

Mental Health Nursing – NURS 420
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Assistant Professor
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About the instructor:

Phyllis Jacobs, RN, MSN is an assistant professor and Director of the Undergraduate Nursing Program in the School of Nursing, College of Health Professions, Wichita State University, Wichita. KS.

Jacobs received her BSN from the University of Wisconsin at Madison and her MSN from Washington University in St. Louis. MO. She has 30 years teaching experience in nursing education particularly in the area of psychiatric/mental health nursing, and grief and loss. She has expertise in the area of curriculum development and curriculum evaluation.

Jacobs has been involved in PBL since 1999 when a program revision to a community-based undergraduate curriculum provided an opportunity for major course revision and PBL was initiated in the School of Nursing.

Jacobs is a member of the American Nurses Association, Sigma Theta Tau International and Phi Kappa Phi. She has been a member of the Wichita State University Faculty Development Committee and the Program Evaluation Committee. Jacobs has presented papers and made poster presentations at the state, national, and international levels on teaching psychiatric/mental health nursing, critical thinking and curriculum evaluation and revision. She has received the Mortar Board Educator Appreciation Award and has served as an item writer for the National Council of State Boards of Nursing NCLEX-RN examination many times. She has also been a fellow at the University of California Center for the Health Professions Leadership Initiative for Nursing Education.

Recent publications:

Jacobs, P & White, B. (2002). Case study on leadership initiative at University of California at San Francisco Center for the Health Professions Website <http://www.futurehealth.ucsf.edu>.

Jacobs, P & Cochran, C (2000) Report of implementation of a community-based curriculum in *Implementing community-based education in the undergraduate nursing curriculum* Proceedings of the AACN and Helene Fuld Health Trust Faculty Development Workshops.

Jacobs, P. et al. (1997) An approach to defining and operationalizing critical thinking *Journal of Nursing Education*, January, 1997.

Website Faculty page -Wichita State University
<http://webs.wichita.edu/depttools/user-home>

Naomi Werne, MSN, ARNP
Instructor/Clinical Educator in the School of Nursing
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About the Instructor

Werne received her BSN from the University of Evansville (Indiana) and her MSN in Mental Health Nursing from Indiana University. Additional study was done in Adult Education at Kansas State University. She has 22 years experience in undergraduate baccalaureate education and 10 years experience in staff development. Her clinical practice areas include mental health nursing (administrative and clinical), medical-surgical nursing, obstetrics, and chemical dependency.

Werne's teaching areas include adult mental health nursing, introduction to nursing, aging families, stress management, communication, homelessness, addictive behaviors, and nursing theories.

Experience with PBL started in the Fall '99 with the implementation of the Mental Health Nursing Course of a newly adopted Community Based Curriculum at Wichita State University School of Nursing.

Ms. Werne has been a long time member of the American Nurses' Association and Sigma Theta Tau. She has done poster presentations on PBL at both a national and an international conference. Numerous local presentations have been done on a variety of mental health related topics. She has publications on teaching chemical dependency content and the use of mentoring partnerships in baccalaureate education. For the last seven years she has been nominated by students for the Board of Trustees Excellence in Teaching Award and for three years was a nominee for the Rodenberg Excellence in Teaching Award.

Part I: Introductory Information

Institutional

Name of college or university: Wichita State University
Total Enrollment: 15,000 undergraduate and graduate students
Is the university public or private? Public
Carnegie Classification: Research/Intensive Institution

Individual: Faculty member 1

Your school: College of Health Professions
Your department/division: School of Nursing
Your faculty rank: Phyllis Jacobs, RN, MSN, Assistant Professor
Highest degree earned: MSN
Number of years teaching at the college level: 21
Awards received for excellence in teaching: Mortar Board Educator Appreciation Award

Individual: Faculty member 2

Your school: College of Health Professions
Your department/division: School of Nursing
Your faculty rank: Naomi Werne, RN, MSN, Clinical Educator
Highest degree earned: MSN, ARNP
Number of years teaching at the college level: 20
Awards received for excellence in teaching: Numerous university level nominations for Board of Trustees
Excellence in teaching awards

