative studies which reveal a lack of quantitative data on the topic of interest. As well, the majority of articles focused on the learning needs of new graduate nurses orientating to mental health. There is a need for more studies focused on experienced registered nurses with no prior mental health working experience. No self-learning modules on mental status assessment for orientating registered nurses to mental health were located in the literature.

Summary of Consultations

Consultations were undertaken to inform the development of the self-learning module (Appendix B). The consultations were conducted in an interview room on an acute care inpatient unit and/or an office at the Waterford Hospital in St. John's, Newfoundland and Labrador. The sample was comprised of key stakeholders and subject matter experts. The key stakeholders included four novice registered nurses who had less than one year of mental health working experience. The subject matter experts included four experienced registered nurses in leadership roles with greater than eight years of mental health working experience. The key stakeholders and subject matter experts were invited to participate in the consultations via a Key Stakeholder Letter of Participation or a Subject Matter Expert Letter of Participation.

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For the key stakeholders and subject matter experts, predetermined questions based on the results of the literature review guided the interview process. Data was collected solely by the practicum student during individual face-to-face semi-structured interviews that lasted approximately 15-20 minutes. The data was analyzed for common themes and is presented as a narrative summary. The results from the consultations are organized on the need for the self-learning module, content of the self-learning module, format of the self-learning module, and implementation considerations.

Need for the Self-Learning Module

Consultation with key stakeholders and subject matter experts was essential to establish support for a self-learning module on mental status assessment for registered nurses working at the Waterford Hospital. In particular, all four key stakeholders reported that a self-learning module would help increase nurses knowledge of a mental status assessment in addition to the current in-service. Furthermore, all of the subject matter experts expressed that a self-learning module would be an excellent resource for orientating nurses to mental health.

Content of the Self-Learning Module

All participants recommended that the self-learning module contain the components of a mental status assessment. The participants suggested that relevant terminology related to completing a mental status assessment be included in the self-learning module. In addition, the participants determined that the self-learning module should include questions to ask when performing a mental status assessment, provide examples of how to accurately document on the components of the mental status

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assessment, and the self-learning module should be engaging and provide the reader with an opportunity to demonstrate knowledge of the components.

Format of the Self-Learning Module

There was consensus among all eight of the participants that the module be formatted in sections, each section a component of the mental status assessment. The participants suggested that each section contain key terms that describe the component and the self-learning module contain an appendix with a definition of key terminology. Also, all participants recommended that the module be interactive, concise, and include minimal narrative texts.

Implementation Considerations

Though implementation is not a part of this practicum project, the practicum student consulted with the subject matter experts regarding an implementation plan for the self-learning module. The subject matter experts suggested that the implementation plan include communicating about the module to key stakeholders, education on how to utilize the module, and leadership involvement throughout all stages of the implementation process. Subsequently, all of the subject matter experts did not foresee any barriers to implementing the self-learning module at the Waterford Hospital.

Ethical Considerations

Based on the Health Research Ethics Authority Screening Tool, this practicum project is not a research study and therefore, did not require review by the Health Research Ethics Review Board.

Theoretical Frameworks

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Knowles Adult Learning Theory (1980) and Morrison et al.'s Instructional Design Model (2013) are the theoretical frameworks chosen to inform the development of the self-learning module on mental status assessment for orientating registered nurses to the Waterford Hospital.

Knowles Adult Learning Theory

Knowles Adult Learning Theory is grounded on andragogy, "...the art and science of helping adults learn" (Knowles, 1980, p. 43). Knowles (1980) proposed that andragogy is based on four key assumptions: (1) adults move from being dependent learners to self-directed learners, (2) adults have past experiences that can be drawn upon to enhance learning, (3) adults readiness to learn is associated with the adults developmental tasks of his or her social role, and (4) adults orientation to learning is problem-centered or performance centered.

Knowles (1980) first assumption suggests that adults move from being dependent to self-directed learners; therefore, adults are capable and should have input in their own learning needs. The literature review and consultations with key stakeholders and subject matter experts justifies the need for a self-learning module on mental status assessment. The self-learning module is intended to be used as a self-learning guide; therefore, it is self-paced and the orientating registered nurse has control over the content learned. The benefit of using a self-learning module is that the new orientating nurse has the flexibility to skip over a section that has already been mastered or spend more time on sections that require an increased amount of review.

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Knowles (1980) second assumption suggests that adults have past experiences that can be drawn upon to enhance learning. The vast majority of new hires at the Waterford Hospital are newly graduated nurses who have completed an undergraduate nursing program at Memorial University of Newfoundland which would have included approximately 24 hours of theory and 96 clinical hours in mental health nursing (Memorial University of Newfoundland, 2016). These new nursing graduates will have accumulated an array of experiences as a student nurse in mental health; thereby using these experiences as rich resources for learning while navigating through the self-learning module.

Knowles (1980) third assumption suggests that the adult's readiness to learn is associated with the adults developmental tasks of his or her social role. Mental health nurses must have the knowledge to complete mental status assessments on patients on admission and throughout the patient's hospitalization. However, in order to have the knowledge required to complete the mental status assessment, the nurse must be provided with the resources needed to complete the skill. The self-learning module will provide the mental health nurse with a suitable resource that will be in alignment with their role in mental health nursing. Therefore, nurses will be interested in reviewing the self-learning module to help them function more effectively in their new role in mental health nursing.

Knowles (1980) fourth assumption suggests that the adult's orientation to learning is problem-centered or performance centered. The development of a self-learning module on mental status assessment will increase the novice nurse's preparedness in assessing the mental status of patients. The registered nurses orientating to mental health will be

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motivated to learn the information provided in the self-learning module because the nurses will perceive that the self-learning module will help them complete mental status assessments more effectively and enhance their nursing practice.

Instructional Design Model

Morrison et al.'s Instructional Design Model (2013) provided a systematic instructional design process to address the learning needs of orientating nurses to mental health. The fundamental components of the Instructional Design Model include: the learners, objectives, methods, and evaluation. The Instructional Design Model consists of nine elements that address the fundamental components: instructional problems, learner characteristics and contextual analysis, task analysis, instructional objectives, content sequencing, instructional strategies, designing the message, development of instruction, and evaluation instruments.

Instructional Problems

Identifying the need for instruction is the first step in the instructional design model. A needs assessment is one way that an organization can determine if a need for instruction exists (Morrison et al., 2013). A needs assessment was conducted via consultations with subject matter experts and key stakeholders. Based on the consultations, all participants expressed a need for instruction; the key stakeholders are interested in increasing their knowledge of the mental status assessment through the use of a self-learning module.

Learner Characteristics and Contextual Analysis

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Morrison et al. (2013) discussed the importance of being mindful of the learner characteristics and contextual analysis that may impact on the instructional outcomes. Learner characteristics include: general characteristics, specific characteristics, and learning styles. The self-learning module was developed for registered nurses at the Waterford Hospital with limited mental health experience. Therefore, the registered nurses may already possess knowledge of the mental status assessment but at a novice level.

The learning styles of the registered nurses at the Waterford Hospital may vary; while self-directed learning may be appealing to some nurses, there may be nurses that prefer other styles of learning. To appeal to a variety of learning styles, a mental status assessment in-service in addition to the self-learning module will be offered during the orientation period. Additionally, the contextual analysis focuses on the factors that can inhibit or facilitate learning. To ensure an environment that is conducive for learning, the orientating nurses will be allotted time and a quiet space to review the self-learning module during the clinical orientation period.

Task Analysis

According to Morrison et al. (2013), task analysis is critical to the instructional design; it defines the content required to improve performance of the target audience. Through content analysis, information can be organized "...in ways that will be meaningful to learners and that will help them translate information... into work related knowledge, skills, and attitudes" (Rothwell & Kazanas, 2004, p. 141). Therefore, in

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addition to having an understanding of the learners' knowledge it is essential to work with a subject matter expert who is knowledgeable in the content area.

The practicum student of the present project is a MH&A clinical educator with greater than 17 years of mental health experience and co-developed the mandatory mental status assessment in-service for registered nurses orientating to the Waterford Hospital. Therefore, the practicum student has assumed the role of subject matter expert for the development of the self-learning module. To avoid the drawback of the practicum student skipping steps and missing topics due to familiarity with the content, subject matter experts with greater than eight years of mental health experience were consulted to determine the content and format of the self-learning module on mental status assessment. The information gained from the subject matter experts was essential to the development of the self-learning module. In addition, a review of mental health medical and nursing textbooks was conducted to determine evidence based content related to mental status assessment.

Instructional Objectives

Instructional objectives function to ensure that the instruction is appropriate to the needs of the learners (Morrison et al., 2013). Objectives may be grouped into cognitive, psychomotor, and affective domains and are based on the results of the task analysis. The objectives for the self-learning module are written in the cognitive domain. At the beginning of each section, an objective is provided and indicates the expected outcome.

Content Sequencing

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“Sequencing is the efficient ordering of content in such a way as to help the learner achieve the objective in an efficient and effective manner” (Morrison et al., 2013, p. 122). The self-learning module was developed based on the learner characteristics and the consultations; therefore, the content is sequenced from simple to complex. For instance, the content is divided into sections; each section is a component of the mental status assessment. At the onset of each section, a definition of the component is provided, followed by descriptors of each of the components, and each section ends with sample documentation and a reflective exercise.

Instructional Strategies

To design effective instruction, the content must be presented in a manner to help the learner achieve the outlined objectives (Morrison et al., 2013). Therefore, the instructional strategies must focus on the best way to teach the content and ensure that the instruction is meaningful to the learners. Morrison et al. (2013) suggested that the instructional design must actively engage the learner with the material, be designed at the appropriate level of challenge for the learner, and should allow the learner to recall prior knowledge. At the end of each section of the self-learning module, a reflective exercise is used to engage the orientating nurse with the content. A mnemonic is also provided to help the orientating nurse recall the components of the mental status assessment.

Designing the Message

The instructional message should be designed in such a way to engage the learner and indicate important information (Morrison et al., 2013). The self-learning module was designed to make the learning material appealing, engaging, and interesting. The

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objectives are clearly stated and provide the learner with a clear understanding of expected learning and outcomes. To indicate important information, the self-learning module was designed with the use of typography such as italics, boldface and colored text, size variation of texts, text boxes, and point form. Headings are used to organize the text and to reveal a change of topic.

Development of Instruction

A variety of formats are available when developing instructional materials, text being the common format of all instruction (Morrison et al., 2013). A printed self-learning module was selected as the format for the instruction. Morrison et al. (2013) suggested that self-paced learning such as a module can result in learners that "...work harder, learn more, and retain more of what is learned than do learners in conventional classes" (p. 209). The strength of the self-learning module on mental status assessment is that the orientating registered nurse can complete the learning at their own pace, promotes self-reliance, and assures that the information is standardized and remains consistent among learners. A drawback to self-paced learning is that it may result in a lack of interaction between the orientating nurse and the educator and the orientating nurse may have questions with the material that need to be addressed by the educator. To overcome this drawback, mandatory attendance at a mental status assessment in-service will be provided at the end of the orientation period to address any questions related to the content of the module.

Evaluation Instruments

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Evaluation is a continual process from the onset of developing the instructional material to well after the instructional material has been implemented (Morrison et al., 2013). An initial informal evaluation has occurred before implementation; a subject matter expert and the practicum supervisor reviewed the self-learning module and changes were made to the self-learning module based on the feedback such as decreasing the font size, eliminating some pictures, and offering additional examples. Due to time limitations, evaluation by a larger number of key stakeholders and subject matter experts has not yet occurred. The clinical educators can evaluate the instructional material by using the current evaluation tool that is provided to all orientating nurses at the end of the clinical orientation.

Morrison et al. (2013) suggested evaluation can also include self-evaluation by the learners. To determine if learning has occurred, the orientating nurse can self-evaluate learning by completing the reflective exercises at the end of each section. The answers to the reflective exercises are provided at the end of the self-learning module.

Summary of the Self-Learning Module

The literature review and consultations informed the development of the self-learning module and the theoretical frameworks provided the basis for the development and design of the self-learning module. Although two mental health textbooks were identified in the review, during the process of developing the resource a few additional sources of literature were identified. The self-learning module, *The Nurse's Guide to Mental Status Assessment* was created for orientating registered nurses working at the Waterford Hospital (Appendix C). The self-learning module is comprised of: 1) a table of

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contents, 2) a preface, 3) an introduction, 4) eight sections, 5) a point to ponder, 6) a reference list, 7) a glossary of mental status terminology, 8) a mental status assessment quick reference tool, 9) questions to elicit psychopathology, and 10) a certificate of completion.

The self-learning module begins with a table of contents which reveals the contents of the self-learning module and the order in which the contents occur. The preface provides an overview of the self-learning module outlining the main goal of the self-learning module, how to use the self-learning module, and the format and content of the self-learning module. The introduction introduces the orientating registered nurse to the mental status assessment including a definition, purpose, and content areas or components of the mental status assessment.

Importantly, the self-learning module contains eight main sections (i.e., the eight components of the mental status assessment). Each section begins with an objective that indicates what the orientating nurse should be able to accomplish after completing the section. In addition, a definition and description of the component is provided. Each section also contains sample documentation and a reflective exercise. The sample documentation provides one way to document on the component and the reflective exercise is used to allow the orientating nurse to practice demonstrating knowledge of the component. To ensure that the self-learning module is engaging and appealing, a variety of reflective exercises are provided such as short answer items, multiple choice questions, true or false questions, matching items, and practicing the component with a colleague.

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Following the eight sections, a point to ponder contains a mnemonic that can be used to help the orientating registered nurse recall the components of the mental status assessment. Subsequently, the registered nurse is also encouraged to create their own mnemonic by collaborating with a colleague. A reference list includes a list of all sources that are cited in the self-learning module and a glossary of mental status terminology provides a definition of frequently used terminology. Also, a mental status assessment quick reference tool contains a checklist that includes the descriptors of each of the components of the mental status assessment that can be used as a guide while completing a mental status assessment. Additionally, questions to elicit psychopathology include a variety of questions that the registered nurse can ask regarding anxiety, depression, suicidal thoughts, elevated mood, hallucinations, and delusions. Lastly, a certificate of completion is included and can be printed to signify that the registered nurse has successfully completed the self-learning module.

Advanced Nursing Practice Competencies

The Canadian Nurses Association (2008) suggests that advanced practice nurses demonstrate core competencies that are separated into four categories: clinical, research, leadership, consultation and collaboration. The practicum student was able to demonstrate these core competencies through a variety of means during this practicum project.

Clinical

Advanced practice nurses have expertise in a specialized area of nursing; thus, the knowledge gained in the clinical area is used to enhance patient care (Canadian Nurses

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Association, 2008). Although the practicum student did not directly demonstrate clinical competencies, the student was able to draw upon knowledge gained from greater than 17 years of mental health nursing experience to develop the self-learning module.

Additionally, as a result of completing this practicum project, the practicum student's knowledge of mental status assessments has greatly increased.

Research

Advanced practice nurses are able to use research and other evidence to inform clinical practice decisions (Canadian Nurses Association, 2008; DePalma, 2009). To demonstrate this competency, the student engaged in various research activities. The student conducted an extensive literature review for the purpose of identifying and synthesizing research about mental status assessment for registered nurses orientating to mental health. The literature review was completed by using rigorous methods to ensure that all relevant literature was captured. In addition, the student developed a comprehensive consultation plan that outlined specific methods (e.g. data collection) and included the development of questions for the consultations that were guided by findings from the literature review. As well, the student directly utilized research and consultation findings to inform the development of the self-learning module. The self-learning module contains evidence based content from medical and nursing textbooks while the development and design is based on theoretical frameworks; Knowles Adult Learning Theory (1980) and Morrison et al.'s Instructional Design Model (2013). Writing and presentation skills, both important in the research process were demonstrated through a written literature review report, a consultation report, a final report and the development

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of a PowerPoint presentation. The PowerPoint presentation was presented to faculty and students at Memorial University of Newfoundland to ensure that the research findings are shared amongst professionals within the larger nursing community.

Leadership

Advanced practice nurses are leaders in their organizations, assessing the learning needs of staff within a clinical area and developing resources to meet the identified learning needs so that the delivery of care is enhanced (Canadian Nurses Association, 2008). Through completing a literature review and consulting with key stakeholders and subject matter experts, the student demonstrated leadership by identifying a learning need of mental health nurses at the Waterford Hospital. In addition, the student garnished support for a self-learning module on mental status assessment for registered nurses working at the Waterford Hospital and identified suggestions regarding the development and design of the self-learning module. Subsequently, a self-learning module on mental status assessment was developed.

Consultation and Collaboration

Advanced practice nurses consult and collaborate with other colleagues to seek information that can improve clinical knowledge and skills (Barron & White, 2009; Canadian Nurses Association, 2008). The student was primarily responsible for coordinating and implementing the practicum project activities; however, the practicum student collaborated with the practicum supervisor at various stages throughout the practicum project. The student consulted with a librarian regarding how to complete searches for the literature review. Consultation with key stakeholders and subject matter

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experts was essential to establish support for a self-learning module on mental status assessment for registered nurses working at the Waterford Hospital and to provide recommendations for the design of the module. The design of the module was based on the recommendations of the consultations.

Next Steps

The overall purpose of this practicum project was to provide new orientating registered nurses to the Waterford Hospital with a comprehensive self-learning module that is intended to increase their knowledge of mental status assessment. Subsequently, a self-learning module was developed; however, implementation and evaluation of the self-learning module has not occurred. Therefore, the next steps must include a well-developed implementation and evaluation plan.

To implement and evaluate the self-learning module, support from the leadership team of the MH&A program is essential. The practicum student will meet with the Director of the Waterford Hospital to gain support for the implementation and evaluation of the self-learning module. The self-learning module will have to be printed and disseminated during the nursing orientation by a clinical educator. The clinical educator will educate the orientating nurses on the purpose of the self-learning module. To prevent the orientating nurses from procrastination, the clinical educator will allot time during the clinical orientation period for the orientating nurses to review the self-learning module. There are no perceived barriers to involving the clinical educators as one of the clinical educators is the student of this practicum project and the other clinical educator has

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already guaranteed her support for the implementation and evaluation of the self-learning module.

