

N310- Mental & Behavioral Health Clinical Packet



Student _____

GRADED CLINICAL ASSIGNMENTS

All paperwork is to be turned in to Edvance360 drop boxes, unless otherwise specified by clinical instructor.

All assignments are to be graded by the clinical instructor except for the Group Dynamics Analysis- this assignment will be graded by the course coordinator.

Clinical Assignment	Points
Journals- 3	5pt each for 3 journals = 15 pts total
Medication Template- 3	5pt each for 3 templates = 15 pts total
Milieu Project (Assessment & Presentation)	Assessment 20pt } Presentation 30pt } 50 pts total
Mini Mental Status Exam (MMSE)	20 pts.
Care Plan & Map	50 pts
Therapeutic Communication Assignment	20pts
Group Dynamics Analysis	50pts

Guidelines

1. Papers are to be submitted to the Edvance 360 drop boxes, unless otherwise specified by clinical instructor.
2. Late work policy: For everyday an assignment is late 10% will be taken off the grade, at day 7, a zero will be awarded
 - a. For example: Assignment was due on 07/07 at 2359, student turns in assignment late at 07/08 at 0349 the student would only be able to obtain at 90% on the assignment
3. No assignments will be accepted via email. No exceptions
4. Group dynamics analysis self-study is to be completed by: April 23rd at 2359- this cannot be late, no exceptions. If this is late- you receive a zero.
 - a. Completion of this assignment would include
 - i. Submission of the signed in pen attendance verification sheet
 - ii. Submission of the group dynamics paper

Academic Honor Code with signature must be typed in the comment area of drop box.

“I have neither given nor receive, nor will I tolerate others’ use of unauthorized aid”. John Doe

JOURNALS-(3 total)

To gain full credit for your journals, be sure to follow the guidelines listed below. Your journals should be typed at least 2 paragraphs (a paragraph is at least 5 sentences at a minimum). Journals are worth 5 points.

Journal 1:

In journal 1 please include the following:

1. Identify your thoughts and feelings of your first few experiences on the clinical unit, be sure to list any fears or anxieties that you have had about the experience. **Underline your feelings and bold your thoughts.**
 - a. For example: I was really scared to walk on the unit. I was thinking people would harm me. Now I love going to clinical.
2. List at least 1 misconception about Mental Health and identify whether or not this misconception is true or false.
3. Explain at least 1 topic or thing you are interested to see or learn in clinical this semester.

Journal 2:

In journal 2 please include the following:

1. Discuss 2 therapeutic communication techniques
 - a. What is the technique- or what is the definition of the technique
 - b. How would you implement or utilize the technique
 - c. Have you seen these techniques implemented in the clinical setting?

Journal 3:

In journal 3 please include the following:

1. Discuss a legal or ethical issue that is going on in the arena of Mental Health Nursing
 - a. Identify a nursing article related to the ethical/legal issue
 - b. Be sure to reference the article utilizing appropriate APA citations
 - c. State your thoughts, feelings, or concerns about said issue

Mini Mental Status Exam (MMSE) 20 Points

The form is in this clinical packet. A full summary is required.

Summary must discuss events prior, during, and after the exam. Discuss each question and patient's response. Give an interpretation of the score. Describe how you think the patient's diagnosis and meds may have influenced their score. If your patient was taking any medications, be sure to discuss how the medications may or may not have played a role in the score of the patient. Only the summary will be turned in to the instructor: all information will be described in the summary.

Care Plan (RUBRIC AVAILABLE) 50 Points

Assessment - Cover Pages

Plan of Care:

3 Complete Nursing Diagnoses (NANDA). Prioritized.

1 Short term goal and 1 long term goal for each Nursing Dx.

3 interventions for each short-term goal and 3 interventions for each long-term goal.

Ex: 1st Nursing Dx. Risk for safety related to depression as evidenced by suicide ideations

1. Short term goal with 3 interventions

1. Long term goal with 3 interventions

Do this for all 3 **prioritized** nursing diagnosis

Milieu Group Project

-Groups of 2-3 students

1. Milieu Assessment-Complete the assessments form in clinical packet. This will guide you to a deficit in the milieu. The deficit will be the basis for your presentation (intervention).

2. Milieu Presentation & Outline

Presentation Guidelines

1. Time: 20 minutes maximum. An additional 5-10 minutes should be provided to answer any questions. This presentation will take place on the clinical unit.

