A FORMATIVE APPROACH TO CURRICULUM DEVELOPMENT FOR THE PSYCHIATRIC COMPONENT IN GENERAL NURSING EDUCATION

by

Phyllis T. Johnson

B.SC.N., University of British Columbia, 1974

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF

THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in the Department

of

Education

© Phyllis T. Johnson 1981

SIMON FRASER UNIVERSITY

April 1981

All rights reserved. This work may not be reproduced in whole or in part, by photocopy or other means, without permission of the author.

APPROVAL

Name: Phyllis Johnson

Degree: Master of Arts (Education)

Title of Thesis: A Formative Approach to Curriculum Development for the Psychiatric Component in General Nursing Education

Examining Committee

Chairman: Jaap Tuinman

M. Gibbons
Senior Supervisor

J. Martin
Associate Professor

M. Neylan
Chairman
Psychiatric Department
Nursing Program
BCIT
External Examiner

Date approved April 3, 1981

PARTIAL COPYRIGHT LICENSE

I hereby grant to Simon Fraser University the right to lend my thesis, project or extended essay (the title of which is shown below) to users of the Simon Fraser University Library, and to make partial or single copies only for such users or in response to a request from the library of any other university, or other educational institution, on its own behalf or for one of its users. I further agree that permission for multiple copying of this work for scholarly purposes may be granted by me or the Dean of Graduate Studies. It is understood that copying or publication of this work for financial gain shall not be allowed without my written permission.

Title of Thesis/Project/Extended Essay

A Formative Approach to Curriculum Development for the Psychiatric Component in General Nursing Education

Author: _____
(signature)

Phyllis Johnson
(name)

April 21, 1981.
(date)

ABSTRACT

The purpose of this study is to develop and improve the psychiatric component of the general nursing curriculum for registered nurses. The thesis is a systematic field development study guided by the formative evaluation process and implemented in a health care setting over an eight week period. It is descriptive and exploratory in nature and results in a formative pattern of curriculum development. The specific problem under examination in this thesis is: What knowledge and teaching methods are most effective in teaching students to intervene therapeutically while caring for patients in a psychiatric ward.

The literature about educational principles and practices in the specialty area of psychiatric nursing is very limited. As a result, there are few guidelines for selecting content and teaching methods for helping students apply theory in the practice of psychiatric nursing. This study seeks a clear indication of which educational practices, commonly used in selecting content and teaching methods for the psychiatric component in general nursing education, are effective.

The author of this thesis is also the program developer and the primary instructor for the psychiatric nursing program under examination. During the period of the study, classes were taught by the author and the clinical teaching was shared with an instructor/observer. The clinical study group consisted of ten students doing their regular eight week rotation in

psychiatric nursing. The field setting was a large mental hospital. The clinical study was done on two admitting wards with a patient population of twenty-eight. Twenty staff members working in the mental health setting were actively involved as role models and observers over the period of the study.

The traditional eight week program in this institution was comprised of four weeks of lectures and four weeks of practice on a psychiatric ward. The sequence of classroom and clinical practice time varied. Data from a number of sources indicated that the lectures had little impact on student practice. The formative study began with a program comprised of one week of theory and seven weeks of integrated theory and practice. In the following weeks, the program was formatively evaluated following the Robert E. Stake model, and using such methods of data gathering as interviews with a number of mental health care staff, the use of a student evaluation rating scale, and observation of the clinical workshop monitor. As the data indicated problems in the program, interventions were designed and implemented to improve the situation. These included such interventions as the development and use of clinical objectives, implementation of the case study teaching method, and a general reduction in quantity of content. The history of these eight weeks of trial - intervention - evaluation is reported as a case study.

The analysis of this developmental program indicated that the performance of nursing students can be improved by such instructional practices as using the clinical workshop monitor for each diagnosis of

learning problems, employment of goal directed interaction studies, and implementation of the case study teaching method. While formal research is required to confirm these findings, this informal investigation provides a promising direction for future practice and research in nursing education.

TABLE OF CONTENTS

	Page
TITLE PAGE	i
APPROVAL PAGE	ii
ABSTRACT	iii
TABLE OF CONTENTS	vi
LIST OF TABLES	x
CHAPTER I	1
INTRODUCTION	1
CHAPTER II	6
THE LITERATURE REVIEW	6
I. The Need for Evaluation of the Psychiatric Component in General Nursing Education	6
II. Curriculum Evaluation Models in Nursing and in General Education	9
III. Selected Textbooks to Meet the Teaching/ Learning Objectives	16
CHAPTER III	21
METHODOLOGY AND DESIGN	21
I. Background Information	21
II. Development of Methodology	23
III. Evaluation Design	24
IV. Data Gathering Methods	26
V. Method of Reporting	31

Page

CHAPTER IV..... 33

THE PSYCHIATRIC NURSING PROGRAM: A CASE STUDY..... 33

I. The Educational Diagnosis..... 34

II. The Developer and Major Changes..... 47

III. Introducing Transactions and Testing..... 56

IV. Modification..... 60

V. Implementation..... 61

VI. The Mental Health Care Delivery System..... 62

VII. Evaluation..... 63

CHAPTER V..... 71

ANALYSIS AND CONCLUSIONS..... 71

I. Weaknesses..... 72

II. Strengths..... 74

III. Personal Considerations and Future Directions..... 80

APPENDICES

APPENDIX A..... 85

PSYCHIATRIC NURSING PROGRAM - ACADEMIC OBJECTIVES..... 86

PSYCHIATRIC NURSING - CLINICAL OBJECTIVES..... 91

APPENDIX B..... 94

FIGURE 1: DATA MATRIX FOR ORGANIZING DATA..... 95

FIGURE 2: DATA MATRIX FOR PROCESSING DATA..... 96

Page

APPENDIX C..... 97

PRETEST - POST TEST I..... 98

PRETEST - POST TEST II..... 100

COMMUNICATION SKILLS CHECKLIST..... 126

CLASSROOM INTERACTION ACTIVITY MONITOR..... 131

STUDENT EVALUATION OF TEACHING/LEARNING ACTIVITIES RATING SCALE..... 132

CLINICAL WORKSHOP: SUSPICIOUS BEHAVIOR GUIDELINES FOR DISCUSSION..... 133

CLINICAL WORKSHOP MONITOR..... 136

PSYCHIATRIC NURSING - CASE STUDY AND EXAMINATION..... 138

STUDENT EVALUATION..... 141

COMMUNITY MENTAL HEALTH ASSIGNMENT..... 146

APPENDIX D..... 148

SHORT ANSWER PRETEST RESULTS - PROGRAM DAY 1..... 149

SHORT ANSWER POST TEST RESULTS - PROGRAM DAY 6..... 150

APPENDIX E..... 151

INTERACTION #4 HEALTH TEACHING, JULY 23, 1977 (Excerpt from Student Assignment)..... 152

APPENDIX F..... 159

CASE STUDY EXAMINATION (Completed by Student)..... 160

Page

LIST OF REFERENCES

CHAPTER I - FOOTNOTE..... 5
CHAPTER II - FOOTNOTES..... 19
CHAPTER III - FOOTNOTES..... 32
CHAPTER IV - FOOTNOTE..... 70
CHAPTER V - FOOTNOTES..... 84

BIBLIOGRAPHY..... 165

LIST OF TABLES

		Page
TABLE 1	SELECTED CHARACTERISTICS OF THREE MODELS STUFFLEBEAM, TYLER AND STAKE.....	14
2	APPLICATION OF THE STAKE MODEL: DESCRIPTION MATRIX FOR DAY 1.....	37
3	APPLICATION OF THE STAKE MODEL: DESCRIPTION MATRIX FOR DAY 3.....	39
4	STUDENT EVALUATION OF TEACHING/LEARNING ACTIVITIES - DAY 3.....	42
5	STUDENT EVALUATION OF TEACHING/LEARNING ACTIVITIES - DAY 5.....	44
6	CLINICAL WORKSHOP FORMAT.....	53
7	STUDENT EVALUATION OF TEACHING/LEARNING ACTIVITIES - WEEK 3.....	58
8	STUDENT EVALUATION OF TEACHING/LEARNING ACTIVITIES - WEEK 6 & 7.....	64
9	FORMATIVE MODEL FOR CURRICULUM DEVELOPMENT FIELD STUDY OF THE PSYCHIATRIC COMPONENT IN GENERAL NURSING EDUCATION.....	79

CHAPTER 1

INTRODUCTION

This thesis is a field development study guided by the formative evaluation process and implemented over an eight week period. Its aim is to develop and improve the psychiatric nursing component of the basic or preparatory education program for registered nurses. The problem under examination in this thesis is: What knowledge and teaching methods are most effective in teaching students to intervene therapeutically while caring for patients in a psychiatric ward? The problem arises due to the lack of documentation of educational principles and practices in the specialty area of psychiatric nursing at the time of the study. Guidelines for selecting content and teaching methods for helping students apply theory in the practice of psychiatric nursing intervention are limited.

The author of this thesis was the program developer and the instructor for the psychiatric nursing program studied. An increasing awareness of self, as well as professional biases and their influence on program change, led to opportunities to gain new insights as a program developer. The realization that the degree of program development and improvement is proportionate to the degree of growth in the developer is a valuable insight that will influence future goals for the author of this study.

The purpose of the thesis is to develop and improve the psychiatric nursing component of the general nursing curriculum for preparing registered nurses. Changes in this particular area of education follow societal trends toward:

I. Reduction of large populations in mental institutions;

II. Increase in number of mental health teams;

III. Increase in mental health education for the general public through the media;

IV. Rapid growth of psychiatric wards and daycare units in general hospital;

V. Increase in stress of daily living and associated psychosocial problems.

Indications from hospital staff during this field study are that registered nurses are not generally prepared to give effective therapeutic care to the increasing psychiatric population in general hospitals. This familiar outcry emphasizes the need to examine the educational aspects of the psychiatric nursing course to prepare registered nurses.

The study begins with a review of the literature on nursing education in general, and psychiatric nursing in particular. Although the literature is prolific for both of these subject areas, the number and kind of research studies done by nurses focusing on curriculum development for the psychiatric component in general nursing education are very few. The absence of a foundation in this specialty area places a handicap on curriculum developers and instructors. Principles and practices in psychiatric nursing documented by research which might serve to give direction for education are practically

nonexistent in the literature.[1] Alternatively, the author has included resources in the area of general education with specific emphasis on curriculum development and evaluation which has application in nursing education.

Reports of methodology and design used in the study follow the literature review. The selection of formative evaluation as a method of curriculum development is appropriate for examining the details of learning behavior in the early stages of development. The organizational framework for this field study is described by Robert E. Stake (1973) as an educational plan for evaluation. It is centered around concepts associated with the use of formative evaluation as a method of curriculum development during the intermediate stages of its inception. The thesis is a description of the daily trials, interventions and evaluations involved in developing the psychiatric nursing component during this field study. Two data matrices (Stake, 1973) were used to help organize and describe the evaluation process at intermediate stages of development. Methods of data gathering included:

A. pretesting and post-testing;

B. interaction study communication skills checklist;

C. classroom interaction activity monitor;

D. student evaluation of learning activity rating scale;

E. clinical workshop monitor;

F. case study examination;

G. clinical evaluation;

H. community mental health assignment;

I. extensive interviewing of mental health care staff;

J. observer antedotal notes and discussions.

Information gathered was organized and processed systematically through the use of the Stake evaluation model, resulting in decisions for modification and improvement in the curriculum.

The descriptive nature of this field development project is most appropriately reported in a case study. A pattern of testing, intervention and evaluation is described reflecting a process of change and growth in the program developer, the students, and the psychiatric nursing curriculum. The author reports the determining factors and rationale for judgment in the decision making process for setting priorities and making changes to improve the curriculum. Staff-instructor interviews, observer-author interviews, faculty-author interviews and discussions, as well as a descriptive account of self-development reflect a close examination of the dynamics associated with program improvement.

An analysis follows with a critical assessment of the curriculum field development project. Particular attention is given to the evaluation design and modes of implementation as well as to the results obtained. The report discusses the strengths and weaknesses, limitations and constraints of the study. The thesis concludes with a summary of the worth of the study and the questions left to explore leading to further development in this specialty area of nursing education.

The thesis is a report of a field practice study within one nursing education program with the primary purposes of furthering the development of the psychiatric nursing course to prepare registered nurses.

CHAPTER I - FOOTNOTE

[1]Gwen Marram, "Barriers to Research in Psychiatric - Mental Health Nursing: Implications for Preparing the Nurse Researcher," Journal of Psychiatric Nursing and Mental Health Services (April, 1976), p. 7.

CHAPTER II

THE LITERATURE REVIEW

In examining the problem under investigation in this thesis, What knowledge and teaching methods are most effective in teaching students to intervene therapeutically while caring for patients in a psychiatric ward?, the author explored three major areas of interest in the literature review:

I. The need for evaluation of the psychiatric component in general nursing education;

II. Curriculum evaluation models in nursing and general education;

III. Selected textbooks to meet the teaching/learning objectives.

I. The Need for Evaluation of the Psychiatric Component in General Nursing Education

A. General:

Early in the literature search, the paucity of research studies related to intervention in psychiatric nursing, became obvious. Instructional methods in teaching psychiatric nursing care to general nursing students were limited. Exploratory studies in identifying knowledge and effective methods for transfer of learning in this specialty area of clinical practice were rare. In "Barriers to Research in

Psychiatric - Mental Health Nursing: Implications for Preparing the Nurse Researcher," Gwen Marram (1974), describes the gap as being due to the absence of a foundation in psychiatric-mental health nursing research. Her objectives for exploring this problem were:

1. To identify how many and what kinds of research are conducted by nurses that clearly have a psychiatric-mental health nursing focus;

2. To ascertain whether nurses are seeking funding for projects through federal agencies which deal with mental health research.[1]

   During her investigation she found that it was uncommon for nurses to apply for mental health research grants. Gwen Marram (1976) made the following recommendations as a result of her exploration:

   a) Schools must support alternative research approaches such as case studies;
   b) Students need to be taught advanced statistical and grant writing techniques;
   c) Schools of nursing should strive for greater theoretical congruence;
   d) Health education agencies must recognize that psychiatric nursing problems are currently a serious area of neglect.[2]

B. Local:

During the latter half of 1974, members of the British Columbia Medical Center Task Committee were preparing statements of beginning competencies for graduate nurses working in Psychiatric units of General Hospitals. In pursuing this task, they requested assistance from ten representative B.C. hospitals. They were asked to submit statements of beginning competencies required of nursing personnel for the in-patient services. The Task Committee used this information to formulate a set of statements which was developed to form a questionnaire. The questionnaire was then forwarded to the ten hospitals for validation. Each statement was examined and the level of competency required in the specific hospital unit was identified as "not required," "knowledge only required," "perform with close supervision," "perform with intermittent supervision," or "perform independently." Nine of the ten hospitals returned the questionnaire. The returns included responses for 11 in-patient, 4 out-patient, and six day care units. The report from the Task Committee remains unpublished to date. The findings in the report of particular significance to this field study are the competencies and skills identified as requiring a high level of independence for beginning graduate nurses working in all types of psychiatric units. These activities were described as follows:

- Therapeutic use of self
- Recognition of behavior patterns in illness and health
- Making a mental health assessment
- Promoting therapeutic milieu
- Communicating effectively.[3]

The rapid growth of provincial mental health centers in B.C. over the last fifteen years has brought about many changes in service delivery. In a report to the Department of Health, B.C. Government in June, 1975, the authors of a Community Mental Health Project made the following observations regarding competencies for graduate nurses working in community mental health agencies:

1. There is a need for increased skill in effective communication
2. Nurses need to be able to assess behavior patterns in mental health and illness
3. Graduates must be able to develop and implement an effective plan of care
4. There is a need to apply appropriate treatment modalities
5. Nurses must be able to work responsibly within the mental health delivery system.[4]

Although the above study is concerned with graduate psychiatric nurses, these observations correspond with the findings of the B.C.M.C. Task Committee as well as the interviews and discussion with health care workers in mental health agencies during this curriculum study.

II. Curriculum Evaluation Models in Nursing and in General Education

A. Nursing:

The principles of evaluation help to determine who should participate in the evaluation process and how it should be done. A. Rhines (1966),

in the article "Evaluating Student Progress in Learning the Practice of Nursing", suggests eight principles based on comments of instructors in a research project.

1. Evaluation should be in terms of the education programme;
2. Evaluation must be in terms of observed student behavior;
3. Evaluation should take into consideration behavior that is appropriate for the stage of learning which the student has reached;
4. Evaluation should be a continuous process;
5. Evaluation takes into consideration the stage of growth and development which the student has reached;
6. Evaluation should be a stimulating force leading to definite improvement in the growth and development of students;
7. Evaluating should include all who participate in the educational programme;
8. Evaluation should be in terms of units appropriate to the behavior being measured.[5]

In seeking an evaluation model for the psychiatric field study, the author found it helpful to keep these principles in mind. Winifred M. Ogundeyin (1976), in her article "Principles of Curriculum Development" describes the process of formative evaluation as the assessment of

> the student's response to the programme so that adjustment can be made to increase the effectiveness of the curriculum. Assessment should be based on the instructional objectives. The learner's performance is measured after instruction, and a score is given. Depending on the performance score, adjustments are made in the programme.[6]

Joan Riehl and Callista Roy (1974), in their book Conceptual Models For Nursing Practice, introduce the use of conceptual models as a framework for nursing practice in education, research and service. The following models are discussed and samples of application are presented: System Models - Pierce Health Care

- Neuman Health Care
- Roy Adaptation
- Johnson Behavioral

Developmental Models - Systems Developmental Stress

- Travelbee's Developmental Approach

Interaction Models - Nurse Therapist

From this assortment of models in nursing practice, the Roy Adaptation Model is the most developed and operationalized, though it is still far from being refined. One of the basic assumptions of this model is:

> Man is conceptualized as having four modes of adaptation: physiologic needs, self-concept, role function, interdependence relations.

Based on a survey of 500 samples of patient behavior (Roy 1971), Roy has tentatively identified four ways in which man adapts to health and illness:

a) Man adapts according to his physiologic needs; for example, temperate changes ;

b) Man's self-concept is determined by his interaction with others; for example, switching from role of instructor to role of parent;

c) Role function is the performance of duties based on given positions within society; for example, parenting needs change with developing needs of growing children;

d) Man adapts according to a system of interdependence; for example, separation from a loved one leads to changing ones way of getting attention and affection.[7]

These nursing models present specific philosophic approaches to curriculum development. Although the focus is on nursing concepts, the author found them complex to operationalize for the purposes of doing a formative evaluation study in teaching the psychiatric component in general nursing education.

B. General Education:

In exploring literary resources in general education, the aim was to seek a more general approach to curriculum development and evaluation with potential for use in a psychiatric nursing field study. At this point the author had established that she was searching for an evaluation model which would provide a framework for detailed examination and revisions of a curriculum while it was being implemented. In Educational Evaluation: Theory and Practice authored by Blaine R. Worthen and James R. Sanders (1973), a Chapter titled "Frameworks for

Planning Evaluation Studies" offered a variety of interesting alternatives. Eight evaluation designs are presented in this book including those of Scriven, Tyler, Hammond, Stufflebeam, Alkin, and Provus. Using a description of the types of evaluation designed in each of the models, the author chose Stufflebeam, Tyler and Stake for further study and investigation. Table 1 gives a description of selected characteristics for these three models.[8]

In an excerpt from the address "Evaluation as Enlightenment for Decision-Making" delivered at Sarasota, Florida in January 1969, Daniel L. Stufflebeam describes his decision-making design. He outlines the structure and describes six major parts.

> These are 1) focusing the evaluation, 2) information collection, 3) information organization, 4) information analysis, 5) information reporting, and 6) the administration of evaluation.[9]

The approach suggested by Stufflebeam is cyclical in that feedback is continuously being provided to the decision-maker and new information may lead to re-examination of earlier decisions. However, the descriptive details of the model are more general than specific. For the purposes of this study, the author was looking for a comprehensive but simple framework to assist in examining the developmental aspects of nursing practice in a systematic way.

Ralph Tyler's approach to evaluation is essentially "objectives oriented" (1942, 1958).[10]

TABLE 1: SELECTED CHARACTERISTICS OF THREE MODELS: STUFFLEBEAM, TYLER AND STAKE

	Stufflebeam	Tyler	Stake
Types of Evaluation	(1) Context (2) Input (3) Process (4) Product	Pre-post measurement of performance.	(1) Formal vs Informal.
Constructs Proposed	(1) Context eval. for planning decisions. (2) Input eval. for programming decisions. (3) Process eval. for implementing decisions. (4) Product eval. for recycling decisions	(1) Statements of objectives in behavioral terms. (2) Teaching objectives are pupil oriented. (3) Objectives must consider: entry behavior, analysis of our culture, school philosophy, learning theories, new developments in teaching, etc.	(1) Data matrices: description (intents & observations) and judment. (2) Processing descriptive data: contingency among antecedents, transactions, outcomes; congruence between intents and observations (3) Basis for forming absolute and relative judgments.
Criteria For Judging Evaluation	(1) Internal validity (2) External validity (3) Reliability (4) Objectivity (5) Relevance (6) Importance (7) Scope (8) Credibility (9) Timeliness (10) Pervasiveness	(1) Behavioral objectives clearly stated. (2) Objectives should contain references not only to course content but to mental processes applied.	(1) Should be panoramic not microscopic. (2) Should include descriptive and judgmental data. (3) Should provide immediate relative answers for decision making. (4) Should be formal (eg. objective, scientific, reliable).