Course

Course name: Mental Health Nursing
Course abbreviation and number: Nurs 420
Number of **semester** quarter (circle one) credit hours: 4
Catalog description: Nurs. 420. Mental Health Nursing (8 weeks). Studies mental health nursing with clinical applications in community and hospital settings. Focuses on nursing care of clients across the lifespan who have mental illness. Prerequisites: Semester 5 and 6 courses. Co requisite: Semester 7 courses.
Number of students you typically teach in this course: 40/semester
In what year do students typically enroll in this course Seniors
This course is best described as (select one): Required course for majors
Problem-Based Learning
What percent of this course uses Problem-Based Learning? 66%
How long have you been teaching the course using PBL? 6 semesters
Is the course designated as PBL in any official way? No, except for course syllabus

Part II. Design of the Course

A. Rationale

Registered nurses in all areas of health care make critical decisions that literally can be life and/or death decisions for clients. In mental health nursing, decisions relate to issues such as when to confront a client about behavior, assessing a client for a plan of attempting suicide, or determining why a client has stopped taking prescribed anti-psychotic medication. All of these can be life-threatening situations. The new graduate of a nursing education program must be ready to make these decisions as the transition is made to the role of a registered nurse. These decisions must be based on a sound body of knowledge and the ability to make accurate clinical judgments. Therefore, nursing education programs must teach problem solving and decision making skills. Using PBL in the classroom helps students to develop critical thinking skills (Dowd, Davidhizar, 1999). A primary goal of PBL is to foster clinical

reasoning skills. It requires reflection and purposeful self-regulation of these reasoning skills in the clinical area (Baker, 2000). PBL also fosters active learning strategies including reading, reflecting, and interacting with faculty and other students (Moffett, 1997). These active learning skills should continue to be applied throughout the professional nursing career. Most of the students in the mental health nursing course are adult learners. PBL takes advantage of the work and life experiences of the adult learner population as they apply it to the problem. It also teaches the student how to develop reasoning skills and critical thinking skills to apply the knowledge to a specific situation (Amos, 1998). As content is learned within the context of a clinical problem, this content should be better integrated when a similar problem is encountered in the clinical setting (Norman, Schmidt, 1992). Therefore, the faculty chose to initiate problem-based learning in the classroom to assist students in transferring those learning skills to the clinical area where critical judgments based on sound reasoning is imperative.

The faculty of Wichita State University School of Nursing developed the following definition of critical thinking after extensive reading, study and discussion. Critical thinking is the repeated examination of problems, questions, situations, and issues through the synthesis of information in an analytical, evaluative, decisive way (Bandman & Bandman; 1988, Beyer, 1985; Dewey, 1933). The elements of critical thinking followed from this definition. These elements (listed below) were delineated to assist students in understanding and using critical thinking. The elements are incorporated in course objectives and clinical evaluation tools.

1. Synthesis of relevant information
2. Examination of options
3. Identification of patterns
4. Prediction of outcomes
5. Generation of options
6. Choice of actions

The two course instructors did extensive reading and discussion before determining that teaching a mental health nursing course using PBL would help the student synthesize information and apply in the clinical setting. The student should learn to gather and organize data, determine the relevant data, plan comprehensive nursing care from data generated, and then develop a means of evaluation of care given. Schools of nursing are mandated by their accrediting bodies to teach critical thinking skills and to measure students' critical thinking skills. It is hoped that the use of PBL in the mental health nursing course will enhance transfer of concepts to new clinical problems and applications while fostering increased retention of knowledge and increase self-directed learning (Norman, Schmidt, 1992).

B. Reflective Essay on the Content of the Course

Changes in health care and in nursing education have provided much of the impetus for decisions on course content. The content and learning experiences reflect the change to community-focused care. The diagnostic categories of mental illnesses, according to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000) have not changed significantly. What have changed are the settings in which the nurse is caring for the mentally ill client, such as in clinics, home care, group homes, and homeless shelters. The student nurse must learn to care for clients with a particular illness or particular symptoms and then can adapt care to the client's situation. In addition, mentally ill clients often have a medical illness as their primary diagnosis or reason for seeking care, making it necessary for nurses in any health setting to have mental health nursing skills.