2. You will need to become an expert in the area that you have selected to present. Your assignment is to share and discuss this knowledge with the clients.

3. AV aids are optional and will contribute to the quality of your presentation.

4. You will be evaluated on the presentation regarding to: teaching style, organization, creativity, relevance to practice, insight gained, and articulation being appropriate for your audience with clear objectives, interacting therapeutically with the group, and providing resources. You will present in group of 2-3.

Assessment 20 points + Presentation 30 points = 50 points total

You will submit the milieu assessment and milieu outline to the drop box as one document.

Therapeutic Communication Assignment

Instructions included in this packet.

Group Dynamics Analysis

Instructions included in this packet.

Medication Templates (4 total)

Included in this packet. Need to have a total of four- three filled out each during a different clinical time and one included with the care plan. Must be on a different medication each time and filled out entirely. Each worth 5 points except for the one included in the care plan.

N 310: MILIEU PROJECT

Clinical Area Assessment Tool for Milieu Project

Agency: OSF HMMC

Unit : Floor 5

Date of Assessment: 4-8-19

Student: Jacquelyn Scoufler, Penny Galloway, Shelby Mascari

Milieu Assessment: All of the rooms on the unit are painted white. There are a few paintings with numerous colors in the hallway. Activities on the floor are limited for patients. Aside from group sessions, patients can watch television, play board games/puzzles or color.

Physical Layout: Primary nursing station when you come into the unit with lounge and group room across the hall. Few tables with many chairs for group discussion. Cookie Cutter.

Lighting, color, décor: Some natural light, pastel colored walls with some happy paintings.

Pace, activity level: Slow pace from 1-7. Group at 3pm that some patients partake in. Little patient-nurse interaction.

Emotional atmosphere: Calming, inviting, promotes growth and healing. Group therapy is tense and less inviting for communication.

Factors that are contributing to the emotional atmosphere: Leader of group activities. Nurses and techs. Pastel colored walls and natural lighting.

Typical clients who use this service:

Age: (average and range) 18 and >

Gender: Male and Female

Cultures: All cultures

Socioeconomic status: Varies/but mostly lower

Education level: Varies/ no college to some college

Reading ability:

This also seems to vary depending on each person- there are numerous backgrounds and environments per individual.

Communication ability:

Good communication varies from person to person depending on their diagnosis.

Reasons for using this agency/service?

Clients have a point in their life that needs change. The OSF fifth floor allows for a structured environment to improve cognitive abilities and growth. Clients for the most part want to get their lives back on track and return home.

What could a nurse do to improve the milieu today on this unit? (Use extra pages if necessary)

Music group/meditation group/career group -> more interaction from the patients, not just sitting
More input from the patient and their support system on what would be beneficial to their treatment on the unit

What needs are being focused on by the staff? (Physical, vocational, social, spiritual, emotional, etc.)

From our perspective we see the client's spiritual and emotional needs being focused on the most. Groups take a majority of our time. In these groups patients are free to express their thoughts and feelings as they please without fear of being judged. With a majority of patients, simply being able to talk can relieve a lot off their internal stress. It seems that most of the patient's physical needs are met as well. 15 minute checks are implemented to ensure safety. Medications are administered appropriately, vital signs are checked routinely, and patients are able to visit the nursing station essentially whenever they fell the need to do so.

