FACULTY OF HEALTH SCIENCES DEPARTMENT OF NURSING SCIENCE



PROGRAMME : BCUR

SUBJECT

NURSING SCIENCE 3B30: PSYCHIATRIC AND

MENTAL HEALTH NURSING SCIENCE

CODE

: VPK3B30

DATE

WINTER EXAMINATION MAY/JUNE 2016

DURATION

: 3 HOURS

TOTAL MARKS : 100

EXAMINERS

: MRS N NTSHINGILA

DR A TEMANE

INTERNAL MODERATOR: PROF M POGGENPOEL

MODERATOR

: MRS NG MAFUTHA (TUT)

NUMBER OF PAGES : THE PAPER CONSISTS OF FIVE (5) PAGES

INSTRUCTIONS : QUESTION PAPERS MUST BE HANDED IN.

REQUIREMENTS: ANSWER ALL QUESTIONS

SUBJECT: NURSING SCIENCE 3B: PSYCHIATRIC AND MENTAL HEALTH NURSING SCIENCE

MODULE 3: NURSING INTERACTIONS (VPK3B30)
MODULE 4: INTEGRATION OF DSM-5 (VPK3B30)

MODULE 3: NURSING INTERACTIONS (VPK3B30)

TIME: 1½ HOURS MARKS: 50 (½ mark per fact)

QUESTION 1

You are working in a community clinic in Soweto. You notice that the nursing staff are experiencing challenges amongst themselves. They have formed small groups and there is a lot of tension and gossiping. The sister in charge asks you to compile a programme on conflict management. What would the content of such a programme entail? $(30 \times \frac{1}{2}) = 15$

QUESTION 2

2.1 Discuss the four (4) life positions as defined in the Transactional Analysis Theory according to the following criteria:

a)	Definition	(16x½) (8)
b)	Communication	$(8x\frac{1}{2})(4)$
c)	Problem-solving technique	$(8x\frac{1}{2})(4)$
d)	Motivation to act.	(8x½)(4)
		*[20]

QUESTION 3

3.1	Discuss the attitudes in forming interperso	onal relationships.	(18×½)=(9)

3.2 Define the concept self-awareness. $(10 \times \frac{1}{2}) = (5)$

3.3 Define the concept caressing in interpersonal relationships. $(2\times\frac{1}{2})=(1)$

*[15]

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QUESTION 4

SCENARIO

Ms Horowitz is brought to the biochemical ward after being found on the highway shortly after her car broke down. She is dressed in a long red dress, a blue and orange scarf, many long chains, and a yellow and green turban. The police report that when they came to her aid, she told them she was "driving to fame and fortune". She appeared overly cheerful and was constantly talking, laughing and making jokes. At the same time, she paced up and down beside the car, sometimes tweaking the cheek of one of the policemen. She was coy and flirtatious with the police officers, saving at one point, "Boys in blue are fun to do". When she reached into the car and started drinking from an open bottle of alcohol, the police decided that her behaviour and general condition might result in harm to herself or others. When they explained to Ms Horowitz that they wanted to take her to the hospital for a general checkup, her jovial mood turned to anger and rage, yet two (2) minutes after getting into the police car, she was singing "Carry Me Back to Old Virginny". On admission to the ward, Ms Horowitz is seen by a psychiatric nurse, and her sister is called. The sister states that Ms Horowitz has become more and more agitated and out of control. She reports that Ms Horowitz has not eaten in seven (7) days, has stayed up all night calling friends and strangers all over the country, and finally fled the house when the sister called an ambulance to take her to the hospital. The psychiatric nurse contacts Ms Horwitz's physician, and her previous history and medical management are discussed. It is clear that Ms Horowitz recently had an episode of low mood and during that episode she was also suicidal.

Answer the following questions regarding the above-mentioned scenario.

- Formulate a DSM-5 diagnosis for Ms Horowitz and motivate your answer by comparing her symptoms with the clinical criteria for this disorder. $(30 \times \frac{1}{2})=(15)$
- 4.2 Discuss the possible aetiology of Ms Horowitz's disorder. (26×½)=(13)
- 4.3 Formulate a nursing diagnosis for Ms Horowitz. (10×½)=(5)

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4.4 Formulate a goal and objectives for Ms Horowitz.

(10×½)=(5)

4.5 Discuss the nursing interventions and include rationale.

 $(14 \times \frac{1}{2}) = (7)$

*[45]

QUESTION 5

Answer the following multiple choice questions by writing only the number and the correct letter in your answer book, for example 1.20 a

- 5.1 A 25-year-old client diagnosed with major depressive disorder remains in his room and avoids others. According to Erikson, which of the following describes the client's developmental task assessment?
 - a) Stagnation
 - b) Despair
 - c) Isolation
 - d) Role confusion
- 5.2 A newly admitted client, diagnosed with post-traumatic stress disorder, is exhibiting recurrent flashbacks, nightmares, sleep deprivation and isolation from others. Which nursing diagnosis takes priority?
 - a) Post-trauma syndrome related to a distressing event as evidenced by flashbacks and nightmares
 - Social isolation related to anxiety as evidenced by isolating because of fear of flashbacks
 - c) Ineffective coping related to flashbacks as evidenced by alcohol abuse and dependence
 - d) Risk for injury related to exhaustion as evidenced by sustained levels of anxiety.

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- 5.3 A newly admitted client, diagnosed with generalised anxiety disorder, has a nursing diagnosis of social isolation related to fear of ridicule. Which outcome is appropriate for this client?
 - a) The client will participate in two (2) daily group activities by day 4.
 - b) The client will use relaxation techniques to decrease anxiety.
 - c) The client will verbalise one positive attribute about self by discharge.
 - d) The client will request Rivotril (Clonazepam) prn to attend group by day 2.
- 5.4 A client diagnosed with antisocial personality disorder states: "My kids are so busy at home and school, they don't miss me or even know I'm gone." Which nursing diagnosis applies to the client?
 - a) Risk for injury
 - b) Risk for violence: self-directed
 - c) Ineffective denial
 - d) Powerlessness
- 5.5 A client with borderline personality disorder superficially cuts both wrists, is disruptive in group, and is "splitting" staff. Which nursing diagnosis would take priority?
 - a) Risk for self-mutilation related to need for attention
 - b) Ineffective coping related to inability to deal directly with feelings
 - c) Anxiety related to fear of abandonment as evidenced by "splitting staff"
 - d) Risk for suicide related to past suicide attempt.

*[5]