**ASSIGNMENT WRITTEN CASE STUDY (2500 words)**

**Due Wednesday 4 October (Mid semester break week) by 21:00 hours WST**

**Via Turnitin**

**Introduction**

You are an R.N working in an authorised mental health hospital when police bring in ‘Scott’. Prior to his arrival, Scott’s parents had phoned the police as they were concerned for his safety and wellbeing. He had refused to leave his room, and had stated ‘he was feeling fine’ even though his behaviour suggested otherwise. Scott had also recently been discharged from hospital for a deep cut on his arm, but at the time denied he had deliberately done it.

**Information reported from parents**

Scott is a 21 year old, Caucasian male, he is 190 cm tall, and weighs 87 kg.Scott lives at home with his parents and has no siblings. Scott’s parents report that over the last few months Scott’s appearance, mood, and behaviour have changed. He has become withdrawn (when before he was social), he sleeps more than he used too, and sometimes they hear him talking to himself. Scott’s personal care has also suffered, often not showering or changing his clothes for several days. This is out of character for Scott who has previously been well dressed and groomed. Scott did have an apprenticeship, but the business closed and he has not been able to work for 4 months. This put strain on his long term relationship and this ended a month ago. As a result he has not seen his usual circle of friends, and has been spending more time out with a group of ‘older people’ that the parents have only seen from a distance. The parent’s report they think Scott’s change in behaviour may be due to drugs or alcohol – but they can’t be certain. They also report they think Scott’s grandfather had a mental illness, and are concerned Scott may have ‘the same thing’.

Scott has also stopped eating meals with them preferring to eat alone in his room. His parents report that he was grouping his food in colours and when they tried to talk to Scott about this, he got angry and irritable.He has lost weight recently. His parents tried to talk with Scott this afternoon (prior to the police being called) and persuade him to see their GP for help. Scott screamed at his parents “no one understands, they said you would try to do this, there is no help for me … I just want it all to end” and ran out the house. This was when the police were notified, and Scott is brought to the mental health facility for assessment.

**On presentation to your ward**

Scott is taken to a cubicle for assessment, you introduce yourself and commence your assessment.

Scott is dressed in a dirty singlet, shorts, thongs, and a baseball cap, despite the fact it is winter – he looks dishevelled. His light brown hair is unkempt, and greasy. His eyes are brown and he will only make intermittent eye contact with you. Scott is sitting on a chair, he is initially guarded in his responses to your questions, and stares fixated at the wall in front of him. Scott then becomes agitated, he moves from the chair to pacing the room, and back to the chair. He gets up again and goes towards the door to leave, you ask him to sit down and he does. Scott then sits in the chair quietly, bent forward, head in hands. When you ask Scott how he is feeling, he states “I want to leave, there is nothing wrong with me, I’m fine” and then he smiles at you. Scott’s expression is flat, there are tears in his eyes as he describes how he is concerned that someone is poisoning his food at home, and that people are telling him to leave the hospital because he is not safe here. Scott denies he has tried to harm himself before, but says he does have active thoughts of suicide now. Scott answers your questions, he is pleasant in his demeanour, he knows where he is, he doesn’t think he needs the medications that have been written up for him, and insists he must go home.

**End of case study**

**ASSIGNMENT - CASE STUDY QUESTIONS**

Based on the above scenario:

**1. Introductory paragraph**– clearly articulates the topic being addressed, with aims, and the key points you will address within the essay.

**2. Brief overview of presenting issues**(Consider predisposing, perpetuating and precipitating factors in your answer).

**3. MSE:** Document the clients Mental State Examination (MSE) on presentation to your ward. Document your information in the MSE format using the provided sequencing. Attach as Appendix 1 in your assignment.

**4. Risk Assessment**: Based on your MSE, **prioritise** and briefly describe THREE potential risks that Scott is likely to pose over the next 48 hours when admitted to the ward. Then describe how the nurse will manage these potential risks during the first 48 hours, providing rationale and literature evidence to support your justification for the risks and nursing care / management given.

**5. Case formulation and hypothesis**: Based on the information gathered from within the case study, and presentation to the ward(the MSE), develop a formulation and hypothesis (with supporting evidence from the literature).

