

# Module Report

Tutorial: Real Life RN Mental Health 4.0

Module: Major Depressive Disorder



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Institution: Lakeview CON

Program Type: BSN

## Standard Use Time and Score

|                           | Date/Time             | Time Use    | Score                      |
|---------------------------|-----------------------|-------------|----------------------------|
| Major Depressive Disorder | 10/18/2022 9:43:36 PM | 2 hr 43 min | Needs Improvement <b>!</b> |

**!** This attempt ended prematurely due to a detrimental decision or a series of missteps.

## Reasoning Scenario Details Major Depressive Disorder - Use on 10/18/2022 9:22:57 PM

### Reasoning Scenario Performance Related to Outcomes:

\*See Score Explanation and Interpretation below for additional details.

|                         | Strong | Satisfactory | Needs Improvement |
|-------------------------|--------|--------------|-------------------|
| Body Function           |        |              |                   |
| Cognition and Sensation | 40%    | 10%          | 50%               |

| NCLEX RN                            | Strong | Satisfactory | Needs Improvement |
|-------------------------------------|--------|--------------|-------------------|
| NCLEX RN                            |        |              |                   |
| RN Health Promotion and Maintenance |        |              | 100%              |
| RN Psychosocial Integrity           | 44.4%  | 11.1%        | 44.4%             |

| QSEN                    | Strong | Satisfactory | Needs Improvement |
|-------------------------|--------|--------------|-------------------|
| QSEN                    |        |              |                   |
| Safety                  | 20%    |              | 80%               |
| Evidence Based Practice | 60%    | 20%          | 20%               |

| Thinking Skills | Strong | Satisfactory | Needs Improvement |
|-----------------|--------|--------------|-------------------|
| Thinking Skills |        |              |                   |

|                      |       |      |       |
|----------------------|-------|------|-------|
| Clinical Application |       | 100% |       |
| Clinical Judgment    | 44.4% |      | 55.6% |

### Decision Log:

| Optimal Decision       |  |
|------------------------|--|
| <b>Scenario</b>        | Nurse Alex speaks with Ben and Jordan about coming to the clinic.  |
| <b>Question</b>        | Nurse Alex recommends that Ben come to the clinic. Based on the conversation with Jordan and Ben, which of the following findings supports Nurse Alex's recommendation for Ben and Jordan to come to the clinic? |
| <b>Selected Option</b> | Ben's current mood   |
| <b>Rationale</b>       | Nurse Alex should recognize that Ben is manifesting signs of anhedonia, which is the inability to experience happiness in life. Ben states that he doesn't enjoy anything in life anymore.                       |

| Optimal Decision       |  |
|------------------------|--|
| <b>Scenario</b>        | Nurse Alex assesses Ben to collect subjective and objective data.  |
| <b>Question</b>        | Nurse Alex is reviewing assessment findings along with Ben's electronic medical record (EMR). Nurse Alex should identify that which of the following findings is an indication that Ben is experiencing major depressive disorder?             |
| <b>Selected Option</b> | Ben's weight trend   |
| <b>Rationale</b>       | Ben reports a 25 lb weight loss over 6 weeks. Nurse Alex should evaluate Ben's weight trend and identify that a weight loss or gain of 12.5% of the body weight in 1 month is significant and is a manifestation of major depressive disorder. |

|                        |   |
|------------------------|---|
| <b>Scenario</b>        | Nurse Alex identifies priority assessment findings.   |
| <b>Question</b>        | After completing Ben's assessment, which of the following assessment findings should Nurse Alex identify as the priority?   |
| <b>Selected Option</b> | Ben's alcohol consumption   |
| <b>Rationale</b>       | Ben's alcohol consumption is an important assessment finding to determine if Ben has an alcohol use disorder; however, Nurse Alex should identify that another finding is the priority. |

| Optimal Decision         |   |
|--------------------------|---|
| <b>Scenario</b>          | Nurse Practitioner Jamie is talking with Ben and Jordan about risk factors for suicide that Ben is manifesting.   |
| <b>Question</b>          | Nurse Alex is reviewing Ben's assessment and EMR. Nurse Alex should identify that Ben is at increased risk for suicide based on which of the following findings? (Select all that apply.) |
| <b>Selected Ordering</b> | Anxiety disorder Access to lethal means of suicide Increased alcohol use Family history of suicide  |

|                  |  |
|------------------|--|
| <b>Rationale</b> | Ben has several known risk factors for suicidal behavior, including a family history of suicide. |
|------------------|--|

|                        |  |
|------------------------|--|
| <b>Scenario</b>        | Nurse Alex is self-reflecting on Ben's covert and overt statements made during assessment.   |
| <b>Question</b>        | Nurse Alex is recalling the statements Ben has made during the assessment. Which of the following statements made by Ben should Nurse Alex identify as an overt statement?   |
| <b>Selected Option</b> | "It's been difficult not having a drink."  |
| <b>Rationale</b>       | Ben's statement, "It's been difficult not having a drink," is a statement that Nurse Alex should assess further. However, this is a concealed message or a covert statement. |