The development of the self-learning module will eventually lead to modification of the orientation process. The current lecture formatted mental status assessment in-service can change from a lecture formatted structure to a more engaging mental status assessment in-service that includes role playing, case studies, and discussion. To decrease the cost associated with the printing of the self-learning module, the possibility of providing the orientating nurses with an electronic format should be explored. In addition, the student will ascertain the feasibility of having the self-learning module added to the organizations MH&A webpage so that all registered nurses can readily access the self-learning module at a location and time suited to the registered nurse.

Evaluation is essential to determine if the self-learning module is meeting the outlined objective. Morrison et al. (2013) identified three types of evaluation: formative, summative, and confirmative. The type of evaluation utilized will depend on the stage of the instructional design process. Currently, at the end of the orientating nurse's clinical orientation, a meeting is setup with the clinical educator and the orientating nurse to obtain feedback regarding the entire orientation experience. An evaluation tool currently exists; therefore, the clinical educator could use the existing evaluation tool to obtain feedback regarding the self-learning module and modifications to the self-learning module can be made by the clinical educator based on the orientating nurse's feedback. To evaluate and ensure that the self-learning module is increasing nurses' knowledge of

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mental status assessment, auditing of orientating nurses mental status assessments is recommended.

Conclusion

The Nurse's Guide to Mental Status Assessment was developed for registered nurses orientating to the Waterford Hospital. The literature review and consultations informed the development of the self-learning module and the theoretical frameworks provided the basis for the development and design of the self-learning module. By developing this self-learning module, the practicum student successfully demonstrated the Canadian Nurses Association (2008) advanced nursing practice competencies. Undoubtedly, the goals of this practicum project were achieved and in doing so; registered nurses now have access to a self-learning module that will improve their clinical practice as it relates to completing mental status assessments. Subsequently, it is imperative that the next steps include a well-developed and enacted implementation and evaluation plan to ensure success of this practicum project.

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Appendix A
Literature Review

The Development of a Self-Learning Module on Mental Status Assessment for
Registered Nurses Working Within Mental Health and Addictions: A Literature Review

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Introduction

According to the Canadian Mental Health Association, one in five Canadians will experience a mental illness during their lifetime (Canadian Mental Health Association, 2015). The majority of Canadians with a mental illness are provided care in community-based services; however, for some Canadians hospital-based care is required (Public Health Agency of Canada, 2011). Within Newfoundland and Labrador (NL) in 2012, there were 3125 mental health and addictions (MH&A) hospitalizations and nearly one third of these hospitalizations were in The Waterford Hospital (WFH), in St. John's, NL (Newfoundland and Labrador Centre for Health Information, 2015).

During hospitalization, persons with mental illnesses will require care under the supervision of a healthcare team. Mental health (MH) nurses are essential members of the healthcare team and have been described as "...the backbone of care delivery" (Cleary, 2004, p. 55), providing care to patients on a 24 hour, seven days a week basis. An essential role of the MH nurse is to complete a mental status assessment on patients at the time of admission and throughout the patient's hospitalization. The mental status assessment aids in the development of an individualized plan of care that is created to meet the needs of the patient (Austin & Boyd, 2010).

MH nurses must have knowledge of the content of a mental status assessment in order to perform an accurate patient assessment. However, new nurses orientating to a MH unit may lack the knowledge to perform a mental status assessment and; therefore, it is essential that these knowledge gaps be addressed during the orientation period. An educator can facilitate learning by ensuring that education is offered in a way that is

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flexible, relevant, and appropriate to the needs of nursing staff (Clifford, Goldschmidt, & O'Connor, 2007). As an adjunct to the traditional lecture formatted in-service, learning resources such as self-learning modules can ensure that the new orientating nurse is provided resources in a manner that encourages self-paced learning while addressing the learners' educational needs. Thus, the purpose of this paper is to present the findings from a literature review conducted to aid in the development of a learning module on mental status assessment for registered nurses (RNs) working within MH&A. The literature review will also highlight how Knowles (1980) Adult Learning Theory and Morrison, Ross, Kalman, and Kemp's Instructional Design Model (2013) will serve as theoretical frameworks that will influence the development of the self-learning module.

Background

Mental illnesses are a leading cause of illness and disability worldwide (World Health Organization, 2001). Mental illnesses are "... characterized by alterations in thinking, mood or behavior associated with significant distress and impaired functioning" (Public Health Agency of Canada, 2015). In Canada, 20% of the population will experience a mental illness at some point in their lifetime (Canadian Mental Health Association, 2015). Some people who experience a mental illness may require hospitalization for assessment, diagnosis, and treatment (Public Health Agency of Canada, 2011).

The WFH is a psychiatric hospital in the MH&A program of Eastern Health, the largest regional health authority in NL, which admits persons with mental illnesses. The WFH has a total of 137 beds, including residential, rehabilitation, forensics, and acute

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care. The majority of these beds are designated for acute care admissions. In 2012, there were 964 admissions to the WFH, 71.4 % of patients admitted had a diagnosis of a mental illness while the other 28.6 % of patients were admitted for either an addiction or a combination of an addiction and a mental illness. On average, the length of hospital stay at the WFH is 22.7 days (Newfoundland and Labrador Centre for Health Information, 2015).

RNs are the largest discipline employed at the WFH that provide care to persons with mental illnesses in the acute care inpatient setting. RNs are regulated healthcare professionals that practice under provincial or territorial laws (Austin & Boyd, 2010). Nursing regulatory bodies set, monitor, and enforce standards of practice as a way of protecting the public interest. The Canadian Nurses Association (CNA) is the national professional voice of Canadian nurses and represents 11 provincial and territorial nursing associations across Canada (CNA, 2016). The CNA may designate specialty areas of nursing practice. These specialty areas establish their own standards of practice applicable to that specialty area. The Canadian Federation of Mental Health Nurses (CFMHN) is an associate group of the CNA and provides expertise related to MH nursing. The CFMHN has established seven standards of practice that inform MH nurses practice and facilitate excellence in MH nursing (Canadian Federation of Mental Health Nurses, 2014). Standard 2, specifically, emphasizes the importance of MH nurses having knowledge of MH assessments. It states that the MH nurse “performs or refines client assessments through the diagnostic and monitoring functions” (p.8). This second standard

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suggests that the MH nurse is expected to complete a comprehensive MH assessment that includes assessing the patient's mental status.

Additionally, the MH&A program's psychiatric nursing assessment policy mandates that a RN complete a psychiatric nursing assessment on all patients admitted to an acute care inpatient unit at the WFH. The psychiatric nursing assessment is a comprehensive assessment that includes assessing the mental status of the patient. The information gathered from the mental status assessment will aid in formulating a diagnosis, gauging psychiatric symptoms, monitoring course and prognosis of the mental illness, developing a treatment plan, and determining the effectiveness of interventions (Robinson, 2008). The treatment plan and nursing interventions may need to be revised based on the results of ongoing mental status assessments. Therefore, the MH nurses ability to complete the mental status assessment is critical to the patient's overall recovery. Consequently, all RNs must possess the knowledge to be able to properly perform MH assessments.

Newly hired RNs may have a limited knowledge of the content to include in a mental status assessment. There are between 25 to 35 RNs hired at the WFH annually. These new nursing hires consists of RNs transferring from one MH inpatient unit to another, experienced RNs with no prior MH working experience and/or newly graduated nurses with no working clinical experience in MH. The vast majority of new hires at the WFH are newly graduated nurses who have completed an undergraduate nursing program at Memorial University of Newfoundland which would have included approximately 24 hours of theory and 96 clinical hours in MH nursing (Memorial University of

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Newfoundland, 2016). Whether the orientating nurse is a new graduate or a RN with no prior working experience in MH, the novice RN may lack the knowledge to perform a mental status assessment. Therefore, newly hired RNs may require additional educational resources as a means of becoming proficient in assessing the mental status of patients.

To ensure that all RNs orientating to a MH unit are knowledgeable in performing a mental status assessment, attendance at a three and a half hour mental status assessment in-service is required during the first one to two months of orientation. The mental status assessment in-service is provided by one of the two MH&A program clinical educators in a traditional lecture formatted in-service which includes a mental status assessment Power Point presentation and an overview of the psychiatric nursing assessment form. Printed resources provided during the in-service include handouts of the mental status assessment PowerPoint presentation, questions to elicit psychopathology, and a document defining relevant MH terminology. Outside of this mental status assessment in-service, there are no other learning resources on mental status assessment available for RNs orientating to MH. Therefore, the purpose of this proposed practicum project is to provide RNs orientating to MH with a comprehensive learning module that is intended to increase the novice nurses knowledge of mental status assessment in addition to the current in-service.

Literature Review

Purpose

A literature review was conducted for the purpose of identifying and synthesizing research about learning resources on mental status assessment for RNs orientating to MH.

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The findings from the literature review will help guide the development of a self-learning module on mental status assessment for newly orientating RNs to MH.

Search Strategy

An online search was conducted of electronic databases including Cumulative Index of Nursing and Allied Health Literature (CINAHL) Plus, Psychological Information (PsycInfo), and Google Scholar to identify peer-reviewed articles in English published between 1998-2016. Search terms used included “Mental Status Examination” or “Mental Status Assessment” and “Psychiatric Nurses” or “Mental Health Nurses,” “Mental Status Examination” or “Mental Status Assessment” and “Self-learning Modules” or “Staff Development” or “Staff Education” and “New Nurses” or “Orientating Nurses” or “New Graduate Nurses” and “Mental Health.” Medical and nursing textbooks were searched and included in the review if they described any aspect of a mental status assessment.

Overview of Results

The search resulted in a total of 823 articles; however, articles were excluded if they were not applicable to the topic of interest. A total of 16 articles were included in the review. The search yielded primarily qualitative studies and literature reviews, a limited number of quantitative studies were found. A Literature Summary Table that highlights the details of peer-reviewed articles included in the literature review is located in Appendix A1. The learning needs in MH nursing and the role of MH nurses in patient assessment were major themes apparent in the review. Two medical and nursing

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textbooks were located and describe the content that should be included in a mental status assessment.

Learning Needs in Mental Health Nursing.

Several studies included in this literature review revealed that understanding the psychopathology of mental illnesses was a learning need of MH nurses (Hung, Huang, Cheng, Wei, & Lin, 2014; Waite, 2006; Tingleff & Gildberg, 2014). Hung et al. (2014) conducted a phenomenological study to determine novice nurses' initial experiences working in acute care and rehabilitation MH units. Fifteen RNs with less than one year of clinical experience and no prior MH clinical working experience reported through interviews that they struggled with their new role and lacked confidence in caring for persons with mental illnesses due to a lack of competency in MH nursing. The study found that education in psychopathology during orientation would help reduce anxiety and build new nurses confidence and knowledge in MH nursing.

Limited theoretical education and clinical experiences pertaining to MH in nursing education programs have resulted in a lack of knowledge in psychopathology of mental illness, treatment options, and psychiatric terminology (Waite, 2006; Tingleff & Gildberg, 2014). For example, Waite (2006) interviewed 15 nurses with less than one year of experience to determine education experiences of advanced beginner RNs. The phenomenological study revealed that the nurses' clinical and theoretical experiences were lacking especially as it relates to psychopathology, causes and treatment of mental illnesses, and psychiatric terminology. Transition programs have been developed to support new graduate nurses in their role in MH nursing practice (Tingleff & Gildberg,

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2014). Tingleff and Gildberg (2014) conducted a literature review to investigate transition programs for new graduate nurses in MH, new graduate nurses' experiences with role transition, and evaluation of transition programs. The review highlighted deficiencies in MH nursing education related to assessment, crisis intervention, and the signs and symptoms of mental illnesses. The authors discovered that while transition programs exist formally, informally, and in short programs, there was a lack of detail in the content of the transition programs.

In addition, patient assessment was suggested in the literature as a learning need of new graduate nurses (Tingleff & Gildberg, 2014; Charleston, Hayman-White, Ryan, & Happell, 2007; Patterson, Curtis, & Reid, 2008). Charleston et al. (2007) interviewed nurses working in various roles to evaluate graduate MH nursing orientation programs. The study participants suggested that new graduate nurses require increased support and education regarding crisis intervention and mental status assessment early in the orientation phase. Opinions varied regarding the appropriate length of time of orientation; however, participants suggested that there was insufficient structure during orientation. Therefore, unit nurses need to be aware of the role of the new graduate nurse. Patterson et al. (2008) also suggested that having knowledge of assessment was an essential role of the new graduate nurse. A sample of eight MH nurses with varying levels of experience and roles were interviewed to determine the skills, knowledge, and attitudes expected of new graduate nurses in an inpatient MH setting. Communication, safety, self-awareness, and treatment were four common themes evident in the interviews. Communication was cited as the most important competency expected of new graduate nurses and included

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having the ability to assess patients both formally and informally and to recognize changes in the patient's mental status (Patterson et al., 2008).

Jones and Lowe (2003) used a mixed method approach to explore the education and training needs of MH nurses working in four acute care inpatient units. A convenience sample of 24 MH nurses with varying experience in MH reported via questionnaire surveys that the needs of novice MH nurses differed from the needs of experienced nurses. The study found that the learning needs of experienced nurses with greater than four years of experience included knowledge in word processing and technical skills. Conversely, the learning needs of novice nurses included risk assessment, de-escalation, care planning, caring for challenging patients, and assessment skills.

Assessment in Mental Health Nursing

Austin and Boyd (2010) defined assessment as a “purposeful, systematic, and dynamic process that is ongoing throughout the nurse's relationship with the individuals in his or her care. It involves the collection, validation, analysis, synthesis, organization, and documentation of client health-illness information” (p. 174). Assessment was cited as an important task and main focus of the MH nurse's role (Bishop & Ford-Bruins, 2003; Fourie, McDonald, Connor, & Bartlett, 2003; Cowman, Farrelly, & Gilheany, 2001). Bishop and Ford-Bruins (2003) explored experienced MH nurses perception of assessment via interviewing 14 MH nurses in one acute care inpatient setting. All 14 participants suggested that the RN is central to the assessment process because the RN was the one who knew the patient the best. However, to perform assessments the RN must have knowledge of the signs and symptoms of psychiatric illnesses and knowledge

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of all aspects of the patient. It was determined that a nursing theoretical framework was needed to assist MH nurses with the patient assessment. Fourie et al. (2003) compared MH nurses' actual practice to MH nurses perception of their clinical role in a large MH acute care inpatient unit. The researchers observed nurses practice in the clinical setting in addition to interviewing five nurses in two separate focus groups. Both the researchers and the MH nurses conferred that clinical assessment and information gathering were key functions of the MH nurses role.

Nurses are an essential member of the healthcare team and are valuable for their expertise in patient assessment. "Nurses believe they spent more time with the client than pretty much anybody" (Cleary, 2004, p. 55). Cowman et al. (2001) explored the role and function of MH nurses in 13 different clinical settings. The study revealed that there were many roles and functions of the MH nurse; however, one of the major roles of the MH nurse was assessment. Subsequently, because MH nurses provide 24 hour care, other members of the healthcare team rely heavily on MH nurses to provide a review of the patient assessment. "Nurses breadth and depth of knowledge" (p. 750) is essential in the multidisciplinary team care planning process.

By having the knowledge to accurately assess the patient's mental status, the nurse is able to provide an active and collaborative role within the interprofessional team (Schwartz, Wright, & Lavoie-Tremblay, 2011). Schwartz et al. (2011) explored new nurses' experience of their role within the interprofessional healthcare team in one MH hospital in Canada. A total of 10 nurses with varying experiences and roles were interviewed and reported that developing trust with the other members of the healthcare

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team was essential. The study participants expressed that the novice RN must transition from a passive role to a more active role; taking time to prove themselves. The novice nurse must have the knowledge needed to accurately complete patient assessments and then pass on the knowledge regarding the patient to the other members of the healthcare team. Bowers (2005) conducted a scoping review to determine reasons for admission to psychiatric hospitals and the implications for MH nursing practice. Assessment was identified as one of the reasons for admission to an acute care inpatient psychiatric unit. Nurses must have knowledge of the signs and symptoms of mental illnesses so that the nurse's assessment of the patient can be used to assist the healthcare team in formulating an accurate diagnosis. Though Bowers brings to light implications for MH nursing practice and the role of the MH nurse in patient assessments, there are limitations to the methodology of this review; Bowers failed to mention search criteria, sample, and analysis of the articles.

Coombs, Curtis, and Crookes (2011) searched the literature to describe the information collected by MH nurses as part of a comprehensive assessment. The review revealed a large number of articles that focused on MH nurses and assessment; however, the articles included aspects of assessments instead of highlighting content inclusive to a comprehensive assessment. The authors proposed that a MH assessment may mean different things to different nurses and documentation of MH assessments were lacking. Therefore, it was suggested that a clear consensus of content is needed. There were limitations to Coombs et al.'s literature search; the authors failed to include a detailed description of the methodological analysis. Due to a lack of literature describing the

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content and process of a mental status assessment, a qualitative study was undertaken to identify how MH nurses describe the information contained in a comprehensive MH nursing assessment (Coombs, Crookes, & Curtis, 2013). Interviews were conducted with 18 MH nurses with varying years of clinical experience ranging from newly graduated nurses to MH nurses with more than 20 years of MH experience. The study demonstrated that MH nursing "... did not articulate a systematic body of knowledge in relation to the content of a comprehensive MH nursing assessment" (p.153) and that variability of the content of the MH assessment exists. Therefore, a framework for patient assessment is needed so that RNs have a clear understanding of the content of MH nursing assessments (Coombs et al., 2013; Bishop & Ford-Bruins, 2003).