Milieu Presentation Rubric

Name: _____ Grade _____ /50

	0 - 4 Pts	5- 9 Pts	9- 14 Pts	15 - 18 Pts	19 - 20 Pts
Milieu Assessment 20 Pts	Milieu assessment with partial assessment of clients, activity, emotional and environment on unit. Assessment includes minimal ideas on improving the milieu today and an assessment on the focus of the staff in a few areas of client care	Milieu assessment with partial assessment of clients, activity, emotional and environment on unit. Assessment includes some ideas on improving the milieu today and an assessment on the focus of the staff in some areas of client care	Milieu assessment complete with full assessment of clients, activity, emotional and environment on unit. Assessment includes some ideas on improving the milieu today and an assessment on the focus of the staff in some areas of client care	Milieu assessment complete with full assessment of clients, activity, emotional and environment on unit. Assessment includes multiple ideas on improving the milieu today and an assessment on the focus of the staff in some areas of client care.	Milieu assessment complete with full assessment of clients, activity, emotional and environment on unit. Assessment includes multiple ideas on improving the milieu today and a detailed assessment on the focus of the staff in all areas of client care.
	1 – 6 Pts	7 – 13 Pts	14 - 20 Pts	21 - 27 Pts	28- 30 Pts
Presentation 30 pts	Presentation focused on minimal areas of teaching style, creativity, relevance to practice insight gained, and articulation of information. Presentation within	Presentation focused on some areas of teaching style, creativity, relevance to practice insight gained, and articulation of information. Presentation within	Presentation focused on some areas of teaching style, creativity, relevance to practice insight gained, and articulation of information. Presentation within time guidelines, client questions answered	Presentation organized focusing on most areas of teaching style, creativity, relevance to practice insight gained, and articulation of information. Presentation within time guidelines,	Presentation organized focusing on teaching style, creativity, relevance to practice insight gained, and articulation of information. Presentation within time

	<p>time guidelines, some client questions answered, some therapeutic interaction with group, and some resources provided to clients. Pre-test and post- test contained few questions for student self-evaluation of presentation. Audio and visual aids were mostly appropriately.</p>	<p>time guidelines, client questions answered, some therapeutic interaction with group, and some resources provided to clients. Pre-test and post- test contain some questions for student self-evaluation of presentation. Audio and visual aids were mostly appropriately.</p>	<p>proficiently, therapeutic interaction with group, and resources provided to clients. Pre-test and post- test contain some questions for student self-evaluation of presentation. Audio and visual aids used appropriately.</p>	<p>client questions answered proficiently, therapeutic interaction with group, and resources provided to clients. Pre-test and post- test contain some questions for student self-evaluation of presentation. Audio and visual aids used appropriately.</p>	<p>guidelines, client questions answered proficiently, therapeutic interaction with group, and resources provided to clients. Pre-test and post- test contain pertinent questions for student self-evaluation of presentation. Audio and visual aids used appropriately.</p>
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Additional Comments:

Medication Template

Name:

Medication:

Expected

Pharmacological

Action:

Chart Documentation

Therapeutic Uses

Adverse Effects

Nursing Interventions

Contraindications

Client Education

Medication /Food Interactions

Medication Administration

Medication Effectiveness

Client Information Cover Sheet to be used for Care Plan. Attach as a cover sheet when turning in for grading.

Pt. Initials

Age

Gender

Other demographic data

DSM –IV Diagnoses

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

NANDA Diagnoses:

Mental Status Exam Findings (be sure to be VERY descriptive)

Appearance

Behavior-

Attitude-

Speech-

Mood-

Affect-

Main Thought Content

Ideations-

Delusions-

Illusions-

Obsessions-

Compulsions-

Phobias-

Orientation-

Memory

Remote-

Reasoning

Judgment-

Calculations-

Intelligence-

Insight

Allergies:

Factors that

Lead to

Treatment:

Significant

Psychiatric

History:

Family

History:

Strengths:

Support

System:

Discharge Plans (YOURS FOR THE CLIENT)

Medications (Medication Template): **Medication template is included in this packet*

Medication list:

Name:

CARE PLAN – POC

PAGE 2 OF 3

Date:

Client Initials

Nursing Diagnosis (Prioritized)	Short Term Goal	Interventions	Long Term Goal	Interventions
1.	1.	1. 2. 3.	1.	1. 2. 3.
2.	1.	1. 2. 3.	1.	1. 2. 3.

3.	1.	1.	1.	1.
		2. 3		2. 3

Nursing Care Plan/Concept Map Rubric - 50 Points Total

Name:

Grade:

	1-4	5-7	8-10	15
<p>Assessment (Cover Page) Includes subjective, objective and historical data that support actual or risk for nursing diagnosis.</p>	<p>Incomplete Assessment portion is incomplete. APA References are incorrect or not used.</p>	<p>Poor Does not include all pertinent data related to nursing diagnosis. May also include data that does not relate to nursing diagnosis. Some APA references are correct</p>	<p>Fair Includes all pertinent data related to nursing diagnosis, but also includes data not related to nursing diagnosis. Most APA references are correct.</p>	<p>Good Includes all pertinent data related to nursing diagnosis and does not include data that is not related to nursing diagnosis.</p>
	1-2	3	4	5
<p>Diagnosis Includes the most appropriate diagnosis for patient and ordinal number that includes all appropriate parts (stem, related to or R/T, and as evidenced by AEB for actual diagnosis) and is NANDA approved</p>	<p>Incomplete Diagnosis portion is incomplete. APA References are incorrect or not used.</p>	<p>Poor Diagnosis is not appropriate for patient and ordinal level (first diagnosis, second diagnosis, etc). May also not be NANDA and may not include all parts. Some APA references are correct</p>	<p>Fair Diagnosis is appropriate for patient and ordinal level, and diagnosis is NANDA approved, but does not include all parts or information is listed in wrong part of diagnosis. Most APA references are correct.</p>	<p>Good Diagnosis is appropriate for patient and ordinal level, and diagnosis is NANDA approved. Diagnosis also includes all parts and information is listed in correct part of diagnosis.</p>
<p>Planning (Short Term Goal) Includes a patient or family goal that is most appropriate for the patient/family and the nursing diagnosis. Goal should be measurable by at least two criteria and have a target date or time.</p>	<p>Incomplete Goal portion is incomplete. APA References are incorrect or not used.</p>	<p>Poor Goal statement is not patient or family oriented and may not have measurable criteria or a target date or time. Some APA references are correct</p>	<p>Fair Goal statement is patient or family oriented, and contains at least one measurable criteria or a target date/time. Most APA references are correct.</p>	<p>Good Goal statement is patient or family oriented, and contains two measurable criteria and a target date or time.</p>

<p>Implementation</p> <p>(Short Term Interventions) Includes interventions or nursing actions that directly relate to the patient's goal which are specific in action and frequency.</p>	<p>Incomplete</p> <p>Interventions portion is incomplete. APA References are incorrect or not used.</p>	<p>Poor</p> <p>Interventions portion does not include adequate number of interventions to help patient/family meet goal. Interventions may also not be specific, labeled or listed with rationales. Some APA references are correct</p>	<p>Fair</p> <p>Interventions portion contains adequate number of interventions to help patient/family meet goal, but interventions may not be specific, labeled or listed with rationales. Most APA references are correct.</p>	<p>Good</p> <p>Interventions portion contains adequate number of interventions to help patient/family meet goal, and interventions are specific in action and frequency.</p>
<p>Planning (Long Term Goal) Includes a patient or family goal that is most appropriate for the patient/family and the nursing diagnosis. Goal should be measurable by at least two criteria and have a target date or time.</p>	<p>Incomplete</p> <p>Goal portion is incomplete. APA References are incorrect or not used.</p>	<p>Poor</p> <p>Goal statement is not patient or family oriented and may not have measurable criteria or a target date or time. Some APA references are correct</p>	<p>Fair</p> <p>Goal statement is patient or family oriented, and contains at least one measurable criteria or a target date/time. Most APA references are correct.</p>	<p>Good</p> <p>Goal statement is patient or family oriented, and contains two measurable criteria and a target date or time.</p>
<p>Implementation (Long Term Interventions) Includes interventions or nursing actions that directly relate to the patient's goal which are specific in action and frequency.</p>	<p>Incomplete</p> <p>Interventions portion is incomplete.</p>	<p>Poor</p> <p>Interventions portion does not include adequate number of interventions to help patient/family meet goal. Interventions may also not be specific, labeled or listed with rationales. Some APA references are correct</p>	<p>Fair</p> <p>Interventions portion contains adequate number of interventions to help patient/family meet goal, but interventions may not be specific, labeled or listed with rationales. Most APA references are correct.</p>	<p>Good</p> <p>Interventions portion contains adequate number of interventions to help patient/family meet goal, and interventions are specific in action and frequency.</p>

<p>Medications</p> <p>All patients' medications are listed, the student has discussed in his/her words how the medications interact with the clinical presentation of the patient. Student has done medication template on 1 of the patient's medications.</p>	<p>Incomplete</p> <p>No medication information is included in the care plan.</p>	<p>Poor</p> <p>Medications not listed. Medication template incomplete and/or inaccurate information.</p>	<p>Fair</p> <p>Medication section missing medications. Medication template complete.</p>	<p>Good</p> <p>Medication section is complete. The medication template is complete in its entirety with appropriate APA references.</p>
<p>APA format</p> <p>Students should utilize references where appropriate and cite utilizing correct APA format.</p>	<p>Incomplete</p> <p>No APA references utilized. More than 5 APA errors.</p>	<p>Poor</p> <p>3-5 errors in APA format. References not utilized in all appropriate places</p>	<p>Fair</p> <p>1-3 errors in APA format, references are utilized where appropriate.</p>	<p>Good</p> <p>No errors in APA format, references are utilized where appropriate.</p>
<p>Additional Comments:</p>				