The nurse must manage the environment to promote wellness, administer medications, communicate with the client and provide counseling (Scope and Standards of Psychiatric-Mental Health Nursing Practice, 2000). An additional role of the mental health nurse is a case manager (Scope and Standards, 2000) in which the nurse is responsible for coordinating comprehensive health services and ensuring continuity of care for a caseload of clients. The nurse in the case management role must become experienced at rapidly gathering comprehensive data and planning care. Again, the critical thinking skills that are so important are further fostered by PBL. Therefore, use of the problem-solving approach in the

classroom setting should help students deal with multi-faceted realistic problems similar to what nurses are facing in every job situation.

The Essentials of Baccalaureate Education for Professional Nursing Practice serves as a basis for the School of Nursing curriculum revision to a community-based curriculum and serves as a basis of content for the mental health nursing course. In this document, critical thinking is a core competency and course work or clinical experience should provide the graduate with the knowledge and skills to use clinical judgment and decision-making skills and to engage in creative problem solving (American Association of Colleges of Nursing, 1998).

Content was included in the case study problems that embodies clinical issues that are most often encountered in the clinical areas as determined by the course instructors. Issues that pose ethical decisions and require strong problem-solving skills such as the stigma of mental illness and allocation of health care dollars were included in the case studies.

C. Reflective Essay on Instructional Practice

In designing the mental health nursing course for the community-based curriculum, there was a strong faculty commitment to fostering critical thinking in our graduates. Nursing is a practice discipline. The student with theoretical knowledge who cannot apply that knowledge in the clinical setting can be dangerous and liable. Classroom content must emphasize the application of knowledge and be based on the best practices of nursing from real life experiences and professional literature.

Before initiating PBL, the mental health nursing course was taught as two separate courses, one a 3-credit theory course and the other a 2-credit clinical course consisting of a 6-hour clinical day each week. The courses were taught concurrently. With revisions in health care, including short inpatient hospital stays and more clients being cared for in the community, there was little continuity with clients from week to week. Continuity between the two courses was weak also as classroom topics that came at the end of the semester did little to help the student who needed knowledge of that topic in the clinical area at the beginning of the semester.

In the revised community-based curriculum, the course became eight weeks long with four hours of class each week and two consecutive six-hour clinical days each week. In most cases, this allowed the student to care for the same client for two days, giving the opportunity to develop nursing interventions related to the client's assessed needs and to evaluate the effectiveness of the interventions. While still a problem, the theoretical content is more likely to be concurrent with clinical needs in an eight-week course. The initiation of these curriculum changes resulted in the opportunity to re-design the course. After extensive reading about PBL and other active learning strategies, faculty discussion and workshop participation, the course instructors determined that using PBL should foster the transition of learning from classroom to application with actual clients.

Participation in two workshops in 1997 was instrumental in developing a mental health nursing course with emphasis on student involvement in the learning process. The first workshop was led by Dr. Thomas Duffy from Indiana University on designing a learner-centered environment. The second was a 5 day workshop at the University of New Hampshire titled "Transforming Teaching: Transforming Learning" presented by the Nursing Education Innovation Center and led by Dr. Lee Siedel, Director of the UNH Teaching Excellence Center. With ideas from these experiences, in addition to extensive reading on fostering critical thinking and student-centered learning, PBL became the instructive process that showed the greatest potential for developing critical thinking skills and self-directed learning.

Norman and Schmidt, in an article printed ten years ago (1992), refer to some preliminary evidence that students, experienced in PBL, may be better able to transfer concepts to new problems and that they may experience better retention of knowledge and learning skills. They also report graduates of PBL schools find "the learning environment more stimulating and humane than do graduates of conventional schools."

At the same time that PBL was initiated in the course, a new style textbook was also adopted, which is an "essentials," "need-to-know" textbook in mental health nursing. In an 8-week course, expectations regarding class preparation need to be realistic. Students use a variety of resources and references in working on the clinical problems of the case studies. The clinical problem is worked on during a weekly four-hour class time; students bring the textbook to class. The course instructors bring other resources for student use.

The course instructors are aware that most of the learning will take place in the classroom or Clinical setting in groups, as opposed to reading outside the class. This is the real world where knowledge is not in one's head, but one must know where to find and how to use resources. Students are encouraged to share clinical experiences with similar kinds of clients as in the case problem to make comparisons and contrasts. One frustration for course faculty derives from students' lack of exposure to PBL in other courses, as this is the only course in the nursing curriculum using PBL. Some case studies re used to supplement lecture in other courses, but that is minimal. Thus, course faculty have shared both formally and informally with other program faculty about PBL (in an attempt to stimulate more interest).