The mental status assessment is one aspect of a comprehensive MH assessment. Though there were no studies that reported on the content that nurses should include in a mental status assessment, there were two textbooks that support RNs in completing a mental status assessment. According to Austin and Boyd (2010), the mental status assessment "...is a structured approach to assessing an individual's psychological, emotional, social, and neurologic functioning" (p.175). A broad overview of the mental status assessment includes information on five domains: sensorium, perception, thinking, feeling, and behavior (Robinson, 2008). Expanding on these domains will yield the observations and impressions of the patient at the time of the interview and help "... identify psychiatric symptoms and gauge their severity" (Robinson, 2008, p.6).

Self-Learning Modules

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Learning is an active process and can only be accomplished by the learner (Candela, 2012). The educator can play a role in facilitating learning by providing resources that promote knowledge acquisition. One means of acquiring the knowledge needed to perform specific tasks is through the use of self-learning modules. A self-learning module includes “information on one concept presented according to a few specific objectives in a format that allows skipping of a section if the student has previously mastered the concept” (Rowles, 2012, p.276).

Advantages of Self-Learning Modules

Self-learning modules provide a flexible teaching modality while increasing learners’ knowledge and participation (Huddleston, 1988). Self-paced learning can encourage self-reliance and contribute to personal responsibility for learning needs (Morrison et al., 2013; Huddleston, 1988; Mast & John Van Atta, 1986). Unlike traditional modalities of learning such as lecture-based approaches that can lead to passive learners (Carcich & Rafti, 2007), a self-learning module fosters learning in the absence of the educator (Rowles, 2012). Self-learning modules are a suitable alternative to traditional styles of learning because it allows the learner the opportunity to have control over when and where the learning can occur (Rowles, 2012). It has also been cited that a self-learning module is advantageous because it provides consistency of information sharing (Morrison et al., 2013). For instance, each learner receives the same information and there is no variation in information delivery as a result of educators presenting different educational materials. Furthermore, instructional challenges related

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to declining training budgets have resulted in self-paced learning as an alternative option (O'Very, 1999).

In addition, findings from this review identified that nurses prefer self-learning modules in comparison to other teaching methods. Procuik (1990) aimed to determine the effectiveness of self-directed learning in meeting the educational needs of orientating nurses. Information was obtained via questionnaires from 66 orientating nurses with varying years of clinical experience. It was determined that the majority of study participants preferred self-directed learning over educator directed learning. The orientating RNs recognized that even though self-directed learning requires increased responsibility of the learner and less direction of the educator, orientating nurses preferred to have input into their educational needs. Procuik adds to the research on the use of self-learning modules for orientating RNs; however, there are limitations to the methodology of this study. The author selected a convenience sample and no comparison group was designated.

Disadvantages of Self-Learning Modules.

While self-learning modules have been described as a favorable method of acquiring knowledge, the literature review suggested that there are also disadvantages to this form of learning. Solely using self-paced resources can negatively impact on the interaction between the learner and the educator (Morrison et al. 2013) resulting in the learner feeling isolated and abandoned (Rowles, 2012). Self-learning modules may also promote procrastination and avoidance or neglecting to complete educational requirements in a timely manner (Morrison et al. 2013; Rowles, 2012). Furthermore,

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developing self-learning modules may be both time consuming and costly for an organization. Clifford et al. (2007) proposed that not only may there be a copious amount of time and work involved in creating self-learning modules but maintaining and updating the modules also needs to be taken into consideration.

Summary of Literature Review

The results of the literature search yielded a large number of articles; however, only a small number of articles were applicable to the topic of interest. Also, there were several limitations of included studies that affect the generalizability of the findings. For instance, the studies included small sample sizes, were limited in the number of settings, and there was a lack of Canadian studies in acute care MH inpatient settings. The articles included in this review were primarily literature reviews and qualitative studies which reveals a lack of quantitative data on the topic of interest. As well, the majority of articles focused on the learning needs of new graduate nurses orientating to MH. There is a need for more studies focused on experienced RNs with no prior MH working experience.

Nevertheless, there was consensus in the literature that the learning needs of MH nurses include understanding the psychopathology of mental illnesses, treatment options for MH patients, psychiatric terminology, and patient assessment. It was suggested that these knowledge gaps may be a result of a lack of theoretical education and clinical experiences in undergraduate nursing programs. Consequently, knowledge gaps can lead to nurses struggling with their new role in MH and a lack of confidence in caring for persons with mental illnesses. Orientation is an opportune time to assess and address the new orientating RNs learning needs.

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Additionally, patient assessment was identified as an important role and function of the MH nurse. MH nurses spend more time with patients than any other discipline; therefore, other members of the healthcare team are relying on the MH nurse's assessment to formulate a diagnosis and aid in the development of a treatment plan. The review suggested that a theoretical framework for MH assessments would be beneficial to MH nurses, preventing variability and promoting consistency in the content of patient assessments.

A mental status assessment is only one aspect of a comprehensive MH assessment. There were no research studies that focused solely on mental status assessment; however, the search was successful in locating textbooks that support nurses in conducting a mental status assessment. The review determined that self-learning modules have been developed to support RNs in meeting their learning needs. Nevertheless, there are both advantages and disadvantages to this mode of learning. Self-learning modules are beneficial because they allow the learner to have control over the content learned, encourages self-paced learning and learner self-reliance, eliminates learner travelling costs, and ensures consistency of information. Conversely, self-learning modules have been noted to result in learner isolation and procrastination, can be time consuming and costly to create, and require ongoing updating. No self-learning modules on mental status assessment for orientating RNs to MH were located in the literature.

Theoretical Frameworks

“Learning theories and educational frameworks and philosophies provide the structure that guides the selection of faculty-centered instructional strategies and student-

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centered learning activities” (Candela, 2012, p. 205). Educators must have knowledge of various frameworks to guide the development of learning resources and to facilitate the learner’s educational needs. The literature review provided the basis for the theoretical framework that will guide this practicum project. Knowles Adult Learning Theory (1980) and Morrison et al.’s Instructional Design Model (2013) are the theoretical frameworks that have been chosen to inform the development of a self-learning module on mental status assessment for newly orientating RNs to MH.

Knowles Adult Learning Theory

Knowles Adult Learning Theory is grounded on andragogy, “...the art and science of helping adults learn” (Knowles, 1980, p. 43). Knowles (1980) proposed that andragogy is based on four key assumptions: (1) adults move from being dependent learners to self-directed learners, (2) adults have past experiences that can be drawn upon to enhance learning, (3) adults readiness to learn is associated with the adults developmental tasks of his or her social role, (4) adults orientation to learning is problem-centered or performance centered. These four key assumptions will help support the development of a self-learning module on mental status assessment for new orientating RNs to MH.

Instructional Design Model

In order to address the learning needs of an agency, an appropriate framework should be in place to provide a predictable direction from initial idea to materialization (McKenzie, Neiger, & Thackeray, 2009). Morrison et al.’s Instructional Design Model (2013) will allow the practicum student to use a systematic design to develop instruction

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and solve knowledge gaps. The fundamental components of the Instructional Design Model include: the learners, objectives, methods, and evaluation. The Instructional Design Model consists of nine elements that address the fundamental components: instructional problems, learner and contextual analysis, task analysis, instructional objectives, content sequencing, instructional strategies, designing the message, development of instruction, and evaluation instruments.

Conclusion

The literature review justifies the need for a learning resource on mental status assessment for orientating RNs to MH. Novice nurses have limited knowledge of mental status assessment and; therefore, are unprepared in their new role in MH nursing practice. In addition to the current lecture based in-service, a learning resource module should fill this knowledge gap and promote an increased sense of preparedness for conducting a mental status assessment for novice MH nurses at the WFH. The development of a self-learning module is consistent with Knowles (1980) principles of adult learning theory. By utilizing Morrison et al.'s Instructional Design Model (2013), the practicum student will design the module in a manner that optimizes novice MH nurses' knowledge of mental status assessment. Though the literature review suggested that new RNs orientating to MH require more knowledge on mental status assessment and a self-learning module may be an effective mode of learning, it is unknown if new RNs orientating to an acute care inpatient unit at the WFH would support the development of such a learning resource. Therefore, consultation with key stakeholders is needed to determine the necessity and practicality of this practicum project.

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Appendix A1
Literature Summary Tables

Reference	Bishop, D., & Ford-Bruins, I. (2003). Nurses' perception of mental health assesment in an acute inpatient setting in New Zealand: A qualitative study. <i>International Journal of Mental Health Nursing</i> , 12, 203-212.
Objectives Setting	To explore mental health nurse perception of assessment 58 bed mental health unit Central Auckland, New Zealand
Sample Method Analysis	<ul style="list-style-type: none"> • n=14 mental health nurses; selection based on knowledge of topic • Qualitative study in an acute adult inpatient unit using semi-structured interviews consisting of 5 open-ended questions about mental health nursing assessment; participants were free to discuss topic • Analysis using inductive approach with consistency check
Results	<ul style="list-style-type: none"> • Assessment is most important task and main focus of mental health nurse role • Knowledge-experience and intuition were key to performing assessment, knowledge of signs & symptoms of psychiatric disorders and knowledge of all aspects of patient • Skills-observational and documentation skills are essential to engaging patient • Roles-role of nurse in assessment process is central • Attitude-conveying caring and supportive attitude • Environment: a) Systems-nurses currently have less of a role in initial formal assessment because of structure of unit and patient requires assessment by physician. b) Values and beliefs- participants feel that values and beliefs needed to change to reflect the increased in role of nurse in assessment since they felt that the nurse was the one who 'know the client the best' and unit needs a nursing theoretical framework for patient assessment
Strengths and Limitations	<p>Strengths</p> <ul style="list-style-type: none"> • Has implications for future nursing research and direction of nursing theory in MH settings <p>Limitations</p> <ul style="list-style-type: none"> • Small sample size; limited sample from only 1 inpatient unit • Reliability and validity of data analysis • Limited time frame to obtain data because completed during work hours of participants • Responses maybe biased because researchers acquainted with research

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	<ul style="list-style-type: none"> • Cultural context and influences on nursing assessment not specifically addressed • Generalizability
Rating	Moderate design/Medium quality

Reference	Bowers, L. (2005). Reasons for admission and their implications for the nature of acute inpatient psychiatric nursing. <i>Journal of Psychiatric and Mental Health Nursing</i> , 12, 231-236.
Objective Setting	<ul style="list-style-type: none"> • Literature review to develop a list of criteria mental health professionals use to determine admission to psychiatric hospital and explore implications for acute psychiatric care • Acute inpatient hospital setting with possible implication for American and UK health services
Sample Method Analysis	<ul style="list-style-type: none"> • Scoping review of literature; “no attempt has been made to conduct a fully comprehensive review of the literature” (p. 232)
Results	<ul style="list-style-type: none"> • Reasons for admission reflected in assessment data • Danger to self/others • Assessment and diagnosis making decreased role for nursing staff “interaction with and observation of patients ... to reach a reliable diagnosis p.233 • Medical treatment • Severe mental disorder • Self-care deficit • Respite for care giver • Respite for patient
Strengths and Limitations	<p>Strengths</p> <ul style="list-style-type: none"> • Identifies importance of assessment for mental health admission • Strengthens and defines the role of mental health nursing <p>Limitations</p> <ul style="list-style-type: none"> • May limit the role of mental health nurses therefore more research needed to further define and expand on the role listed • Limited literature search completed • An exhaustive literature review may have yielded additional themes • No mention of search criteria, number of articles reviewed, or methods used to select, exclude or analysis methods for articles. • Limited as to which setting this review is useful; acute care inpatient or community
Rating	Weak design/Medium quality

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Reference	Carcich, G. M., & Rafti, K. R. (2007). Experienced registered nurses' satisfaction with using self-learning modules versus traditional lecture/discussion to achieve competency goals during hospital orientation. <i>Journal for Nurses in Staff Development</i> , 23(5), 214-220.
Objective Setting	<ul style="list-style-type: none"> To determine experienced RNs satisfaction with using self-learning modules versus lecture to meet competency goals during orientation 520 bed acute care facility in New Jersey
Sample Method Analysis	<ul style="list-style-type: none"> Random sampling 10 self-learning module and 10 lecture (control) n=20 nurses with greater than 2 years of experience 6 point Likert scale administered to both groups Analysis using <i>t</i> test
Results	<ul style="list-style-type: none"> Experienced nurses were more satisfied with traditional lecture/discussion Lecture group reported they were treated more like adult learners than self-learning module group Minimal difference in time to attend lecture as completing self-learning module
Strengths and Limitations	<p>Strengths</p> <ul style="list-style-type: none"> Provides insight into experienced nurses preference in mode of learning during hospital orientation <p>Limitations</p> <ul style="list-style-type: none"> Randomization of sample prevented learner from choosing preferred method Low sample numbers Single center
Rating	Weak design/Medium quality

Reference	Charleston, R., Hayman-White, K., Ryan, B., & Happell, B. (2007). Understanding the importance of effective orientation: What does this mean in psychiatric graduate nurse programs? <i>Australian Journal of Advanced Nursing</i> , 25, 24-30.
Objective Setting	<ul style="list-style-type: none"> To evaluate psychiatric graduate nursing programs in Victoria, Australia n=21 mental health services in Victoria, Australia
Sample Method	Purposive sample of graduate nurses, nurse educators, unit managers, clinical nurses, consumer consultants, mental health nurse academics and students

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Analysis	<ul style="list-style-type: none"> • Thematic analysis of individual and focus group interviews
Results	<ul style="list-style-type: none"> • Opinions varied on appropriate orientation length ranging from too long to not long enough • Insufficient structure; unit nurses need to understand role of new graduate nurse • New grads need increased support and education regarding crisis intervention and skills in mental status exam early in orientation • Having supportive persons available
Strengths and Limitations	<p>Strengths</p> <ul style="list-style-type: none"> • Multiple different roles used for data collection that provide a diverse view of graduate nurse role <p>Limitations</p> <ul style="list-style-type: none"> • None noted by author • Sampling method may introduce bias • Geographical locale limits generalizability
Rating	Moderate design/Medium quality

Reference	Cleary, M. (2004). The realities of mental health nursing in acute inpatient environments. <i>International Journal of Mental Health Nursing</i> , 13, 53-60.
Objective Setting	<ul style="list-style-type: none"> • Identify mental health nurses perception of their clinical practice on acute inpatient psychiatry unit in light of service reforms in Australia • 22 bed acute inpatient mental health facility in New South Wales, Australia
Sample Method Analysis	<ul style="list-style-type: none"> • n=10 nurses • Nurses were observed and invited to participate in face-to-face interviews • Ethnographic approach used over a 5 month period; daily activities of nurses were observed and noted.
Results	<ul style="list-style-type: none"> • Paper represents theme of ‘overwork’ • Nurses work in complex environments with competing priorities • Nurses struggle with work demands
Strengths and Limitations	<p>Strengths</p> <ul style="list-style-type: none"> • Introduces notion of a “hybrid” for mental health nursing acute inpatient crisis model <p>Limitations</p> <ul style="list-style-type: none"> • Sampling may introduce bias • Coding may not have fully discussed the magnitude of the themes

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Limitations	<ul style="list-style-type: none"> Study findings may not be generalizable or cost effective in some settings
Rating	Moderate design/High quality

Reference	Coombs, T., Crookes, P., & Curtis, J. (2013). A comprehensive mental health nursing assessment: Variability of content in practice. <i>Journal of Psychiatric and Mental Health Nursing</i> , 20, 150-155.
Objective Setting	<ul style="list-style-type: none"> To determine how mental health nurses describe the content of a comprehensive mental health assessment Inpatient and community mental health setting New South Wales, Australia
Sample Method Analysis	<ul style="list-style-type: none"> n=18 mental health nurses with less than 12 months to greater than 20 years of experience Authors approached practice areas which resulted in unit managers and mental health teams identify appropriate nurses for interview Nurses were tape recorded during interviews
Results	<ul style="list-style-type: none"> Variability/hesitancy-no consistency described by nurses
Strengths and Limitations	<p>Strengths</p> <ul style="list-style-type: none"> Ethical approval Use of Grounded Theory to build knowledge in a knowledge sparse area <p>Limitations</p> <ul style="list-style-type: none"> Reaction (hesitancy) may have been related to being participant in the study therefore increased anxiety Prompting to bias of a participant Self-report approach Participant recruitment bias; participants known to researcher
Rating	Moderate design/High quality

Reference	Coombs, T., Curtis, J., & Crookes, P. (2011). What is a comprehensive mental health nursing assessment? A review of the literature. <i>International Journal of Mental Health Nursing</i> , 20, 364-370.
Objective Setting	<ul style="list-style-type: none"> A literature review of 3 databases to determine the content and process of a comprehensive mental health nursing assessment None specified; no exclusion criteria based on setting
Sample Method Analysis	<ul style="list-style-type: none"> 21 peer reviewed articles 3 computer data bases: CINAHL (1982-June 2010), MEDLINE 1966-June 2010) & PsycINFO (1985-June 2010) using specific keywords were searched twice and selected based on title and

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Method Analysis	<p>-abstract, then references within selected articles manually searched for additional results. Initial literature search was to describe the info collected by mental health nurses as part of a comprehensive assessment; however, no articles were applicable therefore change literature search keywords</p> <ul style="list-style-type: none"> • Descriptive and summative
Results	<ul style="list-style-type: none"> • Mental health assessment may mean different things to different nurses • Heavily influenced by medical model • No definite independent and interdependent activity • A good therapeutic relationship is essentially an informal process • Gaps in areas of social and physical • Mental health nursing practiced differently in different regions
Strengths and Limitations	<p>Strengths</p> <ul style="list-style-type: none"> • Raise awareness of importance and role of mental health assessment for mental health nurses • Identify gaps in literature for future study <p>Limitations</p> <ul style="list-style-type: none"> • No description of analysis methodology • Focus on peer-reviewed literature
Rating	Weak design/high quality

