

EXAM
CODE **503**

CATALOG
NUMBER **NURx320**

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**PRACTICE
EXAMS**

SEE PAGE 5 FOR DETAILS

Psychiatric/Mental Health Nursing

CREDIT
HOURS

8

LEVEL

UPPER

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SECTION ONE

Preparing for the Exam

Before You Choose This UExcel Exam

Uses for the Examination

- Excelsior College, the test developer, recommends granting eight (8) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination.
- Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing.
- Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score.

Examinees who have applied to Excelsior College should ask their academic advisor where this exam fits within their degree program.

Examinees **not enrolled** in an Excelsior College degree program should check with the institution from which they wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit. Those who intend to enroll at Excelsior College should ask an admissions counselor where this exam fits within their intended degree program.

For more information on exam availability and actual testing information, see the [Exam Registration and Information Guide](#).

Examination Length and Scoring

This examination consists of 160 multiple choice and other type questions. You will have three (3) hours to complete the exam. Your score will be reported as a letter grade. Questions are scored either correct (1) or incorrect (0). There is no partial credit. Each credit-bearing exam contains pretest questions, which are embedded throughout the exam. They are indistinguishable from the scored questions. It is to your advantage to do your best on all the questions. Pretest questions are being tried out for use in future versions of the exam.

The UExcel exams do **not** have a fixed grading scale such as A = 90–100%, B = 80–90%, and so forth, as you might have seen on some exams in college courses. Each UExcel test has a scale that is set by a faculty committee and is different for each exam. The process, called standard setting, is described in more detail in the [Technical Handbook](#). Excelsior puts each exam through a standard setting because different test questions have different levels of difficulty. To explain further, getting 70% of the questions right on the exam when the questions are easy does not show the same level of proficiency as getting 70% of questions correct when the questions are hard. Every form of a test (a form contains the test questions) has its own specific grading scale tailored to the particular questions on each exam form.

Please also note that on each form, some of the questions (referred to as pretest questions) count toward the score and some do not; the grading scale applies only to those questions that count toward the score. The area with percentage ratings on the second page of your score report is intended to help identify relative strengths and weaknesses and which content areas to emphasize, should you decide to take the examination again. Your grade

is **based on only the scored questions**. Therefore, the percentage ratings do not necessarily reflect the total percentage that counted toward your grade.

For the best view of the types of questions on this exam, see the sample questions in the back of this guide. Practice, practice, practice!

Score Reporting

For most of our examinations, based on performance, an examinee is awarded a letter grade of A, B, C, or F. A letter grade of D can be given, but credit is awarded for A, B, and C letter grades only. The letter grades reported to examinees indicate that their performance was equivalent to the performance of students who received the same letter grade in a comparable, on-campus course.

More specifically, the letter grade indicates the examinee's proficiency relative to the learning outcomes specified in the exam content guide. Following are general descriptions of examinee performance at each level:

Letter Grade Description

- A Highly Competent: Examinee's performance demonstrates an advanced level of knowledge and skill relative to the learning outcomes.
- B Competent: Examinee's performance demonstrates a good level of knowledge and skill relative to the learning outcomes.
- C Marginally Competent: Examinee's performance demonstrates a satisfactory level of knowledge and skill relative to the learning outcomes.
- D Not Competent (no credit recommended): Examinee's performance demonstrates weak knowledge of the content and minimal skill relative to the learning outcomes.^①
- F Fail (no credit recommended): Examinee's performance demonstrates no knowledge of the content and no skill in the subject relative to the learning outcomes.

Credit is transcripted by Excelsior College for examinees who achieve letter grades of C or higher.

We encourage colleges and universities to use the Excelsior College letter grades of A, B, and C as acceptable standards for awarding credit.

^① In general, two-hour exams do not award a D letter grade.

See page 21, at the back of this content guide, for a sample UExcel Grade Report for Examinations.

Excelsior College Bookstore

The Excelsior College Bookstore offers recommended textbooks and other resources to help you prepare for UExcel exams.

The bookstore is available online at (login required): www.excelsior.edu/bookstore

Excelsior College Library

Library services are available to students enrolled in a degree program at Excelsior College. Created through our partnership with the Sheridan Libraries of The Johns Hopkins University, the library provides access to journal articles, books, websites, databases, reference services, and many other resources. To access the Excelsior College Library, visit www.excelsior.edu/library (login is required). Access to the library is available 24/7.

Take Charge of Your Own Learning

At Excelsior College, independent, self-directed study supported by resources we help you find is not a new concept. We have always stressed to students who take exams that they are acting as their own teacher, and that they should spend as much time studying for an exam as they would spend in a classroom and on homework for a corresponding college course in the same subject area.

Begin by studying the content outline contained in this content guide, at its most detailed level. You will see exactly which topics are covered, and where chapters on those topics can be found in the Recommended Resources. You will see exactly where you might need to augment your knowledge or change your approach.

The content outline, along with the learning outcomes for this exam and recommended textbooks, will serve as your primary resources.

How Long Will It Take Me to Study?

Study for a UExcel exam is comparable to an equivalent college-level course. As an independent

learner, you should study and review as much as you would for the same subject in a campus-based college course. If you already have a background in the subject, you may be able to pass the exam successfully with fewer hours of study. It depends upon the learner as well as the subject, the number of credits (for example, a 6- or 8-credit exam will require more hours of study than a 3-credit exam), and the length of the exam. We strongly encourage you to create a long-term action or study plan, so that you have a systematic approach to prepare for the exam. We've included guidelines for creating such a plan.

How Can I Create an Effective Long-Term Study Plan?

1. Determine the time you will require to complete your preparation for this exam. If you have not studied the subject before, you should plan to budget approximately 45 hours of study time for every credit: 135 hours for 3 credits, 180 hours for 4 credits, 270 hours for 6 credits, and 360 hours for 8 credits. These hours are rules of thumb based on expectations for a student taking a course in the subject; it may take you more or less time, depending on how familiar you are with the material and how easily you absorb the information studying on your own. Aside from the content review, you should then factor in time to search for and use other resources, and to complete any projects and assignments in the study materials that will clarify your understanding of the topics in the content outline (that part in the content guide where the specific areas of study are spelled out). Spend more time on concepts and areas in which you feel you are weak. Totaled, this is approximately the amount of time you should expect to devote to a three-credit, campus-based course. The actual amount of time you require depends on many factors, and will be approximate. If your background is weak, you may need to set aside substantially more than 135–150 hours. If your background is strong, you may budget less time.

Take a few minutes to review the content outline to assess your familiarity with the content. Then, in the space below, write the number of hours you will allocate to complete preparing for the exam.

Hours Required =

2. Determine the time you will have available for study.

In self-study, you need structure, as well as motivation and persistence, and a methodical approach to preparation. There is no set class to keep you on task. You have to do that yourself. Construct a time-use chart to record your daily activities over a one-week period. The most accurate way to do this is to complete the chart on a daily basis to record the actual amount of time you spend eating, sleeping, commuting, working, watching television, caring for others and yourself, reading, and everything else in an adult's life. However, if your schedule is regular, you might prefer to complete the chart in one sitting and, perhaps, by consulting your appointment book or planner.

After you have recorded your activities, you will be ready to schedule study periods around these activities or, perhaps, instead of some of them. In the space below, write the number of hours you will be able to set aside for study each week.

Hours Required =

3. Divide the first number by the second number.

This will give you the number of weeks you will need to set aside for independent study. For example, if you think you will require 170 hours of study and you have 10 hours available to study each week, divide 170 hours by 10 hours and you will get 17. This means that you will need about 17 weeks to complete this course of study. However, you will also need to allow about a week for review and self-testing. Moreover, to be on the safe side, you should also add two weeks to allow for unforeseen obstacles and times when you know you will not be able to study (e.g., during family illnesses or holidays). So, in this case, you should allot a total of 18 to 19 weeks to complete your study.