D. PBL Context and Application

Course objectives were used as the impetus for content included in the case study (Rideout, 2001). The course objectives focus on learning that can be achieved in the classroom or are addressed through the clinical learning experiences.

The mental health nursing course is taught using seven case studies. Selection of cases was made based on numbers of clients seen in the clinical area with a particular diagnosis, and the decision making challenges that might be predictably required. The sequence of case studies presented was also based on numbers of clients with a particular diagnosis and safety issues. The client who may be suicidal is included in the first case study presented. The criteria developed by Barrows and Tamblyn (1980) which include problems commonly seen, urgent situations and a potentially serious outcome to which an intervention is necessary were used in selecting problems to be included in the course. The case study topics are as follows:

- The client with a mood disorder
- The client with a thought disorder
- The client who abuses substances
- The client with an anxiety disorder
- The client with a personality disorder
- The client with a cognitive disorder
- The child or adolescent client

Each of the first two case studies is presented by one of the faculty members to model facilitating the solving of the clinical problem. After introductory material about PBL, the students are divided into small groups to work on particular problems in the case study and then come together to fit potential solutions to problems into an overall plan of care. Groups of students then facilitate discussion of the next five case study problems over the remaining five weeks of the course. Students sign up in small groups of 3-5 students to be responsible for this facilitation. Students are provided an outline of areas for possible inclusion in discussion (Figure 1). This is used instead of tutorial questions to stimulate discussion and issues that potentially should be addressed in the case study problem. While critically reflecting on the course, it has become increasingly clear that too much structure is provided.

Student facilitators have sometimes relied too heavily on the outline and guided students into discussion of particular areas. Questions to stimulate discussion may be used in the future instead of the outline. Student facilitators meet with a course instructor at least twice before planning to lead the class in discussion. This meeting presented another opportunity for faculty to promote student problem-solving.

This was accomplished by faculty encouraging the students to examine how they will present their respective case study problem and solution(s) to the class.

Typically three hours of class time are used for each case study. One of the course instructors provided introductory material on the client problem to provide a framework for student discussion. Information such as demographics and prevalence rates, and history of an illness were discussed. The student presenters then read the case study to the class and initiated discussion of the problem. Typically the presenters have had the students develop a list of what the issues were in the case study and prioritize which issues were most significant to be discussed. The presenters then divided the class into small groups of students to work on these prioritized issues for fifteen to twenty minutes and report back to the class further problems they had developed and/or solutions. The entire class then discussed these potential solutions. During each class period there were usually two to three small group discussions of varying time periods to work on issues in the case study. Summarization was used at the end of the case study presentation to help students determine what tentative plans had been developed for the case study client and what issues had not been resolved.

A major benefit from the problem-based learning has been getting the students more involved and responsible for their own learning. While not unanimous, some students report (data from Nursing 420 course evaluations, unpublished) the PBL approach increased their learning. A few of the evaluation comments included that "self preparation for the case studies aided learning," "putting together our case studies was the most beneficial learning" and "case study group facilitation was the most beneficial learning experience."

Students have been encouraged to be innovative in presenting their case study. Some student group facilitators were assertive in putting the emphasis on the student to work through the problem. Other facilitators have felt it was too "risky" to allow the discussion to flow freely and have had materials/answers ready without giving the other students adequate opportunity to critically think through a situation. These student facilitators seemed to think in terms of what was "the right answer" for the client instead of allowing the group to do creative problem solving. Faculty participated as resource persons and inquired about additional issues to stimulate further thinking.

PART III: Student Learning

A. Evidence of Students Meeting the Learning Objectives

The four credit hour mental health nursing course is a combined didactic and clinical course. The course objectives from the course syllabus follow.

At the conclusion of the course the student will be able to:

Apply knowledge of social and biological sciences and humanities to nursing practice in caring for a client with mental illness.

Analyze group process while functioning as a group member.

Apply beginning group leadership skills.

Demonstrate therapeutic communication techniques in providing care to clients with mental illness.

Apply the nursing process to clients with mental illness.

Analyze possible client outcomes of nursing interventions.

Facilitate the use of health promotion concepts through education, role modeling and clinical practice.

Collaborate with the interdisciplinary health care team in providing care to the client with mental illness.