According to Tyler the major steps in program evaluation are:

a) to establish broad goals or objectives;
b) to classify objectives;
c) to define objectives in behavioral terms;
d) to find situations in which achievement of objectives can be shown;
e) to develop or select measurement techniques;
f) to collect student performance data; and
g) to compare data with behaviorally stated objectives.[11]

When the objectives are met, one type of decision is made. When they are not, or are partially met, other kinds of decisions are made. Like Stufflebeam, Tyler's model is cyclical. Evaluation feedback may be used to refine or modify objectives leading to corresponding revisions in the program.

In "The Countenance of Educational Evaluation" Worthen and Sanders (1967) in Educational Evaluation: Theory and Practice, Robert E. Stake presents a background for developing an educational plan. The focus is on program evaluation rather than on product evaluation. He believes that the value of the product depends on the strength of the program. In his paper, Stake's aim is to introduce a conceptualization of evaluation oriented to the complex and dynamic nature of education, one which gives proper attention to the diverse, purposes and judgements of the practitioner.[12] He introduced the two basic acts of evaluation as description and judgment. Stake believes that in order to be fully understood, the education program must be fully judged and described. The message is clear that measuring student progress toward meeting behavioral objectives is not enough for a complete evaluation. Stake

introduces frameworks for organizing and processing descriptive data leading to systematic decision-making.

In the sense that evaluation is the search for relationships that permit the improvement of education, Stake describes the evaluators task as one of identifying outcomes that are contingent upon particular antecedent conditions and instructional transactions.[13] Stake's approach lends itself to examination of the comprehensive and complex nature of the psychiatric component in basic nursing education. It was for this reason that the author selected the Stake model as the most appropriate design for this field study in curriculum development.

III. Selected Textbooks to Meet the Teaching/Learning Objectives

Selected textbooks commonly used in teaching the psychiatric nursing component in general nursing education are described here for the consideration of the reader.

Psychiatric Nursing in the Hospital and the Community co-authored by Burgess and Lazare (1976) includes most of the usual psychiatric content to be taught in general nursing programs. The content in this textbook reflects the current trend toward socialization in nursing education. The use of case studies to demonstrate integration of theory in application to practice is a common theme throughout the book. It helps students to assimilate knowledge about conceptual models used in psychiatry. These include the biological, psychological, the sociological

and behavioral modes of practice. It provides a multidisciplinary dimension for consideration by the nursing student.

Psychiatric Nursing co-authored by Mathenay and Topalis (1974) provides all the components necessary for a basic introduction to psychiatric nursing. There is limited reference to the usual medical diagnostic terminology. The reader gains a broad knowledge base of healthy and unhealthy behavior and recommended ways of dealing with it. However, the students found it to be a book which requires the reader to think through the concepts, and the time constraints on the program interfered with their assimilation of the content. Selected readings from this textbook were assigned and the book provided stimulation for thinking of alternatives for nursing interventions.

Crisis Intervention co-authored by Aquilera and Messick (1974) introduces a mode of intervention commonly used in community situations and general hospital emergency wards. This book describes the history and usefulness of crisis intervention. A paradigm explaining the step by step technique of crisis intervention was helpful in providing understanding of the application of this theory.[14]

Psychiatric Nursing As A Human Experience written by Lisa Robinson (1972) presented a psychosocial approach to psychiatric nursing. This book provided clear definitions of mental health and illness. Illustrations of the different types of prevention were given. The author focused on the healthy aspects of the individual and gave the preventive and rehabilitative aspects of nursing intervention as it is practised in general nursing.

In conclusion, the literary resources selected for this report are those which contain specific reference to the task of answering the question, What knowledge and teaching methods are most effective in teaching students to intervene therapeutically while caring for patients in a psychiatric ward? The whole area of curriculum development was examined in testing knowledge and teaching methods during the field study. A general review of all of the basic diploma programs leading to nurse registration provided an overview of the varied approaches to curriculum development in the province. At the time of this study, half of the programs reviewed were from hospital based schools of nursing while the remainder were being implemented in colleges. Some of the curriculum reports for diploma based programs were available from the local RNABC Library at the time of this study. Sharing of information and content in basic diploma programs was invited by instructors teaching and developing the local programs for nurse registration. Although research studies are severely limited in this area of nursing education, the author found the literature and curriculum reports from other schools of nursing most helpful in identifying content for the psychiatric component during this curriculum field study.

CHAPTER II - FOOTNOTES

[1]Gwen Marram, "Barriers to Research in Psychiatric - Mental Health Nursing: Implications for Preparing the Nurse Researcher," Journal of Psychiatric Nursing and Mental Health Services (April, 1976), p. 7.

[2]Ibid., p. 11.

[3]Unpublished report of the B.C. Medical Center, Division of Education, Ministry of Health, B.C. Government, "A Report of the Task Committee to Prepare Statements of Beginning Competencies Required in Psychiatric Units in General Hospitals" (January, 1976), p. 22.

[4]British Columbia Ministry of Health, Mental Programs. Report on The Community Psychiatric Nursing Program Project by Joyce Page and Dorothy Green (June, 1975), p. 22.

[5]Ann Rines, "Evaluating Student Progress in Learning the Practice of Nursing," (Teachers College Press, New York, 1966), pp. 9-18.

[6]Ogundeyin, Winifred M., "Principles of Curriculum Development," Nursing Research (December, 1976), p. 189.

[7]Joan P. Riehl and Callista Roy, Conceptual Models for Nursing Practice (New York: Appleton-Century-Crofts, 1974), pp. 136-138.

[8]Blaine R. Worthen and James R. Sanders, Educational Evaluation: Theory and Practice (Ohio: Charles A. Jones, 1973), pp. 210-213.

[9]Ibid., p. 145.

[10]Ralph Tyler, Basic Principles of Curriculum and Instruction (Chicago: Chicago Press, 1969), pp. 43-62.

[11]Ibid.

[12]Blaine R. Worthen and James R. Sanders, Educational Evaluation: Theory and Practice (Ohio: Charles A. Jones, 1973), p. 108.

[13]Ibid.

[14]Donna Aquilera and Janice Messick, Crisis Intervention (St. Louis: C.V. Mosby Co., 1974), p. 61.

CHAPTER III

METHODOLOGY AND DESIGN

The methodology and design for this study were selected to provide an accurate and detailed examination of course content, its application to clinical practice, and the teaching/learning experiences necessary for the student to implement effective nursing intervention. Major consideration was given to methods which could be used to identify teaching/learning needs early and to make changes while the course was being implemented. Evaluation instruments and methods for testing the changes needed to be supported by methodology. The design of the program had to include provision for justification and rationale for curriculum changes.

1. Background Information

In order to understand the uniqueness of the situation in which the field development study occurred, it may be helpful to the reader to have some background information about the psychiatric nursing component of the basic education program to prepare registered nurses from this hospital based school of nursing. It is taught during the second year of the 2 or 3 year diploma program and is considered to be a senior experience for the student. It consists of an integrated classroom and clinical practice

in a mental institution over a period of six to eight weeks. The class is usually divided into groups of ten for the specialty experience. During the psychiatric assignment, the students are affiliates in a hospital setting where they are considered guests and all the patients are displaying unusual or deviant behaviors. The students are usually apprehensive about this change and have initial difficulties making the emotional and physical adjustment necessary to function in this environment which is more strange than familiar to them.

In general hospital, more emphasis is placed on performance of physical procedures and skills. In the mental hospital environment, the primary objective is to interact with individuals and to communicate on a therapeutic level. Procedures and therapies are less structured and the student expreiences little or no physical work. Any anxiety the student feels about working in new situations in general hospital has an immediate outlet in carrying out physical tasks. In the mental hospital environment, there is no immediate outlet for this anxiety and the student becomes very concerned that she/he isn't doing anything for the patient, and suddenly doesn't know what to say or how to say it. The term "therapeutic communication" seems to take on new meaning for the student. Changes in behavior are slow and the results of nursing intervention are seen less frequently than in general nursing. During the time the student spends in the clinical area, she/he is expected to become involved in activities on the ward and off; for example, in recreational, occupational and group therapies. The student is also

expected to complete a clinical assignment demonstrating the problem solving process. In this school of nursing, classroom activities have been traditionally limited to lectures, films, and some role play. The student is kept busy taking notes and has little opportunity for listening, participation in discussion or guided practice. Regularly by the end of the first month, students display signs of stress and inability to absorb the large amount of theory presented to them. Unfortunately, it has been almost impossible to accurately assess the effectiveness of the instructional program in preparing students for clinical practice. The clinical skills are usually evaluated in a very general way through observation and a nursing care plan assignment completed toward the end of the program.

II. Development of Methodology

In order to examine the problem, What knowledge and teaching methods are most effective in teaching students to intervene therapeutically while caring for patients in a psychiatric ward? the author gave priority to the following three considerations:

A. Appropriate evaluation methods in the field of psychiatric nursing;

B. Measurement of relationships between objectives and the teaching/learning activities;

C. Early identification of learning needs so that teaching intervention can happen as early as possible in the program.

The developmental nature of the task at hand led to the choice of "formative evaluation" as a method of examining the curriculum at intermediate stages of development.

In formative evaluation, the method of continuing assessment of all elements to determine intervention and appropriate modification involves examination of deficiencies and successes in the intermediate versions of a new curriculum. The aim of the process is to steadily improve relationships between the theory taught in the classroom and its application in meeting the clinical objectives of psychiatric nursing. A sample of the academic objectives for the theoretical component and the clinical objectives in the practice component are given in Appendix A. Also, it allows the instructor to assess the students' response to the program so that adjustment can be made to increase the effectiveness of the curriculum in the earlier stages of development. Assessment is based on the instructional objectives. The learner's performance is measured after instruction is given and graded, and depending on the score, changes are made in the program.[1]

III. Evaluation Design

The organizational framework for planning evaluation studies described by Robert E. Stake in Educational Evaluation: Theory and Practice by B. Worthen and J. Sanders (1973) was adapted as the design for this study. Stake states that the two major activities of formal evaluation studies are description and judgment. He describes two data matrices for processing the data which leads to decision

making and analysis. They are presented in this report as Figure 1 and 2. Figure 1 is the format used for organization of the data collected. Figure 2 is the format used for processing descriptive data for decision-making. Figure 1 and 2 are described in Appendix B of this report. Associated definitions of the terms used in applying the Stake model (1973) follow here:

> Rationale consists of the philosophic background and basic purposes of the program
>
> Intents refer to intended student outcomes. Goals and objectives are synonomous with the term
>
> Observations are characteristics of surroundings and events and the subsequent events
>
> Standards refer to expectations of conpetence accepted by a governing body of a professional organization
>
> Judgments are value statements of the worth of a program by the evaluator
>
> An antecedent is any condition existing prior to teaching and learning which may relate to outcomes
>
> Transactions are the countless encounters of students with teacher, student with student, author with reader, parent with counselor - the succession of engagements which comprise the process of education
>
> Outcomes include measurements of the impact of instruction on teachers, administrators, counselors and others. Outcomes include abilities, achievements, attitudes, and aspirations of students.[2]

Stake describes the term "congruent" as the correspondence between the intents and the actual observed events. The term "contingencies" refers to relationships among variables. In this field study, the

conceptual frameworks for organizing and processing data (Stake, 1973) are used concurrently with the formative evaluation process. The data collected is organized under the terms "Intents" and "Observations" as described above. When there was a difference noted between what was intended to happen and what actually did happen, new "Intents" were identified in an attempt to increase congruence to develop and improve the program. There was also a need to identify learning outcomes which were contingent upon particular antecedent conditions and teaching/learning activities; for example, it was necessary to determine whether students' clinical skills in communicating with patients increased when particular teaching/learning activities were implemented. The information processed through the use of the Stake model was continually recycled in formatively evaluating this program in psychiatric nursing. The term teaching intervention is used to describe the changes made in "Intents" to improve and develop the program during the field study. The results of these new intents, when implemented, were then observed and evaluated. When the desired outcome was achieved, the new procedure was retained. When an undesirable outcome resulted, new intents were devised as the next intervention in the program.

IV. Data Gathering Methods

Data gathering methods were selected to measure and describe the behavioral aspects of educational practice in psychiatric nursing. The first step was to gather data to assess the need for registered nurses to have psychiatric nursing as part of the basic education

program. A search of the medical recores in a general hospital was conducted to gather specific information concerning numbers of clients admitted with a diagnosis of a psychiatric nature. A similar search was done at a local mental institution to determine whether the incidence of mental illness is regionalized. The second step was to gather data to identify strengths and weaknesses in the ability of graduate nurses to apply psychiatric intervention in general nursing practice. Interviews and discussions with Head Nurses in general hospitals and in mental hospitals contributed to identifying learning needs. Interviews and discussion with members of local professional organizations helped to identify general criteria for approval of the psychiatric nursing component in general education preparatory to nurse registration. Interviews and discussion with instructors from other basic nursing programs assisted in discovering similarities and differences in local nursing education programs. Evaluation instruments were designed or adapted from other sources to use in collecting data. A sample copy of each of these tools is included in Appendix C. A brief description of each instrument and method of implementation follows.

A. Pretests and Post tests

There were two types of pretests and post tests:

1. a) 100 question multiple-choice type test;
2. a) a short answer test.

The questions correspond with the academic and clinical objectives for the program (Appendix A). The tests were

administered to the students on the first and last day of class.

B. Interaction study communication skills checklist

The communication skills checklist was adapted from an article published in the Journal of Nursing Education in November, 1969 for use in this program. The checklist consisted of two columns of items identified under the terms "effective communication" and "ineffective communication." It was used to identify communication problems in the interaction studies. These problems could then be corrected early and the students were able to progress to more sophisticated learning experiences.

C. Classroom interaction activity monitor

This instrument was designed by the author for the purpose of identifying characteristics of behavior displayed by participants during class. Behavior was monitored by the observer every ten minutes throughout entire classroom activity in the beginning of the program. This tool helped to identify whether most of the interaction was between student and instructor, student and student, causing restlessness of participants, listening problems, or boredom. The activity monitor was used selectively in the classroom to identify general aspects of the psychological climate while new teaching methods were being introduced. The data collected contributed to decision-making about teaching methods. An observer has to be present in order to use this monitoring mechanism.

D. Student evaluation of learning activity rating scale

The rating scale was designed by the author with input from the observer-instructor and the senior faculty advisor. It is composed of items describing teaching/learning activities as well as a series of short answer questions. The students were asked to rate the activities on a scale of 1-7 as the items contributed to their learning. This instrument was expected to give direct reaction of the students to the actual learning activities. The information received from the rating scale is not comparative data; that is, the items on the scale in Week 1 are at an entirely different level than those in Week 8.

E. Clinical workshop monitor

The Clinical workshop monitor was an evaluation tool designed by the author to correspond with the format for the Clinical workshop (Appendix C). The case study teaching method is introduced in the workshop. This tool was used by the observer to monitor the progress of each student during participation in the Clinical workshops. It was used to assist in identifying problems in general areas of learning; for example, the instructor could find that the student was having a problem with assessment. However, this tool was not refined enough to identify specific learning needs pertaining to assessment; for example, interviewing skills, knowledge of behavior, etc.

F. Case study examination

The case study examination was designed by the author and consisted of a case study from a textbook followed by questions corresponding with those on the clinical workshop format. It was administered to the students at the end of the clinical experience.

G. Clinical evaluation

The Clinical evaluation was designed by the author to correspond with the clinical objectives for the field development study. It was used as a student self-evaluation tool as well as an evaluation guide for the instructor in completing a performance appraisal of the student during and following the clinical experience. Mental health care staff were also included and given opportunity for input while completing evaluations in the clinical area.

H. Community mental health assignment

The Community mental health assignment was designed by the author to correspond with the objectives for the community experience, and was used as a conference guideline for discussion to share a variety of learning activities for each of the ten students.

In addition to the above evaluation mechanisms, there was extensive interviewing of mental health care workers who helped the students and participated with them in making this program a valuable learning experience. The format for these interviews

varied according to the purpose and whether the discussion was initiated by instructors or staff members. Antedotal notes from the instructor-observer in the classroom and in the clinical area provided a broader description of the learning conditions and environment. Information from individual student interviews and follow-up discussion with staff members added to the data collection. Student group discussions with the senior faculty advisor presented another point of view as the questions asked were objective, and the students felt comfortable responding to them.

V. Method of Reporting

The method selected for presentation of this report was the case study. This mode of communication was considered most appropriate for systematic reporting of the data which is primarily descriptive. The case study provides an account of a series of transactions, educational interventions, and evaluations. This leads to a formative pattern of curriculum development for the psychiatric nursing component in general education programs to prepare registered nurses.

CHAPTER III - FOOTNOTES

[1]Ogundeyin, Winifred M., "Principles of Curriculum Development," Nursing Research (December, 1976), p. 189.

[2]Blaine R. Worthen and James R. Sanders, Educational Evaluation: Theory and Practice (Ohio: Charles A. Jones, 1973), pp. 112-119.

CHAPTER IV

THE PSYCHIATRIC NURSING PROGRAM: A CASE STUDY

The field study of the psychiatric nursing program began on June 13, 1977 and ran over an eight week period to July 29, 1977. There were forty students in this nursing class, and every eight weeks groups of ten students rotated through the specialty nursing areas. Two groups of ten students were scheduled for the psychiatric nursing program during the preparation and implementation of this field study. I will refer to each group as described below. Group A was the group of ten students who participated in some of the preparation for the field study. The pretests and alternative teaching methods were tested with this group. Their feedback was valuable in planning for the study. Group B was the group of ten students who participated in the implementation of the field study.

There were two instructors; the program developer and author of this report, and one who acted as observer in the classroom and shared the clinical teaching.

During the course of developing the psychiatric nursing program each week became characterized by a particular theme. These themes emerged from the formative process of curriculum development employed throughout the field study:

Week 1 - Educational diagnosis; determination of student learning needs, objectives, teaching methods, evaluation tools

Week 2 - The developer and major changes; changes due to educational diagnosis and increasing self-awareness as a program developer

Week 3 - Introducing transactions and testing; trial and testing of possible improvements in the curriculum

Week 4 - Modification; inflight corrections: modifying the changes

Week 5 - Implementation; applying the problem solving process in psychiatric nursing

Week 6 & 7 - The mental health care delivery system; transfering learning from the mental hospital to the community and from the community to the general hospital

Week 8 - Evaluation; self, student, program

This case study report follows the above outline.

I. The Educational Diagnosis

The first week was primarily diagnostic in analyzing the effectiveness of the on-going program in psychiatric nursing. The task was to determine the needs for changes in the program. In pursuing this objective, it was necessary to answer the following questions:

A. Do students have the knowledge we assume they have on entry to the program?

B. What knowledge do students need to enter the program?

C. Do objectives reflect identified needs?

D Do teaching methods/learning activities help students to meet the needs identified in the literature review?

E. Are the evaluation techniques adequate and appropriate?

F. Is there provision for comparison of prepost learning?

In order to determine whether students have the knowledge we assume they do, the students were given two types of pretest:

1. A multiple-choice examination of 100 questions on theoretical content

2. Short answer type questions based on previously learned content. It was anticipated that the information obtained from the pretest results could be used to identify entry behaviors for Group B, the students who participated in the field study. The data was organized within the Stake model framework used for classifying information. (Refer to Figure 1, Appendix B.). The findings are organized under the headings: intended antecedents, observed antecedents, intended transactions, observed transactions, and teaching interventions. A brief description of the above terms is included here (Stake, 1979).[1]

a) Intended antecedents are anticipated goals and related learning conditions/situations

b) Observed antecedents are the actual goals and related learning conditions/situations

c) Intended transactions are planned interactions with other participants including teaching/learning activities

d) Observed transactions are interactions with other participants which actually happened including teaching/learning activities

e) Teaching interventions refers to the activities implemented by the instructor to correct the differences between the intended antecedents and transactions and the actual antecedents and transactions. The term "intervention" is not one that is associated with the Stake Model, but is commonly used in nursing to describe action taken by the nurse to solve nursing problems.

Samples of the application of the Stake model employed for two days during the first week of the program are demonstrated in Tables 2 and 3.

In reviewing the information in Table 2 the results of the pretests, I found that the students could not recall knowledge previously taught in earlier classes. This knowledge included: growth and development principles, defense mechanisms, Freudian theory and other schools of psychoanalytic thought learned in basic psychology, and factors which influence observation. The students were required to review and study

TABLE 2: APPLICATION OF THE STAKE MODEL; DESCRIPTION MATRIX FOR DAY 1

Intended Antecedants	Observed Antecedants
The student will be able to give a brief description of the adult who has (a) not accomplished each of the developmental tasks (b) successfully accomplished the developmental tasks (c) describe the behavior of the young adult who had accomplished all of his developmental tasks according to Erikson's developmental theory of growth and development.	All 10 students were unable to give a complete and correct response for this question on the pretest.
The student will be able to describe the functions, time of evolution, and level of consciousness of the operation of the: (a) ego (b) id (c) superego	All 10 students were unable to give a complete and correct response for this question on the pretest.
The student will be able to name and describe four defense mechanisms.	Only 1 student out of 10 was able to name and describe four defense mechanisms.
The student will be able to list five factors that influence communication.	5 out of 10 students could not do this.
The student will be able to list five behaviors that make for effective communication.	9 out of 10 students were able to complete this question correctly.
The student will be able to list the behaviors that make for ineffective communication.	7 out of 10 students were able to complete this question correctly.