4. Schedule your examination to coincide with the end of your study period.

For example, if you plan to allow 18 weeks for study, identify a suitable examination date and begin study at least 18 weeks before that date. (The date you begin study assumes that you will have received all of your study materials, particularly textbooks, by that time.)

5. Format a long-term study plan.

You will need to use a calendar, planner, or some other tool to format and track your long-term study plan. Choose a method that is convenient and one that keeps you aware of your study habits on a daily basis. Identify the days and exact hours of each day that you will reserve for study throughout your whole independent study period. Check to see that the total number of hours you designate for study on your long-term study plan adds up to the number of hours you have determined you will need to complete this course of study (Step 1).

6. Record in your long-term study plan the content you plan to cover during each study period.

Enter the session numbers, review, and examination preparation activities you will complete during each study period. While it is suggested that approximately 160–170 hours of study is required for this exam, each and every student may require different timelines based on their comfort with, and comprehension of, the material.

You now have a tentative personal long-term study plan. Keep in mind that you will have to adjust your study plan, perhaps several times, as you study. It is only by actually beginning to work systematically through the material, using the content outline, that you will be able to determine accurately how long you should allow for each unit.

What Learning Strategy Should I Use?

The following guidelines are intended to help you acquire the grounding in the knowledge and skills required for successful completion of this examination.

1. Approach learning with a positive attitude.

Most students are capable of learning subject content if they devote enough time and effort to the task. This devotion will give you a positive edge and a feeling of control.

2. Diligently complete the exact work you specified in your study plan.

Your study plan is being designed for the specific purpose of helping you achieve the learning outcomes for this exam.

3. Be an active learner.

You should actively engage in the learning process. Read critically, take notes, and continuously monitor your comprehension. Keep a written record of your progress, highlight content you find difficult to grasp, and seek assistance from someone in your learning community who can help you if you have difficulty understanding a concept.

4. Be patient: you may not understand everything immediately.

When encountering difficulty with new material, be patient with yourself and don't give up. Understanding will come with time and further study. Sometimes you may need to take a break and come back to difficult material. This is especially true for any primary source material (original letters, documents, and so forth) that you may be asked to read. The content outline will guide you through the material and help you focus on key points. You will find that many concepts introduced in earlier sessions will be explained in more detail in later sessions.

5. Apply your learning to your daily life.

Use insights you gain from your study to better understand the world in which you live. Apply the learning whenever you can. Look for instances that support or contradict your reading on the subject.

6. Accommodate your preferred way of learning.

How do you learn best? Common ways to learn are reading, taking notes and making diagrams, and by listening to someone (on video or live). Others learn by doing. Do any of these descriptions apply to you? Or does your learning style vary with the learning situation? Decide what works for you and try to create a learning environment to accommodate your preferences.

Study Tips

Become an active user of the resource materials. Aim for understanding rather than memorization. The more active you are when you study, the more likely you will be to retain, understand, and apply the information.

The following techniques are generally considered to be active learning:

- **preview or survey** each chapter

- **highlight or underline text** you believe is important
- **write questions or comments** in the margins
- **practice re-stating content** in your own words
- **relate what you are reading** to the chapter title, section headings, and other organizing elements of the textbook
- **find ways to engage** your eyes, your ears, and your muscles, as well as your brain, in your studies
- **study with a partner or a small group**
- **prepare your review notes** as flashcards or create recordings that you can use while commuting or exercising

When you feel confident that you understand a content area, review what you have learned. Take a second look at the material to evaluate your understanding. If you have a study partner, the two of you can review by explaining the content to each other or writing test questions for each other to answer. Review questions from textbook chapters may be helpful for partner or individual study, as well.

Study smart for your UExcel exam! Success starts with establishing a relationship with your advisor.

Using UExcel Practice Exams

The official UExcel practice exams are highly recommended as part of your study plan. They can be taken using any computer with a supported web browser such as Google Chrome.

The practice exam package comes with two sets of questions. Please be aware that there will be fewer questions on the practice exams than there will be on the exam you take for credit. Generally, the practice questions will not be the same as the ones you will see when you take the actual exam for credit. They are intended to expose you to the types of questions you'll encounter in the actual exam. Practice questions are a tool, and do not provide a full exam experience. For example, the practice question sets do not have time limitations. Begin with the Content Guide, especially the detailed content outline. Memorizing specific questions and answers on the practice sets is not as effective as using the questions to practice, along with the content outline, to see which concepts you may need to study further. To register for the practice exam, visit www.excelsior.edu and log into your MyExcelsior

account. **Please note: You must be registered for the corresponding credit-bearing exam before you can register for the practice exam.**

Practice exams are not graded. Rather, they are intended to help you make sure you understand the subject and give you a sense of what the questions will be like on the exam for credit. Ideally, you would check any questions you got wrong, look at the explanations, and go back to the textbook to reinforce your understanding. After taking both forms of the practice exam, you should feel confident in your answers and confident that you know the material listed in the content outline.

Practice exams are one of the most popular study resources. Practice exams are typically shorter than the credit-bearing exam. Since the questions are drawn from the same pool of questions that appear on the credit-bearing exam, what you will see when you sit for the graded exam will be roughly the same. Used as intended, these practice exams will enable you to:

- Review the types of questions you may encounter on the actual exam.
- Practice testing on a computer in a timed environment.
- Practice whenever and wherever it is convenient for you.

Take two different forms of a practice exam within a 180-day period. (We highly recommend that you take the first form of the practice exam as a pretest, early in the study period. Use the results to identify areas to further study and carry out a plan. Then take the second form as a post-test and see how much you have improved.)

Although there is no guarantee, our research suggests that exam takers who do well on the practice exams are more likely to pass the actual exam than those who do not take advantage of the opportunity. Note that since the practice exams are not graded (calibrated) the same way as the scores on the credit-bearing exam, it will be hard for you to use the practice exams as a way to predict your score on the credit-bearing exam. The main purpose of the practice exams is for you to check your knowledge and to become comfortable with the types of questions you are likely to see in the actual, credit-bearing exam.

About Test Preparation Services

Preparation for UExcel® exams and Excelsior College® Examinations, though based on independent study, is supported by Excelsior College with a comprehensive set of exam learning resources and services designed to help you succeed. These learning resources are prepared by Excelsior College so you can be assured that they are current and cover the content you are expected to master for the exams. These resources, and your desire to learn, are usually all that you will need to succeed.

There are test-preparation companies that will offer to help you study for our examinations. Some may imply a relationship with Excelsior College and/or make claims that their products and services are all that you need to prepare for our examinations.

Excelsior College does not endorse the products and services of any tutorial or test preparation firm. We do not review the materials provided by these firms for the content or compatibility of their material and resources with UExcel® exams or Excelsior College Examinations®. No test preparation vendor is authorized to provide admissions counseling or academic advising services, or to collect any payments, on behalf of Excelsior College. Excelsior College does not send authorized representatives to a student's home nor does it review the materials provided by test preparation companies for content or compatibility with Excelsior College examinations.

To help you become a well-informed consumer, we suggest that before you make any purchase decision regarding study materials provided by organizations other than Excelsior College, you consider the points outlined on our website at www.excelsior.edu/testprep.

Exam Preparation Strategies

Each learner is different. However, all learners should read the content outline in the exam's Content Guide and ensure that they have mastered the concepts. For someone with no prior knowledge of the subject, a rule of thumb is 135 hours of study for a 3-credit exam—this number is just to give you an idea of the level of effort you will need, more or less.

Content Guides

This content guide is the most important resource. It lists the outcomes, a detailed content outline of what is covered, and textbooks and other study resources. It also has sample questions and suggestions for how to study. Content guides are updated periodically to correspond with changes in particular examinations and in textbook editions. Examinees can download any of the latest free UExcel content guides by visiting the individual exam page or from the list at www.excelsior.edu/contentguides.