| <b>Optimal Decision</b> |  |
|-------------------------|--|
| <b>Scenario</b>         | Nurse Alex administers a suicide screening tool.   |
| <b>Question</b>         | Nurse Alex is planning to assess Ben's suicide risk. Nurse Alex should plan to assess for which of the following?  |
| <b>Selected Option</b>  | Feelings of guilt  |
| <b>Rationale</b>        | Nurse Alex should plan to assess if Ben expresses any feelings of guilt. An example of a tool that can be used is the Hamilton Depression Rating Scale to evaluate a client for major depressive disorder. However, when assessing a client for suicide risk, the priority is to assess for preparatory behaviors. |

|                        |   |
|------------------------|---|
| <b>Scenario</b>        | Nurse Alex analyzes the results of the C-SSRS.  |
| <b>Question</b>        | Nurse Alex is analyzing Ben's responses to the Columbia-Suicide Severity Rating Scale (C-SSRS) within his chart. Which of the following conclusions can Nurse Alex make regarding Ben's answers?  |
| <b>Selected Option</b> | Ben experienced an interrupted suicide attempt.   |
| <b>Rationale</b>       | An interrupted suicide attempt occurs when a client who is taking steps to end their life (holding a loaded gun to their head or poised to jump from a bridge) is stopped by someone or something. Ben's responses describe suicidal ideation and intent, but they do not indicate an actual attempt at suicide that was interrupted. |

|                        |  |
|------------------------|--|
| <b>Scenario</b>        | Nurse Alex is assessing suicide lethality.   |
| <b>Question</b>        | Nurse Alex is reviewing Ben's assessment in the electronic medical record. Which of the following statements by Ben is an indicator of suicide lethality?                      |
| <b>Selected Option</b> | "I just do not think life is worth living anymore."  |
| <b>Rationale</b>       | Ben stating that life is not worth living anymore is an overt verbal clue that gives insight into suicide intent; however, this statement does not indicate suicide lethality. |

|                 |   |
|-----------------|---|
| <b>Scenario</b> | Nurse Jessie is reviewing the client's EMR. |
|-----------------|---|

|                          |   |
|--------------------------|---|
| <b>Question</b>          | Nurse Jessie is reviewing Ben's EMR. Which of the following findings should Nurse Jessie identify as being risk factors for major depressive disorder? (Select all that apply.) |
| <b>Selected Ordering</b> | Ben's employment status. The death of Ben's spouse Ben's medical condition Ben's alcohol use  |
| <b>Rationale</b>         | Nurse Jessie should identify that Ben's alcohol use disorder is a risk factor for major depressive disorder.  |

|                          |   |
|--------------------------|---|
| <b>Scenario</b>          | Nurses Jessie, Ben, and Jordan look through Ben's personal belongings.  |
| <b>Question</b>          | Nurse Jessie is currently examining the personal belongings that Jordan brought for Ben to the acute care facility. Which of the following items should Jesse allow Ben to keep in his possession? (Select all that apply.) |
| <b>Selected Ordering</b> | Disposable razor Sneakers with shoelaces Sweat pants with drawstring Frame with glass Pen   |
| <b>Rationale</b>         | Nurse Jessie should identify that the pen is a safety risk for a client who is at risk for suicide because it can be used for cutting or causing other bodily harm.   |

# Score Explanation and Interpretation

## Individual Performance Profile

### REASONING SCENARIO INFORMATION

Reasoning Scenario Information provides the date, time and amount of time use, along with the score earned for each attempt. The percentage of students earning a Scenario Performance of Strong, Satisfactory, or Needs Improvement is provided. In addition, the Scenario Performance for each student is provided, along with date, time, and time use for each attempt. This information is also provided for the Optimal Decision Mode if it has been enabled.

If a detrimental decision is made during a Real Life scenario, the scenario will diverge from the optimal path and potentially end prematurely, in which case an indicator will appear on the score report.

### REASONING SCENARIO PERFORMANCE SCORES

|                          |  |
|--------------------------|--|
| <b>Strong</b>            | Exhibits optimal reasoning that results in positive outcomes in the care of clients and resolution of problems.          |
| <b>Satisfactory</b>      | Exhibits reasoning that results in mildly helpful or neutral outcomes in the care of clients and resolution of problems. |
| <b>Needs Improvement</b> | Exhibits reasoning that results in harmful or detrimental outcomes in the care of clients and resolution of problems.    |

### REASONING SCENARIO PERFORMANCE RELATED TO NURSING COMPETENCY OUTCOMES

A performance indicator is provided for each outcome listed within the nursing competency outcome categories. Percentages are based on the number of questions answered correctly out of the total number of questions that were assigned to the given outcome. Outcomes have varying numbers of questions assigned to them. Also, due to divergent paths within the branching simulation, the outcomes encountered and the number of questions for each outcome can vary. The above factors cause limitations related to comparing scores across students or groups of students.

