

Tanta University
Faculty of Nursing
Department of Psychiatric and Mental Health Nursing

Final examination

Psychiatric and Mental Health Nursing

4th year students

2018/2019

Date: 6 - 1 -2018

Time: 3 hours

Number of exam pages: - 10 page (Including coversheet)

Parts	Questions	Marks	Student Marks
-Part I	Multiple choice questions	30	
-Part II	List	25	
-Part III	True and false	10	
-Part IV	Matching	10	
-Part V	Situation	25	
Total		100	
Signature:			

Please answer all of the following questions:-

Part I:- Multiple choice questions: (30 Marks)

Read the following statements and encircle the correct answer. There is only one best answer:-

1. All the following are true about delirium, except:

- a. Clear Consciousness.
- b. Disorientation.
- c. Sun downing.
- d. Marked perceptual disturbance.

2. Soldiers exposed to traumatic experiences in concentration camps during war time, sometimes had amnesia and were unable to recall any part of their order.

Which of the following defense mechanism used:

- a. Regression.
- b. Repression.
- c. Rationalization.
- d. Intellectualization.

3. According to Erikson's psychosocial stages of development , the personal crisis in which a child needs to learn important academic skills and compare favorably with peers in school to achieve competence is

- a. Trust versus mistrust.
- b. Initiative versus guilt.
- c. Identity versus role confusion.
- d. Industry versus inferiority.

4. Severe runny nose or tearing of the eyes is a common withdrawal symptom of:

- a. Opioid.
- b. Inhalants.
- c. Hallucinogens
- d. Cannabis

5. Justice means:

- a. Obligation to remain faithful to one's commitment.
- b. Right to do good for the patients.
- c. Right to self- determination and independence.
- d. Obligation to be fair to all patients and give them respectful care.

6. Client has a diagnosis of schizophrenia with negative symptoms. In planning care for the client, Nurse would anticipate a problem with:-

- a. Auditory hallucinations.
- b. Ideas of reference.
- c. Bizarre behaviors.
- d. Motivation for activity.

7. A nurse is assessing a client diagnosed with dependent personality disorder. Which of the following characteristics is a major component to this disorder?

- a. Abrasive to others.
- b. Indifferent to others
- c. Manipulative of others
- d. Over reliance on others.

8. When working with a male client suffering phobia about black cats, nurse should anticipate that a problem for this client would be?

- a. Anxiety when discussing phobia.
- b. Anger toward the feared object.
- c. Denying that the phobia exists.
- d. Distortion of reality when completing daily routines.

9. When supporting a person with dementia, which of the following is helpful:

- a. Allow the person time to respond.
- b. Don't argue about details.
- c. Use gestures, objects or signals as well as words e.g. show the person an object that relates to what you are saying.
- d. All of the above.

10. The priority nursing diagnosis of patient with somatic symptoms disorder is :

- a. Altered thought processes.
- b. Sensory/perceptual alteration.
- c. Fluid volume deficit.
- d. Ineffective coping.

11. Four new patients were admitted to the hospital in the past 12 hours. The nurse should monitor these patients for safety. Who patient will need the most watchful supervision? A patient diagnosed with:

- a. Bipolar I disorder.
- b. Bipolar II disorder.
- c. Dysthymic disorder.
- d. Cyclothymic disorder.

12. The part of the mind which is working on reality principle is:

- a. Id.
- b. Ego.
- c. Superego.
- d. Ideal self.

13. A child had problems in elementary school as would frequently fight with other children. He found when he entered high school that he could channel this history into sports such as football and soccer:

- a. Displacement.
- b. Reaction formation.
- c. Projection.
- d. Sublimation.

14. -----takes many forms, ranging from emotional abuse by family and caretakers to sexual and other forms of physical abuse, and includes financial scams.

- a. Elder abuse
- b. Domestic violence.
- c. Reckless assault
- d. Heat-of-passion crimes

15. A nurse discusses job possibilities with a client with schizoid personality disorder. Which suggestion by the nurse would be helpful?

- a. "You can work in a restaurant".
- b. " You can work in housekeeping service in a hotel ".
- c. "You can work in filing and organizing records in the store".
- d. " You can work in a public trading company".