Using the Content Outline

Each content area in the content outline includes the most important sections of the recommended resources for that area. These annotations are not intended to be comprehensive. You may need to refer to other chapters in the recommended textbooks. Chapter numbers and titles may differ among textbook editions.

This content outline contains examples of the types of information you should study. Although these examples are many, do not assume that everything on the exam will come from these examples. Conversely, do not expect that every detail you study will appear on the exam. Any exam is only a broad sample of all the questions that could be asked about the subject matter.

Using the Sample Questions and Rationales

Each content guide provides sample questions to illustrate those typically found on the exam. These questions are intended to give you an idea of the level of knowledge expected and the way questions are typically phrased. The sample questions do not sample the entire content of the exam and are not intended to serve as an entire practice test.

Recommended Resources for the UExcel Exam in Psychiatric/Mental Health Nursing

The resources listed below were selected by the faculty members on the examination committee for use in developing this exam.

Resources listed under “Strongly Recommended” were used by the committee to verify all the questions on the exam. Please refer to the Content Outline to see which parts of the exam are cross-referenced to these resources.

Resources listed under “Optional” provide additional material that may deepen or broaden your understanding of the subject, or that may provide an additional perspective on the exam content. Textbook resources, both Strongly Recommended and Optional, may be purchased from the [Excelsior College Bookstore](#).

You should allow ample time to obtain the necessary resources and to study sufficiently before taking the exam, so plan appropriately, with an eye towards your own personal learning needs. See the sections in this guide on the Excelsior College Bookstore and the Excelsior College Library, and under Reducing Textbook Costs, to help you secure the Strongly Recommended resources successfully.

Textbook Editions

Textbook editions listed in the UExcel content guides may not be the same as those listed in the bookstore. Textbook editions may not exactly match up in terms of table of contents and organization, depending upon the edition. However, our team of exam developers checks exam content against every new textbook edition to verify that all subject areas tested in the exam are still adequately available in the study materials. If needed, exam developers will list additional Strongly Recommended resources to ensure that all topics in the exam are still sufficiently covered. Public libraries may have the textbooks you need, or may be able to obtain them for you through interlibrary loan to reduce textbook costs. You may also consider financial aid, if you qualify, to further help defray the steep cost of textbooks. A section on open educational

resources (OER) has been included in this guide to help you locate additional, possibly free resources to augment your study.

Strongly Recommended

Townsend, Mary C. (2017) *Psychiatric Mental Health Nursing: concepts of care in evidence-based practice*. (9th ed.) Philadelphia: F.A. Davis Company

This text covers theoretical/therapeutic foundations, the psychiatric client (dysfunctional client), and mental health issues (functional client). It provides good coverage of family, group, and community. DSM-IV is integrated throughout the clinical chapters. Study aids include learning objectives and a topical outline at the beginning of chapters, key terms highlighted, and key points summarized at the end of chapters.

The study materials may be purchased from the [Excelsior College Bookstore](#).

Optional Resources

The examination development committee did not identify any specific Optional resources for this exam. If you would like to explore topics in more depth, we encourage you to refer to available Open Educational Resources (OER).

Reducing Textbook Costs

Many students know it is less expensive to buy a used textbook, and buying a previous edition is also an option. The Excelsior College bookstore includes a buyback feature and a used book marketplace, as well as the ability to rent digital versions of textbooks for as long as students need them. Students are encouraged to explore these and the many other opportunities available online to help defray textbook costs.

Open Educational Resources

There are many resources available online free of charge that may further enhance your study for the exam. Known as Open Educational Resources (OER), these may be textbooks, courses, tutorials, or encyclopedias. Any additional OER that you find independently should be used to augment study—not as replacements for the Strongly Recommended resources.

Most sites for university-based OER can be searched through www.ocwconsortium.org and/or www.oercommons.org.

Sites that specialize in web courses designed by college professors under contract with the website sponsor, rather than in web versions of existing college courses, include:

www.education-portal.com

www.opencourselibrary.org (abbreviated as OCL)

We have included specific courses that cover material for one or more UExcel® exams from the sites in the listings above. It's worth checking these sites frequently to see if new courses have been added that may be more appropriate or may cover an exam topic not currently listed.

Sites like Khan Academy (www.khanacademy.com) and iTunes U feature relatively brief lessons on very specific topics rather than full courses. Full courses are also available on iTunes U (<http://www.apple.com/education/ipad/itunes-u/>). We have chosen a few courses and collections for this listing.

Open Online Textbooks

BookBoon

<http://bookboon.com/en/textbooks-ebooks>

Flatworld Knowledge

<http://catalog.flatworldknowledge.com/#our-catalog>

College Readiness

Khan Academy

<http://www.khanacademy.org/>

Hippocampus

<http://www.hippocampus.org/>

Open Course Library

<http://opencourselibrary.org/collg-110-college-success-course/>

Study Aids

Education Portal

<http://education-portal.com/>

Khan Academy

<http://www.khanacademy.org/>

Annenberg Learner

<http://www.learner.org/>

OpenCourseWare

<http://ocwconsortium.org/en/courses/search>

OER Commons

<http://www.oercommons.org/>

Open Course Library

<http://www.opencourselibrary.org/>

To achieve academic success, rate yourself at Excelsior College's Self-Regulated Learning Lab. Visit the Diagnostic Assessment & Achievement of College Skills site at <https://srl.daacs.net/>

It's free!

SECTION TWO

Content Outline

General Description of the Examination

The UExcel Psychiatric/Mental Health Nursing examination is based on material typically taught in a two-semester, eight-credit, upper-level undergraduate course for nursing majors.

The examination measures knowledge and understanding of the theoretical and therapeutic foundations for psychiatric mental health nursing practice and the application of this knowledge and understanding to the nursing care of functional and dysfunctional clients, using the nursing process as an organizing framework. The client system is defined as the individual, the family, the small group, or the community, with major emphasis on the individual.

Those beginning to study for this exam should be familiar with the concepts generally covered in introductory psychology, biology, anatomy and physiology, pharmacology, pathophysiology, and nursing theory.

Learning Outcomes

After you have successfully worked your way through the recommended study materials, you should be able to demonstrate the following learning outcomes:

1. Summarize the history of psychiatric/mental health nursing, including major leaders, events, and theories.
2. Examine the nurse-client relationship as it applies to the care of culturally diverse clients throughout the lifespan (e.g., individuals, families, small groups, communities) with psychosocial issues. (Aligns to GECC 5.1)
3. Identify, define and apply treatment modalities used with clients with psychosocial issues. (Aligns to GECC 2.1)
4. Define the ethical, legal, and research issues related to psychiatric/mental health nursing. (Aligns to GECC 6.1)
5. Integrate the nursing process (assessment, analysis, planning, implementation, and evaluation) to provide appropriate care for clients with psychosocial issues (e.g., individuals, families, small groups, communities.) (Aligns to GECC 2.1)

General Education Career Competencies Addressed in this Exam

GECC-2: Mathematical and Scientific Problem Solving: Apply scientific knowledge and reasoning to make evidence-based decisions.

GECC-5: Global Understanding: Explain how social, political, economic, or cultural forces shape relations between individuals and groups around the world.

GECC-6: Ethical Reasoning: Explain different ethical positions in relation to a problem or issue.

Content Outline

The content outline describes the various areas of the test, similar to the way a syllabus outlines a course. To fully prepare requires self-direction and discipline. Study involves careful reading, reflection, and systematic review.

The major content areas on the Psychiatric/Mental Health Nursing examination, the percent of the examination, and the hours to devote to each content area are listed below.