One group of students facilitated a case study of a client with dementia who was becoming increasingly forgetful and whose family had concerns about the client's living situation. The case study was relevant because of the large number of elderly clients who live at home and significant health care needs. The Hartford Institute for Geriatric Nursing Models of Exceptional Baccalaureate Curriculum (American Association of Colleges of Nursing, 1999) was reviewed for geriatric content recommendations. Prior to implementing the "new" community based curriculum, the School of Nursing had a core course titled

"The Aging Family." It has been a concern of the faculty that this content area not be lost or fragmented and that students develop a beginning understand of how to provide case management for an elderly client with dementia.

Opportunities to meet Objectives #2 and 3, which pertain to both group process and group leadership skills, were readily achieved by the student groups doing the case facilitation. Students are encouraged to be creative in motivating peer involvement in problem solving the needs of the "case" client. The student facilitation group for each case study meets with one of the course faculty at least twice prior to their presentation for: consultation, resource procurement, anticipatory problem solving and general guidance. The group then forms its own leadership and makes plans for facilitating the group discussion and problem solving. Following the case study facilitation, the facilitators are asked to complete (figure 2) group, self and peer evaluation for effort, performance, organization, and significant learning. Group members are also asked to assign percentage grades for themselves and each of the team members in their group thus promoting the importance of giving feedback as a group member that supports course objective # 3.

The focus on communication skills (Objective #4) is met as students interact within the group setting and also discuss therapeutic communication with the client. Sometimes students will role play a nurse client interaction and discuss what would be principles of communication to be used with the client in the case study. This technique also helps students realize their own reactions to some clients and how these reactions are demonstrated to the client as they interact.

Course objectives #5 and 6, that relate to the use of the nursing process and evaluation of client care outcomes, were achieved in the group discussion. A care plan that addressed the needs of the case study client with dementia was developed by small groups of students as part of the problem-solving process.

Objectives #1, 7, and 8 were at least partially met as related to this specific case.

In looking at community resources, post discharge needs, and treatment approaches; the collaborative role was emphasized. Concepts from the sciences and humanities (objective # 1) were applied as students discussed such issues as elder abuse, role reversal, and caregiver role, and strain in caring for a client with dementia.

B. Reflection on the Evidence of Student Learning

One method of validation of student learning is course grades. The total course grade is a composite of three written examinations, written clinical preparation, the problem-based learning case study facilitation and an examination on medications. Grades for the last four semesters averaged 87.26% as compared with grade averages the previous four semesters of 81.08% prior to implementing PBL. The content and type of examinations have not changed. Reasons for the increase in course grades could be the inclusion of the facilitating grade which is usually quite high, and students increased skills with application and analysis questions due to use of the problem-solving approach in class.

The four semesters of NCLEX scores from students who experienced this course with PBL, as the primary teaching/learning strategy was an 86.6% average percent pass rate for first time NCLEX-RN test-takers which was above the state and national average for that period of time. Scores on the NLCEX from the group of students who experienced PBL in this course were also consistent with the history of previous graduates from the Wichita State University School of Nursing.

For anecdotal evidence of learning, selected statements made by students in their self evaluations and course evaluations are presented. Due to space limitations, only a few statements are presented.

Students were asked to identify how use of PBL had stimulated their learning:

"Consideration of others ideas and that maybe your own do not fit the plan."

"Learning can be fun and this helps reinforce the material."

"Working with a group increased my flexibility in seeing others' views. Helped me to learn from others and see there is more than one way to get to a goal."

"I learned that I enjoy teaching, but do not like all the preparation involved."

"Learned how to take book material and apply to case study."

"Learned better communication skills from working with a group."

"My knowledge expanded greatly in this area because so much preparation was necessary to know what we were talking about."

"Learned how to critically think in order to get the resources and be responsibly prepared."

"Working with others, compromising, and trusting each other to be responsible."

Some of the student groups have demonstrated impressive creativity in their effort to guide their classmates in problem-solving the issues specific to the clinical case being reviewed. One group produced an original video in which they wrote the script, acquired all the costumes, and acted out the roles of the client and her family members. This case involved an elderly lady with some symptoms of dementia that were becoming life threatening as related to safety issues. The students were able to depict visually in the video an assessment of this client's problems using a simulated home visit. There was a great deal of emphasis on communication problems and how those could be resolved. The students also focused on some of the ethical concerns of the family in making their decisions about the client's care, as well as the impact on the entire family.