Mini-Mental Status Examination (MMSE)

The Mini-Mental Status Examination offers a quick and simple way to quantify cognitive function and screen for cognitive loss. It tests the individual's orientation, attention, calculation, recall, language and motor skills. Each section of the test involves a related series of questions or commands. The individual receives one point for each correct answer.

To give the examination, seat the individual in a quiet, well-lit room. Ask him/her to listen carefully and to answer each question as accurately as he/she can.

Don't time the test, but score it right away. To score, add the number of correct responses. The individual can receive a maximum score of 30 points. A score below 20 usually indicates cognitive impairment.

Instructions: Ask the questions in the order listed. Score one point for each correct response within each question or activity.

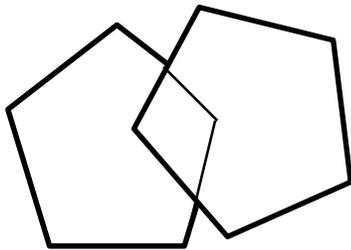
The Mini-Mental Status Examination

Name: _____ DOB: _____

Years of School: _____ Date of Exam: _____

Maximum Score	Patient's Score	Questions
5		What is the year? Season? Date? Day of the week? Month?
5		Where are we now: State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible. Number of trials: _____
5		I would like you to count backward from 100 by sevens. (93, 86, 79, 72, 65, ...) Stop after five answers. Alternative: Spell WORLD backwards.(D-L-R-O-W)
3		Earlier I told you the names of three things. Can you tell me what those were?

2		Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1		Repeat the phrase: 'No ifs, ands, or buts
3		Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1		Please read this and do what it says.(Written instruction is "Close your eyes.")
1		Make up and write a sentence about anything.(This sentence must contain a noun and a verb.)
1		Please copy this picture. (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.)



Total Score _____

Group Dynamics Analysis

Any support group (Grief, AA, NA, Overeaters, etc.)

Purpose:

1. Increase the student's awareness regarding group dynamics that occur within a support group meeting
2. Experience another type of setting in which you can observe individuals who may have an addiction or other related mental health issues.
3. Utilize information and insight gained through this experience to impact your interactions with others, including your patients.

Outcomes:

The learner will:

1. List the goals of the group meeting they are attending
2. Identify membership eligibility. (What does one have to do to become a "member"?)
3. Identify any referral process for joining the group
4. Describe the meeting's events from direct observation. What happened at the meeting you attended?
5. Identify task, maintenance, and/or self-serving roles evident at this meeting *and* give rationale/examples to support the identified roles. (This does **NOT** mean chores that one might do ~ e.g., making coffee. See lecture notes for details of the different types of group roles that members may take or exhibit during various points throughout the meeting. This section is worth the most points, assure that you review the content and discuss/answer accordingly.)
6. How do members or those in attendance utilize the group topics or discussions within their everyday life? (For example: If you attend AA, how does the attendance to the meeting help keep the person from drinking and follow the 12 steps?)
7. What role does having an issue such as addiction, overeating, or grief play on individual's mental health?
8. Describe the insight gained through this learning experience, and how this insight may be useful with future clients. Would you recommend this support group for individuals who are faced with similar struggles? Worth 20% of the grade, it is expected that critical reflection of the learning experience is evident within the description provided.

DIRECTIONS: (Total Possible Points are 50.)