Content Area	Percent of the Examination	Hours of Study*
I. Basic Concepts and Foundations for Psychiatric/Mental Health Nursing	15%	54
II. Therapeutic Approaches in Psychiatric Nursing Care	25%	90
III. Nursing Care of Clients with Alterations in Psychosocial Adaptation	45%	162
IV. Psychiatric/Mental Health Nursing of Special Populations	15%	54
Total	100%	

*Approximate: For those examinees who know the topic well, less time may be needed to learn the subject matter. For those who are new to the subject matter, more time may be required for study.

NOTE: Occasionally, examples will be listed for a content topic to help clarify that topic. However, the content of the examination is not limited to the specific examples given.

The material included in Content Area I serves as a foundation for the material covered in areas II–IV.

Examples are included in content areas II–IV; however, the content of the examination is not limited to these examples only.

As the Stuart (2013) textbook uses the nursing process within each individual chapter, you will need to refer to the appropriate process section of multiple chapters to cover the content adequately.

I. Basic Concepts and Foundations for Psychiatric/Mental Health Nursing

15 PERCENT OF EXAM

A. Stress adaptation (ch 1)

1. Stress as a biological response
2. Stress as an environmental event
3. Stress as a transaction between the individual and the environment
4. Stress management

B. Historical and theoretical concepts in mental health/mental illness (ch 2)

1. Historical overview of psychiatric care
2. Mental health and mental illness
3. Psychological adaptation to stress
4. Mental health/mental illness continuum

C. Theoretical models of personality development (ch 41, ebook)

1. Psychoanalytic theory
2. Interpersonal theory
3. Theory of psychosocial development
4. Theory of object relations
5. Cognitive development theory

6. Theory of moral development

7. Peplau's nursing model

D. Concepts of psychobiology (ch 3)

1. Anatomy of the nervous system

2. Neuroendocrinology

3. Genetics

4. Psychoimmunology

5. Psychopharmacology

E. Ethical and legal issues (ch5)

1. Ethical considerations

a. Theoretical perspectives

b. Ethical principles/issues

1) Autonomy

2) Beneficence

3) Nonmaleficence

4) Justice

5) Veracity

6) Right to refuse medication

7) Right to least-restrictive treatment

2. Legal considerations/issues

a. Confidentiality/right to privacy

b. Informed consent

c. Restraints and seclusion

d. Commitment issues

e. Nursing liability

F. Cultural and spiritual concepts (ch 6)

1. Cultural differences

2. Spiritual concepts

3. Assessment of spiritual and religious needs

II. Therapeutic Approaches in Psychiatric Nursing Care

25 PERCENT OF EXAM

A. Relationship development (ch 7)

1. Role of the psychiatric nurse

2. Dynamics of a therapeutic nurse-client relationship

3. Conditions essential to development of a therapeutic relationship

4. Phases of a therapeutic nurse-client relationship

5. Boundaries in the nurse-client relationship

B. Therapeutic communication (ch 8)

1. Impact of preexisting conditions

2. Nonverbal communication

3. Therapeutic communication techniques

4. Nontherapeutic communication techniques

5. Active listening

6. Process recordings

C. Nursing process (ch 9)

1. Assessment

2. Nursing diagnosis

3. Outcomes identification

4. Planning

5. Implementation

6. Evaluation

7. Nursing case management

8. Concept mapping

9. Documentation of the nursing process

D. Therapeutic groups (ch 10)

1. Functions of a group

2. Types of groups

3. Group dynamics

4. Curative factors

5. Phases of group development

6. Leadership styles

7. Member roles

8. Psychodrama

9. Role of the nurse

E. Intervention with families (ch 11)

1. Stages of family development

2. Major variations

- a. Divorce
- b. Remarriage
- c. Cultural variations
- 3. Family functioning
- 4. Therapeutic modalities with families
- F. Milieu therapy (ch 12)**
 - 1. Current status and basic assumptions
 - 2. Conditions that promote a therapeutic community
 - 3. The program of therapeutic community
 - 4. Role of the nurse in milieu therapy
- G. Crisis intervention (ch 13)**
 - 1. Characteristics of a crisis
 - 2. Phases of a crisis
 - 3. Types of crises
 - 4. Phases of crisis intervention
 - 5. Application of the nursing process to disaster nursing
 - a. Background assessment data
 - b. Nursing diagnoses/outcome identification
 - c. Planning/implementation
 - d. Evaluation
- H. Relaxation therapy (ch 40, ebook)**
 - 1. The stress epidemic
 - 2. Manifestations of relaxation
 - a. Physiological
 - b. Cognitive
 - c. Behavioral
 - 3. Methods of achieving relaxation
 - 4. The role of the nurse in relaxation therapy
- I. Assertiveness training (ch 14)**
 - 1. Assertive communication
 - 2. Basic human rights
 - 3. Response patterns
 - 4. Behavioral components of assertive behavior
- 5. Techniques that promote assertive behavior
- 6. Thought-stopping techniques
- 7. Role of the nurse in assertiveness training
- J. Promoting self-esteem (ch 15)**
 - 1. Components of self-concept
 - 2. Development of self-esteem
 - 3. Manifestations of low self-esteem
 - 4. Boundaries
 - 5. The nursing process in promoting self-esteem
 - a. Assessment
 - b. Diagnosis/outcome identification
 - c. Outcome criteria
 - d. Planning/implementation
 - e. Evaluation
- K. Anger/aggression management (ch 16)**
 - 1. Anger and aggression
 - 2. Predisposing factors
 - 3. The nursing process in anger management
 - a. Assessment
 - b. Diagnosis/outcome identification
 - c. Planning/implementation
 - d. Evaluation
- L. Suicide prevention (ch 17)**
 - 1. Historical perspectives and epidemiological perspectives
 - 2. Risk factors
 - 3. Theories of suicide
 - 4. The nursing process with the suicidal client
 - a. Assessment
 - b. Diagnosis/outcome identification
 - c. Planning/implementation
 - d. Evaluation
- M. Behavior therapy (ch 18)**
 - 1. Classical conditioning

2. Operant conditioning
3. Behavior modification techniques
4. Role of the nurse in behavior therapy

N. Cognitive therapy (ch 19)

1. Historical background
2. Principles of cognitive therapy
3. Basic concepts
4. Cognitive therapy techniques
5. Role of the nurse in cognitive therapy

O. Electroconvulsive therapy and the recovery model (ch 20 and 21)

1. Historical perspectives
2. Indications
3. Contraindications
4. Mechanism of action
5. Side effects
6. Risks
7. The role of the nurse in electroconvulsive therapy

P. Complementary therapies (ch 39, ebook)

1. Core concepts
2. Commonalities and contrasts
3. Types of complementary therapies
 - a. Herbal medicine
 - b. Acupressure and acupuncture
 - c. Diet and nutrition
 - d. Chiropractic medicine
 - e. Therapeutic touch and massage
 - f. Yoga
 - g. Pet therapy

3. Attention-deficit/hyperactivity disorder
4. Conduct disorder
5. Oppositional defiant disorder
6. Tourette's disorder
7. Separation anxiety disorder
8. General therapeutic approaches

B. Neurocognitive disorders (ch 22 and ch 4)

1. Delirium
2. Dementia
3. Amnestic disorders
4. Application of the nursing process
 - a. Assessment
 - b. Nursing diagnosis/outcome identification
 - c. Planning/implementation
 - d. Concept care mapping
 - e. Client/family education
 - f. Evaluation
5. Medical treatment modalities

C. Substance-related and addictive disorders (ch 23 and 24)

1. Substance-use disorders
2. Substance-induced disorders
3. Classes of psychoactive substances
4. Predisposing factors
5. The dynamics of substance-related disorders
6. Application of the nursing process
 - a. Assessment
 - b. Diagnosis/outcome identification
 - c. Planning/implementation
 - d. Concept care mapping
 - e. Client/family education
 - f. Evaluation
7. The chemically-impaired nurse
8. Codependency
9. Treatment modalities for substance-related disorders