**6. Conclusion:** Should be a summary of the key points discussed within the essay, and the conclusion reached and a result of the discussion.

**Appendix 1**

**MENTAL STATE EXAMINATION (MSE) TEMPLATE**

**1. Appearance**

**2. Behaviour**

**3. Speech**

**4. Mood**

**5. Affect**

**6. Form of Thought**

**7. Content of Thought**

**8. Perceptual**

**9. Cognition**

**10. Insight**

**ASSIGNMENT NOTES:**

**General instructions**

* Please read through the five questions carefully and then ensure that you answer each one in turn as it is requested. Each question aligns with an aspect of the marking key.
* Ensure that you have read the assignment guidelines posted on the BB site (under the Assessments tab) as these will ensure that meet all requirements for referencing and assignment format.
* See blackboard for a summary of “How to write a formulation and hypothesis”, thisdocument can be found under assessments and will guide you in answering Question 5.
* Use the MSE template (appendix 1 in your essay) this can be found under the Assessments tab. A full description of the MSE can be found on the BB site under Module 3.
* All assignments should be written in 3rd person.

*Please note the following:*

* Follow the School of Nursing and Midwifery (SNM) Presentation and Assignment Guidelines.
* The cover page, table of contents, direct quotations, referencelist, and any appendices are not calculated in the final word count, however, they areexpected to be included with this assignment.
* The ECU APA Referencing Guide should be used to present your work.
* Review the SNM Assessment Rubric so you are aware how the marks will be distributed.
* You will have multiple attempts to submit the essay assessment component through Turnitin to review the similarity report. *Please note*: The assignment that is submitted to Turnitin after the due date and time, will be the essay that is marked – no further submissions accepted after this time.
* If a student wishes to apply for an extension from the unit coordinator, they are required to do so prior to the due date, in writing, using the correct ECU form for requesting extensions, stating the grounds for the extension request and any evidence to support the extension (example: medical certificate).

**Case study report marking guidelines as per SNM assessment marking rubric / marking key**

**CONTENT = possible 40 marks**

* You need to consider that questions 2-5 form the content (body) of the paper.
* Literature support and evidence is needed to support your rationale and justification of your discussions throughout the report.

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| The presenting issues are clearly articulated and represent the case study accurately. Consideration for safety plan, ways to ensure client focused care, and how the nurse would manage patient risks have been clearly articulated.  |
| All elements of the MSE have been included and accurately reported. No additional information has been included that is not in the case study. |
| Accurately identified and reported the three (3) highest case study priorities. Provides clear justification for each choice and ranks in logical order. |
| Formulation and hypothesis: appropriate use of the assessment information and research literature demonstrating an in-depth understanding of the assessment outcomes of the MSE. |
| Formulation displays critical thinking and avoids a simplistic description or summary of the information. |
| Analysis and critique of the hypothesis evident throughout (a ‘mental diagnosis’ – related to information provided in the case study has been stated). |

**APPLICATION OF CRITICAL THINKING** = **possible 20 marks**

* You will be assessed on your ability to consider the implications of the questions being asked with regards the case scenario, and the application of theory to practice.
* You will also be assessed on your ability to support the arguments / discussion you put forward with evidence from appropriate literature.
* You will need to link your evidence (through your writing), directly back to the case study.
* There is a minimum of 10 references required, and you will be expected to read widely and incorporate that reading into your assignment. The more you read, the more evidence you will find to weave into your essay.

**STRUCTURE AND PRESENTATION= possible 20 marks**

* Here you will be assessed on your ability form a logical piece of work that contains an introduction, the main body of the work, and a conclusion.
* It is recommended the essay follow the questions as per the assignment brief to provide structure to your paper.
* You need to address the questions in regards the case scenario in a logical piece of writing that shows your understanding of what is being asked within the question, and linked back to the case scenario.
* The main body should contain a logical and cohesive development of ideas and your ability to sustain logical discussion will be assessed.
* You must comply with the ECU SNM Presentation and Assignment writing

guidelines.

* The assignment should NOT include bullet points, it is expected that all aspects are written in narrative form.