TABLE 2 (CONTINUED)

Intended Antecedants	Observed Antecedants
The student will be able to: 1. Name four types of groups 2. List five characteristics of small groups 3. List five roles taken by group members 4. List/describe the phases of group process.	All 10 students were unable to give a complete and correct response on the pretest.
During the introduction to the program, the students will be able to give examples of how knowledge of the objectives helps/hinders them in the learning process.	All 10 students gave examples of how the objectives would help them in the learning process. They requested book review guidelines.
The students will ask questions about the clinical areas and express concern or apprehension about going there.	No questions about the clinical areas and no apprehension expressed.
Academic knowledge on pretest will be in the 30-50% range.	Academic grading average on multiple-choice pretest was 46%

TABLE 3: APPLICATION OF THE STAKE MODEL, DESCRIPTION FOR DAY 3

Intended Antecedants	Observed Antecedants
The students will have done the required readings, and will participate in an exchange discussion of same with instructor doing the classroom presentation. The students will already have had some experience in working with individuals who display the psychophysiological disorders and will offer their feelings about this and give examples of same in discussion.	The students required more clarification than anticipated on the Selye stress theory. They did not participate much in the discussion following the film "STRESS". The students discussed their experiences with patients displaying mental health problems in general hospital.
Intended Transactions	**Observed Transactions**
Presentation of "Conceptual Models for Mental Health Nursing Practice" by instructor. Description of Selye stress theory using diagramatic explanation on blackboard. Film "STRESS" as presented by Hans Selye. Presentation of "Psychophsiological Behaviors" with follow-up discussion of student's previous experiences. Taped case study of patient with arthritis followed by nursing care plan practice. Practice exercise on "Stress-Anxiety-Needs-Behavior."	The instructor participated more as a discussion leader than an information giver in exchange of related experiences. A great deal of direction was required in developing a care plan in all areas; for example, description of problem in behavioral terms, setting priorities, formulating specific interventions.

these knowledges prior to going on to psychiatric concepts. Teaching intervention as a result of these findings included assignments of required reading, presentation in class demonstrating application of growth and development concepts, and role pay of defense mechanisms. The students were post-tested on this information using the short answer test. Pretest and post test results are available in Appendix D.

In exploring the results of the multiple choice pretest on theoretical content, I found the scores were in the 30-50% anticipated range A computer analysis was done to identify problem areas and some modification was made before post testing. Based on the results of the pretest, less emphasis was placed on theory in the classroom by the instructors. More independent study of the theoretical component was required by the student.

A sample of the application of the Stake model for Day 3 during the first week presents the pattern of evaluation followed in the early part of this field study. Table 3 gives an organized description of program information for Day 3.

In reviewing the information from Table 3, the following teaching interventions were implemented:

(1) Revision of the presentation of the Selye stress theory ;

(2) Revision of the presentation on psychophysiological behaviors to include more specific interpretation of characteristics, etiology, and nursing interventions.

There is a need to include more case studies or a field experience, and the class clinical time will be extended for this topic;

(3) Practice in using the problem solving process will be included in the laboratory as well as in the field.

The above interventions contributed to changes in the program teaching methods and learning activities.

On Day 3 of Week 1, the first of a series of rating scales was distributed to students. They were asked to rate contribution to their learning for all teaching/learning activities on a scale of 1-7. Open-ended questions requesting comments/recommendations for improvement were included with the rating scale. These rating scales were used to monitor student reaction to course content and teaching/learning activities throughout the eight week program. The data are not to be used for comparison purposes as items are all different and at various levels of sophistication; that is information collected in Week 1 cannot be compared to reactions of students to particular items on the rating scale for Week 6. In the beginning these were circulated twice weekly, then once a week for the remainder of the program. The students participated readily and conscientiously giving us their opinion of how the program was helping or hindering their learning experience. Samples of the rating scales indicating the average opinions of the students during the first week are demonstrated in Table 4 and 5.

TABLE 4: STUDENT EVALUATION OF TEACHING/LEARNING ACTIVITIES - DAY 3

On a scale of 1-7 rate each of the following as to its usefulness in contributing to your understanding of mental health and illness:

7 means very useful

1 means no use

Items	Averages
Pretesting	5
Personal introductions	4.3
Presentation of course description	5.2
Self-presentation review of Erikson's Developmental Stages	5.1
Self-presentation review of theorists	4.6
Self-presentation of defense mechanisms	5.3
Exchange discussion with instructor re: above presentation	5.2
Film "How are you"	6.4
Discussion following the above film	5.9
Highlighting of history of psychiatry	4.4
Introduction to Mental Hospital facility using map	4.8
Presentation of daily assignments for following day	6
Presentation of Conceptual Models In Nursing Practice	6.4
Exchange discussion on exercise questions re: Conceptual Models In Nursing Practice	5.5
Exercise on Stress, Needs, Anxiety	5.1
Film "Stress"	5.6
Required reading	5.5
Independent study time	6.3
Observation game: telephone dial recall	4.1
Book review guideline	6.1
Presentation of Psychophsiological behavior	5.4

TABLE 4 (CONTINUED)

A summary of the responses to the following questions is included with the rating scale. The numbers in brackets after each item response indicate the number of students out of ten who gave the particular response.

1. What is the most helpful aspect of the classroom presentation?
   - group discussion (7)
   - clarification of readings and assignments (3)

2. What is the major weakness of the classroom presentation?
   - assumption that much of the material is review when it is not (5)
   - more feedback about how we are doing (1)
   - not enough time for preparation (1)
   - case study too general and subjective (1)
   - classroom 15 (1)
   - no answer (1)

3. What modification of the classroom presentation would most improve your learning experience?
   - larger well-aired room (2)
   - give us a model of a complete nursing care plan (3)
   - too much reading, assignments - should have more time (2)
   - give feedback; tell us if answers are correct (4)
   - no answer (1)

TABLE 5: STUDENT EVALUATION OF TEACHING/LEARNING ACTIVITIES - DAY 5

On a scale of 1-7 rate each of the following as to its usefulness in contributing to your understanding of mental health and illness:
7 means very useful
1 means no use

Items	Averages
Presentation of Psychoneurotic behavior.....	5.9
Exercise practice on Introduction to Neurosis.....	5.2
Exercise practice on Conversion behavior.....	4.9
Introductory overview of psychiatric therapies.....	5.3
Drug Abuse by Guest speaker.....	3.9
Textbook required reading.....	5.2
Free discussion hour.....	6.3
Independent study time.....	6.3

A summary of student responses to the following questions:

1. What is the most useful aspect of the classroom presentation?
   - knowledge of psychiatry (3)
   - clarification and explanation of behavior (5)
   - questions answered in detail and interesting manner (1)
   - assignments given the night before (1)
   - group discussion among class members and instructors allowing us to ventilate our feelings during and following presentations (3)
2. What do you consider the major weakness of the classroom presentation?
   - difficult to take notes as presentations are unstructured (3)
   - questions on practice handouts unclear (3)
   - no answer (4)
3. What modification of the classroom presentation would most improve it?
   - more structured presentations so we can take notes (3)
   - no answer (4)

Examples of the way I used the student responses to make decisions about program evaluation and change are given below:

(1) I would use the film "How are you" again;

(2) I would do the presentation on Conceptual Models in the same way;

(3) I would do a different activity in teaching observation principles;

(4) I would choose the classroom more carefully in future;

(5) The history of psychiatry will be given as required reading rather than as classroom presentation by instructor.

The results of pretests, the student opinions and reaction to content and teaching methods, as well as the information gathered during interviews and surveys, and the literature review led to the following educational diagnoses of problems within the psychiatric component in general nursing education:

(a) Entry behaviors of the students are different than anticipated;

(b) Objectives are more complex than necessary to give clear direction to the student;

(c) General theoretical content has already been learned by the student as evidenced by the student average of 46% on the pretest for theory;

(d) Knowledge of the use of the problem solving process in nursing care planning is almost nil;

(e) Knowledge of clinical application of theory in psychiatric nursing needs to be pretested;

(f) Teaching methods are conducive to transfer of knowledge but not to application of that knowledge in the clinical area;

(g) Knowledge of clinical application of theory is not being monitored;

(h) Objectives for achievement of clinical application of theory in the psychiatric setting is too general to be measured;

(i) The teaching methods and learning activities are not appropriate for acquiring clinical skills in psychiatric nursing;

(j) There is no provision in the curriculum for practice in transfering skills learned in the psychiatric unit to nursing in the general hospital setting.

In summary, the educational needs identified during the data gathering phase of this curriculum study indicate a lack of development of the clinical instructional component in preparing graduate nurses to work in psychiatric units of general hospitals. Changes in entry behaviors, content, teaching methods, learning activities, and evaluation

techniques to provide a strong clinical emphasis was required to meet the identified educational needs.

II. The Developer and Major Changes

The second week was characterized by changes in the developer and in the program. The recognition of need for change in the developer to precede change in the curriculum was a major factor in the effective implementation of this field study. The developer and the author of the curriculum development study had extensive experience in psychiatric settings and had been teaching the program for registered nursing students over the past two and one-half years. The product of these efforts; that is, student learning outcomes, were traditionally measured by national examination results which were very good. However, in acknowledging the data base findings and current identified needs for Week 1, it was obvious that there was little correlation between the course examination results or the national examination results and the accomplishment of educational objectives with respect to clinical performance.

This was difficult for the developer to accept even though the findings were reinforced over and over during the data collection activities. The developer had been assuming that students were transfering knowledge of application of theory in their general nursing practice. Philosophically, it is the belief of nurses that they are

able to identify health care needs for the whole person; that is, the biopsychosocial being. It is expected that nurses do apply the psychological aspects of practice in delivering nursing intervention across all settings. The data base in this study reflected a conflict with that philosophy. As the developer, I had to accept the responsibility for some of the performative inadequacies demonstrated in the clinical area since the psychiatric program was the only opportunity students had to learn how to implement the psychological aspects of care. Changing the curriculum to focus more on learning skills performed in the clinical area could be a potential risk to achieving the usually successful examination results. There was no common research base from which to draw on experience of others in curriculum development of the psychiatric component in general nursing education. There was little direction for the kinds of changes which may lead to specific learning outcomes in psychiatric nursing.

Discussions with the observer-instructor and the senior faculty advisor concerning the indicators of need for change in the curriculum emphasized the reluctance of the developer to make the necessary changes. Intellectually, I recognized the tasks to be done, but psychologically was experiencing immobility in decision-making. In fact, as the developer I went through the motions involved in implementing the necessary interventions leading to the major changes with some indifference initially. Once the study was underway, I became very enthusiastic and psychologically committed to discovering

deficiencies and successes in myself and the program in developing and improving the psychiatric component in general nursing education.

As a result of the educational diagnosis in the first week, the following major interventions were made:

A. Learning Outcomes with Clinical Emphasis

Behavioral objectives for clinical practice were formulated. The on-going program in psychiatric nursing has always had a long list of learning outcomes. These objectives consisted of combined theoretical and clinical expectations. The students found them complex and difficult to use as guidelines for study. It was anticipated that students given objectives for knowledge of theory and additional objectives for application of theory would receive better direction for study and learning activities in clinical practice (Appendix A). Clinical objectives offered a means of monitoring and measuring learning practices. Learning outcomes could be pretested and post tested using the clinical objectives to design an appropriate tool.

B. Entry Behaviors

Pretesting and post testing of short answer tests indicated the knowledge of the students was at a different level than had been assumed. A copy of the pretest and post test results are given in Appendix D. Since the students did not have the skills previously assumed on entering the program (Table 1), it was necessary to do

the teaching intervention as described in Chapter 4 I. Concent and time to understand and practice learning activities had to be built into the program during the first week with follow through thereafter.

It was necessary to post test before going on to learn psychiatric concepts. Students entered the program with basic communication skills only. Occasionally, there are students in the program who have some University education in psychology or sociology, but that was the exception rather than the general rule at the time of the study.

C. Content

Preliminary study and reading were added during the first week due to differences between intended and actual entry behaviors as discovered with the findings of the pretests. More case studies were included in required reading and used for demonstration purposes in order to prepare the students to meet the new objectives. A case study for pretesting and post testing was added. Content was carefully selected to focus on five behaviors considered to be the most common ones displayed by patients in hospitals; that is, withdrawn, suspicious, depressed, overactive, and antisocial behaviors. Only those nursing interventions identified as most effective by nurses working in the field were included in the content. The quantity of content was reduced and selected to help students meet the clinical objectives within the specified time frame for this program. Priorities were set with emphasis on expected clinical learning outcomes. Exposure to a variety of

community health experiences was added. The objective was to provide a frame of reference for experience with application of theory in a number of circumstances and health care situations. A day for sharing of these experiences also became part of program content.

D. Case Study Teaching Method

The case study teaching method was introduced as a way to teach the problem solving process in applying theory to clinical practice in psychiatric nursing. In using a case study to teach one behavior during the first week, I found it easier to identify the learning needs of the student. It was anticipated that if this teaching method could be used with students selecting patients for case study from the health field, learning needs could be identified early and more accurately. For these reasons, I decided to use the case study teaching method in helping students to meet the clinical objectives.

E. Teaching and Learning Activities

Changes in teaching/learning activities to reflect new information included:

1. Four interaction studies to demonstrate the increasingly sophisticated nursing intervention learned; for example,

   Interaction Study #1 - The objective is to demonstrate self-awareness in interaction with a patient displaying withdrawn behavior;

Interaction Study #2 - The objective is to demonstrate self-awareness and empathy in interaction with a patient displaying suspicious behavior;

Interaction Study #3 - The objective is to demonstrate self-awareness, empathy, and reality orientation in interaction with a patient displaying depressed behavior;

Interaction Study #4 - The objective is to demonstrate self-awareness, empathy, reality orientation, and health teaching in interaction with a patient displaying any of the five major behaviors taught in this program; that is, withdrawn, suspicious, depressed, overactive and antisocial behaviors.

2. Daily clinical workshops using real case studies from the field. The case study testing method was used in the workshops. A sample of the clinical workshop format follows in Table 6. Each student received a similar format one week prior to the clinical workshops for each of the major behaviors. It was expected that the students would be prepared to participate actively during the workshops.

TABLE 6: CLINICAL WORKSHOP FORMAT SUSPICIOUS BEHAVIOR
GUIDELINES FOR DISCUSSION

Sample only

REQUIRED READING:	1.	Chapter XI, Psychiatric Nursing by Mathenay & Topalis (1974)
	2.	Classroom Handouts on "Suspicious Behaviors"
ASSESSMENT:	1.	Describe at least five common characteristics displayed by an individual you are interacting with during your clinical experience. Give examples from interactions.
	2.	Identify the psychodynamics of the behavior. Make reference to conceptual model, conflict description, anxiety, and defense mechanism(s).
PLANNING:	1.	Formulate long term objectives (at least two) for changing behavior to maintain/promote mental health.
	2.	Formulate short term objectives (at least four) for changing behavior to maintain/promote mental health.
	3.	Identify at least four interventions for changing behavior to maintain/promote mental health.
	4.	Set priorities for implementing interventions according to Maslow's hierarchy of human needs.
RATIONALE:	1.	Describe the relationship of intervention to theories concerning etiology and treatment.....psychological model, biological model, social model, behavioral model.
	2.	Give examples of behavioral interactions with individuals displaying suspicious behavior as reasons for particular interventions.
EVALUATION:	1.	Describe individuals' response to intervention giving examples of behavior from your interactions.
	2.	Considering the individuals' response, would you continue this intervention or would you change it?

3. No lectures, but at the beginning of each clinical workshop, the instructor/developer gave highlights of associated theory and common nursing interventions for each of the five major behaviors.

4. Teaching for discovery methods were used; that is, students were not assigned patients in the clinical areas. They were expected to seek out and interact with a number of patients to identify the behavior being discussed in the clinical workshop each week.

5. Problem oriented recording was introduced to correspond with the application of the problem solving process in the clinical areas.

6. Community mental health guidelines were given to the students with a follow-through assignment, in addition to the clinical objectives.

7. Teaching for thinking principles and practices were used throughout the educational program; that is, thinking was emphasized through the use of thinking operations such as comparing, summarizing, observing, interpreting, criticizing, etc. (Raths, Wasserman, Jones, Rothstein, 1967).

8. Empathy training was introduced and implemented in nursing intervention (Wasserman, 1976).

In summary, the changes described above represent the major interventions made in the on-going psychiatric nursing program. These interventions were examined using the formative evaluation approach during the field study. The following tools were designed to monitor and evaluate the revised curriculum. A brief description is included below:

a) Interaction study communication skills checklist; it was used to monitor communication skills in interaction studies

b) Classroom interaction activity monitor; it was used to check type of interactions in the classroom and the findings contributed to decision-making concerning teaching methods, classroom selection, etc.

c) Student evaluation of learning activity rating scale; it was helpful in getting student reaction to all teaching/ learning activities

d) Clinical workshop monitor; it was used by the observer/ instructor to identify problem areas associated with problem solving in applying theory to real patient situations during the clinical workshops

e) Case study examination; it consisted of a case study followed by questions corresponding with those on the clinical workshop format

f) Clinical evaluation; It was used to evaluate the student's clinical performance with input from health care staff, instructors, and student.

A more comprehensive description of these evaluation mechanisms is given in Chapter III, pp. 25-28 of this report. An excerpt from my notes for Week 2 follows:

> Week 2 has been very busy. The students were orientated to the clinical setting in a mental hospital, and were introduced to the multi disciplinarian approach in health care. The senior thesis advisor visited with us twice this week; (1) prior to making the major interventions, and (2) the second day in the clinical area visiting with the students, nursing staff and patients for a therapeutic Community group experience.
>
> His support, guidance, and questions contributed immeasurably to our learning experience in giving direction for this field study.

III. Introducing Transactions and Testing

During the third week, the students were given the opportunity to try out some of the changes in learning activities. They spent time seeking out patients displaying behaviours for discussion during the clinical workshops. The students went to the clinical wards in the morning and were in class in the afternoon. They were learning new knowledge and ways of organizing it. He tested the clinical workshop format and monitored the activity to identify learning problems early. The rating scale used by students gave us direct feedback on teaching/learning activities on an on-going basis.

The interaction study assignments provided a convenient vehicle for learning how to be therapeutic in applying theory to practice. The classroom interaction activity monitor was found to be useful as an occasional check on the psychological climate in the classroom. It was used selectively as we began to implement a few teaching methods consistently. In testing the clinical workshops, instructors and students had similar concerns about the amount of repetition in discussion of process. It was also noted that the patients being presented were strangers to half of the students. There was considerable restlessness during the class. Instructor intervention was indicated. Student reactions to learning experiences during Week 3 are described in Table 7.

In summary, we found that most of the changes in content corresponded with the earlier changes in the objectives emphasizing clinical aspects of psychiatric nursing. The evaluation tools helped to identify problems early and were considered effective in testing the revised curriculum. Areas for modification and improvement in developing the program were identified at intermediate stages of implementation.

The first interaction study on demonstrating self-awareness was due, and was effective in pinpointing misunderstandings about behavior as well as communication problems. Student reactions to learning experiences during Week 3 follow:

TABLE 7: STUDENT EVALUATION OF TEACHING/LEARNING ACTIVITIES - WEEK 3

Rate each of the following as to its usefulness in helping you to understand how to interact with patients in the clinical area. Rate on a scale of 1-7
7 means very useful
1 means no use

Items	Averages
Film "MENTAL STATUS EXAMINATION"	5.2
Assessment interviewing practice	5.5
Role play of Stress behaviors	5.5
Orientation to clinical areas by Head Nurse	5.4
Ward rounds	5.6
Therapeutic community meetings	6.2
Recap meetings	6.1
Other Therapy groups	6
Clinical Workshop on Withdrawal Behavior	5.9
Film "WORLD OF THE SCHIZOPHRENIC"	6.2
Required reading	5.8
Interactions with patients	6.3
Communication with primary nurse in clinical area	1

TABLE 7 (CONTINUED)

Please respond to the following questions briefly.

1. What is the most useful aspect of the workshop discussion at this point in time?

   Being able to integrate the conflict, anxiety, and defense mechanisms of withdrawal behavior, has really helped me to know the characteristics of withdrawal behavior (4)

   - recaping previous day's instruction and discussion (1)
   - discussions are open for our ideas and feelings (2)
   - information is reinforced constantly so we really learn the material (2)
   - gives direction in pursuit of interventions and planning of them; that is, getting on the right track (1)

2. What do you consider the major weakness of the workshop discussion?
   - seems to drag; especially in desling with ten patients (5)
   - repetition with ten patients (2)
   - rather have classes at School of Nursing than at local mental hospital (1)
   - some people monopolize the time (1)
   - not sufficient time to talk about each student's patient (1)
   - we only know half of the patients discussed (5)

3. What modification of the clinical workshop would most improve your preparation for interacting with individuals in the clinical area?
   - include more interventions in discussion (3)
   - perhaps we could meet in groups of 5 from each ward. The extra time could be used for ward experience and each of us would know the people being discussed (5)
   - no answer (2)

4. What modification in the clinical area would most improve your preparation for interacting therapeutically with individuals?
   - more time with patients (2)
   - more quiet space to talk with patients (2)
   - no answer (6)

IV. Modification

The fourth week was characterized by modification of the teaching methods, learning activities and evaluation tools. The focus of the study continued to be on clinical practice. Some general modifications follow:

A. The clinical workshops on depressed behavior were extended due to increasing numbers of patients experiencing this interference with mental health. Also, the student group of ten was divided into two smaller groups of five students from each ward. Two ninety minute workshops were scheduled each day to accommodate this change.