1. Attend a support group that is mental health related. Some examples could include: grief support groups, Respite caregiver support groups, AA (Alcoholics Anonymous), NA (Narcotics Anonymous), Life after loss support groups. Wear appropriate street clothes. Do NOT wear your uniform or lab coat. Introduce yourself to the group leader prior to the meeting. During the meeting you will most likely be asked to introduce yourself by your first name and to state your reason for attending. You are to observe only. Save your questions for after the meeting, then you may query the leader or a member. Meeting listings can be found in your local paper or in the course packet. You may only attend “open” meetings. You may attend a meeting in your local home town area, if is more convenient.
2. No more than two students may attend the same meeting at the same time. If there are already 2 student at the meeting – Leave the meeting- There will 35 points deducted from the final score of any/all students attending a self-help group in numbers larger than 2.
3. Prepare and submit a formal typed report addressing each of the above outcomes and any other observations, thoughts, etc. you would like to discuss. Remember even though you may attend a meeting with a peer, you are not to discuss the meeting in the preparation of your graded assignment. This is considered to be an independent work. Appropriate APA format must be used for referencing. Appropriate spelling, grammar and complete sentences are expected to be used throughout this assignment. Do proofread prior to submitting.
4. This is an APA paper, title page and correct APA formatting are required. Use of at least 1 APA reference is needed.
5. Due date: April 23 by 2359 to dropbox.
6. Submit both the paper as well as the signed in pen attendance verification sheet.
7. Students will submit paper through Grammarly and attach report with submission of their paper.

Group Dynamics Analysis

NAME: _____ DATE: _____ Grade: _____

CRITERIA	POSSIBLE POINTS	EARNED POINTS	COMMENTS
1. Goals	2		
2. Membership eligibility.	4		
3. Referral sources	4		
4. Meeting description.	8		
5. Group roles identified. (e.g. task, maintenance, and/or self-serving roles). Clearly identify the roles within the group: (i.e: leaders, followers, etc) Are there any growth inhibiting roles versus growth producing roles?	8		
6. Discussion of utilization of meeting attendance in everyday life.	4		
7. Insight gained through this learning experience, and how this insight may	8		

be useful with future clients.			
8. Complete APA reference list. APA citations correct. Utilization of at least 1 APA source. Proper Spelling/Grammar.	8		
9. Submission of signed attendance verification. Form must be signed in pen. Submission of Grammarly report	4		
TOTAL SCORE	50		

HONOR CODE STATEMENT:

I HAVE NOT RECEIVED, KNOWINGLY GIVEN, NOR TOLERATED THE USE OF UNAUTHORIZED AID ON THIS WORK.

SIGNATURE: _____ DATE: _____



LAKEVIEW
COLLEGE OF NURSING
ADAPTABILITY · CARING · EXCELLENCE · INTEGRITY

Lakeview College of Nursing
N 310 Mental & Behavioral Health
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This form is to verify that the student has attended the group listed below for the time specified as required for the course. If you have any questions, please feel free to call the above number.

Date _____ Student Name _____

Agency or Group Name _____

Time of Arrival: _____ Departure Time : _____

Signature and date(s) of leader or other responsible person (note: for 12 step groups, initials are acceptable)

Phone number &/or email: _____

Therapeutic Communication Assignment: Role Playing

Purpose:

1. This activity will introduce students to the importance of establishing and maintaining a therapeutic nurse/patient relationship.
2. The activity will also aim to reduce the student's own anxieties and fears about interaction with patients who are on the mental health unit.

Activity:

1. Students will work in 2-3
 - a. One student is the patient
 - b. One student is the nurse
 - c. If three students, the third is the observer & will give feedback
2. Students will practice introducing him/herself to the mentally ill patient and define their role in the relationship and begin goal setting with the patient regarding the meeting
3. "Patient" will present as a newly admitted patient.
4. After completion of the activity roles will be reversed. The student must write about BOTH roles- being the patient and being the nurse in order to receive full points.
5. Students are to then write a 1page summary about the interaction and what techniques (either non or therapeutic) that they utilized. Students should discuss what they could have done in the interaction to establish more trust with the "patient". Student will discuss initial thoughts of interaction.

Outcomes:

1. Student's anxiety about meeting the mentally ill patient and establishing the initial therapeutic relationship will be reduced.
2. Student will explore the concept of establishing trust with therapeutic presence and communication.

Therapeutic Communication Assignment: Role Playing

	Points possible	Earned points	Comments
Discussion of therapeutic/non-therapeutic techniques utilized in interaction- be specific	10		
Student reflects on activity and discusses how this could impact future practice	4		
Discussion of what could have made interaction better to be more therapeutic and better the nurse/patient relationship-be specific	3		
Grammar and spelling	1		
Participation- Student actively participates in the activity	2		