Tanta University

Faculty of Nursing

Psychiatric mental Health Nursing

Fourth year Final Exam, 2nd Semester

2016-2017

Course Title: Psychiatric Mental Health Nursing

Date: 4-6-2017 model answers

Time allowed: 3 hours

Number of exam paper: 12 (Including cover sheet)

Parts	Questions	Marks	Student's marks
Part 1	Multiple choice questions	30	
Part II	True & false	10	
Part III	Matching	10	
Part IV	List	25	
Part V	Situation	25	
	Total	100	

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Signature:

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Please answer all the following questions:

Part I- Multiple choice questions (30 Marks):

1-As defined by Freud, the ego is that part of the mind that contains:

- a. The basic instincts and urges
- b. The conscience
- c. <u>The ability to respond the realities of everyday life</u>
- d. All elements of the holistic person

2- During assessment, a nurse asks a client diagnosed with schizophrenia, "Have you ever felt that certain objects or persons have control over your behavior?" The nurse is assessing for which type of thought disruption?

- a. Delusions of persecution
- b. Delusions of influence
- c. Delusions of reference
- d. Delusions of grandeur

3- I find that my thoughts race faster in my head, then I can express them to others, this is an example of what? سؤال د. زبيدة

- a- Phobia b- Anxiety
- b- <u>Mania</u> d-Depression السؤال مش مفهوم تعليق د. هاله

4- An adolescent was seeing his best friend killed in a car accident, becomes an amnesic about the circumstances surrounding the accident. This is example of

- a- Repression
- b- Suppression
- c- Regression
- d- Denial

5- A patient experiencing disturbed thought processes believes that his food is being poisoned. Which communication technique should the use to encourage the patient to eat? سؤال د. امل صبره

- a. Using open-ended questions and silence
- b. Sharing personal preference regarding food choices
- c. Documenting reasons why the patient does not want to eat
- d. Offering opinions about the necessity of adequate nutrition

السؤال محتاج تعديل ---الاجابه ليست (technique of communication

تعليق د. هاله

6- The client is depressed, and his ordered medication is fluoxetine (Prozac). The client says "what will this medication do inside my brain? The best response by the nurse is.....

- a. It will help you feel less depressed
- b. It will regulate a neurotransmitter called serotonin
- c. It will raise your level of the brain hormone norepinephrine
- d. It will balance blood glucose and dopamine levels
- ردا على تعليق د. هاله : مريض الاكتئاب عارف انه عنده اكتئاب ، ولما الممرضة تقول له ان العلاج حيقل الاكتئاب ، كده بتستخف بعقل المريض . لان اكيد العلاج بياخذه عشان يتحسن ويقلل الاكتئاب يعنى الممرضه لم تقول شى مفيد ولا جديد . الاجابة الثانية هى الصحيحة . الاجابة الثالثة والرابعة خاطئة . شيرين

7-As a priority nursing intervention for a patient experiencing an acute manic episode is.....

- a. Discourage the patient use of vulgar language
- b. Protect the patient from impulsive behavior
- c. Maintain the patient contact with his/her family
- d. Redirect excessive energy to creative tasks

8- Which nursing behavior will enhance the establishment of a trusting relationship with a client diagnosed with schizophrenia?

- a. Establishing personal contact with family members.
- b. Being reliable, honest, and consistent during interactions.
- c. Sharing limited personal information.
- d. Sitting close to the client to establish rapport

9- The nurse is preparing a patient for the termination phase of the nursepatient relationship. Which nursing task that is most appropriate for this phase?

- a. Planning short-term goals
- b. <u>Making appropriate referrals</u>
- c. Developing realistic solutions
- d. Identifying expected outcomes

10- According to Erikson 's theory of psychosocial development children between the ages of 6 and 12 years should be

- a- Beginning to develop consciences
- b- Disciplined for any incontinence episodes

- c- Competing with their peers following the rules of the game
- d- <u>Learning the skills, personal values and role of adults by their</u> <u>teachers</u>

- a- Flooding
- b- Assertiveness
- c- Desensitization
- d- Reinforcement

12- Which the following statements indicates that speaker is missing an important aspect of a mentally health?

- a- I know my abilities and limitation, and accept my faults.
- b- I able to adapt, adjust, and behave according with situation
- c- <u>I am self- sufficient; I do not need personal relationships with other</u> <u>people.</u>
- d- I see problem as a challenge and a source of creative growth.

13- Adult throws a temper tantrum when he does not get his own way. He is retreating to behavior in the past that reduced anxiety. He unconsciously used defense mechanism

- a- Regression
- b- Aggression
- c- Reaction formation
- d- Projection

14- A client with bipolar disorder is pacing constantly today, while other clients are having a birthday party. There is music, noise, food. The client walks over to the table and takes cake to eat as he paces up and down the hall, the nurse best response to client's behavior would be to:

- a- Let him continue to pace and eat.
- b- Medicate him with anti-anxiety drugs.
- c- Restrain him in his room.
- d- Ask client to go outside and take a walk with you.