Reference	Cowman, S., Farrelly, M., & Gilheany, P. (2001). An examination of the role and function of psychiatric nurses in clinical practice in Ireland. <i>Journal of Advanced Nursing</i> , 34(6), 745-753.
Objective Setting	<ul style="list-style-type: none"> • To explore the role of clinical mental health nurses • 13 different clinical settings in Ireland and the United Kingdom; day programs to acute care inpatient services
Sample Method Analysis	<ul style="list-style-type: none"> • Disproportionate stratified random sample: n=19 participants for non-participant observation and 57 completed activity logs • Timeline of 293 hours: 74.5 hours observation and 218.5 hours of self-reported activity logs • Data analysis using inductive analysis and theme creation, classification of elements and data triangulation
Results	<ul style="list-style-type: none"> • Assessing patient needs and evaluating care • Independent assessment: mental health nurses independently assess patients through observation and intervention. • Interdependent assessment and evaluation: mental health nurse collaboration with other healthcare professionals and because mental health nurses provide 24-hour care, other healthcare

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Results	<p>-professionals expected mental health nurse to provide assessment and participate in decision making and patients' care</p> <ul style="list-style-type: none"> • Care planning (see page 750) • Nurse-patient interaction: safety, social (supporting families), providing information (patients and families), spiritual needs of patients, treatment modalities (counselling, etc.) and self-determination (encourage patient to make decisions) • Pharmacotherapeutic: dispensing meds, knowing side effects and educating patients • Education and training: educating patient, family and community • Documentation • Coordinating role • Communication with other professionals and staff • Administration and organization of clinical area: annual and sick leave • Major role is assessment, patient safety, education, knowledge and skills are essential
Strengths And Limitations	<p>Strengths</p> <ul style="list-style-type: none"> • Helps clarify mental health nursing role and pivotal role of assessment • Diversity of sites • Rigor and validity of data analysis using multiple methods <p>Limitations</p> <ul style="list-style-type: none"> • No self-reported limitations • Sampling method and lower sample size • Narrow time frame limits data richness
Rating	Moderate design/High quality

Reference	Fourie, W., McDonald, S., Connor, J., & Bartlett, S. (2005). The role of the registered nurse in an acute mental health inpatient setting in New Zealand: Perceptions versus reality. <i>International Journal of Mental Health Nursing</i> , 14, 134-141.
Objective Setting	<ul style="list-style-type: none"> • To compare mental nurses actual practice to the mental health nurse perception of their role • Large acute care inpatient unit in a large mental health service in New Zealand
Sample Method Analysis	<ul style="list-style-type: none"> • All unit nurses for observation phase with final n=10 for focus groups • Descriptive exploratory approach initially with non-participant observation (56 hours' observation of nursing unit activities over

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Method Analysis	-3 shifts) followed by focus group taped interviews (2 groups with 5 participants each).
Results	<p>Broad agreement between mental health nurses perceptions and researchers observations</p> <p>Themes:</p> <ol style="list-style-type: none"> 1. Maintaining unit and patient safety-observed and reported by mental health nurses 2. Therapeutic intervention and nurse-patient interaction- observed and reported. Mental health nurses determined therapeutic role as most significant role. Mental health nurses reported that the essential part of the role, time did not permit interaction with patient as much as should 3. Assessment and care planning-clinical assessment and info gathering by both observation and focus group. Mini-mental status exam and safety risk; mental health nurse perception 4. Coordination and key joint role-both observation and focus group; “we are everything to everyone, we are first point of contact for patients” (p.137) 5. Professional communication and advocacy-observation: communication with other members of healthcare team. Observation and focus groups advocate for patients 6. Education- observation and focus group; patients, patients family, students and other healthcare members 7. Staff supervision and supervision of standards of practice- observation and focus group and supervision of students especially because teaching hospital 8. Administration of tasks and administration of organization roles- for group increased amount of organization required documentation impacted patient care 9. Social interactions-social interactions between nurses was observed; this not mentioned by focus group 10. Overall mental health nurses reported feeling frustrated that they were unable to carry out role properly 11. Research suggests that nursing education should align with expectations of the role (p.140)
Strengths	<p>Strengths</p> <ul style="list-style-type: none"> • Highlights shift in this setting to a defensive delivery model • Highlights organization and nursing standards impact nurses frustration with constraints on ability to give quality time to their patients

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Strengths and Limitations	<ul style="list-style-type: none"> • Highlights shift in this setting to a defensive delivery model • Highlights organization and nursing standards impact nurses frustration with constraints on ability to give quality time to their patients <p>Limitations</p> <ul style="list-style-type: none"> • Low sample size • Single unit location • Hawthorne effect affecting data collection results <p>No mention of limitations in paper</p>
Rating	Moderate design/Medium quality

Reference	Hung, B.-J., Huang, X.-Y., Cheng, J.-F., Wei, S.-J., & Lin, M.-J. (2014). The working experiences of novice psychiatric nurses in Taiwanese culture: A phenomenological study. <i>Journal of Psychiatric and Mental Health Nursing</i> , 21, 536-543.
Objective Setting	<ul style="list-style-type: none"> • To identify the experiences of psychiatric nurses working with patients with mental illness • Acute and rehabilitation psychiatric units in 5 psychiatric facilities in central Taiwan, China.
Sample Method Analysis	<ul style="list-style-type: none"> • n=15 mental health nurses ages 21-33 • Inclusion criteria=less than 1-year experience (range 4-11 months) in clinical setting with no prior mental health clinical working experience • Data collected via interviews
Results	<ol style="list-style-type: none"> 1. Struggling: <ol style="list-style-type: none"> a) Lack of sense of security; fear of violence and harm related to stigma of mental illness patients. b) Lack of competency; lack of confidence in caring for patients with mental illness 2. Emulating: <ol style="list-style-type: none"> a) Learning nurse-patient and family intervention b) Learning from other nurses 3. Prevailing: <ol style="list-style-type: none"> a) Developing competency; gaining confidence in own skills. Having education and resources to gain knowledge b) Creating a therapeutic environment 4. Belonging: <ol style="list-style-type: none"> a) Coping with job-achieving success b) Part of nursing team-treatment from other nurses <p>Authors suggested that thorough introduction to mental illness psychopathology, education and training is essential</p>

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Strengths and Limitations	<p>Strengths</p> <ul style="list-style-type: none"> • Sheds light on struggles of beginning mental health nurses • Helps programs to develop orientation programs to reduce anxiety and build knowledge and confidence of beginning mental health nurses <p>Limitations</p> <ul style="list-style-type: none"> • Small sample size • 1 area in Taiwan
Rating	Strong design/High quality

Reference	Jones, J., & Lowe, T. (2003). The education and training needs of qualified mental health nurses working in acute mental health services. <i>Nurse Education Today</i> , 23, 610-619.
Objective Setting	<ul style="list-style-type: none"> • To identify education needs of acute adult inpatient mental health nurses • 4 Acute inpatient units in southern and central England
Sample Method Analysis	<ul style="list-style-type: none"> • Convenience sample of 24 mental health nurses with varying mental health experience (3 months-37 years) • Conducted between October 2000-february 2001 using focus groups (5-7 participants for each group) • SPSS using descriptive statistics
Results	<ul style="list-style-type: none"> • Education and training needs: specific to mental health nursing skills. Difference in training needs of novice and expert nurses; mental health nurses with 4 years or less suggested training in practical nursing skills versus experienced nurses with greater than 4 years requested education in updating their knowledge (greater than 4 years=education in word processing and technical skills) versus less than (4 years = risk assessment, de-escalation, challenging client groups and care planning. 30% of nurses suggested assessment skills) • Delivery of education and training: short courses and teaching seminars more favorable. Distance learning favored • Type of quality: required by employer and organization was highly valued • Reasons for undertaking education: majority suggested reason was to improve their practice. Different needs based on years of experience

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Strengths and Limitations	<p>Strengths</p> <ul style="list-style-type: none"> • Used 4 different locations <p>Limitations</p> <ul style="list-style-type: none"> • Low response rate (27%) • Sampling method • Sample size • Only RCN members limits the richness of data extrapolated from the study; a wider inclusion criteria may have provided a better understanding of study objectives
Rating	Moderate design/medium quality

Reference	Patterson, C., Curtis, J., & Reid, A. (2008). Skills, knowledge, and attitudes expected of a newly graduated mental health nurse in an inpatient setting. <i>International Journal of Mental Health Nursing</i> , 17, 410-418.
Objective Setting	<ul style="list-style-type: none"> • To explore competencies as perceived by practicing mental health nurses expected of new graduate mental health nurses in an inpatient unit • 1 inpatient mental health facility in New South Wales, Australia
Sample Method Analysis	<ul style="list-style-type: none"> • n=8 mental health nurses • study advertised throughout hospital. 8 of 17 interested recruited via purposive sampling yielding participants with varying levels of experience and roles using semi-structured interviews • Continuous data analysis until saturation
Results	<ul style="list-style-type: none"> • Competency based practice; 14 competencies resulting in capable, effective and responsible mental health nurses. • Encourage development of mental health nurses, structure development and ensure best care of patients <p>Themes:</p> <ol style="list-style-type: none"> 1. Communication: communicating with patients (listening, deescalating, on judgmental, professional), assessment of patients (formal/informal), noting change in mood, advocate for patient and collaborate with others: i.e. work as part of a team 2. Safety: recognize change in mental status and intervene, legislative acts, personal safety (i.e. intuition, identify risks), personal maturity (i.e. identify own limits, flexible) and workplace safety 3. Self-awareness: personal insight (reflective practice), developing practice (professional development, have passion for mental health nursing)

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Results	4. Treatment: treatment of clients (no stigmatism, medications, counselling and crisis intervention), management of patients (structure and organization of skills, development of a care plan)
Strengths and Limitations	<p>Strengths</p> <ul style="list-style-type: none"> • Promotes specialized and competency based practice in mental health nursing <p>Limitations</p> <ul style="list-style-type: none"> • Small sample size • Restricted sample location • May lack generalizability
Rating	Strong design/High quality

Reference	Prociuk, J. (1990). Self-directed learning and nursing orientation programs: Are they compatible? <i>The Journal of Continuing Education in Nursing</i> , 26(6), 252-256.
Objective Setting	<ul style="list-style-type: none"> • To determine the effectiveness of self-directed learning in meeting the educational needs of nurses in orientation • Large teaching hospital in British Columbia
Sample Method Analysis	<ul style="list-style-type: none"> • n= 66 nurses orientating to clinical area September-December 1988 • Likert questionnaires divided into 3 sections
Results	<p>Section 1 obtained information regarding participant's preconception with self-directed learning:</p> <ul style="list-style-type: none"> • Majority of self-directed learning assess own learning needs • Self-directed learning is not learning in isolation • Self-directed learning allows learner to evaluate own learning • Not all learners are self-directed learners • Self-directed learning requires less education direction • Self-directed learning requires increased responsibility by the learner <p>Section 2 obtained information regarding preferred learning styles</p> <ul style="list-style-type: none"> • Majority preferred self-directed learning over educational directed learning • Expected self-directed learning modules to include reference materials • Preferred deciding content to learn • Comfortable with self-directed learning <p>Section 3 self-directed learning preferences</p> <ul style="list-style-type: none"> • Preferred a refresher on self-directed learning prior to orientation

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Strengths and Limitations	<p>Strengths</p> <ul style="list-style-type: none"> • Large sample size • Provides insight of effective methods to teach adult learners • Informs educators that a mix of teaching methods are useful to address adult learning needs <p>Limitations</p> <ul style="list-style-type: none"> • 1 hospital setting • Study findings may not be generalizable • Findings may be gender biased • Low response rate: 45%
Rating	Weak design/Medium quality

Reference	Schwartz, L., Wright, D., & Lavoie-Tremblay, M. (2011). New nurses' experience of their role within interprofessional healthcare teams in mental health. <i>Archives of Psychiatric Nursing</i> , 25(3), 153-163.
Objective Setting	<ul style="list-style-type: none"> • To explore new nurses' experience of their role within interprofessional healthcare teams in a mental health organization in Canada • Mental health university teaching hospital in Canada
Sample Method Analysis	<ul style="list-style-type: none"> • Convenience sample of n=10 nurses from variable gender, ages, education, work status and years of experience 5-18 months • Data was collected September-November 2009 using semi-structured personal interviews. Interviews were transcribed verbatim and analyzed inductively and simultaneously with data collection with coding and analysis by investigator and with subsets of data analyzed and coded by 2 other researchers
Results	<ol style="list-style-type: none"> 1. Adopting a passive role (how to fit in) Opportunity to develop a better understanding of work environment, novice nurses did not feel competent and were uncertain of what pertinent information to pass on. New nurses were more “listeners” versus “talkers” and observed to learn the processes and roles of interprofessional teams. Nurses felt it important to first establish credibility and build trust. 2. Engaging in active role (impact on patient care) Nurses expressed feeling more accountable and responsibility over patient care by collaborating to ensure safe patient environment. During this phase, nurses felt they had a “voice” in patient decision making, feeling supported and valued were important factors as a member of an interprofessional team. Novice nurses preferred the same unit versus floating

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Strengths and Limitations	<p>Strengths</p> <ul style="list-style-type: none"> • Highlights the feelings and concerns of new nurse in mental health settings • Provides educators with areas for staff development and focused orientation programs for mental health settings <p>Limitations</p> <ul style="list-style-type: none"> • Small sample size • Only one unit • May not be typical of other units and hence may limit generalizability
Rating	Moderate design/Medium quality

Reference	Tingleff, E. B., & Gildberg, F. A. (2014). New graduate nurses in transition: A review of transition programmes and transition experiences within mental healthcare. <i>International Journal of Mental Health Nursing</i> , 23, 534-544.
Objective Setting	<ul style="list-style-type: none"> • A literature review to investigate transition programs for new graduate nurses employed in a mental health setting; new graduate nurses experience with role transition and evaluation • Mental health setting, but specifics unknown; journals searched were from English, Danish, Swedish and Norwegian publishers
Sample Method Analysis	<ul style="list-style-type: none"> • 4 databases • Key search words were used to find 14 peer-reviewed articles • Thematic analysis
Results	<ol style="list-style-type: none"> 1. Nursing education: insignificant theory related to assessment, crisis intervention, diagnostic procedures, pharmacology and treatment. Underreported clinical role due to limited exposure as a student 2. Transition progress and evaluation: formal programs, short programs and informal. Most common way of facilitating transition through formal programs which have different names and lengths and various learning activities. Less common was informal and short programs 3. Working environment: collegiality and safety 4. New graduate nurse role: difference with medical admission and symptom assessment because insufficient training
Strengths and Limitations	<p>Strengths</p> <ul style="list-style-type: none"> • Highlights deficits in nursing education • Both qualitative and quantitative methods were included in articles • Transition programs exist for new graduate nurses

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Limitations	<p>Limitations</p> <ul style="list-style-type: none"> • No mention of content of transition program because none presented in articles • 4 articles lacked design and specific methods articles included studies in different countries; therefore, nursing education may vary across countries affecting nursing experience
Rating	Moderate design/Medium quality

Reference	Waite, R. (2006). The psychiatric educational experiences of advanced beginner RNs. <i>Nurse Education Today</i> , 26, 131-138.
Objective Setting	<ul style="list-style-type: none"> • To identify educational preparedness of advanced beginner nurses employed at a mental health facility • Mental institutions within a 60 mile radius of researchers residence, Philadelphia, Pennsylvania
Sample Method Analysis	<ul style="list-style-type: none"> • n=15 nurses (graduated within past 2 years with less than 1-year experience) • Colaizzi's phenomenological framework using interviews that were transcribed verbatim • Themes developed and validated by participants with any new data/themes developed after participants feedback
Results	<ol style="list-style-type: none"> 1. Educational experience: a) A sign of patient interactions: as student clinical assignment only 1 patient-insufficient time with patients focused interactions instead of understanding patient. Skills learned in class not permitted to be implemented in clinical setting, restrictive role as student therefore inability to cope with increased level of responsibility as RN. b) Quality of clinical assignment: role playing was effective means of learning as study and case conferences to discuss patients holistically was beneficial. 2. Areas of education lacking: a) Psychopathology of illness; need more education on psychopathology, causes and treatment of mental illness. b) Therapeutic responses; therapeutic communication. c) Professional boundaries; greater understanding of professional boundaries and power differential in the nurse-patient relationship d) Value of treatment teams; need to have opportunity to be involved with treatment teams as used more by mental health nurses compared with other areas and need to know psychiatric terminology and DSM to understand and be able to effectively communicate with team members

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Results	e) Challenges of psychopharmacology; lack of knowledge regarding side-effects of psychiatric medications as a student and how to deal with non-compliance
Strengths and Limitations	<p>Strengths</p> <ul style="list-style-type: none">• Improvements in some nursing educational programs are needed as it relates to mental health nursing <p>Limitations</p> <ul style="list-style-type: none">• Sample size small• Location <p>None cited by author</p>
Rating	Strong design/Medium quality

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Appendix B Consultation Report

The Development of a Self-Learning Module on Mental Status Assessment for
Registered Nurses Working Within Mental Health and Addictions:

A Consultation Report

Beverly Chard

Memorial University School of Nursing

Introduction

According to the Canadian Mental Health Association, one in five Canadians will experience a mental illness during their lifetime (Canadian Mental Health Association, 2015). The majority of Canadians with a mental illness are provided care in community-based services; however, for some Canadians hospital-based care is required (Public Health Agency of Canada, 2011). The Waterford Hospital (WFH) is a psychiatric hospital in Newfoundland and Labrador which admits persons with mental illnesses. During hospitalization, persons with mental illnesses will require care under the supervision of a health care team. Mental health (MH) nurses are essential members of the health care team and have been described as "...the backbone of care delivery" (Cleary, 2004, p. 55), providing care to patients on a 24 hour, seven days a week basis. An essential role of the MH nurse is to complete a mental status assessment on patients at the time of admission and throughout the patient's hospitalization. The mental status assessment aids in the development of an individualized plan of care that is created to meet the needs of the patient (Austin & Boyd, 2010).