B. The classroom interaction monitor, usually done daily, was discontinued this week. The teaching methods were becoming obviously effective at this point in the program, and the substance of the interaction was considered more important than checking the psychological climate on a daily basis. Interactions were monitored on selective occasions only.

C. The students moved with patients from one unit within the mental hospital setting to another. This change involved considerable adaptation for the students. New nursing staff and doctors came into the units and the students had to develop new working relationships at the half-way point in the program.

D. Integration of male and female patients on the new units was another change the students had to deal with as it influenced their patient relationships.

In learning to interact and develop a rapport with the mental health team, minor modifications were on-going in student approaches to nursing staff and patients.

V. Implementation

The fifth week is just beyond midterm for the students. They had been exploring new knowledge and adventures in nursing during their experience in the mental health setting. They had been exposed to a variety of teaching methods and learning activities and were feeling quite confident in applying psychiatric principles in the clinical areas. They were enjoying practising the problem solving process in caring for patients in a psychiatric ward. The students worked as regular staff members on the mental health team now.

The clinical workshop teaching forum, using the case study approach in learning how to apply theory to practice, was streamlined by this time. The division of the group to five students in two classes proved effective in increasing opportunities for discussion and learning. Students continue to give positive ratings for the clinical workshops.

Consultation with fellow students and other members of the health team became common practice. Some of the students were acting as co-therapists with staff in taking responsibility for the Therapeutic Community daily meetings on the ward. Problem oriented recording was practised regularly. This activity corresponded with the application of the problem solving process in carrying out nursing interventions with patients on a psychiatric ward. Interaction studies demonstrated a working knowledge of communication skills and an increasing understanding of behavior displayed by patients experiencing interference with mental health. The student is working more independently now and the instructor's role has changed to that of a resource person rather than clinical demonstrator.

VI. The Mental Health Care Delivery System

The sixth and seventh weeks are combined in describing the activities associated with the nature of the mental health care delivery system. The clinical workshops for the major behaviors came to an end during the sixth week. The community field experiences begin. The students were introduced to field practice throughout the health care delivery system. They worked a couple of days in the mental hospital, followed by planned visits to community mental health centers and in-patient units in general hospitals. It was expected that this kind of overlap in exposure to a number of mental health care facilities would assist the students in understanding the similarities

of intervention across all psychiatric units, and that transfer of learning would occur.

Interaction #4 demonstrating health teaching was completed and considerable progress in using communication skills was observed. An excerpt is included in Appendix D. Improvement was noted in student analysis of the interaction studies. A reflection of their understanding of behavior in individuals who display interferences with mental health was evident.

The case study examination was scheduled in the seventh week and the students were able to answer 83% of the questions correctly. A sample is available in Appendix F. The students had scored very low on the pretest. The preparation for the examination was given during the clinical workshops, and the high scores on the case study examination reinforced previous testimony by students concerning this teaching method and learning activities associated with it.

The student evaluation of teaching/learning activities for Week 6 and 7 follows in Table 8.

VII. Evaluation

In the eighth week, the final phase of the field study was the evaluation of the students performance and the psychiatric nursing program. Since the formative evaluation process had been an integral component of this study, much of the data gathered as a

TABLE 8: STUDENT EVALUATION OF TEACHING/LEARNING ACTIVITIES - WEEK 6 & 7

Rate each of the following as to its usefulness in helping you to understand how to interact with patients in the clinical area. Rate on a scale of 1-7

7 means very useful

1 means no use

Interview practice "Antisocial behavior".....	5.4
Visit to Forensic unit (Purpose: orientation to Forensic Psych.)	5.4
Introduction to Family Services in the community.....	1.6
Tape recording "Crisis Intervention".....	2.3
Using the Problem Oriented Record in clinical charting.....	4.7
Visit to a General Hospital Psych. ward.....	5.5
Orientation to local Community Mental Health Centre.....	4.3
Continuing interactions with patients after the workshops...	4.8
Introduction to Psych. Day Care Centre.....	3.1

The following responses were received to the questions below.

1. What has been the most positive aspect of the community field experience?
   - exposure to a variety of settings and therapy methods
   - overview of available mental health resources (5)
   - good information for future patient teaching (4)
   - participating in group therapies (1)

TABLE 8 (CONTINUED)

2. What has been the most negative aspect of the community field experience?
   - repetition involved with orientation (4)
   - occupational therapy (3)
   - Family services visit (9)
3. Which of the required readings/classroom activities has helped prepare you for understanding the preventive aspects of care as you visit these community agencies?
   - handouts from class (10)
   - Chapter 20-23 in the Burgess textbook (9)
   - tape on Crisis Intervention (1)
4. Any other comments about this program and its relevance to your learning?
   - the community experience broadened my knowledge of the facilities that our community offers
   - the workshops were very good in developing my knowledge of psychotic behaviors and the intervention for them
   - the one to one interactions made me more aware of mentally ill patients and their problems
   - I feel I have really developed my communication skills

result of the daily feedback from students, mental health care staff, and the observer-instructor had been used to make decisions as the program developed. Notable observations made during the evaluation process are briefly described below:

A. The interaction studies helped the students to practice communication skills with more awareness of effective and ineffective techniques as evidenced by the differences in their performance on Interaction Study #1 and #4. In writing the analysis for interactions with patients, the student had to examine the rationale for her own behavior as well as that of the patient. It was necessary for the student to increase her knowledge and understanding of the behavior displayed by the patient in order to be therapeutic in her interactions. This learning activity reinforced knowledge of the theory taught in class and helped the student to be goal directed in her interactions with patients.

B. The clinical workshops facilitated early identification of learning problems in the stages of problem solving as it applied to working with patients on a psychiatric ward. Knowledge of behavior and understanding of mental health and illness was easily observable through the use of the clinical workshop monitor. The students were goal oriented in the clinical area as they sought patients with the behaviors being discussed in the workshops. They asked many questions of other health team

members in preparing for the workshops. Learning activities on the clinical wards were reinforced during the workshops, as the process followed in the classroom was similar to that being implemented in clinical practice. The students gave positive ratings to the clinical workshop as a learning activity from the beginning. They expressed an increase in confidence saying they knew their intervention was appropriate because it worked in helping patients to change behavior that was causing them to stay in hospital.

C. The students scored lower than expected on the 100 multiple-choice question post test on theoretical content. Since the academic objectives were similar for students who scored higher in previous programs it was expected grades would be similar. More independent study was required to meet the academic objectives as the emphasis in this program changed to the clinical aspects of psychiatric nursing. The high scores were supported by the favorable progress made by students in the workshops. The difference in results on pretests and post tests was considerable for both types of tests, but much larger for the case study examination.

D. The problem-oriented record practice provided continuity of learning in applying the problem solving process. Although it was in common use in general hospitals at this point in time, it is being introduced in the psychiatric units with support from mental health care staff.

E. The community mental health experience consisted of a number of extended visits and tours of various mental health facilities in the community. The students noted considerable repetition of learning activities during this part of the program. The family services orientation was inadequate; there is a need for an experience more related to general nursing practice. The class handouts on "Community Mental Health" and "Crisis Intervention" were considered very helpful by the students and should be continued. The opportunity to share community experiences was appreciated by students and instructors and was recommended to continue.

F. The evaluation with the Head Nurse and staff on each ward is one in which there was an exchange of opinions about nursing care and the learning experience. The staff questioned the content and teaching methods asking

> Have you changed the content? What are you doing different with this group? They seem so confident and know more than we do.

Remarks like these were common toward the end of this rotation of students. Students appeared comfortable with the staff and expressed appreciation for their help.

The senior thesis advisor visited the students this week and evaluation discussions were held on each of the units. The students were confident in talking about their learning experience. They were open and comfortable in sharing their opinions as enthusiastic participants in this curriculum development study.

In summary, the students indicated they hope we will continue to use the case study approach to teaching the clinical aspects of nursing care, include empathy training in teaching nursing intervention with patients, select similar content in the area of behavior and nursing intervention, re-examine the post test questions and the community mental health field experience. Nursing staff and other members of the mental health team were generous with suggestions for learning activities in the clinical practice areas and were open in their contribution of compliments and constructive criticism throughout the field study.

CHAPTER IV - FOOTNOTE

[1]Blaine R. Worthen and James Rl Sanders, Educational Evaluation: Theory and Practice (Ohio: Charles A. Jones, 1973), p. 113.

CHAPTER V

ANALYSIS AND CONCLUSIONS

In answering the question, What knowledge and teaching methods are most effective in teaching students to intervene therapeutically while caring for patients in a psychiatric ward?, the psychiatric component in general nursing education was systematically explored through the cyclical process of trial-intervention-evaluation over the eight weeks of this field study. A number of evaluation tools were used to gather data. This information was organized using the Robert E. Stake framework for describing and processing data.[1] The Stake model was very effective for compiling large amounts of data for organization purposes. However, in decision-making, the developer found it more practical to use these frameworks selectively rather than on a daily basis. The formative evaluation process was effective for the purposes of this study. When data from the instruments indicated a lack of success in transfer of theory to clinical practice, intervention was made leading to changes for improvement in the program. The changes in teaching/learning activities gradually improved the daily decision-making by students on how to best care for psychiatric patients. Evaluation methods commonly used in nursing--such as interaction studies, communication skills checklists, and multiple-choice examination questions--were tested and additional tests--for example, the clinical workshop monitor, the classroom interaction activity monitor, and the case study examination--

were designed and implemented to evaluate the interventions made in this field study. Although there was a considerable amount of detailed information collected, the author found all data were pertinent to the day-to-day operation as well as the learning outcomes of the study.

In retrospect, a number of weaknesses and strengths of the field study can be identified. These are described below.

I. Weaknesses

A. The research method was not empirical. The data gathered are far more descriptive than quantitative in nature. Evaluation instruments such as the Communication Skills checklist and the Clinical workshop monitor were designed and implemented to identify problems in learning so that intervention could be determined early to improve the curriculum. Information gathered from using these instruments describe selective behaviors which reflect the extent of the learning. Neither of these measuring tools provide for scoring of achievement; nor do they provide any numerical data. Extensive interviewing of mental health care workers added to the amount of subjective data and led to decisive action in determining the number and kinds of learning activities for students in the clinical areas on a daily basis. The rating scale used by students to evaluate teaching/learning activities throughout the eight weeks of this study provided a description of students opinions about the extent of their own learning; in part, a self-evaluation. During the first two weeks the psychological climate of the classroom participants was

assessed daily. An instrument called the interaction activity monitor was employed to describe the psychological climate and decisions made about teaching methods based on this information. Testing the instrument for such a short period of time limited judgment of its value for evaluation purposes.

B. The formative method of evaluation is one that relies on the author's perception for decision-making in implementing changes. This is a subjective interpretation. Since the author had previous experience with the mental health care staff in the setting for the field study, it is possible that personal and professional biases influenced her decision-making in implementing changes. Daily evaluation of the setting and monitoring influences of the staff on student learning was necessary in using the formative approach to curriculum development. Decision-making depended on the perception of the author who could select information leading to change or choose to ignor it. Another instructor may have perceived this descriptive information from a different frame of reference and drawn other conclusions.

C. The author was a participant-observer and her conclusions may have been more subjective than objective. There is a tendency to perceive activities as you expect them to be rather than how they actually happen. Prior experience in teaching this program may have left the author with certain assumptions about teaching methods and learning outcomes. A good example of this kind of influence surfaced during early stages of this study causing a delay in changing the objectives

to emphasize clinical learning outcomes. Even though all information gathered from discussions and surveys of nurses in the field indicated that improvement was needed in teaching clinical application of theory, there was hesitation to make the extensive changes necessary after the program was underway. As a participant-observer, it was often necessary for the author to recognize herself as the perpetuator of the problem before making changes to solve it. An author who could direct energies to observing and evaluating without participating may have been less subjective and more expedient in making changes for improvement in this curriculum.

D. The case study is a narrative and subjective report which lends itself to story telling rather than presenting facts and figures in an objective way. The exploratory characteristics of this thesis led to a large amount of descriptive data. The essence and emphasis on particular aspects of the study are reported as perceived by the author based on the data gathered over the eight weeks of this curriculum development study.

II. Strengths

A. The study is a practical one and focuses on a major concern in a real situation. Learning outcomes for the author at this time included: to practice curriculum development methods; to practice a variety of teaching methods. The author's job assignment was to evaluate and

revise the psychiatric component of the general nursing education curriculum. The author could not find any research base in the literature for curriculum development and/or evaluation of the psychiatric component in nursing programs leading to a diploma for Registered Nurses. The clinical setting was very familiar to the author and she was afforded considerable co-operation and mobility in the area. The study was not a laboratory experiment, but was examined in the real situation which is commonly unpredictable. The author perceived this exploratory study as an opportunity to achieve her own learning outcomes as well as provide a research base for future study of a more empirical nature.

B. It is an experimental study in the field. The solution is developed in a systematic way. The study includes the unanticipated but real aspects of the situation. The short answer pretest-post test results identified specific inaccuracies in assumed entry behaviors. Effective interventions were determined using the process of trial-intervention-evaluation, resulting in more appropriate identification of entry behaviors. In placing emphasis on the clinical aspects of the psychiatric nursing component, the priority given to the theoretical component and independent study was considerably less. The pretest and post test case study results were low for the pretest and high on the post test. Since the student's program prior to the psychiatric nursing rotation included theory and practice in nursing care planning, the author expected higher scoring on the pretest.

The Clinical workshop using the case study approach to teaching prepared the students for the case study examination, and the high score was expected. These findings indicated the effectiveness of the interventions during the Clinical workshops using the case study approach. The Stake model provided an organizational structure to examine all aspects of the psychiatric component including the classroom milieu, the change in clinical settings and staff, the influence of an observer monitoring all activities; not just an evaluation of the behavioral objectives for the students. Through the use of this model, we encountered a "panoramic view"[2] of the curriculum.

C. The author is an experienced instructor in the field of this study. She was able to work directly with the evidence as she perceived it, and she did make appropriate modifications during implementation as evidenced by students' increasing knowledge in planning, implementing, and evaluating nursing intervention in the clinical areas. The author was in a position to directly observe effects in the field. The positive effects were confirmed by students, the observer-instructor and members of the mental health team.

D. Systematic and unexpected personal evidence has been included in this report as it influenced the outcome of the study. The discovery of the correlation between self-development and the degree of change

and growth in the curriculum was a turning point early in the field study.

In summary, this field study began when changes in societal trends toward mental health and illness, together with increasing dissonance in the nursing community concerning inadequacies in the performance of graduates indicated a need to examine the on-going psychiatric nursing component in general education for Registered Nurses. In exploring the identified needs, extensive interviewing of mental health workers and nurses in general hospital, student pre-testing, a medical records review, and a literature search was done. The question to be answered, What knowledge and teaching methods are most effective in teaching students to intervene therapeutically while caring for patients in a psychiatric ward? was systematically examined.

The psychiatric nursing program was formatively evaluated following the Robert E. Stake model, using formal frameworks for organizing and processing data for decision-making. Major interventions implemented early in the field study included the introduction of learning outcomes with clinical emphasis, identification of new entry behaviors, content changes to reflect new information about needs, introduction of the case study teaching method, and changes in teaching/learning activities directed to meet the new clinical learning outcomes. These interventions were formatively evaluated by instruments commonly used in nursing education or designed for use in this field study

including pretests, the interaction study communication skills checklist, the classroom interaction activity monitor, the student evaluation of teaching/learning activities rating scale, the clinical workshop monitor, the case study examination, the clinical evaluation, and the community mental health assignment. As the findings indicated problems in the program, interventions were designed and implemented to modify and improve the program. A formative pattern evolved which reflected the development of the curriculum leading to a refined psychiatric nursing program. A diagram depicting this process is described in Table 9.

The data gathered during the program evaluation process suggested that the knowledge and teaching methods described below were most effective in teaching students to intervene therapeutically while caring for patients in a psychiatric ward. Therefore, the refined program will include the following:

1. Knowledge:

   a) The five major behaviors; that is, withdrawn, suspicious, depressed, overactive and antisocial behaviors;

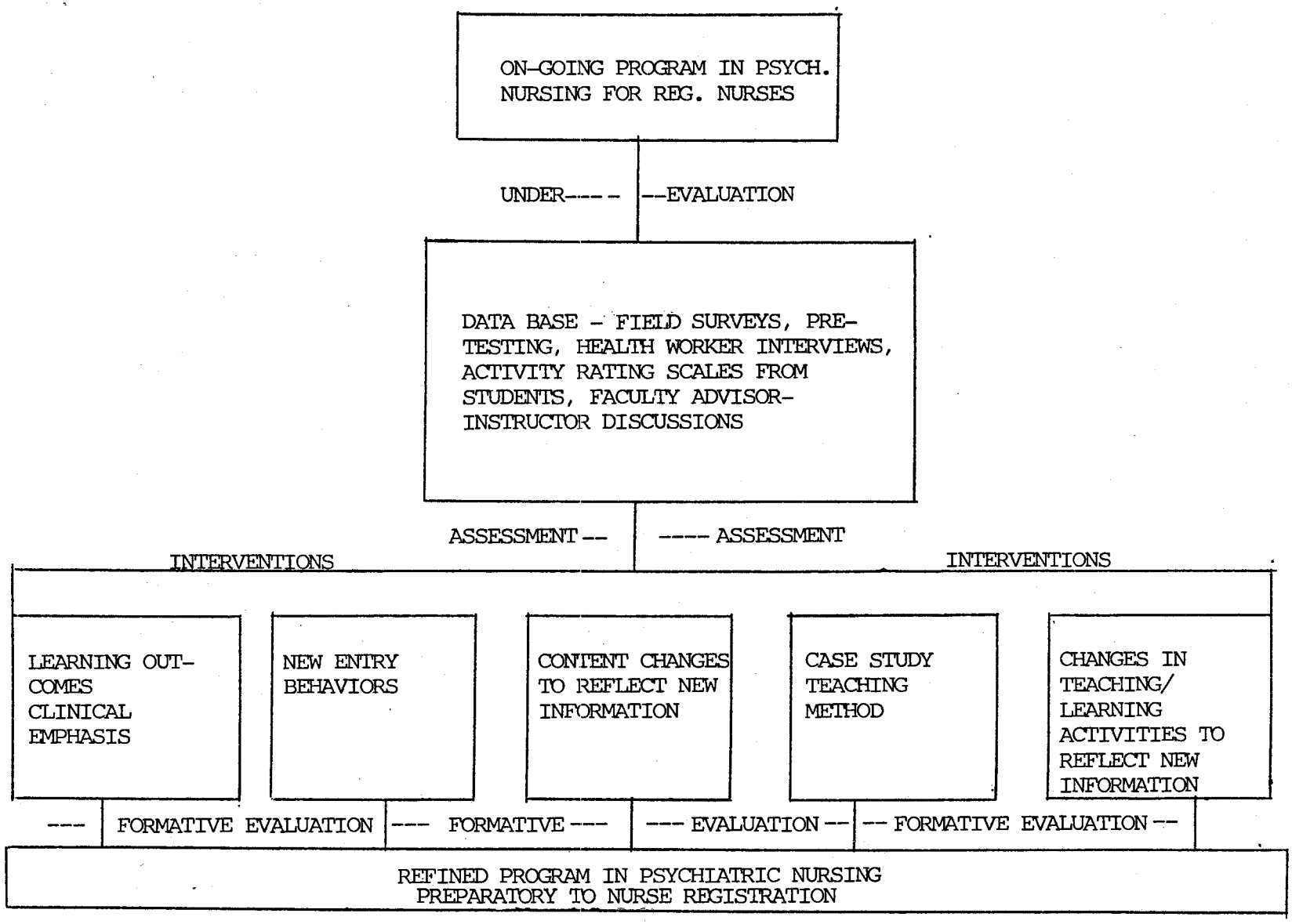
   b) The four nursing interventions; that is, self-awareness, empathy, reality orientation and health teaching;

2. Teaching methods:

   a) Assignment of goal-directed interaction studies;

   b) The case study teaching method within the clinical workshop format;

TABLE 9: FORMATIVE MODEL FOR CURRICULUM DEVELOPMENT FIELD STUDY OF THE PSYCHIATRIC COMPONENT IN GENERAL NURSING EDUCATION



c) The clinical workshop monitor for early diagnosis of learning problems;

d) Teaching for thinking principles and practices;

e) Teaching for discovery techniques in the interview laboratory and in the clinical areas to assist students in learning characteristics of behavior.

A systematic investigation has been implemented using the formative evaluation process resulting in a pattern of curriculum development and improvement in the psychiatric nursing program. The knowledge and teaching methods described above are the core psychiatric components identified during this field study and will be included in the refined program in general education for nurse registration. Although this field study was an informal exploration of the knowledge and teaching methods in the specialty of psychiatric nursing, a formative pattern has evolved. It provides the groundwork and the data base for repeating this study to confirm the findings and/or formal research on the refined program.