15-All of the following symptoms are prominent in catatonic type of schizophrenia except:-

- a. Mutism
- b. Negativism
- c. Waxy flexibility
- d. Delusion

16- The nurse engages the client in a nurse-patient interaction. The best time to inform the client about terminating phase is.....

- a. When the client asks, how long relationship would be
- b. During the working phase
- c. Towards the end of the relationship
- d. At the start of the relationship

17- Mother hit her child, and the next evening brings a present for the child, the mother used defense mechanism

- a- Displacement
- b- Undoing
- c- Compensation
- d- Rationalization

18- Select the best stress management techniques that you might suggest to a student will face oral exam after ten minutes.

- a- Time management , and study hard
- b- <u>Deep breathing exercises</u>
- c- Listen to soft music, and take breakfast
- d- Sleep enough hours

19- Nurse enters the room of a client with a cognitive impairment and asks the client about; what day of the week it is; what the date, month, and year are; and where the client is. The nurse is attempting to assess:

- a- Confabulation c-Delirium
- b- <u>Orientation</u> d- Perseveration

20- When assessing an apparently anxious client, the nurse ensures that questions related to the client's anxiety are:

a- Abstract, and no threating تعليق د. هاله الاجابه ده ممكن تلخبط و

b- Avoided until the anxiety disappears

c- Avoided until the client brings up the subject

d- Specific and direct

<mark>شيرين</mark> : اول اجابة خطاء لان المفروض اثناء التعامل مع المريض القلوق الا اعطى كلامات لها اكثر من معنى المفروض تكون مباشرة ولها معنى واحد Not abstract

21- When caring for a client with hypochondriasis, the nurse should take which action?

- a- Explore the details and history of the client's early life and illness
- b- <u>Assist client to identify relationships between life events stressors</u> <u>and physical symptoms</u>
- c- Encourage client to take more about his symptoms
- d- Give antianxiety drug

22- The client says, "I want to tell you something, but can you promise that you will keep this a secret?" A therapeutic response of the nurse is:

- a. <u>Yes, our interaction is confidential provided, the information you</u> tell me is not detrimental to your safety."
- b. "Of course yes, this is just between you and me. Promise!"
- c. "Yes, it is my principle to uphold my client's rights."
- d. "Yes, you have the right to raise confidentiality of our interaction."

23- Child imitates the nurturing behaviors he observed on his teacher in the class, the child useas a defense mechanism

- a- Sublimation
- b- Substitution
- c- Identification
- d- Introjection

24 - Client: Do you think going home will be difficult?

Nurse: How difficult do you think going home will? What is the communication technique, the nurse used?

- a- Clarifying
- b- Reflection
- c- Paraphrasing
- d- Focusing

25- A client has obsessive compulsive disorder, which of the following statements made by the client would be the best indicate of improvement?

- a- I know that my thought and behaviors are not normal
- b- I only do my ritual to reward myself when I have been good
- c- <u>I have more control over thought and behaviors</u>
- d- My friends don't know about my disorder

26- A women client with chronic low back pain receives cooking, and cleaning help from her extended family. The nurse anticipates that this client benefits from which of the following in this situation?

- a- Primary gain
- b- <u>Secondary gain</u>
- c- Attention seeking
- d- Emotional support

27-Which of the following is a defense mechanism used in phobia ?

- a. Displacement
- b. Undoing
- c. Reaction formation
- d. Suppression

28- Autonomous behavior :(self-governance) means :

- a- <u>It is the ability of individual to be independent and make his own</u> <u>decision without external influence</u>
- b- It is the ability of individual to tolerate tension and frustration
- c- It is the ability of individual to plan for his future, to use his capabilities and talents at the fullest
- d- It is the ability to accept one's self faults and strengths and self-respect and proper self -esteem.

29- The client has a conversion disorder manifested by stoking, and glove anesthesia. Which nursing diagnosis is most appropriate for the nurse?

- a- Risk for impaired tissue integrity
- b- Disrupted thought process
- c- Risk for suicide
- d- Ineffective individual coping

30- The nurse assessing the client in a fugue state, would look for which of the following?