There are between 25 to 35 registered nurses hired at the WFH annually. Whether the new orientating nurse is a new graduate or a registered nurse with no prior MH working experience, the novice registered nurse may lack the knowledge to perform a mental status assessment. Therefore, newly hired registered nurses may require educational resources as a means of becoming proficient in assessing the mental status of patients. To ensure that all registered nurses are knowledgeable in performing a mental status assessment, all registered nurses orientating to a MH unit are required to attend a

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three and a half hour mental status assessment in-service during the first one to two months of orientation. Outside of this mental status assessment in-service, there are currently no other learning resources on mental status assessment available for novice registered nurses orientating to MH at the WFH.

A literature review was conducted to identify the research related to learning resources on mental status assessment for registered nurses orientating to MH. Findings from the literature review suggested that novice nurses orientating to a MH unit may lack the knowledge to complete a mental status assessment and are unprepared in their new role in MH nursing practice. Thus, the review justifies the need for resources on mental status assessment for new orientating registered nurses to MH. Furthermore, the literature review suggested that self-learning modules provide a flexible teaching modality while increasing learners' knowledge and participation (Huddleston, 1988). Accordingly, the review supports the development a self-learning module on mental status assessment for novice registered nurses orientating to the WFH.

Therefore, the overall purpose of this practicum project is to provide new orientating registered nurses to MH with a comprehensive self-learning module that is intended to increase their knowledge of mental status assessment. This self-learning module will complement the current in-service that is provided upon being hired. Morrison, Ross, Kalman, and Kemp's Instructional Design Model (2013) has been chosen to inform the development of the self-learning module. Available resources identified through the literature review such as medical and nursing textbooks will also

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assist in the content to include in the self-learning module. Additionally, the practicum student consulted with key stakeholders and subject matter experts:

1. To establish support for a self-learning module on mental status assessment for registered nurses working at the WFH.
2. To determine the content to be included within a self-learning module on mental status assessment.
3. To determine the format for the self-learning module on mental status assessment.
4. To ascertain facilitators and barriers that may affect the implementation and dissemination of the self-learning module at the WFH.

Methods

Setting

The consultations were conducted in an interview room on an acute care inpatient unit and/or an office at the WFH in St. John's, Newfoundland and Labrador.

Sample

The sample was comprised of key stakeholders and subject matter experts. The key stakeholders included four novice registered nurses who were hired at the WFH within the past year and had no prior MH working experience. The novice registered nurses were selected based on their years of experience and their knowledge of the topic of interest.

The subject matter experts included four experienced registered nurses with greater than eight years of MH working experience; all are currently in leadership roles.

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The subject matter experts were selected based on their knowledge and experience in performing mental status assessments.

Recruitment

The key stakeholders were invited to participate in the consultations via a Stakeholder Letter of Participation included in Appendix B1. By verbally agreeing to the interview, the novice nurses provided consent to participate in the consultations.

The subject matter experts were invited to participate in the consultations via a Subject Matter Expert Letter of Participation included in Appendix B2. The experienced nurses provided consent to participate in the consultations by verbally agreeing to the interview.

Data Collection

Data was collected solely by the practicum student during individual face-to-face semi-structured interviews that lasted approximately 15-20 minutes. For the key stakeholders and subject matter experts, predetermined questions based on the results of the literature review guided the interview process and are included in Appendix B3 and Appendix B4, respectively. During the interviews, the participants' responses were recorded by the practicum student as field notes on either a key stakeholder or a subject matter expert interview questionnaire. Notes were reviewed and clarified with the participant immediately after the interview to ensure accuracy of data.

Data Analysis

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The responses from each participant were compiled and compared according to question. The data was analyzed for common themes and is presented as a narrative summary.

Ethical Considerations

Based on the Health Research Ethics Authority Screening Tool, the practicum project is not a research study and therefore, does not require review by the Health Research Ethics Review Board (Appendix B5).

To ensure confidentiality and data security, the interview questionnaires containing the data obtained from the consultations were attached to a notebook and stored in a locked filing cabinet in an office at the WFH, only accessible to the practicum student. The data will be placed in a confidential container for shredding following the completion of the practicum project.

Results

The results from the consultations are organized on the need for the self-learning module, content of the self-learning module, format of the self-learning module, and implementation considerations.

Need for the Self-Learning Module

Key stakeholders.

All four key stakeholders reported that a self-learning module would help increase nurses knowledge of a mental status assessment. While all four novice nurses suggested that the current lecture formatted in-service was beneficial, three of the nurses highlighted the need to practice performing mental status assessments as well. Half of the

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novice nurses felt that having a self-learning module would improve consistency in documentation of mental status assessments.

Subject matter experts.

Although the subject matter experts were not directly asked about the need for the self-learning module on mental status assessments, all four of the subject matter experts stated that a self-learning module would be an excellent resource for MH nurses, especially new orientating nurses to MH at the WFH.

Content of the Self-Learning Module

Key stakeholders.

All four key stakeholders recommended that the self-learning module contain a description of the components of the mental status assessment. Two of the novice nurses further suggested that the module provide examples of how to accurately document on the components of the mental status assessment. All four novice nurses stated that a strong point of the current lecture formatted in-service was a review of mental status terminology and two of the novice nurses stated that a definition of applicable terminology was essential to include in the self-learning module. Three of the novice nurses preferred that the self-learning module be interactive and engaging. For instance, one of the novice nurses proposed that the practicum student should consider asking the individual completing the module to practice one of the components or an aspect of a component with a coworker or another person of interest. One of the novice nurses recommended that the module contain a list of questions that can be used when performing a mental status assessment.

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Subject matter experts.

All four of the subject matter experts recommended that the self-learning module include a description of each of the components of the mental status assessment, including terminology that describes the components. Half of the experienced nurses suggested that the self-learning module should be engaging and provide the reader with an opportunity to demonstrate knowledge of the components including writing a mock note and/or completing multiple choice questions. One of the subject matter experts proposed that the module should contain examples of questions that can be used when performing a mental status assessment.

Format of the Self-Learning Module

Key stakeholders.

All key stakeholders recommended that the self-learning module be formatted according to each component and that the components be further broken down into key terminology that describes the component. The novice nurses suggested that the terminology should be listed in point form, with minimal narrative text if possible so that the module is easy to read and concise. One of the novice nurses requested that the self-learning module contain a section with links to electronic resources. One of the novice nurses suggested formatting the components using the same order as the current psychiatric nursing assessment form utilized by registered nurses on admission. All key stakeholders agreed to review the self-learning module and provide feedback and/or recommendations regarding the content and format during the development phase.

Subject matter experts.

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The subject matter experts recommended that the self-learning module should have each component broken down into a separate section with key terms that describe the component. Half of the experienced nurses suggested that interactive questions should be included at the end of each section. One of the experienced nurses recommended that the self-learning module include an appendix with a definition of key terminology. The experienced nurses also proposed that the module should be concise, not solely containing narrative text but contain bullets, bolded lettering, and highlighted words. During the development phase, all subject matter experts agreed to review the self-learning module and provide feedback and/or recommendations regarding the content and format of the module.

Implementation Considerations

All of the subject matter experts did not foresee any barriers to implementing and disseminating the self-learning module. To aid in the implementation process, communication, education, and leadership involvement was cited as essential. All of the subject matter experts reported that communication was central to the success of implementing the self-learning module. For instance, communicating to all key stakeholders via an email and/or verbally communicating about the module to nursing staff both on the units and during orientation. All subject matter experts also recommended that nursing staff be provided education on the self-learning module by a clinical educator, patient care facilitators, unit nurses, and/or nurse experts. In addition, the subject matter experts highlighted the need for leadership involvement in the

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implementation of the module such as including the patient care facilitators and clinical educators in the dissemination process.

Conclusion

Consultations with key stakeholders and subject matter experts were essential to establish support for a self-learning module on mental status assessment for registered nurses working at the WFH. In particular, all four key stakeholders reported that a self-learning module would help increase nurses knowledge of a mental status assessment. In addition, all of the subject matter experts expressed that a self-learning module would be an excellent resource for orientating nurses to MH. Data was collected regarding the content and format of the self-learning module to ensure that the module is designed in a manner specific to the needs of MH nurses at the WFH. Specifically, all participants recommended that the self-learning module contain the components of a mental status assessment. Half of the participants suggested that relevant terminology related to completing a mental status assessment be included in the self-learning module. In addition, 25% of the participants felt that the self-learning module should include questions to ask when performing a mental status assessment. There was consensus among all the participants that the module should be formatted according to the components, be interactive, concise, and include minimal narrative texts. Though implementation and dissemination is not a part of this practicum project, the practicum student will recommend that the implementation plan be based on the subject matter experts' suggestions. The practicum student will propose that the implementation plan include communicating about the module to key stakeholders, education on how to utilize

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the module, and leadership involvement throughout all stages of the implementation process. In addition, to ensure success of this practicum project, feedback from the key stakeholders and subject matter experts will be obtained during various stages of the development phase.

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Appendix B1 Key Stakeholder Letter of Participation

Dear Colleague,

I am in the process of completing a practicum project as partial fulfillment of the requirements of a Master of Nursing Degree at Memorial University of Newfoundland. The overall goal of my practicum project is to develop a learning resource on mental status assessment for registered nurses working within mental health and addictions. Consultation with key stakeholders is required to determine the necessity and practicality of this practicum project. You have been selected as a key stakeholder due to your knowledge of the topic of interest.

Participation in this consultation is voluntary. The consultation will be completed via an in-person interview and based on predetermined questions. It is anticipated that the interview will take approximately 15-20 minutes. Your information will be kept confidential and no personal identifiers will be used during any stage of the project or in the final consultation report.

Thank you for your consideration.

Sincerely,

Beverly Chard

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Appendix B2 Subject Matter Expert Letter of Participation

Dear Colleague,

I am in the process of completing a practicum project as partial fulfillment of the requirements of a Master of Nursing Degree at Memorial University of Newfoundland. The overall goal of my practicum project is to develop a learning resource on mental status assessment for registered nurses working within mental health and addictions. Consultation with subject matter experts is required to assist with the development of the learning resource. You have been selected as a subject matter expert due to your knowledge of the topic of interest.

Participation in this consultation is voluntary. The consultation will be completed via an in-person interview and based on predetermined questions. It is anticipated that the interview will take approximately 15-20 minutes. Your information will be kept confidential and no personal identifiers will be used during any stage of the project or in the final consultation report.

Thank you for your consideration.

Sincerely,

Beverly Chard

Appendix B3
Key Stakeholder Interview Questions

1. How long have you been working at the Waterford Hospital?
2. Thinking back to your orientation to the Waterford Hospital, what was beneficial in regards to the education that you received on mental status assessment?
3. Did you feel that the lecture formatted in-service provided sufficient knowledge on the content of a mental status assessment?
4. Would a learning resource help increase your knowledge in completing a mental status assessment?
5. What content information should be included in the learning resource?
6. How would you like to see the learning resource formatted?
7. Is there any other information that should be taken into consideration in the development of a learning resource on mental status assessment for RNs?
8. During the development phase, would you be willing to be contacted to review the learning resource and provide feedback and/or recommendations?
9. In relation to this topic, is there anything else that you would like to talk about that we have not discussed?

Appendix B4
Subject Matter Expert Interview Questions

1. How long have you been working at the Waterford Hospital?
2. What content information should be included in the learning resource?
3. How would you like to see the learning resource formatted?
4. Is there any other information that should be taken into consideration in the development of a learning resource on mental status assessment for RNs?
5. During the development phase, would you be willing to be contacted to review the learning resource and provide feedback and/or recommendations regarding content and format?
6. In your experience, do you foresee any barriers to implementing and disseminating this learning resource?
7. If so, what do you suggest would help with this process?
8. In relation to this topic, is there anything else that you would like to talk about that we have not discussed?

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Appendix B5 Health Research Ethics Authority Screening Tool

	Question	Yes	No
1.	Is the project funded by, or being submitted to, a research funding agency for a research grant or award that requires research ethics review	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Are there any local policies which require this project to undergo review by a Research Ethics Board?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	IF YES to either of the above, the project should be submitted to a Research Ethics Board. IF NO to both questions, continue to complete the checklist.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Is the primary purpose of the project to contribute to the growing body of knowledge regarding health and/or health systems that are generally accessible through academic literature?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Is the project designed to answer a specific research question or to test an explicit hypothesis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Does the project involve a comparison of multiple sites, control sites, and/or control groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Is the project design and methodology adequate to support generalizations that go beyond the particular population the sample is being drawn from?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Does the project impose any additional burdens on participants beyond what would be expected through a typically expected course of care or role expectations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LINE A: SUBTOTAL Questions 3 through 7 = (Count the # of Yes responses)		1	7
8.	Are many of the participants in the project also likely to be among those who might potentially benefit from the result of the project as it proceeds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Is the project intended to define a best practice within your organization or practice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Would the project still be done at your site, even if there were no opportunity to publish the results or if the results might not be applicable anywhere else?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Does the statement of purpose of the project refer explicitly to the features of a particular program, Organization, or region, rather than using more general terminology such as rural vs. urban populations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Is the current project part of a continuous process of gathering or monitoring data within an organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LINE B: SUBTOTAL Questions 8 through 12 = (Count the # of Yes responses)		3	2

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	SUMMARY See Interpretation Below	4	9
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Interpretation:

- If the sum of Line A is greater than Line B, the most probable purpose is **research**. The project should be submitted to an REB.
- If the sum of Line B is greater than Line A, the most probable purpose is **quality/evaluation**. Proceed with locally relevant process for ethics review (may not necessarily involve an REB).
- If the sums are equal, seek a second opinion to further explore whether the project should be classified as Research or as Quality and Evaluation.

These guidelines are used at Memorial University of Newfoundland and were adapted from ALBERTA RESEARCH ETHICS COMMUNITY CONSENSUS INITIATIVE (ARECCI). Further information can be found at:
<http://www.hrea.ca/Ethics-Review-Required.aspx>.

Appendix C
Self-Learning Module

The Nurses' Guide to Mental Status Assessment: A Self-Learning Module for Registered
Nurses Working Within Mental Health and Addictions

Beverly Chard

Memorial University School of Nursing

The Nurse's Guide to Mental Status Assessment



Beverly Chard RN BN

2016

PREFACE

The *Nurse's Guide to Mental Status Assessment* has been created for novice nurses working in the mental health and addictions clinical setting at the Waterford Hospital. This self-learning module has been developed to help you learn about mental status assessments. It is my hope that by providing this module to you early in your orientation to mental health, you will acquire the knowledge needed to complete accurate and thorough mental status assessments. The ultimate goal is that this self-learning module will increase your knowledge and give you a sense of preparedness in assessing the mental status of your patients.

How to use the Module:

This module is intended to be used as a self-learning guide; therefore, it is self-paced and you, the reader, have control over the content learned. The benefit of using this self-learning module is that you have the flexibility to skip over a section if you feel that you have already mastered that section or spend more time on sections that require an increased amount of review.

You will notice that this self-learning module does not include the attitudes, skills, and interviewing techniques required to perform a mental status assessment. There is a vast amount of excellent resources on this topic; therefore, I suggest that you take the initiative and review the literature on these topics so that the time spent with your patient obtaining a mental status assessment will be both effective and meaningful. In addition, it is essential that you also develop your knowledge of the psychopathology of mental illnesses to help guide you in the assessment process.

Format of the Module:

This module is divided into 8 sections; each section is a component of the mental status assessment. The literature does not suggest a standardized order to complete a mental status assessment; therefore, you may choose to complete the mental status assessment in the order of the components as outlined or you may choose to follow the patient's lead in obtaining information.

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Sections of the Module:

Section 1: General Observations

Section 2: Mood and Affect

Section 3: Speech Characteristics

Section 4: Perception

Section 5: Thought Content

Section 6: Thought Process/Form

Section 7: Cognition

Section 8: Insight and Judgment

Each Section Includes:

Descriptors of each of the components: Each section contains descriptors of each of the components. The descriptors provided are an example of the more commonly identified descriptors. Remember that this is *not* an exhaustive list.



Sample Documentation: At the end of each section you will find sample documentation. I hope that these documentation samples will spark your interest in trying to create other ways of documenting on each component.



Reflective Exercise: Each section ends with a reflective exercise. The reflective exercise is intended to allow you to practice and reinforce your learning, expanding upon your knowledge of each component. The answers to the reflective exercises are included at the end of the module.

The Module Also Contains:

A Point to Ponder

This will provide you with an opportunity to create a mnemonic for recalling the components of the mental status assessment.

Glossary of Mental Status Terminology

The glossary is arranged in alphabetical order and includes definitions of frequently used terminology.

Mental Status Assessment Quick Reference Tool

This is a checklist that includes the descriptors of each of the components of the mental status assessment. You can use this quick reference tool as a guide while completing a mental status assessment.

Questions to Elicit Psychopathology

These are eliciting questions to ask regarding anxiety, depression, suicidal thoughts, elevated mood, hallucinations, and delusions. These questions are only suggestions; there are a variety of ways to ask these questions. Remember that your colleagues may have other ways to ask these questions while still obtaining the necessary information.



I hope that you find this self-learning module informative and helpful in preparing you for your new role in mental health nursing.

ENJOY!

(Note: Always remember to follow your organizations policies and procedures when performing a mental status assessment)

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INTRODUCTION

The **mental status assessment** “is a systematic assessment of an individual’s appearance, affect, behavior, and cognitive processes reflecting the examiner’s observations and impressions at the time of the interview” (Austin & Boyd, 2010, p. 184).