III. Personal Considerations and Future Directions

The field development study involved extensive searching and sorting of mammoth amounts of information. Priority setting for selection of a specific direction for the study and the report was a major consideration for the author. Since there was little groundwork prepared, a decision to choose the broad perspective of curriculum development

versus one education component for exploration was carefully considered.

In pursuing the question, What knowledge and teaching methods are most effective in teaching students to intervene therapeutically while caring for patients in a psychiatric ward?, the magnitude of the task became evident only after the study began. As the focus of the program changed from the theoretical to the clinical aspects of psychiatric nursing, the absence of appropriate evaluation tools and teaching methods for a field experiment in psychiatric nursing became obvious. A research base for justifying the use of specific content to help students learn clinical skills in psychiatric nursing was limited to generally related studies in mental health nursing and primary prevention rather than nursing of the mentally ill. Teaching methods were readily available in the literature but with limited research in the area of clinical psychiatric nursing. As a result of these limitations, the evaluation instruments, the data reported in this thesis and the decisions to investigate specific aspects of nursing education while ignoring others was simply the deliberate choice of the author at the time of this field investigation. The study was completed three and one-half years ago and today I would be approaching the study from a different perspective. An accumulation of experience in curriculum development of the complete education program for preparatory to nurse registration as well as a variety of short term post- basic nursing education projects has extended my viewpoint considerably. In reviewing the needs at the time this study was initiated, I find my

decision to do an evaluative curriculum development study in the field was an appropriate one. This kind of investigation was necessary to prepare the way for formal research. However, my approach in preparing and planning for the thesis would include the following differences:

a) more formal preparation in implementing field experiment methods;

b) a thorough investigation of related research studies;

c) fewer evaluation tools for testing.

The literature on alternative field evaluation methods describes a number of experimental models of investigation techniques for use in the field that I was only aware of in a general way at the beginning of this study. The natural experiment in the clinical setting may have been an appropriate first step to identify variables which could be controlled, and to determine more clearly defined goals for a field study. A complete review of the related literature could have provided a broader base for more formal research in the field. In restricting the literature review to the specific question being studied, a narrower interpretation of the dat has evolved leaving more questions than the author intended. The testing, development and refining of the evaluation tools may have led to more qualitative data if fewer instruments were tested. In the future, I would allow more time and direct my energies to testing fewer evaluation instruments for any one field study.

Little formal research has been done in the area of basic nursing education on the psychiatric component since this field study was completed. The case study teaching method and the clinical workshop format are being used in nursing education laboratories to a greater or lesser extent in several basic diploma programs in the province at this time. However, due to financial and resource constraints, there is little formal research developed, implemented or published. In this field study the knowledge identified as most effective in teaching students to perform clinical skills involves only the specialty area of psychiatric nursing. Investigation of the knowledge required in the theoretical portion of the program as well as that necessary to perform clinical skills effectively would be a challenging area to explore. The teaching methods and learning activities such as the Clinical workshop monitor, the case study teaching method and goal directed interaction studies are generally applicable to all clinical nursing education. This exploratory field study has made strides toward developing potential for improving the psychiatric component in general education preparatory to nurse registration. This field study provides a foundation for formal research and promises new directions for experimental studies in the field of nursing education.

CHAPTER V - FOOTNOTES

[1]Blaine R. Worthen and James R. Sanders, Educational Evaluation: Theory and Practice (Ohio: Charles A. Jones, 1973), p. 113.

[2]Ibid., p. 121.

[3]Ibid., p. 121.

APPENDIX A

PSYCHIATRIC NURSING PROGRAM

ACADEMIC OBJECTIVES

1. The student demonstrates understanding of the nature and history of mental health and illness.

1.1. The student is able to identify the characteristics of mental health and illness.

1.2. The student is able to identify historical events in psychiatry and those individuals associated with them.

1.3. The student is able to identify the theorists of conceptual models developed as a basis for treatment in psychiatry (biologic, psychologic, social, and behavioral).

1.4. The student is able to identify the characteristics of conceptual models developed as a basis for treatment in psychiatry (biologic, psychologic, social, and behavioral).

1.5. The student is able to identify social factors which influence mental health and illness.

1.6. The student is able to identify psychological factors which influence mental health and illness.

1.7. The student is able to identify biological factors which influence mental health and illness.

1.8. The student is able to identify the psychodynamics of mental health and illness.

1.9. The student is able to identify psychiatric terminology when given a description of the term or vice-versa.

1.10. The student is able to distinguish between common facts and fallacies held by the general public regarding mental health and illness.

1.11. The student is able to identify the rationale for assessment in determining mental health status.

1.12. The student is able to identify the rationale for psychological testing associated with the mental health status examination.

11 The student demonstrates knowledge of maladaptive behavior patterns.

11.1 The student is able to identify characteristics of neurotic and psychotic behaviors.

11.2. The student is able to compare and contrast characteristics of neurotic and psychotic behaviors.

11.3. The student is able to identify characteristics of the following maladaptive behavior patterns:

depressed behavior
suicidal behavior
ritualistic behavior
conversion behavior
phobic behavior
dissociative behavior
manipulative behavior
dependent behavior
withdrawal behavior
suspicious behavior
elated behavior
personality disturbance behavior
organic behavior patterns
psychophysiological behavior
emotional disturbance behaviors in children and adolescents

11.4. The student is able to identify the associated etiology according to the conceptual models (biologic, psychologic, social, and behavioral) for the following maladaptive behaviors:

depressed behavior
suicidal behavior
ritualistic behavior
conversion behavior
phobic behavior
dissociative behavior
manipulative behavior
dependent behavior
withdrawal behavior
suspicious behavior
elated behavior
personality disturbance behavior
organic behavior patterns
psychophysiological behavior
emotional disturbance behaviors in children and adolescents

11.5. The student is able to identify prognostic factors influencing mental health for individuals with maladaptive behavior patterns.

111. The student demonstrates knowledge of therapeutic intervention for individuals displaying maladaptive behavior patterns.

111.1. The student is able to identify characteristics of the following therapeutic interventions for individuals displaying maladaptive behavior patterns:

nursing interventions
chemotherapy
electroconvulsive therapy
insulin coma therapy
psychosurgery
psychotherapy (group and individual)
family therapy
occupational therapy
recreational therapy
play therapy
behavior therapy
milieu therapy
crisis intervention

111.11 The student is able to identify the rationale for the following therapeutic interventions for individuals displaying maladaptive behavior patterns:

nursing intervention
chemotherapy
electroconvulsive therapy
insulin coma therapy
psychosurgery
psychotherapy (group and individual)
family therapy
occupational therapy
recreational therapy
play therapy
behavior therapy
milieu therapy
crisis intervention

111.111. The student is able to identify the nursing implications in implementation of the following therapeutic interventions; for example, knowledge of drug dosage, incompatibilities, etc.:

chemotherapy
insulin coma therapy
electroconvulsive therapy
psychosurgery
psychotherapy (group and individual)
family therapy
occupational therapy
recreational therapy
play therapy
behavior therapy
milieu therapy
crisis intervention

IV. The student demonstrates knowledge of community mental health.

IV.1. The student is able to identify the rationale for community mental health services.

IV.2. The student is able to identify the three methods of prevention as described by Lisa Robinson.

IV.3. The student is able to identify the rationale for the three methods of prevention.

IV.4. The student is able to identify the liaison role of the nurse in community mental health.

IV.5. The student is able to identify community resources used by the nurse in intervening for an individual in a community setting.

PSYCHIATRIC NURSING
CLINICAL OBJECTIVES

CENTRAL OBJECTIVE: Using the problem solving process, the student is able to implement behavioral interventions to help individuals change behaviors which are interfering with their mental health. The student is goal directed in interactions with individuals in the clinical area and is able to:

- describe characteristics of the manifested behaviors.
- identify the psychodynamics of the manifested behaviors.
- formulate long-term objectives for changing behaviors to promote/maintain mental health.
- formulate short-term objectives for changing behaviors to promote/maintain mental health.
- set priorities for meeting these objectives according to Maslow's hierarchy of human needs.
- plan interventions for individuals displaying behaviors which interfere with mental health.
- provide rationale for planned behavioral interventions relating to interactions with the individual and to theoretical concepts; i.e. conceptual models concerning etiology and treatment.
- implement behavioral interventions in interactions with individuals displaying behaviors which interfere with mental health; i.e., withdrawal, suspicious, depressed/suicidal, overactive, and antisocial behaviors. In interactions, the student is able to demonstrate an increase in comprehensiveness in using the following therapeutic techniques: self-awareness, empathy, reality orientation, and in health teaching related to socialization skills, problem-solving, and discharge planning.

- describe individual's response to behavioral intervention giving examples from interactions.
- modify behavioral interventions as a result of individual's response in order to meet the changing needs of the individual.
- report and record accurately and completely in Student Nurses' Report Book. Written reports (including all assignments) should be concise, pertinent, organized, and legible.
- involve self as a member of the mental health team by contributing information to group discussion in Ward Rounds, in nursing care planning meetings, and for Nursing Services 24-hour report.
- participate in group discussions with patients invluding therapeutic community meetings, occupational and recreational activity groups.
- contribute to identification of group dynamics in recapitualation meetings with peer group, mental health team, and/or instructors.
- contribute alternatives for solving problems related to group intervention.

PROFESSIONAL RESPONSIBILITIES:

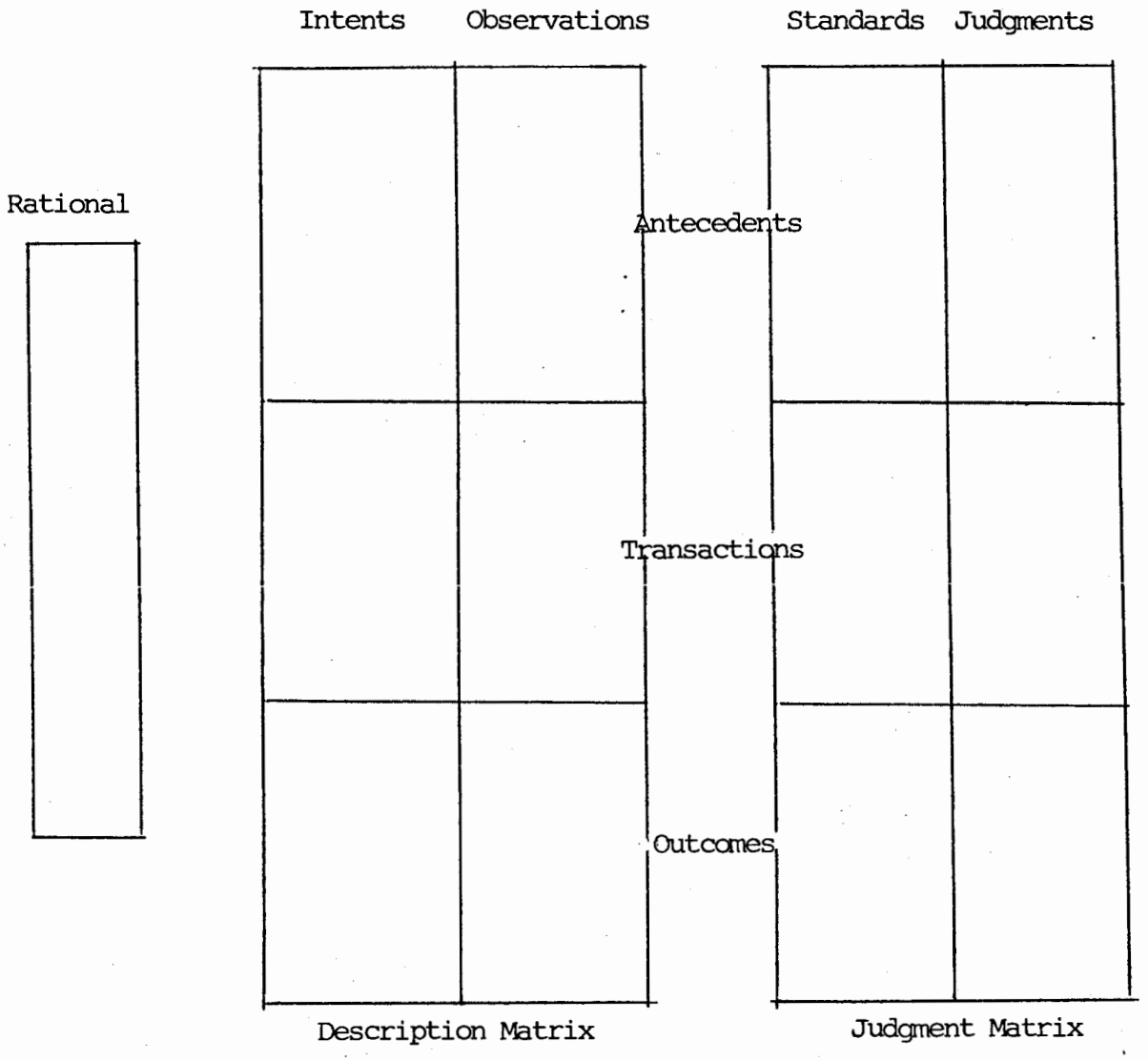
The student is able to work cooperatively and harmoniously with her/his own peer group, with instructors and with members of the mental health team. In meeting this objective, the student

- uses goal-directed self-evaluation to maintain and promote personal growth and development.
- listens attentively when others are making contributions in group discussion.
- asks questions and explores rationale before making judgments.

- offers alternatives for recognized problems.
- uses constructive interpersonal techniques in relating to others (empathy).
- uses available learning resources to increase her knowledge and skill.
- respects confidentiality.
- consistently involves herself/himself in meeting the objectives.
- completes assignments on due date.
- displays appropriate presentation of self in clinical areas according to hospital or agency "dress policy."

APPENDIX B

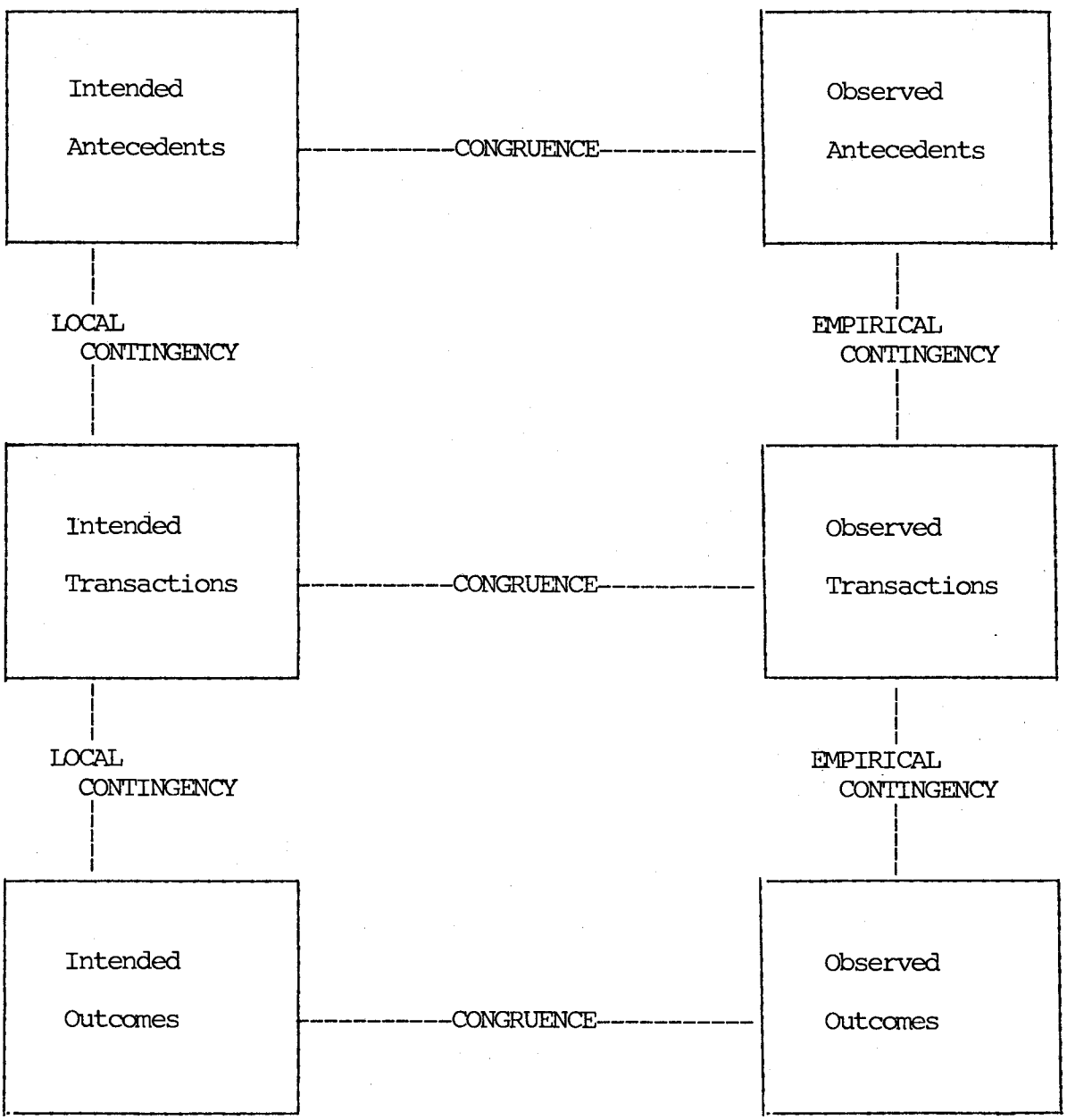
FIGURE 1: DATA MATRIX FOR ORGANIZING DATA



A representation of the Organizing of Descriptive Data from Educational Evaluation: Theory and Practice by B. Worthen and J. Sanders, Wadsworth Publishing Co., 1973.

FIGURE 2: DATA MATRIX FOR PROCESSING DATA

DESCRIPTIVE DATA



A representation of the Processing of Descriptive Data from Educational Evaluation: Theory and Practice by B. Worthen and J. Sanders, Wadsworth Publishing Co., California. 1973.

APPENDIX C

SAMPLE

PSYCHIATRIC NURSING

PRETEST - POST TEST I

I. For each of the 8 developmental tasks (see chart) give a brief description of the adult who has:

(a) not accomplished this task
(b) successfully accomplished this task
(c) Describe the behaviour of the young adult who has accomplished his developmental tasks.

II. Describe the functions, time of evolution and level of consciousness of its operation of the:

(a) Id
(b) Ego
(c) Superego

III. Name and describe 4 defense mechanisms.

IV. List 5 factors that influence communication.

V. List 5 behaviours that make for effective communication.

VI. List 5 behaviours that make for ineffective communication.

VII. List 5 factors that influence observation.

VIII. Name 4 types of groups.

IX. List 5 characteristics of small groups.

X. List 5 rules taken by group members.

XI. What are the phases of group process.

SAMPLE

STUDENT NO _____

PSYCHIATRIC NURSING

PRETEST - POST TEST II

DIRECTION: For each of the following multiple choice questions select the one most appropriate answer.