III. Nursing Care of Clients with Alterations in Psychosocial Adaptation

45 PERCENT OF EXAM

A. Children and adolescents (ch 33 and ch 4)

1. Mental retardation
2. Autistic disorder

D. Schizophrenia spectrum and other psychotic disorders (ch 24 and ch 4)

1. Nature of the disorder
2. Predisposing factors
3. Types of schizophrenia and other psychotic disorders
 - a. Disorganized schizophrenia
 - b. Catatonic schizophrenia
 - c. Paranoid schizophrenia
 - d. Undifferentiated schizophrenia
 - e. Residual schizophrenia
 - f. Schizoaffective disorder
 - g. Schizophreniform disorder
 - h. Delusional disorder
 - i. Others
4. Application of the nursing process
 - a. Background assessment data
 - b. Diagnosis/outcome identification
 - c. Planning/implementation
 - d. Concept care mapping
 - e. Client/family education
 - f. Evaluation
5. Treatment modalities for psychotic disorders

E. Depressive disorders (ch 25 and ch 4)

1. Depression (ch 27)
 - a. Historical perspective
 - b. Epidemiology
 - c. Types of depressive disorders
 - i. Major depressive disorder
 - ii. Dysthymic disorder
 - iii. Others
 - d. Predisposing factors
 - e. Developmental implications
 - f. Application of the nursing process
 - i. Background Assessment data
 - ii. Diagnosis/outcome identification

- iii. Planning/implementation
- iv. Concept care mapping
- v. Client Family education
- vi. Evaluation of care

- g. Treatment modalities for depression

2. Bipolar and related disorders (ch 26 and ch 4)

- a. Historical perspective
- b. Epidemiology
- c. Types of bipolar disorders
- d. Predisposing factors
- e. Developmental implications
- f. Application of the nursing process
 - i. Background Assessment data
 - ii. Diagnosis/outcome identification
 - iii. Planning/implementation
 - iv. Concept care mapping
 - v. Client Family education
 - vi. Evaluation of care
- g. Treatment modalities for bipolar disorder

F. Anxiety, obsessive-compulsive, and related disorders (ch 27 and ch 4)

1. Historical aspects
2. Epidemiological statistics
3. Types of anxiety disorders
 - a. Panic disorders
 - b. Generalized anxiety disorder
 - c. Phobias
 - d. Obsessive-compulsive disorder
 - e. Post-traumatic stress disorder
 - f. Anxiety disorder due to a general medical condition
 - g. Substance-induced anxiety disorder
4. Applications of the nursing process
 - a. Assessment scales

- b. Diagnosis/outcome identification
 - c. Planning/implementation
 - d. Concept care mapping
 - e. Client/family education
 - f. Evaluation
5. Treatment modalities
- G. Somatic symptom and dissociative disorders (ch 29 and ch 4)**
- 1. Historical aspects
 - 2. Epidemiological statistics
 - 3. Types of Somatoform disorders
 - a. Somatization disorder
 - b. Pain disorder
 - c. Hypochondriasis
 - d. Conversion disorders
 - e. Body dysmorphic disorder
 - 4. Types of dissociative disorders
 - a. Dissociative amnesia
 - b. Dissociative fugue
 - c. Dissociative identity disorder
 - d. Depersonalization disorder
 - 5. Predisposing factors
 - 6. Applications of the nursing process
 - a. Assessment
 - b. Diagnosis/outcome identification
 - c. Planning/implementation
 - 7. Treatment modalities
- H. Human sexuality and gender dysphoria (ch 30)**
- 1. Development of human sexuality
 - 2. Sexual disorders
 - a. Paraphilias
 - b. Sexual dysfunctions
 - 3. Application of the nursing process to sexual disorders
 - a. Diagnosis/outcome identification
 - b. Planning/implementation
 - c. Concept care mapping
- d. Client/family education
 - e. Evaluation
4. Gender identity disorder
5. Application of the nursing process to gender identity disorder
6. Variations in sexual orientation
7. Sexually transmitted diseases
- I. Eating disorders (ch 31)**
- 1. Epidemiological factors
 - 2. Predisposing factors
 - 3. Application of the nursing process
 - a. Diagnosis/outcome identification
 - b. Planning/implementation
 - c. Concept care mapping
 - d. Client/family education
 - e. Evaluation
 - 4. Treatment modalities
- J. Trauma- and stressor-related disorders (ch 28 and ch 4)**
- 1. Historical and epidemiological factors
 - 2. Application of the nursing process
 - a. Diagnosis/outcome identification
 - b. Planning/implementation
 - c. Concept care mapping
 - d. Client/family education
 - e. Evaluation
 - 3. Treatment modalities
- K. Personality disorders (ch 32 and ch 4)**
- 1. Historical aspects
 - 2. Types of personality disorders
 - 3. Application of the nursing process
 - a. Diagnosis/outcome identification
 - b. Planning/implementation
 - c. Concept care mapping
 - d. Client/family education
 - e. Evaluation
 - 4. Treatment modalities

IV. Psychiatric/Mental Health Nursing of Special Populations

15 PERCENT OF EXAM

- A. The aging individual (ch 34)
 - 1. The concept of old
 - 2. Epidemiological statistics
 - 3. Theories of aging
 - 4. The normal aging process
 - 5. Special concerns of the elderly population
 - 6. Application of the nursing process
 - a. Assessment
 - b. Diagnosis/outcome identification
 - c. Planning/implementation
 - d. Evaluation
- B. Survivors of abuse or neglect (ch 35)
 - 1. Predisposing factors
 - 2. Application of the nursing process
 - a. Assessment
 - b. Diagnosis/outcome identification
 - c. Planning/implementation
 - d. Concept care mapping
 - 3. Treatment modalities
 - a. Shelter
 - b. Family therapy
- C. Community mental health nursing (ch 36)
 - 1. The changing focus of care
 - 2. Public health model
 - 3. Role of the nurse in community mental health
 - 4. Case management
 - 5. Community as client
- D. Forensic nursing (ch 42, ebook)
 - 1. Historical perspectives
 - 2. Context of forensic nursing practice
 - 3. Forensic nursing specialties
- 4. Application of the nursing process in clinical forensic nursing in trauma care
 - a. Assessment
 - b. Diagnosis
 - c. Planning/implementation
 - d. Evaluation
- 5. Application of the nursing process in clinical forensic nursing in correctional facilities
 - a. Assessment
 - b. Diagnosis
 - c. Planning/implementation
 - d. Evaluation
- E. The bereaved individual (ch 37)
 - 1. Theoretical perspectives
 - 2. Length of grief response
 - 3. Anticipatory grief
 - 4. Maladaptive responses to loss
 - 5. Applications of the nursing process
 - a. Assessment
 - b. Nursing diagnosis/outcome identification
 - c. Planning/implementation
 - d. Evaluation
 - 6. Additional assistance

SECTION THREE

Sample Questions

The sample questions give you an idea of the level of knowledge expected in the exam and how questions are typically phrased. They are not representative of the entire content of the exam and are not intended to serve as a practice test.

Rationales for the questions can be found on pages 21–25 of this guide. In that section, the correct answer is identified and each answer is explained. The number in parentheses at the beginning of each rationale refers to the corresponding section of the content outline. For any questions you answer incorrectly, return to that section of the content outline for further study.