The mental status assessment is **one** element of the assessment process and is used in conjunction with other objective data such as the history and physical examination and laboratory and other diagnostic tests (Trzepacz & Baker, 1993).

The Mental Status Assessment is conducted to:

- Identify and measure psychiatric symptoms
- Monitor course and prognosis
- Formulate a treatment plan
- Test cognitive functions
- Determine a diagnosis (Robinson, 2008).

Information is gathered as soon as the interview begins and continues throughout the interview. The interviewer summarizes the observations and impressions of the patient **at the time** of the interview (Austin & Boyd, 2010).

It is essential that the interviewer remain **objective and non-judgmental** to ensure that the observations are unbiased and documented accurately.

To ensure accuracy of the information obtained from the patient, it may be necessary to obtain **collateral information** from family members, caregivers, and/or physicians (Trzepacz & Baker, 1993).

Even though, there may be variation in organizing, conducting, and documenting a mental status assessment; the content areas of the assessment remain consistent.

**The Content Areas of the Mental Status Assessment are Categorized
into the Following Components:**

General Observations
Mood and Affect
Speech Characteristics
Perception
Thought Content
Thought Process/Form
Cognition
Insight and Judgment

Section 1:

General Observations

PRACTICUM REPORT

After completing this section, you will be able to describe the general observations of the mental status assessment.

General Observations include:

- Appearance
- Behavior
- Attitude

APPEARANCE

Appearance is the mental image of the physical characteristics of the patient (Robinson, 2008). Subtle changes in the appearance can indicate deterioration in the patient's mental state.

The description of the appearance should be documented in such a way that a person reading the information should be able to form an accurate mental image of the patient (Trzepacz & Baker, 1993).

Appearance can be described as:

Gender and Cultural Background

- Male or female
- For example, Caucasian, Asian

Actual and Apparent Age

- Appears actual age
- Appears older or younger than actual age

Level of Eye Contact

May indicate the patient's level of comfort with the interview

- For example, continuous, good, intermittent, fleeting, absent
- The interviewer must be aware of cultural norms. For instance, a culture may consider direct eye contact as rude and impolite

Attire

Describes how the patient is dressed and/or what the patient is wearing and can be reflective of socioeconomic status, occupation, ability for self-care, self-esteem

- For example, undressed, overdressed, underdressed, bizarre
- Consider if the patient is dressed appropriate for age, size, and season

PRACTICUM REPORT

Grooming and Hygiene

Reflects the patient's level of self-care

- For example, neatly groomed, soiled, disheveled, malodorous, unkempt
- Include a description of the patient's hair, body odor, facial hair, condition of clothing

Body Habitus

Describes the patient's build or body type

- For example, obese, overweight, underweight, emaciated, ectomorphic, endomorphic, mesomorphic
- Also include a measurement of the patient's height and weight

Physical Disabilities or Abnormalities

Physical disabilities or abnormalities may increase the patient's risk for falling and/or may indicate the need for a physiotherapy and/or occupational therapy consultation

- For example, blindness, missing and/or disfigured body parts

Jewelry and Cosmetics

Jewelry may have personal significance. Include the application of cosmetics if applicable.

- For example, excessive or lack of cosmetics
- Bizarre makeup may indicate psychosis, lavish makeup may indicate mania, and a lack of makeup may indicate depression

Other Prominent or Unusual Characteristics

- For example, tattoos, body piercings, needle markings, scars
- Needle markings may indicate drug use. Therefore, if indicated, ask questions related to addictions such as type of drug(s), amount of drug(s), last usage of drug (s), withdrawal symptoms, etc.
- Scars may indicate self-harming behaviors such as self-mutilation and/or suicide attempt (s).

In addition, the interviewer should be aware of sounds made by the patient that may indicate physical problems such as wheezing or coughing.

BEHAVIOR

Behavior is a description of the patient's activity during the interview (Austin & Boyd, 2010). Behavior may provide information regarding a patient's mood, energy level, muscle strength, and coordination.

In addition, behavior may also be associated with a psychiatric illness, medical condition and/or a side effect of medication; therefore, obtaining a thorough medication history is essential.

Behavior can be described as:

Posture

Describes the position of the patient's body parts

- For example, erect, hunched, leaning, reclined, upright

Gait

Describes the manner in which the patient walks

- For example, steady, unsteady, shuffle, rapid

Facial Expression

- For example, preoccupied, frowning, downcast, fixed, sullen

Agitation

Assess for physical restlessness

- For example, hand wringing, pacing, foot tapping, frequently shifting position

Compulsions

A repetitive behavior that is aimed at preventing or reducing the distress caused by an obsession

- Common compulsions include frequent handwashing, counting, checking

Psychomotor Retardation

The slowing of bodily movements

- Also referred to as bradykinesia or hypokinesia
- May also be accompanied with slowed speech

Motor activity associated with the use of psychiatric medications may include:

Tremors

Involuntary movements of certain parts of the body including the hands, arms, mouth, etc.

- May be fine (subtle) or coarse (larger movements)
- May be the result of a side effect of mood stabilizers such as Lithium and Valproate, neuroleptics, Tricyclic Antidepressant Agents (TCAs), and Selective Serotonin Reuptake Inhibitors (SSRIs)
- May indicate drug toxicity (Lithium) depending on the degree of the tremors
- May need to rule out other possible causes such as anxiety, drug withdrawal, Parkinson's Disease or panic disorder

Akathisia

A subjective feeling of inner tension whereby the patient feels the need to keep moving

- A side effect of antipsychotic medications
- Should be differentiated from other conditions such as restless leg syndrome, anxiety, psychotic agitation or agitated depression

Extrapyramidal Symptoms (EPS)

A movement disorder associated with the use of antipsychotic medication. Subtypes of EPS include:

- Tardive Dyskinesia
 - A result of prolonged use of antipsychotic medication
 - Symptoms may include tongue protrusion, tremors, twisting the body, and/or rocking
- Dystonias
 - An increase in muscle tone resulting in sustained contortions
 - Commonly seen in the muscles of the eyes (eyes rolling up under the eyelids), neck (twisted neck), trunk (backward arching of the trunk)
 - Patient may complain of tongue feeling thick
 - Young males are at higher risk
 - Promptly reversed with anticholinergic medication such as Benztropine

ATTITUDE

Attitude refers to the manner in which the patient behaves towards the interviewer and interview (Austin & Boyd, 2010).

When assessing attitude, the interviewer should observe the patient's facial expression, posture, tone of voice, completeness of responses, and willingness to cooperate (Trzepacz & Baker, 1993).

Attitude can be described as:

- Cooperative
- Uncooperative
- Seductive
- Hostile
- Withdrawn
- Regressed
- Guarded



A guarded attitude may be a result of a patient attempting to conceal information or fear of imagined or actual repercussions

PRACTICUM REPORT



SAMPLE DOCUMENTATION

Mary is a 45 year old Caucasian female wearing a multi-colored t-shirt, a floor length black skirt, and cowboy boots. She is of a tall, thin build with shoulder length multi-colored hair. She has multiple facial piercings and is wearing excessive eye and cheek makeup. Mary was only partially cooperative with the interview and occasionally hostile. She paced the room during the entire interview and refused to be seated. Frequently she stated in a very loud voice that she will be “leaving as soon as I see the doctor, you are not going to lock me up in here.”



Reflective Exercise

John, a 25 year old male, was admitted to hospital 2 days ago with a diagnosis of Delusional Disorder. John states that he feels that “the cops are after me” “you are all a part of this conspiracy” “I have to save myself.” In the dining room, John becomes upset during lunchtime when a patient asks him where he grew up. John states very loudly, “you are a part of this too. Get away from me!” John is given Haloperidol 5 mg by his nurse. A couple hours later, the nurse notices that John is sitting in the chair with his neck twisted to the right and his eyes are rolled up under his eyelids.

1. What type of movement disorder is John experiencing?
2. What medication may have contributed to this movement disorder?
3. What medication should the nurse administer to John to relieve this movement disorder?
4. What risk factors does John have that may have contributed to the movement disorder?
5. In the future, should John be given an anticholinergic medication prophylactically to prevent this movement disorder? Why or why not?

Section 2:

Mood and Affect

PRACTICUM REPORT

After completing this section, you will be able to describe the mood and affect components of the mental status assessment.

MOOD

Mood is a description of the patient's pervasive *subjective* emotional state (Carniaux-Moran, 2008).

To obtain an objective assessment of mood, the interviewer may ask the patient to *rate his or her mood on a scale* from 1 to 10 (1= sad, 10 = happy).

Mood can be described as:

Quality/Type

The emotional state as described by the patient

- For example, depressed, anxious, angry, grieving, happy

Reactivity

The change or influence of external events or circumstances on mood

- For example, reactive or nonreactive

Stability/Duration

The length of time that the patient has had the mood without significant variation

- For example, hours, days, months, years

AFFECT

Affect is the *objective* observation of the patient's emotional state (Snyderman & Rovner, 2009).

The affect cannot be elicited with direct questioning but is based solely on observation. Observing *facial expressions* is helpful.

Affect can be described as:

Type/Quality

The predominant emotion expressed

- For example, euphoric (elevated or elated), dysphoric (sad), euthymic (normal), apathetic (don't care), anxious (nervous), angry (hostile or irritable), anhedonic (loss of pleasure)

Range/Variability

The varying of emotions throughout the interview

- For example, full, narrow, restricted, wide

Degree/Intensity

The extent to which emotions are expressed

- For example, average (normal), flat (lack of emotional expression), blunted (reduced emotional expression), exaggerated

Stability/Reactivity

The duration of the emotion

- For example, normal (periodic shifting), labile (rapid/frequent change), fixed (little/no change)

Congruence

The interviewer is assessing the congruence between the affect and the other components of the mental status assessment

- For example, congruent or incongruent

PRACTICUM REPORT



SAMPLE DOCUMENTATION

Mary states that she feels sad. She said that she has been feeling sad for the past 2 months since her daughter moved away and she is unable to shake off this feeling of sadness. On a scale of 1-10 with 1 being sad versus 10 being happy, Mary describes her mood as a 3. Mary has a blunted, sad affect with a restricted range. Her affect and mood are congruent; Mary was tearful throughout the interview.



Reflective Exercise

Answer the following questions True or False:

1. The best way to assess affect is by asking the patient how he or she is feeling
True or False
2. Affect is subjective and mood is objective
True or False
3. A blunted affect is used to describe low or flattened intensity
True or False
4. A labile affect is commonly seen in patients with mania
True or False
5. Observing facial expressions is one way to determine the affect
True or False
6. The affect is always congruent to the patient's mood
True or False
7. Intensity is the length of time that the patient has had the mood without significant variation
True or False
8. A patient may describe an anxious mood as feeling uptight, on edge, nervous or worried
True or False
9. A flat affect is observed when a patient is crying
True or False

Chapter 3:

Speech Characteristics

PRACTICUM REPORT

After completing this section, you will be able to describe the speech component of the mental status assessment.

SPEECH

Speech refers to verbal expression (Robinson, 2008).

Speech can be described as:

Rate

The speed of the speech

- For example, pressured, slow, appropriate

Volume

The tone of the speech

- For example, loud, soft, whispered

Quality

The clarity of the speech

- For example, slurred, mumbled, unclear, clear

Quantity

The amount of speech

- For example, talkative, responsive, mutism

PRACTICUM REPORT



SAMPLE DOCUMENTATION

John's speech was clear, soft and slow. He did not volunteer information but did respond to questions when asked.



Reflective Exercise

Compare and contrast the aspects of speech of a patient with schizophrenia and a patient with depression

Chapter 4:

Perception

PRACTICUM REPORT

After completing this section, you will be able to describe the perception component of the mental status assessment.

PERCEPTION

Perception is the process of experiencing and making sense of environmental stimuli (Robinson, 2008).

REMEMBER: Perceptual disturbances may be difficult to determine as the patient may deny any disturbances. Therefore, *careful questioning and astute observational skills* are essential.

Perceptual disturbances can be described as:

Hallucinations

Occur in the absence of a stimulus

- For example, auditory (sound), visual (sight), olfactory (smell), gustatory (taste), somatic (touch)
- *Command hallucination* occurs when a patient is instructed by a voice to perform a specific act
- A positive symptom of schizophrenia

***Auditory hallucinations** are the most common type of hallucination*

Illusions

The distortion of an existing stimulus

- For example, a patient may distort a curtain blowing in the wind as a person waving

Depersonalization

A change in the perception of self

- For example, the patient may suggest that he or she feels unreal

Derealization

A change in the perception of the external world

- For example, the patient may suggest that the environment feels unreal

Disturbance of Experience

A change in the perception of experience

- For example, déjà vu occurs when a patient reports situations that are unfamiliar appear familiar
- Jamais vu occurs when a patient reports situations that are familiar appear unfamiliar

PRACTICUM REPORT



SAMPLE DOCUMENTATION

Bob reported that he heard a male voice calling him bad names and telling him to jump in front of the bus. Bob stated that he feels confused sometimes and is not sure if he should listen to the voice. He denied recognizing the male voice but stated that the voice sounds loud and angry.



Reflective Exercise

Fill in the blank with the correct response:

1. Hearing voices is an example of _____.
2. A _____ hallucination occurs when a patient is instructed by a voice to perform a specific act.
3. _____ hallucinations are the most common type of hallucination.
4. Hallucinations are a _____ symptom of schizophrenia.
5. Misinterpreting the sound of running water for a person singing is an example of _____.
6. The process of experiencing and making sense of environmental stimuli is known as _____.
7. When a patient states that 'they feel like they are not real', the patient is experiencing _____.
8. _____ & _____ are both disturbances of experience.

Chapter 5:

Thought Content

After completing this section, you will be able to describe the thought content component of the mental status assessment.

THOUGHT CONTENT

Thought content refers to what the patient is thinking about and is reflected in the topics that the patient talks spontaneously about (Daniel & Gurczynski, 2010).

The interviewer must be in tune to a *development of themes* that may indicate a disorder of thought content.

Disorder of Thought Content can be described as:

Delusions

A *false fixed belief* that is not affected by reason

Common delusions include:

- Delusion of Persecution:
 - The belief that others are out to inflict pain on the patient and/or someone close to the patient. A conspiracy is frequently imagined
- Delusion of Control:
 - The belief that the patient is under the control of some force or power
- Delusion of Reference:
 - The belief that people, objects, events are related to the patient or have a special significance to the patient such as a person on the television is talking to or about the patient
- Delusion of Grandiosity:
 - The belief of having inflated worth, power, knowledge or that the patient has a special relationship to a famous person
- Delusion of Jealousy:
 - The belief that the patient's sexual partner is unfaithful
- Thought Insertion:
 - The belief that thoughts or ideas are being inserted into the patient's mind
- Thought Broadcasting:
 - The belief that the patient's thoughts are being broadcast so that others know what the patient is thinking

PRACTICUM REPORT

Obsessions

Uncontrollable, irrational recurrent and persistent thoughts, impulses or images

Common obsessions include:

- Contamination→ Cleanliness
- Symmetry/precision→ Order
- Assault, Sexual, Homicide→ Sex and Aggression

Phobias

Marked and persistent fears that cause substantial distress and anxiety

Phobias may result in symptoms such as increased heart rate, increased respiratory rate, sweating, shaking, nausea and abdominal discomfort, dizziness, chest tightness

- For example, specific (spiders, cats, etc.), social, agoraphobia

Thoughts of Harm to Self

- Suicidal ideation
 - Include risk factors such as details of plan, available means, intent, past history, past attempt (s), feelings of hopelessness, family history, etc.
 - Include protective factors such as responsibility to others, spiritual beliefs, pets, etc.
- Deliberate self-harm
 - May also be known as self-mutilation
 - Include type of behavior (cutting, burning, etc.), frequency, triggers, etc.

Thoughts of Harm to Others

- Assaultive or homicidal ideation
- Evaluate the level of threat to others such as plan, available means, intent, history, etc.
- Assess for command hallucinations

PRACTICUM REPORT



SAMPLE DOCUMENTATION

Joe states that he presented to the emergency department because he had thoughts of killing himself. He said that he has been feeling that life has not been worth living since his wife died a year ago. He had a bottle of pills in his house and was thinking about taking them this morning. He could not stop thinking about the pills and wondering if he would be better off dead. Joe states that he has never attempted suicide before and is not aware of any family history of suicide. Joe states that when he started to think about his grandkids, he could not kill himself because 'they would never get over it'. Subsequently, Joe reports calling the crisis line who instructed him to come to the hospital. Joe denies taking any of the pills today and denies any thoughts of harming anyone else.



Reflective Exercise

Choose the correct response:

1. John thinks that he is the president of the United States. John has a disorder of thought content called
 - a) Delusion of Persecution
 - b) Delusion of Control
 - c) Delusion of Reference
 - d) Delusion of Grandiosity
2. Mary feels that people are trying to poison her by putting things into her coffee. Mary has a disorder of thought content called
 - a) Delusion of Persecution
 - b) Delusion of Control
 - c) Thought Insertion
 - d) Delusion of reference
3. Joan states that she has thoughts of killing herself. The nurse should ask Joan
 - a) If she has a suicide plan
 - b) If she has ever attempted suicide before
 - c) What prevents her from killing herself
 - d) All of the above
4. What a patient is thinking about is referred to as
 - a) Thought Content
 - b) Thought Form
 - c) Thought Process
 - d) Perception
5. A patient's thought content can be evaluated on the assessment of
 - a) Presence or absence of delusions
 - b) Presence or absence of hallucinations
 - c) Ability to think abstractly
 - d) Evidence of insight into their illness

PRACTICUM REPORT

6. Alex has a phobia to open spaces. When Alex is in open spaces he may describe all of the following symptoms except:
 - a) need to constantly check things
 - b) fear of having a heart attack
 - c) racing heart
 - d) nausea or abdominal discomfort
7. When Tom stated that he was having homicidal ideation, he was experiencing:
 - a) Thoughts of harm to himself
 - b) Thoughts of harming others
 - c) Delusion of Control
 - d) Disturbance of Experience

Chapter 6:

Thought Form/Process

PRACTICUM REPORT

After completing this section, you will be able to describe the thought form/process component of the mental status assessment.