1. Which of the following is the best indicator of good mental health?

   a. development of insight
   b. ability to function effectively
   c. capacity to develop an object relationship
   d. freedom from anxiety

2. The number of people in a large population who could be diagnosed schizophrenic.

   a. differs from culture to culture from 0 to 5%
   b. has increased since 1900 about 5%
   c. remains fairly constant at about 1%
   d. has decreased since the 1950's to about 0.1%

3. Franz Kallmann is best known for his

   a. contribution to communication theory
   b. research on manic-depressive illness
   c. writing on general systems theory
   d. research on schizophrenia involving twin studies

4. The first psychiatrist to describe and classify psychiatric disorders in a systematic way was

   a. Sigmund Freud
   b. Emil Kraepelin
   c. Eugen Bleuler
   d. Adolf Meyer

5. Which of the following defenses account for ideas reaching the intensity of delusions?

   a. projection
   b. repression
   c. regression
   d. condensation

6. The incidence of alcoholism is thought to be

   a. two times greater among men than women
   b. five times greater among men than women
   c. two times greater among women than men
   d. five times greater among women than men

7. Which of the following would Erikson regard as typical for 4 ½ year old

   a. constant chattering
   b. concern with bowel movements
   c. wish to be cuddled
   d. tendency to shyness

8. According to psychoanalytic theory, "love at first sight" is most likely a form of

   a. transference phenomenon
   b. positive identification
   c. narcissism
   d. projection

9. Which of the following symptoms are characteristic of persons suffering from neurotic disorders?

   a. delusions of persecution
   b. feelings of elation
   c. paranoid delusions
   d. unexplained fatigue
   e. withdrawal from reality

10. Which of the following describes the Thematic Apperception Test (TAT)?

   a. I.Q. test usually used for children from ages 2-8
   b. 10 cards of amorphous inkblots
   c. a series of pictures with instructions to "make up a story with beginning, middle and end"
   d. most widely used test to assess organic deficit
   e. divided into verbal section and performance section

11. When asked by the nurse if she has had visitors, Miss Stone replied, "My father came here and trees are growing in there, but the, I never can tell. Words, I get words from the voices." This is an example of

   a. flight of ideas
   b. ambivalence
   c. circumstantiality
   d. loosened association

12. All of the following are common misconceptions about mental illness except

   a. masturbation is a frequent precursor
   b. a psychosis can be precipitated by a real or imagined loss
   c. a person who is truly religious will never become mentally ill
   d. a highly intelligent person who comes from the upper middle class is unlikely to become mentally ill

13. The nurse tests for similarities by naming items that are the same or alike in certain ways and asks Mrs. Perterson in what way they are alike. This tests a patient's ability of

    a. abstract reasoning
    b. recent memory
    c. judgement
    d. orientation

14. In neurotic depression, the client is apt to be less interested in activities

    a. in the morning
    b. in the early evening
    c. done in a group setting
    d. of a repetitive nature

15. Which statement is generally true of a patient with ritualistic behavior?

    a. If the patient can be made to understand that the behavior is unreasonable, she will stop it.
    b. The frequency of performance of the ritual is unrelated to the degree of anxiety
    c. The patient may be aware that the ritual is illogical, but she is helpless to stop it
    d. The patient is likely to be unaware that she is performing the ritual

16. The overall difference between neuroses and psychoses is

    a. the amount of ego impairment
    b. the amount of repression and suppression used
    c. the amount of impairment in coping with I.P.R.
    d. the degree of insight the patient has into his problem
    e. the use of delusions and hallucinations

17. Asthma is considered a psychophysiological disease because

    a. persons affected have the same psychological makeup
    b. pollution always activates the General Adaptation Syndrome
    c. emotional factors influence the onset and occurrence of physiological changes
    d. the illness is mental and emotional

18. All of the following are characteristics of the organic brain syndrome except

    a. imparment of orientation, emotional instability
    b. pupillary changes, tremors
    c. habit deterioration, confabulation
    d. good recent memory, poor remote memory

19. A description of cyclothymic personality includes

    a. inept, exercise poor judgment, lack stamina
    b. aloof, fearful, eccentric, introverted
    c. enthusiastic, friendly, competitive
    d. suspicious, jealous, stubborn, envious
    e. excitable, sulky, irritable, unpredictable

20. Mrs. Peterson tells the nurse that she is concerned her neighbours may be talking about her. This is an example of

    a. free-floating anxiety
    b. delusions of persecution
    c. depersonalization
    d. ideas of reference

21. Which statement best describes autistic thinking?

    a. It is controlled more by the thinker's needs or desires than by reality.
    b. It is usually rational rather than irrational.
    c. It is a necessary concomitant of creative thinking.
    d. It achieves new solutions to problems and discovers new relationships.

22. Miss Anthony, the attractive 17 year-old daughter of a prominent citizen, is admitted to a psychiatric hospital for treatment of drug addiction. Miss Anthony is addicted to heroin. Which one of these statements expresses what is probably the most serious ill effect of drug addiction on the adolescent?

    a. It produces irreversible brain damage.
    b. It causes the individual to live in a world of delusions.
    c. It arrests development at a dependent stage.
    d. It deprives the individual of a sense of accomplishment.

23. Which type of behavior would be most typical for the patient with antisocial personality?

    a. withdrawing from social activities
    b. following ward routine with mechanical obedience
    c. utilizing rituals to allay anxiety
    d. seeking special privileges

24. The phobic client controls his unacceptable feelings and impulses through

    a. symbolic and ritualistic activity
    b. dissociation and displacement to the environment
    c. repression and projection
    d. acting out behavior

25. Conversion reactions, hysterical type, are not usually

    a. diagnosed in women
    b. treated with electroshock therapy
    c. treated with psychotherapy
    d. life-threatening to the client

26. Which statement is true about personality disorders?

    a. anxiety is the predominant symptom
    b. deeply ingrained maladaptive patterns of behavior
    c. delusions and ideas of reference are common
    d. they are transient and situational
    e. mood is more significant than behavior

27. The most commonly held theory about the etiology of schizophrenia is that schizophrenia

    a. results from defective genes
    b. is caused by biochemical abnormality
    c. results from abnormal family communication patterns
    d. is caused by an interaction of environmental and organic influences

28. Doris Green, an attractive 24 year-old woman, is admitted to a psychiatric unit with the diagnosis of antisocial personality disturbance.

    The essential defect in the character structure of the person with an antisocial personality rests in

    a. failure to express basic id impulses
    b. failure to develop a socialized superego and ego ideals
    c. an early symbiotic relationship with the mothering one
    d. lack of adequate ego boundaries

29. Which of the following statements about a patient suffering from a conversion reaction is true?

    a. The symptom usually involves a function under control of the involuntary nervous system.
    b. The conversion reaction is a symbolic expression of an inner conflict.
    c. The anxiety arising out of the conflictive situation is primarily conscious.

30. The handwashing ritual demonstrates the use of the defense mechanism of

    a. denial
    b. suppression
    c. undoing
    d. projection

31. Which of the following is the least accurate belief about suicide?

    a. Suicide is more common in urban slum areas than in suburbs.
    b. Suicide seldom happens without some type of warning.
    c. Improvement after a depressive episode probably means the suicide risk is over.
    d. People who talk about suicide frequently attempt suicide.

32. Depression occurs as a result of a loss. What is the most important thing to remember about the etiology?

    a. The lost object must be a real person or thing.
    b. The patient must have a real love for the lost object.
    c. The patient must have ambivalent feelings towards the lost object.
    d. The patient must have been overly dependent on the lost object.

33. Which of the following neuroses is commonly seen in children under five years of age?

    a. reactive depression
    b. conversion reaction
    c. phobias
    d. anxiety reaction

34. Mr. Hafer, a prominent businessman, has been admitted to the hospital for a bleeding ulcer.

    The main conflict of a person with a peptic ulcer is thought to be between the

    a. id vs. ego and superego
    b. id vs. superego
    c. ego vs. superego
    d. id and ego vs. superego

35. Which of the following statements most accurately describes the progression of alcoholism?

    a. Alcohol will evantually dominate one's life and cause physical and social deterioration.
    b. There are a number of alternative courses for alcoholism to take including spontaneous recovery.
    c. Treatment is necessary in order to avoid becoming a skid row derelict.
    d. The steady state drinker will remain in this pattern and not become a fluctuating drinker.

36. Which of the following factors has been most successful in reducing the suicide rate among hospitalized suicidal patients?

a. restricting the patients from possessing articles like shoelaces, belts, razors
b. the introduction of electroshock therapy
c. the new psychoactive drugs
d. the "open door" policy and emphasis on a therapeutic interpersonal milieu

37. The psychodynamic explanation of the manic behavior of a manic-depressive patient is that the mania is a

a. projection of the basic id impulses
b. denial of the underlying depression
c. suppression of feelings of sadness due to loss
d. sublimation for socially unacceptable feelings

38. Favorable prognostic factors in schizophrenic reactions include

a. rapid onset, external precipitating factors, subjective disconfort
b. insidious onset, early treatment, subjective discomfort
c. external precipitating factors, insidious onset, early treatment
d. external precipitating factors, hypochondriasis, lack of subjective discomfort

39. Mr. Gallagher has been admitted to the hospital for a G.I. series. He is suspected of having a peptic ulcer. Mr. Gallagher, a stock broker, is married and the father of three children.

The nurse should recognize that Mr. Gallagher's disorder is a psychophysiologic one which means that his ulcer represents

a. repressed aggressive strivings
b. unfulfilled dependency strivings
c. a direct symbolic expression of conflict
d. a reaction to stress

40. Korsakoff's syndrome is caused by a deficiency in

    a. vitamin B
    b. vitamin A
    c. vitamin C
    d. vitamin E

41. Mr. Green, a depressed client, is unesay about attending ward activities. Miss Peters, the nurse, explains the ward routine to Mr. Green, emphasizing quiet non-competitive activities. There is a movie scheduled on the unit. Miss Peters is most likely to help Mr. Green attend the movie if she says

    a. "Mr. Green, I'll be back to take you to the movies in an hour."
    b. "Mr. Green, there's a movie this afternoon. I'm sure it will cheer you up."
    c. "Mr. Green, it's up to you, but there's a movie you might attend."
    d. "You'd like to go to the movie, wouldn't you?"

42. Which of the following individuals falls in the lower risk category for suicidal potential?

    a. a 55 year old male alcoholic
    b. a 35 year old divorced physician
    c. a white Protestant male lawyer
    d. a black Catholic taxi driver

43. Mrs. Cassity is a 50 year-old housewife who was admitted to the hospital because she no longer took any interest in her home or family. Frequently, she would sit for long periods of time slumped in a chair, staring into space. At other times, she paced the hall pulling at her hair, wringling her hands and crying, "I have sinned." She told the nurse that someone had removed her stomach. Mrs. Cassity has a history

of one suicidal attempt.

When Mrs. Cassity complains that she cannot eat because her stomach has been removed, the nurse should

a. explain that the doctor said that her stomach was all right
b. ignore her complaint and change the subject
c. tease her for thinking her stomach is gone
d. listen to her complaint and remind her that her laboratory tests have all been normal

44. Mrs. Cassity tells the nurse, "I wish I were dead. I have nothing to live for." The most therapeutic response by the nurse would be

a. "You have lots to live for - a nice home, family and friends."
b. "It's too nice a day for such thoughts. Let's go for a walk."
c. "Have you been thinking about dying?"
d. "I'll sit here with you and we can talk about something more pleasant."

45. When Mrs. Cassity expresses feelings of unworthiness, the best response on the part of the nurse would be

a. "I am sure you have led a good life Mrs. Cassity."
b. "Try to forget those thoughts and join our card game."
c. "You're family loves you very much."
d. "As you begin to get well, these feelings will disappear."

46. The danger of another suicidal attempt by Mrs. Cassity is greatest

a. during the first week of admission to the hospital
b. when she is deeply depressed
c. when she apparently is recovering from her depression
d. during the periods she is very agitated

47. Nursing measures most helpful to patients during periods of delirium tremens would include

    a. asking the physician for an order for Thorazine 100 mg. I.M.
    b. assuring the patient that he has nothing to worry about because his illusions are not real.
    c. minimizing external stimuli to lessen frightening illusions
    d. using the experience to point out to him the dangers of over-indulgence

48. Which quality of the nurse is considered of greatest importance in working with emotionally disturbed children?

    a. a listening attitude
    b. matter of factness
    c. emotional warmth
    d. emotional distance

49. Miss Jones, a 17 year-old patient with a personality disorder, is observed by the nurse banging her hand against the wall. The most appropriate nursing response would be

    a. "Miss Jones, can we talk together about what is upsetting you?"
    b. "Miss Jones, unless you stop, you'll have to have medication."
    c. "Why are you banging your hand, Miss Jones?"
    d. "Miss Jones, come and help me get some supplies."

50. Mr. Brown is a 45 year-old patient with a diagnosis of obsessive-compulsive neurosis. His ritualistic behavior consists of handwashing. He also has a phobia of being surrounded by people.

    Miss Smith, a new nurse, introduces herself to Mr. Brown and asks his name. He responds, "I am an obsessive-compulsive neurotic. I have had psychoanalysis for 20 years. What do you think can do for me?" The nursing response that would be most helpful is

a. "Who was your analyst, Mr. Brown?"
b. "You seem to feel hopeless, Mr. Brown."
c. "I need to know you better, Mr. Brown."
d. "Can we talk about that, Mr. Brown?"

51. Mr. Brown is getting on the elevator for occupational therapy. Suddenly he says to the nurse, "I need to go wash my hands." The most therapeutic action would be

a. tell Mr. Brown he can wash his hands when he gets to occupational therapy
b. tell Mr. Brown that you understand how he feels and that you'll stay with him.
c. tell Mr. Brown that you will take him back to the unit.
d. ask Mr. Brown why he needs to wash his hands

52. The nurse should expect that Mr. Brown will experience less anxiety if he is

a. allowed to return to the unit and wash his hands
b. asked to express why he needs to wash his hands
c. allowed to make as many decisions as possible for hiw own care
d. able to delay washing his hands until he gets to O.T.

53. In working with the patient who is diagnosed with a conversion reaction, the nurse shows understanding of the patient's needs if she

a. focuses the patient's attention on his most prominent symptom
b. evaluates his symptoms carefully
c. does not express skepticism of the patient's over simplified explanations
d. expects the patient to be astute in his observations of others

54. Nancy Becker is a 38 year-old, extremely excitable woman who frequently laughs, shouts, and runs about the ward. She is meddlesome and domineering with other patients and frequently offers to assist the staff in their duties.

The aspect of Miss Becker's care which the nurse needs to be most concerned with is

a. skin care
b. elimination
c. nutrition
d. diversion

55. Miss Becker goes up to other patients, interrupts what they are doing, asks them questions, and then goes on before they can answer. Which action by the nurse would be most helpful?

a. suggest that she read the daily newspaper to an older patient
b. restrict the number of patients to whom she has access
c. explain that she may have to be sent to another ward unless she can stop annoying others
d. suggest that she speak only when spoken to

56. Miss Becker continues to be overactive and unable to concentrate on any one subject for more than a few minutes. Which action by the nurse would probably be of most help to Miss Becker?

a. enforce rest periods in her room
b. reduce external stimuli to a minimum
c. tactfully suggest that she participate in all ward activities
d. tactfully suggest that she avoid planned ward activities

57. Later, in planning activities for Miss Becker, it would be most appropriate for the nurse to

a. put her in charge of a patient group in order to constructively channel her activities
b. keep her from assuming more responsibility than she can handle
c. solicit her suggestions for planning ward activities
d. suggest activities requiring mental concentration in order to limit physical activity

58. Which group of occupational therapy projects would be most suitable for an overactive patient like Miss Becker?

a. loom weaving, finger painting and needlepoint
b. making ceramic pottery, binding books and making artificial flowers
c. tearing rags for rugs, pounding metal for ashtrays and washing walls
d. beadweaving, clay modeling and oil painting

59. In talking with the suspicious patient, the nursing behavior that is most helpful is one that is

a. matter-of-fact, honest and consistent
b. honest, consistent and intellectual
c. matter-of-fact, honest and with physical closeness
d. consistent, honest with physical closeness

60. Mr. Gallagher undergoes a gastrectomy. He is co-operative and cheerful. It seems important to him that he appear "in control" and stalwart. He rarely complains of pain. When Mrs. Murphy, the nurse, comes into the room, he remarks, "My doctor will be in today. He said that I may go home tomorrow. I was worried that it might be too soon, but he should know his business. He's top notch in the field, so it's best that I do what he says. That's what I'm paying for." Mrs. Murphy's best initial response would be

a. "Yes, Dr. Jones is the best. He's quite respected."
b. "You're afraid that you're too weak to go home."
c. "Dr. Jones usually discharges his patients at this point."
d. "You're wondering if Dr. Jones will decide if it's safe for you to go home tomorrow."

61. A staff nurse has been conducting an activity group for ten sessions. The clients are beginning to make negative statements about the nurse's leadership. Drawing on the theory of group development, the nurse interprets this change as a possible indication of

a. the stage of group cohesion
b. unexpected group role conflict
c. an expected stage of conflict and rebellion
d. resistance to group change

62. The term "family therapy" refers to

a. treatment of more than one family member at one time
b. treatment of more than one family member simultaneously in the same session
c. treatment of more than one family member by different therapists
d. treatment of more than one family member in the same hospital ward.

63. Anectine (succinycholine) is used during electroconvulsive therapy to

a. sedate the client
b. cause temporary amnesia
c. reduce secretions
d. prevent fractures

64. Mrs. Berg is scheduled for a series of electric shock treatments. The most prominent indication for this type of treatment is

a. assaultive behavior
b. regression
c. severe depression
d. hyperactivity

65. Which of the following statements about memory loss from electro-convulsive therapy is accurate?

a. recent memory remains intact
b. permanent memory loss may occur
c. permanent memory loss rarely occurs
d. memory loss of significant life events is typical

66. The one drug which is historically considered to have had the most far-reaching and significant effects on the treatment of hospitalized mentally ill patients in this country is

a. Trilafon
b. Thorazine
c. Stelazine
d. Prolixin

67. Which one of these statements best explains why tranquilizing drugs make some psychiatric patients more amenable to psychotherapy? They

a. produce an increased awareness of self
b. modify the basic pattern of the psychosis in such a way as to give the patient insight
c. reduce anxiety so that increasingly deep levels of therapy can be tolerated
d. eliminate feelings of emotional conflict

68. If a manic depressive patient who is on Lithium therapy had a serum blood level of 2 mEq. what set of physiological complications would you expect?

a. none, this is within normal limits for serum blood levels
b. leukoplakia, agranulocytosis, jaundice
c. non-toxic goiter, diplopia, oral monilia
d. seizures, hyperextension of arms and legs, cranial nerve signs

69. Which medication is used to terminate insulin coma?

a. Thorazine
b. Glucagon
c. Indoklon
d. Lactose

70. Contraindications to the use of chlorpromazine are

a. hypertension and hyperglycemia
b. glaucoma and hypertension
c. leukemia and cirrhosis
d. angina and tuberculosis

71. A patient who has been receiving a phenothiazine derivative for a month drinks three Martinis while out on a daily pass. Consequently,

a. in this case, the effect of the alcohol would be more pronounced than that of alcohol alone
b. the effect of the alcohol would be lessened because of the phenothiazine
c. the alcohol and phenothiazine in combination would produce extreme agitation
d. there would be a marked increase in blood pressure accompanied by dyspnea

72. Which of the following statements regarding crisis therapy is true?

a. It has as it's goal, personality reorganization.
b. It utilizes exploration of transference phenomena.
c. It allows the client some dependency on the therapist.
d. It is most effective when initiated six weeks following the precipitating event.

73. According to Caplan, a crisis is a short term situation lasting from

a. two to four days
b. four to six days
c. two to four weeks
d. four to six weeks

74. The nurse would be utilizing the technique of behavior modification therapy known as extinction when she

a. ignores a response made by a client

b. chastises a client for his response
c. rewards a client for his response
d. models a response for the client

75. Psychosurgery, or the prefrontal lobotomy, was introduced in the mid 1930's by

a. Sakel
b. Meduna
c. Moniz
d. Cerletti and Bini

76. Play therapy

a. permits a child to reconstruct past experiences and carry out actions which he cannot do in real life
b. is used in treating children with severe psychosis in hospitals only
c. is used as an individual not as a group technique
d. was initially introduced by B.F. Skinner

77. Lisa Robinson described the liason model of nursing in the hospital to

a. focus on the consultant and milieu in addition to the patient
b. practice the tertiary level of prevention
c. await referrals rather than to participate in case finding
d. clarify the economic and social status of the patient

78. Lisa Robinson describes one method of prevention as the early identification of emotional disorders within the statistical population, that is, "a group that is likely to develop mental illness because of stress, which is, probably rather than actual." This method of prevention is known as

a. primary prevention
b. tertiary prevention
c. crisis prevention
d. secondary prevention

79. In caring for the patient who exhibits poor reality testing, the nurse should

a. correct the patient's wrong thinking
b. encourage the expression of autistic material
c. let the patient know when she does not understand him
d. change the subject or terminate conversation that is autistic

80. Mr. Garson is talking with the nurse. He says to her, "Am I schizophrenic?" The most therapeutic response would be

a. "Why do you ask Mr. Garson?"
b. "Can you tell me what brought that to mind, Mr. Garson?"
c. "You'll have to ask your doctor, Mr. Garson. He makes the diagnosis."
d. "We do not diagnose people, Mr. Carson."

81. If a patient states, "The voices tell me that I should not talk with you," the nurse's best response would be

a. "Do they say why you shouldn't?"
b. "Those voices are only in your head."
c. "When do they say this?"
d. "I don't hear them but can we talk about how you are feeling now?"