Another group created their version of the TV game, "Jeopardy." They used this as a framework in exploring the problems as well as solutions or approaches that were evident in a clinical case of a client with a personality disorder. The natural competitive nature of college students assured this approach to produce active participation and spirited discussion of some of the problems.

Several groups have used role-playing as a means to quickly problem solve and identify responses to case study communications issues. Verbal feedback from students indicated this was an effective tool for increasing empathy, looking at family dynamics, enabling responsiveness, and definitely becoming more sensitive to the communication used by the nurse as well as the client.

One major change that has taken place as a result of student feedback has been a faculty "reality check." After looking at the course assignment expectations and the time frame of an eight-week course, some outside of class assignments related to the clinical experience have been modified or eliminated. This was in response to legitimate complaints by students regarding their need for more time for class preparation.

C. Reflective Summary of the Course

The major purpose of this course portfolio is for the teaching faculty to complete an introspective, qualitative review of the decision to implement PBL as the primary teaching/learning strategy in a mental health nursing course. The course process that has been developed, implemented and undergone several revisions has evolved to include several phases. The course, as previously described, is focused around seven original case studies developed by the teaching faculty to use in student learning of the major illnesses that are frequently seen in clients seeking care either in in-patient or community settings. Prior to the class discussion and analysis of the case, all the students are expected to have done some guided independent study for background data that will be necessary for decision making. The small group of three to five students who will be responsible for facilitating the class of typically twenty student in activities of problem identification, prioritizing, critical analysis, and decision making meet with one of the faculty members who serves as a consultant, resource person, and model to empower students in using their own abilities.

During the application phase of PBL, the student facilitators guide the class, using a variety of strategies, to help the class identify and prioritize problems and needs of the hypothetical client in the case study. Working as smaller groups, the students collaborate to develop a plan of care in responding to some of

the prioritized problems. Using the case studies affords critical thinking opportunities in the classroom that can be transferred to actual clinical situations that require quick data gathering and decision making. One area for continued analysis would be a comparison of results on a critical thinking exam that is given to students at the beginning of the program and repeated after the third semester in which this course is taught. It is recognized that any conclusions would be speculative since many factor might affect score outcomes. It is the judgment of the course faculty that overall, students are displaying more critical thinking skills and the ability to evaluate data and make decisions more quickly in the clinical area in the mental health than when the course was taught using more traditional teaching methods.

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Figure 1

OUTLINE FOR CASE STUDY FACILITATION

- I. Nursing assessment data
- II. Develop a 3 problem care plan for client
 - A. Nursing diagnoses
 - B. Short term and long term goals
 - C. Expected outcomes
 - D. Interventions
 - E. Evaluation criteria
- III. Communicating with client
- IV. Family and significant others
 - A. Interactions
 - B. Teaching needs
- V. *Treatment possibilities*
 - A. Individual/group therapy
 - B. Somatic therapies
 - C. Medications
 - D. New therapies
 - E. Adjunctive therapies
- VI. Community Resources for client
- VII. Post-discharge treatment needs
- VII. Additional related situations
 - A. Legal
 - B. Ethical
 - C. Research potential

DIRECTIONS FOR CASE STUDY

Seven case studies will be discussed in the course. Two will be facilitated by faculty and five by student groups. Students will sign up for a case study the first day of class. Preparation for the case study facilitation will be done outside of class. Submit 5 examination questions when case study is presented. Submit grade for yourself and your group members. This will be 25% of your facilitation grade. Submit an evaluation of group preparation and facilitation of case study 3 days following the case study facilitation.

Role of faculty related to case study facilitation: Faculty will serve as consultants to the case study groups. Naomi Werne will work with the groups doing the case studies on cognitive disorders, personality disorders and anxiety disorders. Phyllis Jacobs will work with the groups doing case studies on child and adolescent problems, and substance abuse disorders. Please see your faculty consultant at least two times during the preparation: once to discuss areas to focus on when facilitating and again just prior to your facilitation when the preparation is complete. You are encouraged to also touch base regularly with the faculty person. During the facilitation, faculty will be active in the classroom as resource persons and, if needed, to facilitate students learning. In planning the facilitation, please find a way to ensure class participation in the learning activities.