THOUGHT

Thought form/process refers to the flow and organization of a patient's thoughts. The interviewer is assessing for whether the thoughts are goal-directed or disorganized.

Disorder of Thought Form/Process can be described as:

Circumstantial

The patient provides an excessive amount of unnecessary detail but eventually addresses the point and answers the question

Tangential

The patient does not reach a point or answer the question

Flight of Ideas

Accelerated speech that is not goal directed in which the patient frequently and abruptly changes topic, is easily distracted, and feels pressure to keep talking

Thought Blocking

A sudden *involuntary* interruption in thought and speech

Thought Derailment

Occurs after thought blocking whereby a patient begins talking again but changes topic and is unaware that the topic was changed

Word Salad

Words are spoken but there is no connection to the words

Clang Association

Substituting words based on sound or a rhyming of words

Echolalia

Repeating of another's speech

Incoherence

Unintelligible, garbled speech

REMEMBER: Flight of ideas and pressured speech is one of the cardinal signs of a manic episode

PRACTICUM REPORT



SAMPLE DOCUMENTATION

Alice states that her thoughts are so fast that she is having a difficult time making sense of everything. Alice has a flight of ideas and is tangential. She would change from one topic to another topic during the interview. Her speech is pressured and she is easily distracted.



Reflective Exercise

Match the statement in Column I with the correct response in Column II.

(Responses may be used only once)

<u>COLUMN I</u>	<u>COLUMN II</u>
1. Accelerated speech that is not goal directed	a. Circumstantial
2. Repeating of another's speech	b. Thought Blocking
3. The patient does not reach a point or answer the question	c. Echolalia
4. Sudden involuntary interruption in thought and speech	d. Incoherence
5. Refers to the flow and organization of a patient's thoughts	e. Tangential
6. The patient provides an excessive amount of unnecessary detail but eventually addresses the point and/or answers the question	f. Thought Derailment
7. Words are spoken but there is no connection to the words	g. Clang Association
8. Substituting words based on sound or a rhyming of words	h. Flight of Ideas
	i. Word Salad
	j. Thought Content
	k. Thought Form/Process

Chapter 7:

Cognition

PRACTICUM REPORT

After completing this section, you will be able to describe the cognition component of the mental status assessment.

COGNITION

Cognition refers to a system of interrelated abilities that allow a patient to be aware of self and his or her surroundings (Austin & Boyd, 2010).

Cognition can be described as:

Level of Consciousness

The degree of alertness

- For example, alert, awake, rousable, lethargic, stuporous, comatose

Orientation

- To time (time of day, day, month, year, season)
- To person (able to identify self and recognize family)
- To place (hospital and unit, town or city, province, country)

Memory

- Registration (immediate recall of new information)
- Short term (recall of information that occurred in the past few hours)
- Long term (events that occurred hours, days, years)

Attention and Concentration

The patient's ability to focus on cognitive processes for a period of time

Common testing includes:

- Counting backwards from 100 with serial seven subtractions such as 100, 93, 86, 79, etc.
- Spell WORLD backwards (DLROW)
- May also be documented as easily distracted, often distracted, etc.

Intelligence Estimation

- Highest level of education obtained

Capacity to Read and Write

- Have patient read a sentence that the interviewer has written
- Then have the patient write a sentence. The patient's sentence must make sense and follow proper grammar such as have a noun, a verb, etc.

PRACTICUM REPORT

Abstract Reasoning

- Determines a patient's abstract or concrete reasoning abilities
- To determine abstract reasoning the patient can be asked to interpret a simple proverb such as 'a rolling stone gathers no moss' or explain similarities between objects such as the similarity between an apple and orange= both are fruit

Visuospatial Ability

Refers to the patient's constructional ability

- The patient is asked to draw a clock or interlocking pentagons

Folstein's Mini Mental State Examination (MMSE) is a valid and reliable instrument for testing cognitive functioning. It tests orientation, memory, calculation, reading and writing, visuospatial ability, and language (Austin & Boyd, 2010).



SAMPLE DOCUMENTATION

*Roy is alert and orientated to person, place and time. He was able to recall 3 objects immediately but after 5 minutes could recall 1 of the 3 objects. His attention span and concentration are decreased and he is often distracted; he could spell 3 of 5 letters of *WORLD* backwards and subtracting serial 7's correctly only once. His long term memory was impaired as he could not remember the date of his wedding or the town in which he grew up. He was able to read a sentence but could not write a sentence. He interprets similarities concretely. He was able to draw interlocking pentagons appropriately. He scored 24/30 on the MMSE.*



Reflective Exercise

Assess the cognitive functioning of a colleague by using Folstein's Mini-Mental State Examination

Chapter 8:

Insight and Judgment

PRACTICUM REPORT

After completing this section, you will be able to describe the insight and judgment component of the mental status assessment.

INSIGHT

Insight is having an awareness of an illness and understanding the need for treatment (Robinson, 2008).

The interviewer is assessing the patient's understanding of the *impact of the illness* on his or her level of functioning, relationship with others, and/or the patient's willingness to change (Synderman & Rovner, 2009).

Insight may be beneficial in determining the *patient's potential for adherence* to the treatment plan.

Insight can be described as:

Impaired

Limited

Intact

JUDGMENT

Judgment is having the ability to appraise, survey, and weigh alternatives in order to establish a decision (Robinson, 2008).

The interviewer must assess for *impulsivity* and the patient's potential for *engaging in activities with high probability of negative consequences* such as shoplifting, spending sprees, physical assault, reckless and/or driving under the influence of substances such as alcohol or drugs, etc.

The interviewer must assess the patient's ability to identify the consequences to his or her actions.

Judgment may be measured by the *patient's compliance* with the treatment plan.

Judgment can be described as:

Good

Fair

Poor

PRACTICUM REPORT



SAMPLE DOCUMENTATION

Alex was brought to the emergency department this morning accompanied by the police. The police reported that Alex's neighbor stated that Alex was knocking on the doors in his neighborhood stating that 'they had to leave because the apocalypse was about to happen.' During the interview, Alex said that the lady on the television was speaking directly to him and told him that he needed to tell everyone about the apocalypse. Alex's insight into his illness is impaired. He denies having a mental illness and blames his neighbor for the hospitalization, stating that he couldn't see why his neighbor called the police. His judgment is poor as Alex stated that he was 'only trying to help everyone,' and he does not require medications and will not be staying in the hospital.



Reflective Exercise

Discuss with a colleague examples of impaired, limited and intact insight.

Discuss with a colleague examples of good, fair, and poor judgment.

A Point to Ponder

Congratulations, you have completed all the sections of this self-learning module and have learned about the components of the mental status assessment. Do you think that you are able to recall all the components of the mental status assessment?

One way to remember the components is by creating an easy to remember mnemonic that has significance to you.

How about you and a colleague brainstorm a suitable mnemonic to help you recall the components of the mental status assessment?

(*General Observations, Mood and Affect, Speech, Perception, Thought Content, Thought Form/Process, Cognition, Insight and Judgment*)

Here is one to get you started...

(*Gee, My Aunt Susie Prefers To Teach Cooking In Japan*)

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Glossary of Mental Status Terminology

Abstract Reasoning: multidimensional thinking; a person is able to appreciate all the meanings of an item, list similarities and differences, use logical reasoning and grasp the whole picture.

Affect: the visible, external or objective manifestation of emotional state.

- ***Range:*** extent to which emotions vary throughout the interview.
 - Full range (normal)
 - Restricted /narrow (few emotions expressed)
 - Wide /expanded (wide range of emotions expressed)
- ***Degree/intensity:*** the degree or intensity that emotions are expressed and is measured by the amount of energy expended in conveying feelings.
 - Normal (responsive, appropriate)
 - Low intensity (flat, constricted, detached, blunted)
 - High intensity (dramatic, exaggerated)
- ***Stability:*** duration of the affect
 - Fixed/immobile – changes in affect are small or nonexistent.
 - Labile – changes that occur rapidly and frequently.

Akathisia: inner tension to keep moving, side effect of psychiatric medications, patient may have symptoms such as rocking, fidgeting, and pacing or feeling compelled to keep moving.

Akinesia: absence of movement.

Anhedonia: the inability to experience pleasure.

Circumstantiality: overly detailed amount of information that provides a lot of digressive, extraneous detail that finally reaches the point and answers the interviewer's question.

Clang Association: words used are based on sound and not logical flow. For example, we went quite far, in a car, to a bar, to see a star.

Compulsions: repetitive behaviors that the person feels driven to perform in response to an obsession. It is aimed at reducing or preventing distress.

Concrete Reasoning: one dimensional thinking; a person is unable to appreciate all the meanings of an item but has a literal, unimaginable, narrow understanding of a concept.

Delusion: a fixed false belief that is not altered with proof to the contrary. Some common types include:

PRACTICUM REPORT

- ***Delusion of Control:*** belief that the patient is under the control of some force or power.
- ***Delusion of Grandiosity:*** belief of having inflated worth, power, knowledge or has a special relationship to a famous person.
- ***Delusion of Jealousy:*** belief that the patient's sexual partner is unfaithful.
- ***Delusion of Persecution:*** belief that others are out to inflict pain on the patient and/or someone close to the patient. A conspiracy is frequently imagined.
- ***Delusion of Reference:*** belief that people, objects, events are related to the patient or have a special significance to the patient such as a person on the television is talking to or about the patient.
- ***Thought Insertion:*** belief that thoughts or ideas are being inserted into the patients mind.
- ***Thought Broadcasting:*** belief that thoughts are being broadcast so that others know what the patient is thinking.

Déjà vu: patient reports situations that are unfamiliar appear familiar.

Depersonalization: change in one's perception of self, causing the individual to feel unreal.

Derealization: change in one's perception of the external world.

Dystonias: involuntary increase in muscle tone, a subtype of extra pyramidal symptoms. Symptoms may include a fixed upward gaze or spasm of the eyes, contraction of the neck muscles, and/or back muscles arching backwards. The tongue and throat may be affected leading to difficulty in speaking, swallowing, and breathing.

Echolalia: repeating of another's speech.

Endomorphic: heavy or portly build

Ectomorphic: thin or slight build

Extra pyramidal symptoms (EPS): a variety of signs and symptoms including muscle rigidity, tremors, shuffling gait, drooling, etc. It can occur as a result of a side effect of psychiatric medications.

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Flight of ideas: patient changes topic frequently. It differs from tangential speech because the topic changes are more abrupt, frequent, and prompted by a word in a previous sentence. This is commonly seen in patients in a manic and/or hypomanic state.

Hallucinations: perceptions that occur without a stimulus. They involve visual, auditory, olfactory, gustatory, and somatic.

Illusion: misinterpretation of existing stimuli so that it appears as something different, distorted or altered. For example, mistaking a tree as a menacing figure in the window or seeing faces in the clouds.

Incoherence: unintelligible, garbled speech.

Insight: having awareness of an illness.

Jamais vu: patient reports situations that are familiar appear unfamiliar.

Judgment: having the ability to weigh alternatives in order to make a decision.

Loose associations: no logical connection between sentences such that the sentences are vague, fragmented, and unfocused.

Mesomorphic: muscular or sturdy build

Mood: the patient's internal feeling state.

Obsessions: uncontrollable thoughts, impulses, or images that the patient recognizes as irrational and is usually coupled with a compulsion (behavior).

Pisa Syndrome: a type of EPS that causes spasms of the torso muscles resulting in the person leaning sideways.

Phobia: marked and persistent fears.

- ***Agoraphobia:*** avoidance of places where escape or getting help are difficult.

Preoccupation: willfully returning to thinking or conversing about a topic.

Pressured speech: a rapid rate of speech that is uninterruptable as if the patient is compelled to keep talking. One of the principle signs of a manic episode.

Psychomotor Retardation: slowness of voluntary and involuntary movements. Also referred to as hypokinesia or bradykinesia.

Rabbit Syndrome: a type of EPS that causes perioral movements that resemble the actions of a rabbit's mouth. For example, lip smacking.

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Ruminations: mulling over one's thoughts without reaching a resolution.

Tangentiality: never gets to the point or answers interviewer's question.

Tardive Dyskinesia: involuntary movement disorder associated with prolonged use of neuroleptic drugs. It refers to a delayed onset occurring months to years after starting the drug. Some movements include tongue protrusion, tremors, twisting of the body, and/or rocking.

Thought Blocking: a sudden involuntary interruption in thought and speech.

Thought Derailment: occurs after thought blocking whereby a patient begins talking again but changes topic and is unaware that the topic was changed.

Tremors: involuntary movement consisting of regular and rhythmic motions of a body part, usually seen in hands and may affect other extremities. May be a side effect of medications such as Lithium, Valporate, Neuroleptics, Tricyclic Antidepressant Agents (TCAs), and Selective Serotonin Reuptake Inhibitors (SSRIs).

Word Salad: words are spoken but there is no connection to the words.

Note: Information obtained from various sources (See Reference list)



Mental Status Assessment Quick Reference Tool

<p><u>Appearance</u></p> <p><i>Gender</i></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><i>Age</i></p> <p><input type="checkbox"/> appears actual</p> <p><input type="checkbox"/> appears older</p> <p><input type="checkbox"/> appears younger</p> <p><i>Level of Eye Contact</i></p> <p><input type="checkbox"/> continuous</p> <p><input type="checkbox"/> good</p> <p><input type="checkbox"/> intermittent</p> <p><input type="checkbox"/> fleeting</p> <p><input type="checkbox"/> absent</p> <p><i>Attire</i></p> <p><input type="checkbox"/> undressed</p> <p><input type="checkbox"/> overdressed</p> <p><input type="checkbox"/> underdressed</p> <p><input type="checkbox"/> bizarre</p> <p><i>Grooming and Hygiene</i></p> <p><input type="checkbox"/> neatly groomed</p> <p><input type="checkbox"/> soiled</p> <p><input type="checkbox"/> disheveled</p> <p><input type="checkbox"/> malodorous</p> <p><i>Body habitus</i></p> <p><input type="checkbox"/> obese</p> <p><input type="checkbox"/> under-weight</p> <p><input type="checkbox"/> emaciated</p> <p><input type="checkbox"/> ectomorphic</p> <p><input type="checkbox"/> endomorphic</p> <p><input type="checkbox"/> mesomorphic</p>	<p><i>Other Features</i></p> <p><input type="checkbox"/> blindness</p> <p><input type="checkbox"/> needle markings</p> <p><input type="checkbox"/> scars</p> <p><input type="checkbox"/> tattoos</p> <p><input type="checkbox"/> body piercings</p> <p><input type="checkbox"/> lack of cosmetics</p> <p><input type="checkbox"/> excessive cosmetics</p> <p><input type="checkbox"/> jewelry</p> <p><i>Behavior</i></p> <p><i>Posture</i></p> <p><input type="checkbox"/> erect</p> <p><input type="checkbox"/> hunched</p> <p><input type="checkbox"/> leaning</p> <p><input type="checkbox"/> reclined</p> <p><input type="checkbox"/> upright</p> <p><i>Gait</i></p> <p><input type="checkbox"/> steady</p> <p><input type="checkbox"/> unsteady</p> <p><input type="checkbox"/> shuffle</p> <p><input type="checkbox"/> rapid</p> <p><i>Facial Expression</i></p> <p><input type="checkbox"/> preoccupied</p> <p><input type="checkbox"/> frowning</p> <p><input type="checkbox"/> downcast</p> <p><input type="checkbox"/> fixed</p> <p><input type="checkbox"/> sullen</p> <p><i>Activity</i></p> <p><input type="checkbox"/> agitation</p> <p><input type="checkbox"/> compulsions</p> <p><input type="checkbox"/> bradykinesia</p> <p><input type="checkbox"/> akinesia</p> <p><input type="checkbox"/> tremors</p> <p><input type="checkbox"/> akathisia</p> <p><input type="checkbox"/> tardive dyskinesia</p> <p><input type="checkbox"/> dystonia</p>	<p><i>Attitude</i></p> <p><input type="checkbox"/> seductive</p> <p><input type="checkbox"/> hostile</p> <p><input type="checkbox"/> guarded</p> <p><input type="checkbox"/> regressed</p> <p><input type="checkbox"/> withdrawn</p> <p><input type="checkbox"/> cooperative</p> <p><input type="checkbox"/> uncooperative</p> <p><i>Mood & Affect</i></p> <p><i>Mood</i></p> <p><input type="checkbox"/> angry</p> <p><input type="checkbox"/> anxious</p> <p><input type="checkbox"/> happy</p> <p><input type="checkbox"/> depressed</p> <p><i>Affect</i></p> <p><input type="checkbox"/> euthymic</p> <p><input type="checkbox"/> dysphoric</p> <p><input type="checkbox"/> anhedonic</p> <p><input type="checkbox"/> euphoric</p> <p><i>Range</i></p> <p><input type="checkbox"/> full</p> <p><input type="checkbox"/> narrow</p> <p><input type="checkbox"/> restricted</p> <p><input type="checkbox"/> wide</p> <p><i>Stability</i></p> <p><input type="checkbox"/> normal</p> <p><input type="checkbox"/> labile</p> <p><input type="checkbox"/> fixed</p> <p><i>Congruence</i></p> <p><input type="checkbox"/> congruent</p> <p><input type="checkbox"/> incongruent</p> <p><i>Speech</i></p> <p><i>Rate</i></p> <p><input type="checkbox"/> pressured</p> <p><input type="checkbox"/> slow</p> <p><input type="checkbox"/> appropriate</p>	<p><i>Volume</i></p> <p><input type="checkbox"/> loud</p> <p><input type="checkbox"/> soft</p> <p><i>Quality</i></p> <p><input type="checkbox"/> slurred</p> <p><input type="checkbox"/> mumbled</p> <p><input type="checkbox"/> unclear</p> <p><input type="checkbox"/> clear</p> <p><i>Quantity</i></p> <p><input type="checkbox"/> talkative</p> <p><input type="checkbox"/> responsive</p> <p><input type="checkbox"/> mutism</p> <p><i>Perception</i></p> <p><input type="checkbox"/> Illusion</p> <p><input type="checkbox"/> Depersonalization</p> <p><input type="checkbox"/> Derealization</p> <p><input type="checkbox"/> Déjà vu</p> <p><input type="checkbox"/> Jamais vu</p> <p><i>Hallucinations</i></p> <p><input type="checkbox"/> auditory</p> <p><input type="checkbox"/> visual</p> <p><input type="checkbox"/> olfactory</p> <p><input type="checkbox"/> gustatory</p> <p><input type="checkbox"/> somatic</p> <p><i>Thought Content</i></p> <p><i>Delusions</i></p> <p><input type="checkbox"/> persecution</p> <p><input type="checkbox"/> control</p> <p><input type="checkbox"/> reference</p> <p><input type="checkbox"/> grandiosity</p> <p><input type="checkbox"/> jealousy</p> <p><input type="checkbox"/> thought insertion</p> <p><input type="checkbox"/> thought withdrawal</p> <p><input type="checkbox"/> thought broadcasting</p>
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<p><u>Obsessions</u></p> <p><input type="checkbox"/> cleanliness</p> <p><input type="checkbox"/> order</p> <p><input type="checkbox"/> assault</p> <p><u>Phobias</u></p> <p><input type="checkbox"/> specific</p> <p><input type="checkbox"/> social</p> <p><input type="checkbox"/> agoraphobia</p> <p><u>Suicidal Ideation</u></p> <p><input type="checkbox"/> plan</p> <p><input type="checkbox"/> available means</p> <p><input type="checkbox"/> intent</p> <p><input type="checkbox"/> past history</p> <p><input type="checkbox"/> previous attempt(s)</p> <p><input type="checkbox"/> hopelessness</p> <p><input type="checkbox"/> family history</p> <p><u>Homicidal Ideation</u></p> <p><input type="checkbox"/> plan</p> <p><input type="checkbox"/> available means</p> <p><input type="checkbox"/> intent</p> <p><input type="checkbox"/> history</p> <p><input type="checkbox"/> <u>Self-mutilation</u></p> <p><u>Thought Form</u></p> <p><input type="checkbox"/> circumstantial</p> <p><input type="checkbox"/> tangential</p> <p><input type="checkbox"/> flight of ideas</p> <p><input type="checkbox"/> thought blocking</p> <p><input type="checkbox"/> derailment</p> <p><input type="checkbox"/> word salad</p> <p><input type="checkbox"/> clang association</p> <p><input type="checkbox"/> echolalia</p> <p><input type="checkbox"/> incoherence</p>	<p><u>Cognition</u></p> <p><u>Level of Consciousness</u></p> <p><input type="checkbox"/> alert</p> <p><input type="checkbox"/> awake</p> <p><input type="checkbox"/> rousable</p> <p><input type="checkbox"/> lethargic</p> <p><input type="checkbox"/> stuporous</p> <p><input type="checkbox"/> comatose</p> <p><u>Orientation</u></p> <p><input type="checkbox"/> time</p> <p><input type="checkbox"/> person</p> <p><input type="checkbox"/> place</p> <p><u>Memory</u></p> <p><input type="checkbox"/> registration</p> <p><input type="checkbox"/> recall</p> <p><input type="checkbox"/> short term</p> <p><input type="checkbox"/> long term</p> <p><u>Attention & Concentration</u></p> <p><input type="checkbox"/> easily distracted</p> <p><input type="checkbox"/> often distracted</p> <p><input type="checkbox"/> serial 7's</p> <p><input type="checkbox"/> WORLD backwards</p> <p><u>Abstract Reasoning</u></p> <p><input type="checkbox"/> abstract reasoning</p> <p><input type="checkbox"/> concrete reasoning</p> <p><u>MMSE</u></p> <p><input type="checkbox"/> score ____</p>	<p><u>Insight and Judgment</u></p> <p><u>Insight</u></p> <p><input type="checkbox"/> impaired</p> <p><input type="checkbox"/> limited</p> <p><input type="checkbox"/> intact</p> <p><u>Judgment</u></p> <p><input type="checkbox"/> good</p> <p><input type="checkbox"/> fair</p> <p><input type="checkbox"/> poor</p>	<p><u>Other pertinent information:</u></p>
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QUESTIONS TO ELICIT PSYCHOPATHOLOGY