82. Which of the following involve contingent relationships between the occurrence of behavior and the presentation or removal of some consequence?

a. aversive stimulation
b. extinction
c. withdrawal of positive reinforcement
d. reinforcing other behavior

83. The best time to encourage the person with psychotic depression to participate in occupational and recreational activities is

a. early in the morning
b. late afternoon or early evening

c. following electroshock therapy
d. when his interest begins to appear

84. Immediately following her electroconvulsive therapy, Mrs. Berg is most likely to experience a feeling of

a. dull pain
b. confusion
c. agitation
d. elation

85. The reason that Artane is frequently given concurrently with Thorazine is to

a. prevent liver and kidney damage
b. reduce the possibility of agranulocytosis
c. potentiate the action of the chlorpromazine
d. reduce the extra-pyramidal effects of Thorazine

86. Common side effects of Librium (chlordiazepoxide) are

a. drowsiness and limitation of spontaneity
b. Parkinsonian-like tremors
c. increased appetite and weight gain
d. tachycardia and hypertension

87. The nurse should be most concerned about which of the following set of complaints by a patient on Thorazine?

a. dry mouth and constipation
b. malaise and scratchy throat
c. drowsiness and weight gain
d. nasal congestion and unpleasant taste

88. With which of the following medications is it possible that convulsions can occur for several days after the drug is withdrawn?

a. heroin

b. amobarbital
c. cocaine
d. Ritalin

89. Tertiary prevention is most concerned with

a. education of the public
b. rehabilitation and continuing treatment
c. case finding
d. early diagnosis

90. Physical addiction can occur with

a. Meprobamate
b. Compazine
c. Thorazine
d. Vesprin

91. In caring for the client who is dependent upon amphetamines, the nurse would expect adverse effects consisting of

a. withdrawal symptoms of loss of interest and hypochondriasis
b. ideas of reference and paranoid ideas of a presecuting nature
c. delirium and stupor
d. bewilderment, incoherence, and poorly organized delusions

92. The Canadian Mental Health Association is described as

a. an organization of psychiatrists, psychologists and related health workers for research of mental illness
b. an organization of ex-patients from any mental institute to provide socialization
c. an organization of volunteers to work with the mentally ill and educate the public
d. an organization of government officials to regulate and control treatment practices in the mental health field

93. The primary aim of community mental health is

a. rehabilitation
b. active treatment
c. prevention
d. intermediate care

94. Excessive rebelliousness on the part of a child in latency is typically the result of

a. social isolation
b. over permissive parenting
c. peer pressure
d. sibling rivalry

95. Ward X has eighty psychiatric patients. Miss Taylor and Miss Potts want to plan some activities. Which of the following plans are most therapeutic?

a. select an activity in which all can participate
b. include only patients who wish to attend
c. divide the ward into smaller, supervised groups for activities
d. take a small group of patients off the unit so that others will not feel slighted

96. Which of the following behaviors is typical in the initial phase of the process of group therapy?

a. hostility
b. free expression of pathology
c. self-appraisal
d. cohesiveness

97. Amnesia is self-deception through

a. disguise
b. dissociation
c. reaction-formation
c. regression

98. Suspicious patients need activities which require close concentration because they

a. need to be challenged with variety
b. lose interest easily if not concentrating
c. will have less time for delusional thinking
d. will have less time to express agression

99. A medication that is used in the treatment of enuresis in children is

a. Elavil
b. Tofranil
c. Mellaril
d. Placidyl

100. The most essential role of the family therapist is to be a skilled

a. communicator
b. participant observer
c. facilitator
d. arbitrator

Collection of questions selected from a variety of sources including instructor design, previous examination questions and literature resources from F. Arje, et. al., Nursing Examination Review Book, V. 2, Psychiatric Nursing, 3rd edition, New York: Medical Examination Publishing Co., 1972; F. Burton, et al., Editors, Psychiatric Mental Health Nursing, 3rd edition, New York: Medical Examination Publishing Co., 1972.

SAMPLE

COMMUNICATION SKILLS CHECKLIST

INEFFECTIVE BEHAVIOR	EFFECTIVE BEHAVIOR
INITIATING THE INTERACTION	
Begins the interaction with a complex or threatening topic. _____	Guides to interaction from the superficial to the complex. _____
Keeps the interaction on a superficial basis. _____	Guides the focus of the interaction away from herself. _____
Allows herself to be the focus of the interaction. _____	Guides the interaction away from the expression of delusional material and/or toward reality orientated conversation. _____
Encourages verbalization of delusional or detailing of inappropriate material. _____	
QUESTIONING	
Elicits a "yes" or "no" response. _____	Uses indirect method to gain information. _____
Uses direct questioning unnecessarily. _____	Restates the patient's comment, question or demand. _____
	Uses direct questioning to obtain specifically needed information. _____
	Uses questioning to direct the interaction from fruitless to fruitful channels. _____

INEFFECTIVE BEHAVIOR

LISTENING

Fills silence with her own talking. _____

Elaborates about herself to the patient. _____

Answers the patient's questions as opposed to gaining information. _____

Interrupts the patient unnecessarily. _____

Changes the subject when the patient is exploring a topic in death. _____

Makes a suggestion before the patient has been allowed to express himself. _____

Encourages the expression of feelings to open up areas that she and/or the patient are unable to cope with. _____

Withholds indicating to the patient that she understands what he has said. _____

OBSERVATION

Overlooks a verbal cue. _____

Overlooks a nonverbal cue. _____

EFFECTIVE BEHAVIOR

Waits out silence or allows the patient to fill a pause. _____

Allows the patient to complete exploration of a topic. _____

Allows the patient to complete exploration of a topic. _____

Allows the patient to express an idea before making a suggestion. _____

Encourages an appropriate amount of feeling ventilation. _____

Indicates by brief, relevant comment that she understands what the patient has said. _____

Summarizes what she things the patient has said. _____

Notes significant opening and/or closing comments made by the patient _____

Notes an abrupt shift in the conversation initiated by herself or by the patient. _____

INEFFECTIVE BEHAVIOR	EFFECTIVE BEHAVIOR
OBSERVATION (Continued)	
	Notes the patient's story is not unified (i.e., gaps, contradictions, unclear meaning, etc.). _____
	Notes a gesture, facial expression, body posture, tone of voice, dress, etc. _____
	Notes incongruence (i.e., frown does not jibe with "I feel fine"). _____
PROBLEM SOLVING	
Fails to state the goal of the interaction. _____	States the goal of the interaction. _____
Allows the interaction to wander from topic to topic without an apparent goal. _____	Summarizes what has been said or restates the goals to keep the interaction goal directed. _____
Allows the goal topic to be evaded. _____	Inserts a new approach to the problem when she and the patient have reached an impasse. _____
Permits unnecessary repetition of superficial data. _____	
Withholds exploration of a pertinent point or gesture. _____	Explores a pertinent point or gesture such as facial expression, tone of voice, dress, etc. _____
Withholds seeking out the patient's feelings or the underlying meaning of his behavior. _____	Seeks out the patient's feelings or the underlying meaning of his behavior. _____
Identifies the patient's problems for him. _____	

INEFFECTIVE BEHAVIOR	EFFECTIVE BEHAVIOR
PROBLEM SOLVING (Continued)	
Gives direct advice. _____	Encourages the patient to identify problems. _____
States direct disapproval of the patient's idea. _____	Encourages the patient to elaborate more fully. _____
States her conclusions about the patient without stating her rationale. _____	Withholds advice. _____
Withholds encouraging the patient to explore alternatives. _____	Encourages the patient to suggest solutions. _____
	Withholds her approval or disapproval of an idea expressed. _____
	Relates to the patient her reasons for reaching a conclusion about him. _____
	Encourages the patient to explore alternatives. _____
INTERPRETATION OF THE INTERACTIONS	
Fails to write interpretations of behavioral cues exhibited by the patient or herself as factors that may have influenced the interaction. _____	Writes interpretations of her observations as factors that may have influenced the interaction. _____
Makes a generalization about the patient based on insufficient data. _____	Makes inferences about the patient based on sufficient data. _____
Omits writing interpretations of her own responses to the patient. _____	Writes interpretations of her own responses to the patient. _____

INEFFECTIVE BEHAVIOR	EFFECTIVE BEHAVIOR
EVALUATION OF THE INTERACTION	
Withholds writing the strengths and weaknesses of the interaction. ____	Writes the strengths and weaknesses of the interaction. ____
Limits evaluation to her own participation in the interaction. ____	Evaluates her participation and the patient's participation in the interaction. ____
Omits writing objectives for patient care based on her interpretation and evaluation. ____	Writes objectives for patient care based on her interpretation and evaluation. ____
Omits writing objectives for her own improvement. ____	Writes objectives for her own improvement. ____
RECORDING OF THE INTERACTION	
Fails to record introductory data such as age, sex, dress, ethnic group setting, etc. ____	Writes introductory data. ____
	Quotes what was said. ____
Omits writing her responses to the patient. ____	Writes her responses to the patient. ____
Writes her interpretations and/or feelings in the observation section of the process recording. ____	Writes her interpretations and/or feelings in a separate section. ____
	Writes observations descriptively. ____
Writes inferences instead of descriptive narration. ____	

Adapted from the Journal of Nursing Education, November 1969, pp. 31-33.

SAMPLE

CLASSROOM INTERACTION ACTIVITY MONITOR

CODING KEY:
- P - Student makes positive comment
- N - Student makes negative comment
- X - Student whispering, restless or sleeping
- L - Student listening to person speaking
- TSI - Teacher-student interaction
- PS - Student speaking
- IS - Instructor speaking

10 minute time-check on class activity	Number of Students Involved in Class										
	1	2	3	4	5	6	7	8	9	10	
120 Min.											Observer Comments
100 Min.											
90 Min.											
80 Min.											
60 Min.											
50 Min.											
40 Min.											
30 Min.											
20 Min.											
10 Min.											

SAMPLE

STUDENT EVALUATION OF TEACHING/LEARNING ACTIVITIES RATING SCALE

Week 1, 2, 3, 4, 5, 6, 7, 8.

Rate each of the following as to its usefulness in helping you to implement behavioral intervention in the clinical area; 7 means very useful; 1 means no use.

Workshops on depressed behavior....._____

ECT demonstration....._____

Interaction with patients....._____

Interaction studies....._____

Feedback from instructor on interaction studies....._____

Group therapy activities in the clinical areas....._____

Talk on suicidal behavior by Head Nurse on East 3....._____

Midterm evaluation interviews....._____

Practice exercise on Manic-depressive behavior....._____

Midterm exam review....._____

Please answer the following questions briefly:

1. What is the most useful aspect of the clinical workshop?

2. What do you consider to be the major weakness of the clinical workshop?

3. What modification of the clinical workshop would most improve your preparation for implementing behavioral intervention in the clinical areas?

SAMPLE

CLINICAL WORKSHOP: SUSPICIOUS BEHAVIOR

GUIDELINES FOR DISCUSSION

REQUIRED READING: NURSING CARE OF PATIENTS WITH PROJECTIVE PATTERNS. Chapter XI in the text PSYCHIATRIC NURSING by Matheney and Topalis. Classroom Handouts on "Suspicious Behavior."

ASSESSMENT:

1. Describe at least five common characteristics displayed by an individual you are interacting with during your clinical experience. Give examples from interactions.

2. Identify the psychodynamics of the behavior presented by this individual, including conceptual model, conflict, anxiety, and defense mechanism(s) used.

PLANNING:

1. Formulate long term objectives (at least two) for changing behavior to maintain/promote mental health.

2. Formulate short term objectives (at least four) for changing behavior to maintain/promote mental health.

3. Identifies at least four interventions for changing behaviors to maintain/promote mental health.

4. Sets priorities for implementing interventions according to Maslow's heirarchy of human needs.

RATIONALE:

1. Describe relationship of intervention to theories concerning etiology and treatment...
psychological model
biological model
social model
behavioral model.

2. Give examples of behavioral interactions with individuals displaying suspicious behavior as reasons for particular interventions.

EVALUATION:

1. Describe individuals response to intervention giving examples of behavior from interactions.

2. Considering the individual's response, would you continue with this intervention or would you change it?

CLINICAL ASSIGNMENT: Interaction study

Title: Development of a trust relationship with an individual displaying suspicious behavior.

Objective: To demonstrate the use of self-awareness and empathy in implementing behavioral intervention for the individual displaying suspicious behavior.

SAMPLE

CLINICAL WORKSHOP MONITOR

CODING KEY:

1. - Student performs this learning outcome in planning intervention for selected patients in the clinical areas.

0. - Student does not perform this learning outcome in planning intervention for selected patients in the clinical areas.

ASSESSMENT:

1. Describe at least five common characteristics of behavior displayed by the individual the student is interacting with in the clinical areas....._____

2. Identifies the psychodynamics of the behavior presented by this individual including conceptual model, conflict, anxiety, and defense mechanism(s) used....._____

PLANNING:

1. Formulate at least two long term objectives for changing behavior to maintain/promote mental health....._____

2. Formulates at least four short term objectives for changing behavior to maintain/promote mental health....._____

3. Identifies at least four interventions for changing behavior to maintain/promote mental health....._____

4. Sets priorities for implementing interventions according to Maslow's heirarchy of human needs.._____

RATIONALE:

1. Describe the relationship of intervention to theories concerning etiology and treatment...
psychological model
biological model
social model
behavioral model....._____

2. Gives examples from interactions as reasons for behavioral interventions....._____

EVALUATION:

1. Describes individuals response to interventions by giving examples of behavior from interactions._____

2. In considering these responses the student determines whether interventions should be continued or discontinued/modified....._____

SAMPLE

PSYCHIATRIC NURSING

CASE STUDY EXAMINATION

Ms. L. has been admitted to the Psychiatric Unit in your hospital and you have been assigned as a primary nurse to care for her.

Ms. L., a 24-year-old woman, had eloped two years previously with a young man of whom her parents disapproved. Following the elopement the parents disowned her and refused to have anything to do with her. Ms. L. and her husband then travelled to California, where he obtained employment as a shipping clerk in a wholesale company.

Ms. L. and her parents did not correspond although the daughter had severe guilt feelings about letting her parents down. They had great ambition for her in college and looked forward to her future marriage with a wealthy boy whose parents were old friends. During her first year in California, she became pregnant and just before the baby was to arrive wired her parents of the forthcoming event. Unfortunately, the baby died during birth and the handsome presents her parents sent for the baby only served to intensify her disappointment. However, this did serve to re-establish relations with her parents and they made immediate arrangements to drive to California to visit Ms. L. and her husband. But on the way they were involved in a tragic automobile accident. The father was killed outright and the mother died on the way to the hospital.

Upon the receipt of this news, Ms. L. became extremely depressed and attempted suicide by taking an overdose of sleeping tablets. Emergency medical attention saved her life but she remained extremely anxious and tense, unable to sit still or concentrate on any topic except her parents' death. She blamed herself for it and paced the floor in great agitation, muttering to herself and bewailing her guilt. During this period the following conversation took place:

Nurse: You feel that you are to blame for your parents' death?

Ms. L. Yes, oh why didn't I obey them. Now they are dead... I have killed them. They were wonderful to me and I have repaid them by disobedience and murder. I deserve to die too. Oh God! I have killed my baby and now my parents! I don't deserve to live,...I am no good, evil. I will be punished too...Oh God what have I done!

Ms. L. has been placed on Special Attention and Imipramine 150 mg. q.d. has been ordered by her doctor.

Using the case study information as your assessment data, respond to the following:

5 marks 1. Describe at least five common characteristics of the behavior displayed by Ms. L.

5 marks 2. Identify the psychodynamics of the behavior presented by Ms. L. including the conceptual model, conflict, anxiety, and defense mechanism(s) used.

2.5 marks 3. Formulate long term objectives (at least two) for changing Ms. L.'s behavior to promote/maintain mental health.

2.5 marks 4. Formulate short term objectives (at least four) for changing Ms. L.'s behavior to promote/maintain mental health.

10 marks 5. Identify at least four interventions for changing Ms. L.'s behavior to promote/maintain mental health.

5 marks 6. Set priorities for implementing the interventions.

5 marks 7. Describe the relationship of intervention to the theories concerning etiology and treatment according to the:

psychological model
social model
behavioral model
biological model

and to the assessment data.

(rationale for intervention).

EVALUATION

SCHOOL OF NURSING

STUDENT'S NAME _____

INSTRUCTOR'S NAME _____

AREA OF CLINICAL EXPERIENCE _____

DATE _____

SAMPLE

PSYCHIATRIC NURSING - CLINICAL OBJECTIVES

CENTRAL OBJECTIVE: Using the problem solving process, the student is able to implement behavioral interventions to help individuals change behaviors which are interfering with their mental health. The student is goal directed in interactions with individuals in the clinical area and is able to:

	HOW OBJECTIVES WERE MET
- describe characteristics of the manifested behaviors.	
- identify the psychodynamics of the manifested behaviors.	
- formulate long term objectives for changing behaviors to promote/maintain mental health.	
- formulate short term objectives for changing behaviors to promote/maintain mental health.	
- set priorities for meeting these objectives according to Maslow's hierarchy of human needs.	
- plan interventions for individuals displaying behaviors which interfere with mental health.	
- provide rationale for planned behavioral interventions relating to interactions with the individual and two theoretical concepts; i.e., conceptual models concerning etiology and treatment.	

	HOW OBJECTIVES WERE MET
- implement behavioral interventions in interactions with individuals displaying behaviors which interfere with mental health; i.e., withdrawal, suspicious, depressed/suicidal, overactive, and antisocial behaviors. In interactions, the student is able to demonstrate an increase in comprehensiveness in using the following therapeutic techniques: self-awareness, empathy, reality orientation, and in health teaching related to socialization skills, problem-solving, and discharge planning.	
- describe individual's response to behavioral intervention giving examples from interactions.	
- modify behavioral interventions as a result of individuals' response in order to meet the changing needs of the individual.	
- report and record accurately and completely in Student Nurses' Report Book. Written reports (including all assignments) should be concise, pertinent, organized, and legible.	
- involve self as a member of the mental health team by contributing information to group discussion in Ward rounds, in nursing care planning meetings, and for Nursing Services 24-hour report.	
- participate in group discussions with patients including therapeutic community meetings, occupational and recreational activity groups.	

	HOW OBJECTIVES WERE MET
- contribute to identification of group dynamics in recapitulation meetings with peer group, mental health team, and/or instructors. - contribute alternatives for solving problems related to group intervention. PROFESSIONAL RESPONSIBILITIES The student is able to work cooperatively and harmoniously with her/his own peer group, with instructors and with members of the mental health team. In meeting this objective, the student - uses goal-directed self-evaluation to maintain and promote personal growth and development. - listens attentively when others are making contributions in group discussion. - asks questions and explores rationale before making judgements. - offers alternatives for recognized problems. - uses constructive interpersonal techniques in relating to others (empathy). - uses available learning resources to increase her knowledge and skill.	

	HOW OBJECTIVES WERE MET
PROFESSIONAL RESPONSIBILITIES (cont'd) - respects confidentiality. - consistently involves herself/himself in meeting the objectives. - completes assignments on due date. - displays appropriate presentation of self in clinical areas according to hospital or agency "dress policy."	

COMMUNITY MENTAL HEALTH ASSIGNMENT

1. Describe: baseline criteria and procedure for assessment of clients who come to/or contact a community mental health facility
   - relate to community orientation specific to area of assignment (eg. Day Care, Mental health team, etc.)
   - referral, walk-in, screening process
   - who does the assessment (eg. psychiatrist nurse, social worker, etc.)
2. In your area of clinical assignment which method(s) of prevention is/are practiced? Give rationale (eg. primary, secondary, or tertiary as defined by Burgess and Lazare).
3. Give an example of this preventive method from your field experience.
4. Describe the liaison role of the nurse between the community facility of your assignment and other health care agencies (eg. general hospital, police, mental hospital).
5. Describe three (3) community resources used by the mental health facility of your field experience.

6. How does this community experience relate to your general nursing practice?

Note: The above items will serve as guidelines for discussion sharing following the field experience in the community on the final day of this program.

APPENDIX D

SHORT ANSWER PRE TEST RESULTS - PROGRAM DAY 1

Responses	No. of Students										Totals
No.	1	2	3	4	5	6	7	8	9	10	
1.	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0
3.	1	0	0	0	0	0	1	0	0	0	2
4.	0	1	1	1	1	1	1	1	1	1	9
5.	0	0	0	1	1	1	1	1	1	1	7
6.	0	1	0	1	1	1	1	1	1	1	8
7.	0	1	0	0	0	1	1	0	1	1	5
8. A	0	1	0	0	1	1	0	1	1	0	5
B	0	0	0	1	0	1	0	0	0	0	2
C	0	1	1	1	1	1	0	1	1	1	8
D	0	0	0	0	0	0	0	0	0	0	0

SHORT ANSWER POST TEST RESULTS - PROGRAM DAY 6, 0830 HOURS

Responses No.	No. of Students										Totals
	1	2	3	4	5	6	7	8	9	10	
1.	1	1	1	0	1	1	0	0	0	0	5
2.	0	1	1	1	1	0	1	1	0	1	7
3.	0	1	1	0	1	0	1	1	0	1	6
4.	1	1	1	1	1	1	1	1	1	1	10
5.	1	1	1	1	1	1	1	1	1	1	10
6.	1	1	1	1	1	1	1	1	1	1	10
7.	1	0	1	1	1	1	1	1	1	1	9
8. A	1	1	1	1	1	1	1	1	1	1	10
B	0	1	0	1	0	0	0	0	1	0	3
C	1	1	1	1	1	1	1	1	1	1	10
D	0	1	1	1	0	1	0	0	0	1	5

APPENDIX E

EXCERPT FROM INTERACTION #4 - HEALTH TEACHING

JULY 23, 1977

INTRODUCTION

The patient selected for this interaction study displays suspicious behavior. I have decided that his ficticious name will be Bruce.

In this interaction study I have attempted to demonstrate self-awareness, empathy, reality orientation, and health teaching. My health teaching mainly involves two areas; plans re: discharge and teaching re: obesity.

The first interaction in this study is very short. We had this conversation after a community meeting and we were interrupted because I had to attend a recap meeting. We were sitting in the runroom, facing each other with no one else close by.