1. Which statement by a client who is having a crisis should take priority for nursing intervention?
 - 1) “I finally moved my family into a house of my very own and I am wondering if I can afford the payments.”
 - 2) “I have a best friend who listens to my problems but she is on vacation.”
 - 3) “My fiancé of six years just called off our engagement.”
 - 4) “My 10-year-old daughter is spending her first summer away from me at camp.”
2. What is the primary task of the orientation stage of the nurse-client relationship?
 - 1) to solve problems
 - 2) to establish therapeutic goals
 - 3) to explore past difficulties
 - 4) to evaluate progress
3. A young man calls a crisis center hotline stating that he can no longer cope with his problem and that he is falling apart. Which would be the nurse’s most therapeutic initial response?
 - 1) “What do you think would help you?”
 - 2) “Everyone has their bad days.”
 - 3) “Tell me about your situation.”
 - 4) “How do you usually handle stress?”
4. What should the nurse do when a client becomes silent during a nurse-client interaction?
 - 1) Suggest that the client share her thoughts.
 - 2) Direct the conversation to a less intimidating topic.
 - 3) Terminate the interaction with the client.
 - 4) Ask the client a nonthreatening question.
5. Which response by the nurse leader can enhance norm setting for a group and promote a feeling of safety and support?
 - 1) “We’ve heard you discuss this before, Mr. Jones.”
 - 2) “Questions should be addressed to me.”
 - 3) “What do you see as your worst problem at home?”
 - 4) “It is important to give everyone a chance to participate.”

6. What is the basic premise of family therapy as a treatment modality?
 - 1) The family needs help in dealing with the behavior of the member who is the client.
 - 2) The family needs help in understanding the developmental needs of the member who is the client.
 - 3) The member with the presenting symptoms needs special support from the therapist.
 - 4) The member with the presenting symptoms signals the presence of pain in the whole family.

7. In which of the following situations does the nurse have just cause to physically restrain a client?
 - 1) An older adult client with newly diagnosed Alzheimer's disease is wandering the halls in the early evenings.
 - 2) A client newly admitted with mania refuses medication and throws a plate and a chair.
 - 3) An adolescent client who is agitated begins to argue loudly with another client about the use of the television.
 - 4) A client with depression who was recently removed from suicide precautions says, "I still feel like hurting myself."

8. Which statement is characteristic of a client who is experiencing a resolution of grief?
 - 1) "His death reminds me of my brother's death last year."
 - 2) "I won't forget him, but I have the children to think of now."
 - 3) "He was so wonderful. Everyone loved him."
 - 4) "I'm going to keep his ashes in an urn so I can't forget him."

9. The use of which assessment technique would be the best way for the community mental health nurse to identify a community's strengths?
 - 1) spending a day in the community health center observing the clients who come there
 - 2) talking with long-time residents about what they like about the community and why they stay
 - 3) collecting demographic data from census tract information
 - 4) reviewing newspaper editorials to identify concerns and trends

10. The nurse is assessing a client with possible depression. Which finding in the client's history would indicate a predisposition to depressive disorders?

The client's

 - 1) adoptive mother had a diagnosis of bipolar disorder.
 - 2) biological mother had a diagnosis of bipolar disorder.
 - 3) adoptive father was treated for reactive depression.
 - 4) biological father was treated for reactive depression.

11. A client with alcoholism states that he drinks only when he is frustrated by the behavior of his three adolescent children. Which defense mechanism is the client using?
 - 1) denial
 - 2) projection
 - 3) rationalization
 - 4) sublimation

12. During a group meeting, the nurse observes that one of the members tends to view problems in terms of right and wrong. Which dysfunctional group role is being assumed by this client?
 - 1) complainer
 - 2) monopolizer
 - 3) moralist
 - 4) victim

13. After a destructive tornado occurs in a community, which event should indicate to the nurse that community-wide crisis intervention is needed?
 - 1) The number of homes put up for sale increases.
 - 2) Many parents report that their children have nightmares and sleep disturbances.
 - 3) The local weather bureau receives increased requests for information on tornado precautions.
 - 4) The school board changes the policy on fire drills to include tornado drills.
14. Which nursing intervention should be given priority to meet the recreational needs of an adolescent client who attends the community mental health center adolescent program?
 - 1) Schedule frequent one-to-one discussion sessions between the nurse and the client.
 - 2) Provide the client with equipment for an activity of the client's choice.
 - 3) Arrange activities that will promote peer group interaction.
 - 4) Ask the activities therapist to meet daily with the client.
15. Which strategy should have priority in the nursing care plan for a single parent to meet the parent's emotional needs?
 - 1) Introduce the client to community socialization programs.
 - 2) Assess the client's support system.
 - 3) Encourage the client's involvement in recreational activities.
 - 4) Provide pamphlets about single parenting.
16. Why should the nurse allow a newly admitted client with obsessive-compulsive behavior to complete rituals?

Because the client

 - 1) has not yet learned alternative coping mechanisms
 - 2) will become psychotic if prevented from completing the rituals
 - 3) will not develop trust in the nurse who prevents rituals from being completed
 - 4) needs to know that the staff is accepting of this behavior
17. Which strategy should the nurse include in the plan of care for a client with Alzheimer's disease who is experiencing apraxia?
 - 1) Give simple, sequential directions using both verbal and nonverbal communication.
 - 2) Use color-coded signs so the client can find the bathroom.
 - 3) Use clocks and calendars and other orienting devices.
 - 4) Administer prn antianxiety medication when the client becomes confused.
18. A married woman with three school-age children is caring for her 80-year-old father in her home. She reports feeling overwhelmed with her responsibilities and says, "I feel like everyone wants something from me." The nurse should give priority to which intervention in the plan of care for this family?
 - 1) Assist family members to clarify their expectations of each other.
 - 2) Encourage the woman to find a nursing home for her father.
 - 3) Suggest that the husband and children perform more household chores.
 - 4) Arrange for a live-in aide to care for the client's father.

19. A client who describes himself as a recreational cocaine user denies the seriousness of his cocaine use when confronted by his family. Which would be the most healthy family response?
- 1) Continue the discussion when everyone is calmer.
 - 2) Give the client one more chance to quit by himself.
 - 3) Acknowledge their inability to change his behavior.
 - 4) State that they will contact the authorities if they find any cocaine.
20. During the second meeting of an outpatient group, a client tries to change the rules of the group. Which is the nurse's most therapeutic intervention?
- 1) Treat the client's disruptive behavior matter-of-factly.
 - 2) Ignore the client's manipulative behavior.
 - 3) Have the client restate personal expectations in relation to group goals.
 - 4) Arrange an individual session with the client.
21. Which client statement best indicates that nursing interventions directed toward motivating the client to change behavior have been effective?
- 1) "I can't stand this pain any longer."
 - 2) "I wish I felt better."
 - 3) "I just can't seem to pull it together."
 - 4) "I want someone to help me."
22. The nurse is evaluating nursing care for a client with depression. Which finding is the most significant indicator of therapeutic progress?
- The client's
- 1) speech has slowed and become more logical.
 - 2) need for sleep has decreased.
 - 3) self-concept has become more positive.
 - 4) appetite has increased.
23. A client is admitted to a psychiatric unit after taking an overdose of barbiturates. On the day after admission, which client behavior is most significant in evaluating whether the client's risk for committing suicide has increased?
- The client
- 1) no longer talks about suicide.
 - 2) verbalizes angry feelings.
 - 3) socializes with a group of other clients.
 - 4) becomes more cheerful and outgoing.
24. The nurse is evaluating a client who is in the manic phase of bipolar disorder and who is on a regimen of lithium carbonate. Which indicates an adverse reaction to the medication?
- 1) orthostatic hypotension
 - 2) vomiting and diarrhea
 - 3) involuntary movements of mouth and jaw
 - 4) rigidity of posture
25. Which comment by a group member should the nurse evaluate as being appropriate behavior during the orientation stage of group development?
- 1) "Let me tell you about my problem with my mother-in-law."
 - 2) "It would be easy to say my problems are due to my ex-husband."
 - 3) "I thought the group leader was supposed to help us out."
 - 4) "This group is OK, but I still have a lot of problems."