ANXIETY

WORRYING: Have you worried a lot in the last month? What do you worry about? What is it like when you worry? Do unpleasant thoughts constantly go round and round in your mind? Can you stop them by turning your attention to something else? How often have you worried like this in the last month?

TENSION PAINS: Have you had headaches or other aches and pains in the last month? What kind? For example, a band around the head, tightness in the scalp, ache in the back of the neck or shoulders?

TIREDDNESS OR EXHAUSTION: Have you been getting exhausted or worn out during the day or evening, even when you have not been working very hard? Do you feel tired all the time for no apparent reason? Is it a feeling of tiredness or exhaustion? Do you have to take a rest during the day?

MUSCULAR TENSION: Have you had difficulty relaxing in the last month? Do your muscles feel tensed up? Is it hard to get rid of the tension?

RESTLESSNESS: Have you been so fidgety and restless that you couldn't sit still? Do you have to keep pacing up and down?

SUBJECTIVE NERVOUS TENSION: Do you often feel on edge, or keyed up, or mentally tense? Do you generally suffer from your nerves? Do you suffer from nervous exhaustion?

FREE FLOATING ANXIETY: Have there been times lately when you have been very anxious or frightened? What was this like? Did you experience unpleasant bodily sensations like blushing, butterflies, choking, difficulty getting breath, dizziness, dry mouth, palpitations, sweating, tingling sensations, trembling? How often in the last month?

ANXIOUS FOREBODING: Have you had the feeling that something terrible might happen? A feeling that some disaster might occur but not sure what? Have you been anxious about getting up in the morning because you are afraid to face the day? What did this feel like? Did you experience unpleasant bodily sensations?

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PANIC ATTACKS: Have you had times when you felt shaky, or your heart pounded, or you felt sweaty and you simply had to do something about it? What was it like? What was happening at the time? How often in the last month?

SITUATIONAL ANXIETY: Have you tended to get anxious in certain situations, such as travelling, or in crowds, or being alone, or being in enclosed spaces? What situations? Did you experience unpleasant bodily sensations? How often in the past month?

ANXIETY ON MEETING PEOPLE: What about meeting people such as going into a crowded room? Making conversation?

SPECIFIC PHOBIAS: Do you have any special fears, like some people are scared of cats, spiders or birds?

AVOIDANCE: Do you avoid any of these situations (specify as appropriate) because you know you will get anxious? How often have you found yourself doing this in the last month? How much does this affect your day to day life?

DEPRESSION

POOR CONCENTRATION: What has your concentration been like recently? Can you read an article in the paper or watch a television program right through? Do your thoughts drift so that you don't take things in?

NEGLECT DUE TO BROODING: Do you tend to brood on things? So much that you neglect things like your work, or eating, or housework, or looking after yourself?

LOSS OF INTEREST: What about your interests, have they changed at all? Have you lost interest in work, hobbies, or recreations? Have you let your appearance go?

DEPRESSED MOOD: Do you keep reasonably cheerful or have you been very depressed or low spirited recently? Have you cried at all or wanted to cry? When did you last really enjoy doing anything?

MORNING DEPRESSION: Is the depression worse at any particular time of day?

HOPELESSNESS: How do you see the future? Has life seemed quite hopeless? Can you see any future? Have you given up or does there still seem some reason for trying?

SOCIAL WITHDRAWAL: Have you ever wanted to stay away from other people? Why? Have you been suspicious of their intentions? Are you afraid of actual harm?

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SELF-DEPRECIATION: What is your opinion of yourself compared with other people? Do you feel better, not as good, or about the same as most? Do you feel inferior or even worthless?

LACK OF SELF CONFIDENCE: How confident do you feel in yourself such as when talking to others or in managing your relations with other people?

IDEAS OF REFERENCE: Are you self-conscious in public? Do you get the feeling that other people are taking notice of you in the street, a bus, or a restaurant? Do they ever seem to laugh at you or talk about you critically? Are people really looking at you or is it perhaps the way you feel about it?

GUILTY IDEAS OF REFERENCE: Do you have the feeling that you are being blamed for something or even being accused? What about?

PATHOLOGICAL GUILT: Do you tend to blame yourself at all? If people are critical at all, do you think you deserve it?

LOSS OF WEIGHT DUE TO POOR APPETITE: What has your appetite been like recently? Have you lost any weight in the last three months? Have you been trying to lose weight?

DELAYED SLEEP: Have you had any trouble getting off to sleep recently? How much has it affected you?

SUBJECTIVE ANERGIA AND RETARDATION: Do you seem to be slowed down in your movements or have too little energy recently? How much has it affected you?

EARLY WAKING: Do you wake early in the morning? What time do you wake? Can you get back off to sleep or do you lie awake? How often has this happened in the last month?

LOSS OF LIBIDO: Has there been any change in your interest in sex?

IRRITABILITY: Have you been much more irritable than usual recently? How do you show it? Do you keep it to yourself, shout or hit people?

DELUSIONS OF GUILT: Do you feel as if you have committed a crime, sinned greatly, or deserve punishment? Have you felt that your presence might contaminate or ruin other people?

HYPOCHONDRIACAL DELUSIONS: Is there anything the matter with your body? Do you think you have some kind of serious physical illness? Have you told your doctor about this?

SUICIDAL THOUGHTS AND BEHAVIOUR

NEGATIVE EVALUATION OF LIFE: In the last month, have there been times when you felt that life wasn't worth living? How often have you felt like this recently?

ADVANTAGES FOR SELF: Have you felt that you may be better off dead? Do you feel that it would be a relief from your problems? Does it seem like the only solution to your problems, or could things still be put right by other means? Are you sure of this? How often have you thought like this recently?

ADVANTAGES FOR OTHERS: Have you thought that other people would be better off if you were dead? In what way would they be better off? Would they be happier if you were gone? Are you sure of this? How often have you thought like this recently?

ACTIVE DESIRE FOR DEATH: Have you found yourself actually wishing you were dead and away from it all? How often have you felt like this?

SUICIDAL THOUGHTS: Have you had any thoughts about taking your own life? Have you thought seriously about this? Has the idea of taking your life kept coming into your mind? How much of the time has this been in your mind in the last month?

PLANS FOR SUICIDE: Have you made plans for taking your life? What do you think you might do? Have you decided how and where you might do this? Have you decided on a time? What prevents you from carrying out your plans? Does the thought of dying make you feel afraid? Does it make you feel relieved? Are you resigned to the fact?

PREPARATIONS FOR SUICIDE: Have you made any preparations for taking your life? What have you done? Have you got the means to do it? Have you written a letter saying why you want to do this?

RECENT ATTEMPTS: Have you actually tried to take your life recently? What did you do? Did you expect to die? Do you intend to try again? When might you do this?

ELEVATED MOOD

EXPANSIVE MOOD: Have you sometimes felt particularly cheerful and on top of the world, without any reason? How would you describe the feeling? Was it a feeling of ordinary happiness or something unusually intense? How long did the feeling last? Could you control the feeling? Was it a pleasant feeling or did it seem too cheerful to be healthy? How often have you felt like this in the last month?

SUBJECTIVE IDEOMOTOR PRESSURE: Have you felt particularly full of energy lately or full of exciting ideas? Do things seem to go too slowly for you? Do ideas or images seem to pass through your mind at a faster rate than normal? Do you need less sleep than usual? Do you feel yourself getting extremely active but not getting tired? Did you stay up all night because you felt too full of energy to sleep? Have you developed any new interests recently?

GRANDIOSE IDEAS AND ACTIONS: Have you seemed super efficient, felt as though you had special powers or talents quite out of the ordinary? Have you felt especially healthy? Have you been buying any interesting things recently? Have you told other people about how you were feeling or about your ideas and plans? Did you feel that you had to tell everyone about it?

HALLUCINATIONS

AUDITORY HALLUCINATIONS: Do you ever seem to hear noises or to hear voices when there is no one about and nothing else to explain it?

NON-VERBAL AUDITORY HALLUCINATIONS: Do you ever hear noises like tapping or music? Do you ever hear muttering or whispering? Can you make out the words?

VERBAL HALLUCINATIONS: What does the voice say? Are the voices critical or accusatory? Do you think that it is justified? Do you deserve it? Do you hear your name being called?

VOICES DISCUSSING SUBJECT IN THE THIRD PERSON OR

COMMENTING ON THOUGHTS AND ACTIONS: Do you hear several voices talking about you? Do they refer to you as she or he? What do they say? Do they seem to comment on what you are thinking, reading, or doing?

PRACTICUM REPORT

VOICES SPEAKING TO SUBJECT: Do they speak directly to you? Are they threatening or unpleasant? Do they call you names? Do they give you orders?

TRUE OR PSEUDO AUDITORY HALLUCINATIONS: Do you hear these voices inside your head or can you hear them through your ears? Where do they seem to be coming from? Do they seem to come from somewhere in the room or from somewhere else? Do they sound like someone in the room is talking to you? How long did the voice(s) last for? Were you half asleep at the time, or has it occurred when you were fully awake? How do you explain them?

VISUAL HALLUCINATIONS: Have you seen things that other people cannot see? What did you see?

OLFACTORY HALLUCINATIONS: Do you sometimes notice strange smells that other people don't notice? What sort of smell is it? How do you explain it? Do you think that you, yourself give off a strange smell? What sort of smell is it? How do you explain it?

SOMATIC HALLUCINATIONS: Do you ever feel that someone is touching you but when you look nobody is there? How do you explain this? Do you sometimes notice strange feelings inside your body? How do you explain this?

GUSTATORY HALLUCINATIONS: Have you noticed that food or drink seems to have an unusual taste recently? How do you explain this?

DELUSIONS

THOUGHT INSERTION: Are thoughts put into your head which you know are not your own? How do you know they are not your own? Where do they come from?

THOUGHT BROADCAST: Do you seem to hear your own thoughts spoken aloud in your head so that someone standing near might be able to hear them? How do you explain this? Are your thoughts broadcast so that other people know what you are thinking?

THOUGHT ECHO OR COMMENTARY: Do you ever seem to hear your own thoughts repeated or echoed? What is it like? How do you explain it? Where does it come from?

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THOUGHT BLOCK OR WITHDRAWAL: Do you ever experience your thoughts stopping quite suddenly so that there are none left in your mind, even though your thoughts were flowing quite freely before? What is it like? How does it occur? What is it due to? Do your thoughts ever seem to be taken out of your head as though some external thought were removing them? Can you give an example? How do you explain it?

DELUSION OF THOUGHTS BEING READ: Can anyone read your thoughts? How do you know? How do you explain it?

DELUSIONS OF CONTROL: Do you ever feel under the control of some force or power other than yourself? As though you were a robot without a will of your own? As though you were possessed by someone or something else? What is it like?

DELUSIONS OF REFERENCE: Do people seem to drop hints about you, say things with a double meaning, or do things in a special way so as to convey a meaning? Can you give an example of what they do? Does everyone seem to gossip about you? What do they say? Do people follow you about, check up on you, or record your movements? Why are they doing this?

DELUSIONAL MISINTERPRETATION AND MISIDENTIFICATION: Do things seem to be specially arranged? Is an experiment going on, to test you out? Do you see any reference to yourself on TV or in the papers? Do you ever see special meanings in advertisements?

DELUSIONS OF PERSECUTIONS: Is anyone deliberately trying to harm you such as trying to poison or kill you? How? Is there any kind of organization behind it? Is there any other kind of persecution?

DELUSIONS OF GRANDIOSE ABILITIES: Is there anything special about you? Do you have any special abilities or powers? Can you read people's thoughts? Is there a special purpose or mission to your life? Are you especially clever or inventive?

DELUSIONS OF GRANDIOSE IDENTITY: Are you a very prominent person or related to someone prominent like royalty? Are you very rich or famous? How do you explain this?

RELIGIOUS DELUSIONS: Are you a very religious person? Specially close to god? Can god communicate to you? Are you yourself a saint?

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(The source for Questions for eliciting psychopathology: Lawlor, P. J., & Ward, L. (2008, September). Mental health assessment tools. Retrieved from Dual Diagnosis Ireland: <http://www.dualdiagnosis.ie/wp-content/uploads/2011/05/Health-board-assessment-tool-portfolio-10.02.20091.pdf>)

ANSWERS TO THE REFLECTIVE EXERCISES

SECTION 1

1. Dystonia
2. Haloperidol
3. Benztropine
4. Age: 25 years, sex: male, received haloperidol (an anti-psychotic)
5. Yes, John has several risk factors and also a history of dystonia

SECTION 2

1. False
2. False
3. True
4. True
5. True
6. False
7. False
8. True
9. False

SECTION 3

Compare your answer with a
colleague

SECTION 4

1. An hallucination
2. Command
3. Auditory
4. Positive
5. Illusion
6. Perception
7. Depersonalization
8. Déjà vu & Jamais vu

SECTION 5

- | | |
|------|------|
| 1. D | 5. A |
| 2. A | 6. A |
| 3. D | 7. B |
| 4. A | |

SECTION 6

- | | |
|------|------|
| 1. h | 6. a |
| 2. c | 7. i |
| 3. e | 8. g |
| 4. b | |
| 5. k | |

SECTION 7

Compare your answer with a
colleague

SECTION 8

Compare your answer with a
colleague



Certificate of Completion

This acknowledges that

Has successfully completed the

Nurse's Guide to Mental Status Assessment Self-Learning Module

PRACTICUM REPORT

Date