Nurse Says and Does	Bruce Says and Does	
Bought Trident gum and Fresca		
	11. Do you want a sip? Putting straw into pop can, walking out of store. Good eye contact, face perspiring.	11. His verbal shows that he is polite and aware that I am with him. Still perspiring. (Could be partially from the heat since it was very hot out.)
12. Smiled. No thanks. You know Bruce, that is really great that you have the will power to stick to your diet and buy sugarfree things. Good eye contact.		12. I smiled because he was being thoughtful. I paused before I started to talk again. I thought I would praise his choice of "goodies" because this would help give him incentive to continue this practice. I smiled to show him I was sincere. Breathing normally again because I had time to catch my breath while in the store.
	13. Thank you, I feel if I keep this up, I'll lose inches for sure. I feel I lost some inches already. Smiled.	13. His statement shows that he does have some insight into what he can do to solve his problem. He smiled probably because he was pleased that he lost some inches.
14. Have you weighed yourself lately? Good eye contact. Lighting cigarette.		14. I just wanted to find out if he had lost much weight.
	15. No, I don't have to. I know myself pretty good and I can feel if I am losing weight. Sipping pop and feeling stomach. Good eye contact, still perspiring.	15. He felt his stomach to show where he felt he was losing some inches. Good eye contact to show he was interested in talking with me.
16. You look really good Bruce. Do you feel it's from all this exercise? Good eye contact. Raised eyebrows.		16. I paused to see if he would continue talking. My first statement was a type of empathy since I was letting him know that I noticed he was feeling uncomfortable.

Nurse Says and Does	Bruce Says and Does	
	17. Yes Nancy, I really worked out hard in R.T. today. Paused - I was doing some exercises to get in shape. Sipping pop. Good eye contact.	17. Bruce paused before he continued talking. I feel he was doing this to see if he would get a reaction from me. Eye contact showed he was interested in talking with me.
18. That's really good for you. Exercising will not only help get you in shape but it will also burn off some of those calories that you're eating. Good eye contact. Smiled. Stopped walking for a couple of seconds.		18. Health teaching - on the importance of exercise when trying to lose weight. Good eye contact because I was talking to him. I stopped for a couple of seconds because it was easier to talk than when we were walking.
	19. I know it's good to exercise but I can only do a little. I don't want to look bulkier than I am now. Sat down on grass. Eye contact. Looked himself over.	19. Probably sat on the grass because he felt it was easier to talk when we weren't moving. Looked himself over when he was talking about getting bulkier.
20. Paused. What do you mean, bulkier? Sat beside him. Eye contact.		20. I paused first to see if he was going to continue and then I asked for clarification on his last statement. I decided to sit down beside him instead of talking down to him (which would only make him fell inferior to me).
	21. If I exercise too much the muscle grows on top of the fat and I look bigger.	21. Bruce's statement here definitely shows that he is slightly mixed up in his thinking. He seems pretty intelligent when it comes to other parts of his body so it was odd that he would come up with a statement like this.

Nurse Says and Does	Bruce Says and Does	
22. Bruce, actually what happens is that the fat is converted to muscle to firm you up, but you don't get any bulkier because muscle is not formed over fat.		22. I shook my head slightly to let him know that he wasn't really right. My statement was both presenting reality and tealth teaching. The motions I made were just done as I was explaining what the muscle does. I only had a slight smile because I didn't want Bruce to think I was ridiculing him. Good eye contact to let him know I was interested in talking with him.
	23. I see. Then I guess I can exercise some more.	23. By Bruce's verbal and non-verbal I felt that he wasn't embarrassed that I corrected him on something.
24. How about if we start heading back. It's almost time for lunch.		24. I looked at my watch because I knew it was nearing lunch time. I thought this was the best way to end the conversation since we didn't have enough time to get into anything else.

In this next interaction Bruce and I were discussing his discharge plans. We were in a day room, sitting beside each other.

Nurse Says and Does	Bruce Says and Does	
1. Bruce, what are your plans when you leave this hospital? Good eye contact. Raised eyebrows. Slight smile.		1. I thought I would use an open ended sentence to get more of a response from Bruce. I raised my eyebrows because I was asking a question. Slight smile because I was being pleasant.
	2. I guess I'll go up to and stay with my adoptive parents since all my stuff is up there. They've been really good to me. I want to go and stay with my real parents in Indianapolis too. I haven't seen them for two years.	2. He paused while thinking of something else to say. His response made me feel that he has ambivalent feelings re: discharge. He was playing with his mustache because it is a habit of his. Good eye contact showed that he was interested in talking with me.
3. I get the feeling that you're not really sure what you plan to do Bruce. Concerned look on face. Good eye contact.		3. I used empathy #3 to get Bruce to express his feelings. I had a concerned look on my face because I wanted Bruce to know I care.
	4. Good eye contact. Well not really. I haven't sat down and made definite plans yet. I'll wait and see what happens. Shrugs shoulders. Shifts in chair.	4. Good eye contact showed that he was interested in continuing. Shrugging shoulders because he isn't sure what he is going to do. I feel he was shifting in his chair to get more comfortable not because I was making him feel uneasy.
	5. My main concern is getting a wife and raising a family. I am 28 and I have to start taking on more responsibility to be a man.	5. I nodded for Bruce to carry on. Bruce's statement shows that he has unrealistic goals. He also seems to think he isn't a man. By not smiling he was showing me that he was being serious.

Nurse Says and Does	Bruce Says and Does	
6. Bruce, it's not necessary to have a wife and children to be a man. A lot of males stay bachelor and I consider most of them men. In fact, sitting and talking with you, I consider you a man too. Good eye contact, leaning forward in chair.		6. Presenting reality - letting him know you don't have to be married with children to be a man. I paused to think of more to say. Then I tried to build up his ego a but and I smiled, showing I was being sincere. I learned forward in my chair to let know I was interested in talking with him.
	7. Smiled slightly. I appreciate that but I'm still going to get married when I get out of here. Good eye contact.	7. Has his own ideas which is characteristic of suspicious behavior. His smile showed that he appreciated what I had said to him.
8. Do you have a girlfriend? No smile.		8. Presenting reality - how can he go out and get married if he doesn't have a girlfriend. Raised my eye-brows because I was asking a question. No smile because I didn't want him to think I was ridiculing him.
	9. No I don't, but I don't have any problems going out with girls. Shakes head. Good eye contact.	9. Trying to justify his reasoning even though it isn't realistic. He shakes his head emphasizing that he has no problem finding girls. His eye contact proves that he still hasn't been bothered by what I have said.
10. Don't you think you are being too hard on yourself and your goals are a little unrealistic. Good eye contact and maintained some vocal tone.		10. I paused to see if Bruce would continue talking. I decided to be more blunt with presenting reality. I didn't raise my voice with him because he might think I was losing patience with him.

APPENDIX F

CASE STUDY EXAMINATION July 26/77

(Completed by Student) SAMPLE

CHARACTERISTICS

1. a) Problems concentrating on any topic except her parent's death.

   b) Feeling of being no good, worthless, guilty.

   c) Suicidal tendency - she feels she deserves to die
   - she doesn't feel she deserves to live
   - already attempted suicide

   d) Extremely anxious and tense, unable to sit still.

   e) Blaming herself for something she wasn't responsible for.

PSYCHODYNAMICS

2. Conceptual Model - I feel it is the social model because the reason Ms. L. became depressed was because of a loss in society. There was a loss of both her parents and her baby during birth.

   Conflict - I feel the conflict is because she wasn't speaking with her parents, and then they make the move to come and see her, and die on the way. She has great guilt feelings now because of anger she had with her parents. She went against what her parents wanted her to do and felt guilty doing so. Now she feels that if she had done what her parents had wanted her to do, none of this would have happened.

Anxiety - unable to sit still
- finds it hard to concentrate on any topic except her parents' death
- paces the floor in great agitation
- muttering to herself.

Defense Mechanism - Conflict (she should or should not go against her parents)
↓
Loss of Parents & Newborn Baby (real)
↓
Mourning
↓
Anger (at parents for deserting her)
↓
Guilt (guilty because she's angry and doesn't feel anger is acceptable)
↓
Denial (denies that she is angry)
↓
Depression → Displacement of Anger (blame turned inwards)
↓
Introjection

She uses "displacement" of the anger and turns the blame inward.

She feels she is at fault for her parents death.

I feel she went so far as to use "introjection" because this is when you turn the blame inwards so much that you feel unworthy to live - Ms. L. attempted suicide and from the conversation that took place, it still sounds as if she's contemplating suicide.

LONG-TERM OBJECTIVES

3. a) Ms. L. will become well enough to enter back into the community.
   b) Will prevent further depression episodes from happening by health teaching - learning how to channel anger.

SHORT-TERM OBJECTIVES

4. a) Getting Ms. L. to express feelings and accept negative feelings within herself.

   b) Building up her self-esteem so that she doesn't feel worthless, no good, evil.

   c) The first thing that must happen is developing a rapport.

   d) Increase 1 PR - so she has support from other people. Diversional - socializing so she doesn't dwell on her loss as much.

INTERVENTIONS

5. a) Get her involved in activities such as tennis or badminton where she can let go and channel her anger.

   b) Using "positive acceptance" when asking her to do something i.e. how about if you come for a walk?

   c) Don't sit silently by her side. Encourage her to express her feelings on anything. If she doesn't respond get her slightly angry so she will let loose.

   d) Visit often for short intervals - this helps increase her self-esteem because someone is showing that they care for her (this may reduce suicidal tendency).

   e) Gradually start such activities such as cards with just me and Ms. L. playing and then increase the number of players slowly to increase 1 PR.

   f) Suicide precautions - checkpoint at irregular intervals
      - keep dangerous objects away
      - listen for suicidal cues.

2. Behavioral model - I don't feel that this model has any stand in this case study. There is nothing stated that would make me feel that Ms. L's depressed behavior is learned and no Rx under this model is being done.

3. Social model - Increase PR with the pt so she can get some tips on how to form relationships in society. Encourage card games starting with 2 pts and increase.

4. Psychological model - getting her to express her anger. Increase self-esteem i.e. praising her for things she does well. Make activities challenging but not too challenging. 1-1 interactions with staff members activities that help Ms. L. vent her anger.

5. Assessment Data

   a) Special attention because of her attempted suicide and the conversation that took place.

   b) Health teaching on why her baby died since she is beaming herself

   c) Doing problem solving with Ms. L. since she is depressed. Find out what the problem is, get her to express her feelings, ways to avoid further depression episodes (health teaching) etc.

PRIORITIES FOR IMPLEMENTING INTERVENTIONS

I feel the very first need that must be met is the safety needs since Ms. L. has attempted suicide once before and still says things like: "I deserve to die too," etc.

The next need in priority is the need for self-esteem. Mrs. L. has to know that someone cares for her but first she has to feel and think that she is worthy of love. So far she feels no good. Once she has some self-esteem, the love and belonging need can be set. She is starting to increase her self-esteem, so that people giving her support and showing they care will help to reinforce this.

Self-actualization is one of the lesser needs to be met. This need also helps Ms. L. feel good about herself. Praise her for things she does well and help her reach some goal. (After a considerable amount of time she should consider having another baby.) This first birth was probably a fluke and trying it again will make Ms. L. feel less a failure.

The physical needs I decided to put last but I just decided to put them first. I forgot that the physical needs also pertain to the needs and B/ and by getting antidepressants this will probably reduce Ms. L's suicidal tendencies. So the order of priorities now stands as: Physical, Safety; Self-Esteem; Love and Belonging; Self-Actualization.

THEORIES → ETIOLOGY AND B/

1. biological model - administering antidepressants to lift the pt's spirits and help bring her out of the depression - watch that nutrition is adequate since depressed pts often feel unworthy of food even though this doesn't seem to be a problem with Ms. L.

BIBLIOGRAPHY

Arje, Frances B. et al. Nursing Examination Review Book, Vol. 1: Psychiatric Nursing, 3rd ed. New York: Medical Examination Publishing Co., 1972.

Aquilera, Donna C. and Messick, Janice M. Crisis Intervention. St. Louis: C.V. Mosby Co., 1974.

Bandura, A. Principles of Behavior Modification. New York: Holt, Rinehart and Winston, 1969.

Bloom, Benjamin S. et al. Taxonomy of Educational Objectives, Handbook 1 Cognitive Domain. New York: David McKay Co., 1969.

Bloom, Benjamin S. et al., editors. Handbook on Formative and Summative Evaluation of Student Learning. New York: McGraw-Hill, 1971.

British Columbia Ministry of Health. Special Report: Psychiatry at the Crossroads: A Review (Report of R.G. Foulkes to the Minister of Health). Victoria: Queens Printer, 1974.

British Columbia Ministry of Health, Mental Health Programs. Report on the Community Psychiatric Nursing Program Project by Joyce Page and Dorothy Green. Victoria: Queens Printer, 1975.

Bruner, Jerome S. The Process of Education. New York: Random House, 1960.

Burgess, A. and Lazare, A. Psychiatric Nursing in the Hospital and the Community. New Jersey: Prentice-Hall, Inc., 1976.

Burton, Frances et al., editors. Psychiatric Mental Health Nursing. 3rd ed. New York: Medical Examination Publishing Co., 1972.

Canadian Nurses Association. "Development of a Definition of Nursing Practice and Standards for Nursing Practice." The Canadian Nurse (May 1980): 11-15.

Canadian Nurses Association. Standards for Nursing Education in Canada. Ottawa: Canadian Nurses Association, March 1978.

Carkhuff, Robert. Helping and Human Relations. New York: Holt, Rinehart and Winston, Inc., 1969. Vol. 1 and II.

Carkhuff, Robert. The Art of Problem Solving. Mass.: Human Resources Development Press, 1973.

Coleman, J. Abnormal Psychology and Modern Life. St. Louis: Scott, Foresman & Co., 1974.

Cunning, John et al. "Community Care Services in Vancouver: Initial Planning and Implementation." Canada's Mental Health, 1976.

Doll, Ronald C., editor. Individualizing Instruction. Washington, D.C.: Association for Supervision and Curriculum Development, 1964.

Eaton, Merrill T. and Peterson, Margaret H. Davis, James A. Psychiatry 3rd ed. New York: Medical Examination Publishing Co. Inc., 1976.

Farberow, Norman L. and Shneidman, Edwin S., editors. The Cry For Help. Toronto: McGraw-Hill, 1965.

Furth, Hans G. Piaget For Teachers. New Jersey: Prentice-Hall, 1970.

Gagne, Robert M. The Conditions of Learning. 2d ed. New York: Holt, Rinehart and Winston, Inc., 1965.

Gazda, G. et al. Human Relations Development: A Manual for Educators. Boston: Allan and Bacon, 1973.

Gibbons, Maurice. "What is Program Development?" Handout Paper to EDUC 816 class (Oct. 1976): 1-19.

Gillies, Dee and Alyn, Irene B. Tests for Self-Evaluation of Nursing Competence. 2d ed. Philadelphia: W.B. Saunders, 1973.

Gillies, Dee and Alyn, Irene B. Patient Assessment and Management by the Practitioner. Philadelphia: W.B. Saunders, 1975.

Glasser, William. Realty Therapy. New York: Harper and Row, 1965.

Green, Thomas F. The Activities of Teaching. Toronto: McGraw-Hill, 1971.

Havelock, Ronald G. The Change Agent's Guide to Innovation in Education. New Jersey: Prentice-Hall, 1973.

Huckabay, Loucine M. et al. "Effect of Specific Teaching Techniques." Nursing Research, 26 (September-October, 1977): 380-385.

Jackson, Philip. Life in Classroom. New York: Holt, Rinehart and Winston, 1978.

Jouard, Sidney. The Transparent Self. Toronto: Van Nostrand Co., 1971.

Joyce, Bruce and Weil, Marsha. Models of Teaching. New Jersey: Prentice-Hall, 1972.

Kaplan, Arnold, ed. Genetic Factors in Schizophrenia. Illinois: Charles C. Thomas, 1972.

Keyes, Joyce. Basic Psychiatric Concepts in Nursing. Toronto: J.B. Lippincott Co., 1974.

Krumme, Ursel. "The Case for Criterion-Referenced Measurement." Nursing Outlook, 23 (Dec. 1975): 762-770.

Light, Donald Jr. and Keller, Suzanne. Sociology. 2d ed. New York: Alfred A. Knopf Inc., 1979.

Little, Dolores E. and Carnevali, Doris L. Nursing Care Planning. Toronto: J.B. Lippincott Co., 1969.

Litwack, Lawrence, "A System for Evaluation." Nursing Outlook, 24 (January 1976): 45-48.

Mager, Robert F. Preparing Instructional Objectives. California: Fearon, 1962.

Marram, Gwen. "Barriers to Research in Psychiatric-Mental Health Nursing: Implications for Preparing the Nurse Researcher." Journal of Psychiatric Nursing and Mental Health Services (April 1976): 7-11.

Maslow, A.H. The Farther Reaches of Human Nature. New York: The Viking Press, 1971.

Mathenay, Ruth and Topalis, Mary. Psychiatric Nursing. St. Louis: C.V. Mosby, 1974.

May, Rollo. Man's Search for Himself. New York: W.W. Norton, 1953.

Mereness, Dorothy. Essentials of Psychiatric Nursing. St. Louis: C.V. Mosby, 1966.

Meyer, V. and Chesser, Edward. Behavior Therapy in Clinical Psychiatry. New York: Science House Inc., 1970.

Morgan, Arthur and Moreno, Judith. The Practice of Mental Health Nursing: A Community Approach. Toronto: J.B. Lippincott Co., 1973.

Moursund, Janet P. Evaluation: An Introduction to Research Design. California: Brooks/Cole, 1973.

Ogundeyin, Winifred M. "Principles of Curriculum Development." Nursing Research (December 1976): 183-189.

Payne, Doris B. Psychiatric Mental Health Nursing. New York: Medical Examination Publishing Co., 1974.

Pearson, Betty D. "A Model for Clinical Evaluation." Nursing Outlook, 23 (April 1975): 232-235.

Perls, Frederick S. Gestalt Therapy Verbatim. California: Real People Press, 1969.

Piaget, Jean. Insights and Illusions of Philosophy. New York: The New American Library, 1971.

Popham, James W. and Baker, Eva L. Establishing Instructional Goals. New Jersey: Prentice-Hall, 1970.

Raths, Louis E. Teaching As Learning. Ohio: Charles E. Merrill Co., 1969.

Raths, Louis E.; Wasserman, Selma; Jonas, Arthur; Rothstein, Arnold. Teaching for Thinking: Theory and Application. Ohio: Charles E. Merrill Co., 1966.

Raths, Louis E.; Harmin, Merrill; Simon, Sidney B. Values and Teaching. Ohio: Charles E. Merrill Co., 1966.

Rohweder, Nordmark. Scientific Foundations of Nursing. Toronto: J.B. Lippincott, 1975.

Registered Nurses Association of B.C. Competencies and Skills Required for Nurse Registration for a Graduate of a Basic Program: Interim Working Document. Vancouver: Registered Nurses Association of B.C., June, 1977.

Registered Nurses Association of B.C. Performance Appraisal Resources. Vancouver: Registered Nurses Association of B.C., 1979.

Riehl, Joan P. and Roy, Callista. Conceptual Models for Nursing Practice.

Rines, Ann. "Evaluating Student Progress in Learning the Practice of Nursing." New York: Teachers College Press, 1966.

Robinson, Lisa. Psychiatric Nursing as a Human Experience. Toronto: W.B. Saunders, 1972.

Rodman, Morton J. Clinical Pharmacology in Nursing. Section 2. Toronto: J.B. Lippincott Co., 1974.

Rogers, Carl. Freedom to Learn. Ohio: Charles E. Merrill, 1969.

Rohweder, Nordmark. Scientific Foundations of Nursing. Toronto: J.B. Lippincott Co., 1975.

Satir, Virginia. Peoplemaking. California: Science and Behavior Books Inc., 1972.

Seeno, Esther M. "The Effectiveness of Teaching Psychiatric Nursing within a Surgical Unit." (March 1977): 15-18.

Selye, Hans. Stress Without Distress. New York: New American Library Inc., 1975.

Sheehy, Gail. Passages. New York: E.P. Dutton and Co., 1976.

Simon, Sidney B.; Howe, Leland; Kirschenbaum, Howard. Values Clarification. New York: Hart Inc., 1972.

Sinnett, W.E. The Application of Dacum in Retraining and Post-Secondary Curriculum Development. Toronto: Humber College of Applied Arts, Randa Division, November 1974.

Taba, Hilda. Curriculum Development: Theory and Practice. New York: Harcourt Brace, 1962.

Toffler, Alvin. Future Shock. New York: Random House, 1970.

Toffler, Alvin., ed. Learning for Tomorrow the Role of the Future in Education. New York: Vintage Books, 1974.

Thelen, Herbert A. Education and the Human Quest: Four Designs for Education. Chicago: The University of Chicago Press, 1960.

Traux, C.B. and Carkhuff, Robert. Toward Effective Counseling and Psychotherapy. Chicago: Aldine, 1967.

Tyler, Ralph. Basic Principles of Curriculum and Instruction. Chicago: Chicago Press, 1969.

Warwick, Donald P. and Lininger, Charles A. The Sample Survey: Theory and Practice. New York: McGraw-Hill, 1975.

Wasserman, Selma. Teaching for Thinking Mini-Handbook (mimeo), Burnaby: Simon Fraver University, 1976.

Wasserman, Selma. Introduction to Empathy Training Mini-Handbook (mimeo), Burnaby: Simon Fraser University, 1976.

Worthen, Blaine R. and Sanders, James R. Educational Evaluation: Theory and Practice. Ohio: Charles A. Jones, 1973.

Wright, Robert L.D. Understanding Statistics an Informal Introduction for the Behavioral Sciences. New York: Harcourt Brace Jovanovich Inc., 1976.

Zilm, Glennis, ed. Back to Basics the Nature of Nursing Education (from the Proceedings of The Canadian Nurses Association National Forum on Nursing Education). Ottawa: Canadian Nurses Association, 1980.