16. People who abuse alcohol have difficulty absorbing vitamins and have lower levels of:

- a. Calcium.
- b. B12
- c. Iron
- d. Thiamine.

17. Somatic symptoms and related disorder characterized by:

- a. Presence of somatic symptoms in presence of medical cause.
- b. Presence of somatic symptoms in absence of medical cause.
- c. Absence of emotional cause.
- d. Absence of physical symptoms.

- 18. A patient with a high level of motor activity runs from chair to chair and cries. The patient does not follow instructions or respond to verbal interventions from staff. The initial nursing intervention of highest priority is to:**
- Provide for patient safety.
 - Increase environmental stimuli.
 - Respect the patient's personal space.
 - Encourage the clarification of feelings.
- 19. "Can you express your feelings toward your achievement in the group therapy today?" what kind of questioning is?**
- Open ended.
 - Closed ended
 - Minimal encouragement.
 - Empathy.
- 20. When the individual is unable to recognize everyday objects and name them correctly, this is known**
- Apraxia.
 - Anomia .
 - Agnosia.
 - Aphasia.
- 21. A newly admitted client diagnosed with major depressive disorder isolates self in room and looks out the window. Which nursing intervention would be the most appropriate to implement initially, when establishing a nurse-client relationship?**
- Sit with the client and offer self frequently.
 - Notify the client of group therapy schedule.
 - Introduce the client to others on the unit.
 - Help the client to identify stressors of life that precipitate life crises.
- 22. When caring for a client with a diagnosis of schizotypal personality disorder, the nurse should:**
- Set limits on manipulative behavior.
 - Encourage participation in group therapy.
 - Respect the client's needs for social isolation.
 - Understand that seductive behavior is expected.
- 23. Conversion disorder characterized by:**
- Excessive worry about having or acquiring serious disease.
 - Altered voluntary motor or sensory function.
 - Altered thought processes.
 - Altered sensory perception.
- 24. A client notifies a staff member of current suicidal ideations. Which intervention by the nurse would take priority?**
- Place the client on a one-to-one observation.
 - Determine if the client has a specific plan to commit suicide.
 - Assess for past history of suicide attempts.
 - Notify all staff members and place the client on suicide precautions.

25. The individual who actually likes to have others do things for him may be quick to criticize other people for being dependent and lazy.

- a. Repression
- b. Reaction
- c. Rationalization
- d. Projection

26. refers to ability of one drug to be substituted for another, each usually producing the same physiologic and psychological effect:

- a. Codependence
- b. Cross- tolerance.
- c. Detoxification
- d. Withdrawal.

27. I know I am human, but I don't know who this body belongs to..."

- a. Derealization .
- b. Depersonalization .
- c. Dissociative amnesia.
- d. Dissociative identity disorder.

28. The nurse learns that a client with Obsessive Compulsive Disorder brushes his/her tongue several times a day and has developed ulcerations on it. The priority nursing goal for this client at this time:

- a. The client will re-establish healthy tissue in the oral cavity
- b. Seek out the nurse when feeling anxious.
- c. Discontinue brushing and oral care rituals.
- d. Verbalize the underlying cause of the behavior

29. A client on the psychiatric unit is unresponsive or mumbles incoherently whenever the nurse asks the client questions. The nurse will best deal with the client's communication problems by:

- a. Encouraging the client to ask direct questions.
- b. Speak with the client using short and clear statements.
- c. Talking about topics interesting to the nurse.
- d. Sitting quietly with the client.

30. A client has been admitted to the emergency department following a rape. The nurse will expect that the client may manifest post-traumatic stress disorder. The nurse is aware that this syndrome can be best described as:

- a. Unconsciously denying the rape and rapidly returning to normal activities
- b. Re-experiencing the fear and hopelessness of the original trauma.
- c. Guilt, shame and the feeling that they provoked the attack or should have prevented the rape.
- d. Displacing feelings of anger onto hospital staff members.