SECTION FOUR

Rationales

1.(IB6)

- 1) Moving to a house may cause stress, but the family finances can be managed.
- 2) The best friend's absence is temporary; she will return from vacation.
- *3) Ending an engagement is a primary nonanticipated event and represents a permanent loss.
- 4) Sending a child to camp is an anticipated event and is a part of a normal developmental phase.

2.(IC2)

- 1) Solving problems is a task of the working stage.
- *2) Mutual identification of therapeutic goals is the primary task of the orientation stage.
- 3) Exploring past difficulties is a task of the working stage.
- 4) Evaluating progress is an ongoing task throughout the entire nurse-client relationship, but it primarily occurs in the termination stage.

3.(IC3)

- 1) This response will not identify the precipitating event/current stressor that led the client to believe he is unable to cope.
- 2) This response is nontherapeutic. It conveys little understanding of, or respect for, the client's feelings and, therefore, hinders communication.
- *3) The first step of crisis intervention is assessment, with an initial focus on identifying the precipitating event. This response uses a broad, open-ended question to elicit a detailed client response.
- 4) This response will not provide data into what happened that has led the client to believe he is unable to cope.

4.(IC3)

- *1) Suggesting that the client share her thoughts gives the client a chance to think and talk about what is on her mind at that time.
- 2) Redirecting the conversation is nontherapeutic. It allows the client to avoid conflict.
- 3) Terminating the interaction is nontherapeutic and punitive.
- 4) See 2).

*correct answer

5.(ID2)

- 1) This response is challenging and neither addresses norms nor promotes a feeling of safety and support.
- 2) This authoritarian response would not promote a feeling of safety and support.
- 3) This personal question addressed to one member would not promote a feeling of safety and support.
- *4) This response helps bring the group together, gives each member a feeling of equal importance, and promotes a feeling of safety and support.

6.(ID4)

- 1) The member with the presenting problem is not the source of all family problems.
- 2) The developmental needs of the member who is the client can be addressed without the need of family therapy.
- 3) The therapist needs to be equally supportive of all family members.
- *4) The entire family is feeling stressed, and the member who is the client is merely the one who has developed overt symptoms.

7.(IE2)

- 1) This client is not exhibiting violent behavior; therefore, alternative strategies such as medication or psychosocial intervention may be effective.
- *2) This client is exhibiting violent behavior. The primary indication for using restraints is the control of violent behavior that is either self-directed or directed toward others and that cannot be controlled by medication or psychosocial strategies.
- 3) See 1).
- 4) See 1).

8.(IIA1)

- 1) This response does not necessarily indicate grief resolution and may indicate unresolved issues that can complicate the current loss.
- *2) The ultimate outcome of uncomplicated grief reaction is realization that the object of one's love no longer exists and emotional investment is withdrawn. The client is focusing on loved ones who are still part of the client's life, without negating the loss.
- 3) This response indicates idealization, in which only perceived or actual positive attributes of the person are seen. Since this response is not realistic, it does not indicate grief resolution.
- 4) This response indicates a delayed grief reaction in which living memories are projected onto an object.

9.(IIA4)

- 1) By observing clients in a community health center, the nurse is not having direct contact with the clients. Also, this is a limited population since only clients seeking health care services would be seen.
- *2) Longtime residents are most familiar with the positive as well as the negative aspects of living in a community.
- 3) Collecting demographic data lacks the personal and interpersonal feelings the nurse can assess by talking to residents.
- 4) Concerns and trends described in newspaper articles do not provide a comprehensive picture of a community.

10.(IIB1)

- 1) Genes are not inherited from adoptive parents.
- *2) There is a genetic predisposition to depressive disorders.
- 3) See 1).
- 4) Reactive depression is due to a life event and is not inherited.

*correct answer

11.(IIB1)

- 1) The client acknowledges his drinking; therefore, he is not using denial.
- 2) The client is not saying someone else has a drinking problem; therefore, he is not using projection.
- *3) The client is offering a superficially logical explanation for his unacceptable behavior; the client is using rationalization.
- 4) Alcohol abuse is not a socially approved behavior; therefore, this is not sublimation.

12.(IIB3)

- 1) A member in the role of complainer focuses on the negative and discourages problem resolution.
- 2) A member in the role of monopolizer attempts to control the group by constantly talking.
- *3) A member in the role of moralist tends to view everything as right or wrong, without looking at all the factors that affect an issue.
- 4) A member in the role of victim tends to attribute problems as being the fault of others, without looking at their own role in the problem.

13.(IIB4)

- 1) The number of homes up for sale is not necessarily an indication of a crisis.
- *2) Nightmares and sleep disturbances in children indicate that something very frightening has occurred and crisis intervention is needed.
- 3) Requesting information on tornado precautions is a safety measure in a tornado-prone area.
- 4) Including tornado drills in schools is an additional safety measure in a tornado-prone area.

14.(IIIA1)

- 1) Focusing on the individual nurse-client relationship does not meet the client's recreational needs nor does it meet the adolescent developmental task of forming appropriate peer group support.
- 2) The client's choice of activities may not meet the adolescent developmental task of forming appropriate peer group support.
- *3) Arranging activities with the client's peers meets the primary adolescent developmental task of appropriate peer group support.
- 4) Meeting with the activities therapist does not meet the adolescent developmental task of developing appropriate peer group support.

15.(IIIA2)

- 1) Social programs may not meet the emotional needs of the client. This type of intervention may be indicated after a client's support system is determined to be inadequate.
- *2) Single parents are at high risk for the development of emotional difficulties and assessment of the parent's support systems is the nurse's priority.
- 3) Recreational activities will not necessarily meet the emotional needs of the client.
- 4) Providing literature will not necessarily meet the emotional needs of the client.

16.(IIIB1)

- *1) The nurse should not force a client who is severely anxious into a situation that the client is unable to handle, nor should the nurse remove the client's defense mechanisms before the client learns alternative coping mechanisms.
- 2) Interference with a ritual leads to increased anxiety, not to a loss of reality testing.
- 3) The most characteristic client response to preventing a client from completing rituals would be anger.
- 4) The client needs to know that the staff accepts the client, but not the dysfunctional behavior.

*correct answer

17.(IIIB1)

- *1) The client who has Alzheimer's disease with apraxia is unable to perform purposive movement and use objects properly; therefore, giving the client simple, sequential directions would be helpful.
- 2) Color-coded signs will not help the client find the bathroom.
- 3) Orienting devices will not help the client perform purposive movements.
- 4) Administering an antianxiety medication when the client is confused does not treat apraxia.

18.(IIIB2)

- *1) Assisting family members to clarify their expectations of each other will help the family make a plan for shared responsibilities so that the woman will not feel overburdened.
- 2) Finding a nursing home might be a last resort, but alternatives need to be tried first.
- 3) The arrangement for sharing work needs to be made by the family, rather than the nurse telling the family what to do.
- 4) Having a live-in aide might not be financially possible nor be an acceptable option for the family.

19.(IIIB2)

- 1) Discussion by the family cannot change the client's behavior.
- 2) Since the client perceives himself as not having a problem, he is unlikely to quit even if given one more chance.
- *3) Most family theories are based on the belief that family members can only change their own behavior, not the client's behavior. This is a basic principle of most self-help groups that deal with addictive behaviors.
- 4) Though contacting authorities is a positive action that fosters accountability, it would probably lead the client to become angry and more secretive.

20.(IIIB3)

- 1) Treating the client matter-of-factly will not change the behavior.
- 2) Ignoring the manipulative behavior will not change the behavior.
- *3) Restating personal expectations will help the client realize how the client's needs fit in with those of the other group members.
- 4) The client's problem behavior needs to be addressed in the presence of the group.

21.(IVA1)

- 1) An expression of pain does not indicate that the client is motivated to change behavior.
- 2) The wish to feel better does not indicate that the client is motivated to change behavior.
- 3) This statement does not indicate that the client is motivated to change behavior.
- *4) Asking for help indicates that the client is motivated to accept and use help to get better.