### NCLEX® CLIENT NEED CATEGORIES

|   |   |
|---|---|
| <b>Management of Care</b>                       | Providing integrated, cost-effective care to clients by coordinating, supervising, and/or collaborating with members of the multi-disciplinary health care team.                            |
| <b>Safety and Infection Control</b>             | Incorporating preventative safety measures in the provision of client care that provides for the health and well-being of clients, significant others, and members of the health care team. |
| <b>Health Promotion and Maintenance</b>         | Providing and directing nursing care that encourages prevention and early detection of illness, as well as the promotion of health.   |
| <b>Psychosocial Integrity</b>                   | Promoting mental, emotional, and social well-being of clients and significant others through the provision of nursing care.   |
| <b>Basic Care and Comfort</b>                   | Promoting comfort while helping clients perform activities of daily living.   |
| <b>Pharmacological and Parenteral Therapies</b> | Providing and directing administration of medication, including parenteral therapy.   |
| <b>Reduction of Risk Potential</b>              | Providing nursing care that decreases the risk of clients developing health-related complications.  |
| <b>Physiological Adaptation</b>                 | Providing and directing nursing care for clients experiencing physical illness.   |

# Score Explanation and Interpretation

## Individual Performance Profile

### QUALITY AND SAFETY EDUCATION FOR NURSES (QSEN)

|                                   |  |
|-----------------------------------|--|
| <b>Safety</b>                     | The minimization of risk factors that could cause injury or harm while promoting quality care and maintaining a secure environment for clients, self, and others.                                    |
| <b>Patient-Centered Care</b>      | The provision of caring and compassionate, culturally sensitive care that is based on a client's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values. |
| <b>Evidence Based Practice</b>    | The use of current knowledge from research and other credible sources, upon which clinical judgment and client care are based.   |
| <b>Informatics</b>                | The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.                                |
| <b>Quality Improvement</b>        | Care related and organizational processes that involve the development and implementation of a plan to improve health care services and better meet the needs of clients.                            |
| <b>Teamwork and Collaboration</b> | The delivery of client care in partnership with multidisciplinary members of the health care team, to achieve continuity of care and positive client outcomes.                                       |

### BODY FUNCTION

|  |   |
|--|---|
| <b>Cardiac Output and Tissue Perfusion</b>               | The anatomical structures (heart, blood vessels, and blood) and body functions that support adequate cardiac output and perfusion of body tissues.  |
| <b>Cognition and Sensation</b>                           | The anatomical structures (brain, central and peripheral nervous systems, eyes and ears) and body functions that support perception, interpretation, and response to internal and external stimuli.                                       |
| <b>Excretion</b>   | The anatomical structures (kidney, ureters, and bladder) and body functions that support filtration and excretion of liquid wastes, regulate fluid and electrolyte and acid-base balance.   |
| <b>Immunity</b>  | The anatomic structures (spleen, thymus, bone marrow, and lymphatic system) and body functions related to inflammation, immunity, and cell growth.  |
| <b>Ingestion, Digestion, Absorption, and Elimination</b> | The anatomical structures (mouth, esophagus, stomach, gall bladder, liver, small and large bowel, and rectum) and body functions that support ingestion, digestion, and absorption of food and elimination of solid wastes from the body. |
| <b>Integument</b>  | The anatomical structures (skin, hair, and nails) and body functions related to protecting the inner organs from the external environment and injury.   |
| <b>Mobility</b>  | The anatomical structures (bones, joints, and muscles) and body functions that support the body and provide its movement.   |
| <b>Oxygenation</b>                                       | The anatomical structures (nose, pharynx, larynx, trachea, and lungs) and body functions that support adequate oxygenation of tissues and removal of carbon dioxide.  |
| <b>Regulation and Metabolism</b>                         | The anatomical structures (pituitary, thyroid, parathyroid, pancreas, and adrenal glands) and body functions that regulate the body's internal environment.   |
| <b>Reproduction</b>                                      | The anatomical structures (breasts, ovaries, fallopian tubes, uterus, vagina, vulva, testicles, prostate, scrotum, and penis) and body functions that support reproductive functions.   |

### DECISION LOG

Information related to each question answered in a scenario attempt is listed in the report. A brief description of the scenario, question, selected option and rationale for that option are provided for each question answered. The words "Optimal Decision" appear next to the question when the most optimal option was selected.

The rationale for each selected option may be used to guide remediation. A variety of learning resources may be used in the review process, including related ATI Review Modules.

If a detrimental decision that could result in grave harm to the client is made during a Real Life scenario, the scenario ends immediately and an indicator that a detrimental decision has been made appears in the score report. A detrimental decision indicates the need to remediate the related topic area to prevent detrimental outcomes in the future.