Part II: -List the followings; (25 marks)

1- List Community Mental health Resources in Egypt:

- 1-
- 2-
- 3-
- 4-

2- List four diagnostic criteria of border line personality disorder:

- 1-
- 2-
- 3-
- 4-

3- List four DSM-5 diagnostic criteria for Dissociative identity disorder:

- 1-
- 2-
- 3-
- 4-

4- Mention cycle of violence:

- 1-
- 2-
- 3-
- 4-

5- List four main concepts of mental health:

- 1-
- 2-
- 3-
- 4-

6- Common nursing diagnoses of patient with somatic disorder are:

- 1-
- 2-
- 3-
- 4-

7- Ethical principles related to psychiatric nurse are:

- 1-
- 2-
- 3-
- 4-

8- Characteristics of Initiating phase of nurse patient relationship:-

- 1-
- 2-
- 3-
- 4-

9- Problems in Milieu Therapy:

- 1-
- 2-
- 3-
- 4-

10- List four functions of Ego:

- 1-
- 2-
- 3-
- 4-

11- Communication skills for understanding person expression are:

- 1-
- 2-
- 3-
- 4-

12- For meeting the patient's need, the nurse should do the following:

- 1-
- 2-
- 3-
- 4-

13- List two most common initial symptoms in the onset of mania are:

- 1-
- 2-

Part III: 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- Learning theory suggests that the primary disturbance in depression is cognitive rather than affective	T	F
2- Ataxia , a variety of ocular motility abnormalities , including horizontal nystagmus , lateral orbital palsy and gaze palsy are symptoms of Korsakoff's syndrome	T	F
3- Freud's believed that people are motivated mostly by unconscious urges.	T	F
4- Disulfiram is used to reduce craving for alcohol.	T	F
5- Ethical dilemma is a situation in which ethical principles are in conflict with one another.	T	F
6- People with hoarding disorder feel they can throw things away	T	F
7- Confusion is the center feature in dementia	T	F
8- Dementiated patient try to fabricate when he fail to remember daily events. That's called lying behavior	T	F
9- To recover from anxiety disorders, you have to face situations that provoke your anxiety.	T	F
10- Somatic symptoms disorder characterized by presence of real physical symptoms with organic cause.	T	F

Part IV-Matching (10 Marks) :

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

A	The answer	B
a. Displacement		1- is a disorder characterized by refraining from using public places.
b. Id		2- A diminished response to a drug ,so that more dose is required to reach the same effect.
c. Agoraphobia		3- The client seems to be better during the day, but gets very confused and agitated in the late afternoon and evenings.
d. Child neglect		4- The inability to remember one's past lifetime.
e. Use of humor		5- It enhances feelings of well-being, reduces anxiety, and encourages a sense of hope
f. Generalized anxiety disorder		6- The person slammed a door, when was anger.
g. Tolerance		7- It is a failure to provide the child with basic needs
h. Retrograde amnesia		8- Terrorizing which involve creating a climate of fear
I. Helplessness		9- The client is unable to remember all events of a circumscribed period of time lasting from a few hours to a few days
J. Localized amnesia		10- It identified as the most primitive part of personality. It is includes all instincts, drives, and desire.
K. Sundowning syndrome		
L. Emotional abuse		

V-Situation; (25 marks)

A client of a 25-year-old single man is brought to the psychiatric hospital for help by his family. When nurse reviewing his record, the nurse found that the client was admitted three times previously because of attacking other people. When nurse asked the client what is happening to him, he replies that "why do you ask?, you already can read my thoughts". He mentions that he can talk with spirits, and he can see them, he appears confused and preoccupied with something. He says that these spirits are here because there are people in his family who are jealous of him, and spirits told him to kill his older brother. He complains that he cannot think clearly and worries that he has done something wrong. His family reports that there has been a change in him over the past few weeks and his condition was deteriorated as he refuse to take his medication and neglect his hygiene, he spends more time alone than he used to, and refuse to interact with others, and is often to be found weeping and laughing at the same time.

Questions:

- 1-What assessment data does the nurse need to plan for the client? (5 marks)
- 2-Write two nursing diagnosis according to priority and their short and long term goal? (10 marks)
- 3-Write two nursing intervention to the nursing diagnosis that you are selected? (10 marks)

GOOD LUCK