22.(IVB1)

- 1) Slow speech may indicate continued depression. Although logical speech may indicate improvement, many clients with depression manifest logical speech patterns. This finding does not indicate progress.
- 2) A decreased need for sleep does not indicate therapeutic progress.
- *3) Self-concept in clients with depression is almost always negative. A more positive self-concept definitely indicates improvement.
- 4) Some clients with depression eat excessively; therefore, increased appetite alone cannot be used as a definite indication of improvement.

*correct answer

23.(IVB1)

- 1) No longer talking about suicide may show that the client's suicidal ideation has decreased.
- 2) Verbalizing angry feelings probably indicates a decreased suicide risk since the client is expressing anger.
- 3) Socialization is helpful for clients with depression and may be a sign that the client is feeling better.
- *4) It is unusual for a client with depression to show marked improvement so soon. This behavior often means that the client has made a new plan for another suicide attempt.

24.(IVB1)

- 1) Orthostatic hypotension is not a side effect of lithium.
- *2) Vomiting and diarrhea are common adverse reactions to lithium.
- 3) Tardive dyskinesia is not a side effect of lithium.
- 4) The Parkinsonian syndrome, which includes rigidity of posture, is not a side effect of lithium.

25.(IVB3)

- 1) This remark is too personal for the orientation stage when group members hardly know one another.
- 2) See 1).
- *3) In the orientation stage, group members often expect the leader to solve everyone's problems.
- 4) The orientation stage is too early for a group member to expect the group to be solving the member's problems.

*correct answer

SECTION FIVE

Taking the Exam

Registering for Your Exam

Register Online

www.excelsior.edu/examregistration

Follow the instructions and pay by Visa, MasterCard, American Express, or Discover Card.

Examination Administration

Pearson Testing Centers serve as the administrator for all Excelsior College computer-delivered exams.

Accessibility Services

Excelsior College is committed to the principle that every individual should have an equal opportunity to enroll in an Excelsior College degree program, to register for courses or examinations in order to demonstrate their knowledge and skills under appropriate conditions, and to complete a degree.

The Accessibility Services Office at Excelsior College is responsible for considering requests for reasonable accommodations for individuals with verifiable, documented disabilities. If you are requesting an accommodation due to a disability/condition, complete a [Request for Accommodation form](#).

Computer-Delivered Testing

The UExcel exams are delivered by computer. You can take this exam either in a [Pearson VUE testing center](#) or at your home or office with an online proctor. If you are interested in remote proctoring, visit [PearsonVUE OnVUE online proctoring](#).

The system is designed to be as user-friendly as possible, even for those with little or no computer

experience. On-screen instructions are similar to those you would see in a paper examination booklet. You will use either the keyboard or the mouse to submit your answers, depending upon the type of question.

Before taking your exam, we strongly encourage you to go on a virtual tour of the testing center. To access this tour, click the What to Expect in a Pearson VUE test center at the following link: home.pearsonvue.com/test-taker/security.aspx

You also will receive a small, erasable whiteboard if you need one.

Breaks

Breaks are only permitted for exams taken at Pearson VUE Testing Centers, and are not permitted during exams delivered via online proctoring.

Online Proctoring

As of spring 2021, Excelsior is offering an [online delivery option for UExcel exams](#), using OnVUE, Pearson VUE's online delivery and proctoring service.

You must use a personal (vs. an employer's) computer if you want to take the exam online and not in a testing center, so the exam can be effectively delivered to you.

Breaks are not allowed during an exam taken online from home. You may not leave your seat during an online-proctored exam, so be prepared to sit for two or three hours. If you need extra time, the exam will have to be taken at a PearsonVUE Testing Center, and an accommodation formally requested.

NOTE: English Composition, Spanish, Music, and College Writing will NOT be available for online proctoring.

On the Day of Your Exam

Important Reminders

On the day of your exam, remember to:

- dress comfortably: the computer will not mind that you're wearing your favorite relaxation outfit
- arrive at the test site rested and prepared to concentrate for an extended period
- allow sufficient time to travel, park, and locate the test center
- be prepared for possible variations in temperature at the test center due to weather changes or energy conservation measures
- bring your ID, but otherwise, don't weigh yourself down with belongings that will have to be kept in a locker during the test.

Academic Integrity Nondisclosure Statement

- All examinees must agree to the terms of the Excelsior College Academic Integrity Policy before taking an examination. The agreement will be presented on screen at the Pearson VUE Testing Center before the start of your exam.
- Once the examinee agrees to the terms of the Academic Integrity Nondisclosure Agreement (NDA), the exam will begin.

If you choose not to accept the terms of the agreement

- your exam will be terminated
- you will be required to leave the testing center
- you will not be eligible for a refund. For more information, review the Student Policy Handbook at www.excelsior.edu/studentpolicyhandbook.

Student behavior is monitored during and after the exam. Electronic measures are used to monitor the security of test items and scan for illegal use of intellectual property. This monitoring includes surveillance of Internet chat rooms, websites, and other public forums.

UExcel Grade Report

After you complete the exam, you will be issued a UExcel Grade Report for Examinations. See the [sample UExcel Grade Report](#) in this content guide.

Grade Appeals

If you believe that your score grade is incorrect, you may appeal your grade to examcredit@excelsior.edu. Details about the appeals process are in the [Student Handbook](#).

What If I Miss My Appointment?

If you don't cancel or reschedule your testing appointment 24 hours before your test appointment, you will have to pay the full fee of the exam, even if you don't show up.

Late Arrivals

You will also forfeit the exam fee if you arrive to the test center more than 15 minutes late.

Information About UExcel Exams for Colleges and Universities

A committee of teaching faculty and practicing professionals determines the learning outcomes to be tested on each exam. Excelsior College Center for Educational Measurement staff oversee the technical aspects of test construction in accordance with current professional standards. To promote fairness in testing, we take special care to ensure that the language used in the exams and related materials is consistent, professional, and user friendly. Editorial staff perform systematic quantitative and qualitative reviews to ensure accuracy, clarity, and compliance with conventions of bias-free language usage.

Excelsior College, the test developer, recommends granting eight (8) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination. Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable grade.

Psychiatric/Mental Health Nursing Exam Development Committee

Julie Brandy, PhD

(Loyola University)

Assistant Professor, Valparaiso University

Diane Dettmore, EdD

(Columbia, Nursing Education, 1986)

Associate Professor of Nursing, Fairleigh
Dickinson University

Louise Gabriele, DNP

(Rutgers University formerly University of Medicine
and Dentistry of New Jersey, 2010)

Assistant Professor of Nursing, Fairleigh
Dickinson University

Sample Grade Report

Excelsior College
GRADE REPORT FOR EXAMINATIONS

Contact ID:

Test Date: 11/21/2020

Letter Grade: C

Examination Code and Title: 210 Statistics

Recommended Credit:
3 Lower Level

Your examination results are expressed as a Letter Grade of A, B, C, or F. Your results are automatically verified when they are received at Excelsior College. If an error is detected, you will be notified immediately.

Recommended Credit is the number of semester hours credit that Excelsior College awards and recommends for your grade. Excelsior College awards and recommends credit for letter grades of C or better.

If you plan to take another examination, you may download free content guides and the User's Guide by visiting our website at www.excelsior.edu/exams/content-guides/.

If you need an Excelsior College Official Examinations Transcript to document the credit you have earned for this examination for another institution, the request can be made online by accessing the Excelsior College website (www.excelsior.edu), logging into your MyExcelsior account, and scrolling down to the For Exams Takers box and clicking on the Request transcripts link. If you do not already have a MyExcelsior username and password, you can obtain one at no cost by accessing the Excelsior College website, clicking the Log In to MyExcelsior button, and then clicking the link "Create a MyExcelsior User Account."



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excelsior.edu/exams