- a- A history of childhood trauma
- b- Depressed mood
- c- Exposure to a major stressor
- d- Dissociative episodes
- 1. A client is admitted through the emergency department with a diagnosis of depression. During the initial phase of the relationship with this client, the nurse would expect which patient's reaction to interpersonal communication?
 - a. Insight
 - b. Silence
 - c. Anger
 - d. Elation
- 2. A priority feature of the assessment process with the depressed patient is:
 - a. Assessment of family history
 - b. Assessment of suicide risk
 - c. Assessment of concurrent substance abuse
 - d. Assessment of stressful life events
- 3. The neurotransmitter hypothesis proposes that depression occurs as a result of:
- a. Depletion of dopamine at the postsynaptic receptor site
- **b. Imbalance of norepinephrine at the post synaptic receptor site**
- c. Disturbance in regulation of biologic rhythms
- d. Shift in melatonin production and secretion
- 4. The nurse caring for an individual with schizoid personality disorder would expect to assess:
 - a. Impulsive, restless, aggressive behaviour.
 - b. Magical thinking and suspicious, odd behaviour.
 - c. Distrustful, cold, often angry behaviours.
 - d. Few interactions wish other and little verbalization

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ممكن يوضع هذا السؤال بدلا من السؤال رقم ۳ او رقم ۲۰ شيرين
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شيرين : لم اضع فى البدابة اسئلة اختيارى عن الاكتئاب لان السؤال الاخير عليه خمس وعشرون درجة وهو حالة عن الاكتئاب ، والامر معروض على حضر اتكم

Part II; True and False questions; 10 marks-

Read each statement carefully and encircle "T" if the statement is true, encircle "F" if the statement is false.

	Statement	True	False
1-	The need generates a tension, which causes the individual	Т	
	to behave to meet the need		
2-	According to Freud, substance related disorder is a		F
	problem arising from unsatisfied latency stage of early		
	development		
3-	Delirium usually has a sudden onset and is generally	Т	
	reversible with proper treatment.		
4-	Mental health fluctuates from one day to day. Yet it tends	Т	
	to have a certain continuity, and consistency		
5-	Schizophrenia is diagnosed most frequently in the early	Т	
	twenties for men and late twenties for women		
6-	Confidentiality is one problem in Milieu Therapy	Т	
7-	Dementia often characterized by fluctuating levels of		F
	consciousness.		
7-	Agoraphobia is irrational fear of being alone in open or		F
	close place		
8-	Verbal communication is more accurate to express		F
	emotion than non-verbal communication.		
9-	Involuntary patients have the right to demand & Obtain		F
	discharge		
10	Mental health does not mean the absence of mental illness	Т	

Part III-Matching (10marks) :

Match the following numbered items on the right side with lettered items on the left side. Put the number of your choice in the area between brackets.

	Α		В
(c)	The subjective feeling of sad and are precipitated by loss	A	Tolerance
(1)	Loss of language ability, the person has difficult to find the correct word or naming the object	В	Fugue
(k)	A Person rejects unwanted characteristics of him and assigns them to others.	C	Grief
(h)	It reflect an excess or distortion in the normal functions	D	Substance withdrawal
(g)	Unconsciously justify ideas, action, or feeling with social acceptable reasons or explanation.	E	Anhedonia
(a)	Need for increasingly larger or more frequent doses of substance in order to obtain the desired effects	F	Mood
(f)	A pervasive and sustained emotion subjectively experienced by the person	G	Rationalization
(b)	The individual suddenly and unexpectedly leaves the usual home or work place.	Н	Positive symptoms
(j)	loss of sensory ability to recognize objects	Ι	Affect
(d)	Physiological , behavioral , cognitive , and affective symptoms that occurs after reeducation or discontinuance of a drug	J	Agnosia
		K	Projection
		L	Aphasia

Part IV: List the followings;(25 Marks):

1- Cluster A of personality disorders include ---

- 2- Types of patients' discharge from psychiatric hospital:
- -
- --

3- Advantage of patient government in Milieu therapy:

- -
- -
- -

4- Concepts of positive mental health:

- -
- _
- -
- -

5- Relationship between verbal communication and non- verbal communication:

6- Manifestations of problems that arising from Anal stage:

- -
- -

7- Community mental health services:

- -
- -

8- Negative symptoms of schizophrenia:

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VI – Situation (25 marks):

The patient is a 28 year-old married female. She has a very demanding, high stress job. She has always been a high achiever. She graduated with top honors in college. She has very high standards for herself and can be very self-critical when she fails to meet them. Lately, she has struggled with significant feelings of worthlessness and shame due to her inability to perform as well as she always has in the past. For the past few weeks the patient has felt unusually fatigued and found it increasingly difficult to concentrate at work. Her coworkers have noticed that she is often irritable and withdrawn. On those days she stays in bed all day, watching TV or sleeping. She has had difficulties to get a sleep at night. Her insomnia has been keeping him awake for an hour or two after they go to bed. She has idea of suicide; she found herself dissatisfied with her life. She's been having frequent thoughts of wishing she was dead. She gets frustrated with herself.

1- What assessment data are crucial for nurse? (5 marks)

2- Identify two nursing diagnosis according priority and their goals "short term & long term goal"? (8 marks)

3- Discuss nursing intervention that appropriate to each nursing

diagnose? (12 marks)

Nursing diagnosis:

Hopelessness

Low self- esteem

High risk for violence toward herself

Sleep pattern disturbance

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Good luck