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| The introduction is clear and concise and sets up the structure and direction of the essay. What will be addressed / discussed and flows in a logical sequential manner.Your introduction should inform the reader of the main content of the report. |
| The conclusion briefly summarises the major case study findings. No new information is introduced within the concluding paragraph. The conclusion should provide a summation of the key points of the work, and provides clear insights into the issue. |
| A logical / cohesive development of ideas demonstrated throughout. |

**REFERENCING= possible 10 marks**

* Use the ECU APA Referencing Guide to ensure all in-text and end-text references are correct. This can be accessed from the Library website. If you are unsure about referencing, see the learning advisor early in the semester.
* There is a minimum of 10 references required to show wider reading and critical thinking. A combination of texts and journal articles is recommended.

**ENGLISH LANGUAGE PROFICIENCY (ELP)= possible 10 marks**

* As with all written assignment work that you undertake at ECU, you will be assessed for ELP within this assignment. NCS2102 is not a prescribed unit for ELP. Poor writing will detract from the content of the essay if you are unable to articulate the true meaning you are trying to put across and this will make you lose valuable marks. If you are at all concerned about your written work, please see the learning advisor early in the semester. Please see learning Advisors tab on BB.

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| Grammar, spelling, punctuation,structure, and paragraph writing conventions should be demonstrated throughout. |

**How to write a ‘Formulation’ and‘Hypothesis’**

A **formulation** is a summary of the client's presentation, gained from a thorough assessment (Biopsychosocial), which draws together important features to facilitate the development of a treatment plan.

The formulation assists in the development of working hypotheses or clinical assumptions about how the client's beliefs (underlying mechanisms) shape their thoughts, mood and behaviour (overt level).

Environmental factors play a key role in eliciting and triggering beliefs, thoughts, feelings, and behaviours. Information gained from the initial assessment can be utilised in the formulation.

**Essentially the formulation will contain a brief outlineof:**

* Who the patientis*;*
* What their problemsare; *(Presenting problem(s) and main problem of concern)*
* What effects the problems are having on the patient.*(Factors that cause the individual to be vulnerable to the development of these problems -vulnerabilities).*

**As well as a brief indicationof:**

* Why the problems arose **(precipitatingfactors)***Factors that trigger the onset of the presenting problems (triggers).*
* How the problems arose / developed **(predisposing factors)**
* Factorsinfluencingprogression/thecourseoftheproblem **(perpetuatingandprotectivefactors)** *what factors maintain the behaviour?*

**(1)Predisposing factors** are the factors in the patient's history that make the patient susceptible or inclined toward presenting with, where applicable, an underlying diagnosis, and has "these symptoms" in this current situation. *How did these problems develop?*

Any conditioning factor that influences both the type and the amount of resources that the individual can elicit to cope with stress. It may be biological, psychological, genetic, or sociocultural.

May be an aspect of personal behaviour or lifestyle, an environmental exposure, or an inborn or inherited characteristic associated with an increased likelihood of disease or other health-related event or condition; a variable that affects the probability of a specified adverse event.

**(2) Precipitating factors**are the immediate factors or events that have caused the patient to present with or experience symptoms now. Depending on their backgrounds, life experiences, supports, coping strategies, and current circumstances, we might expect or even predict that two different people would react differently to the same (precipitating) event.

Factors that causes or triggers the onset of a disorder, illness, accident, or behavioural response.

It may be a catalyst for an illness, symptom, or episode. This may not be the underlying cause of the illness, rather it is what elicits it. Also called a provoking factor.

**(3) Perpetuating factors**are the factors that are causing the patient's symptoms to continue or progressively worsen.

Factors / stressors / illness / issues that continue indefinitely - prolongs the existence of the problem.

**Consider:**

* Factors that might be barriers or supports for change (positive and negative prognostic indicators).
* What is the relationship between presenting issue and mental health problems (if present)?

In order to be a useful tool, a case formulation needs to move beyond describing or listing the above factors (predisposing, precipitating, perpetuating). It should describe the relationships between these factors and provide a coherent story about the way the person is presenting at the time of the assessment.

The formulation must draw on all areas in the earlier parts of the case report (summary of the assessment information).

New information cannot be introduced.

**THE HYPOTHESIS:**

The case formulation culminates in the **hypothesis** about the relationship between presenting problems and what maintains them (maintaining factors).

The hypothesis (diagnostic profile) will require you to synthesise signs and symptoms in the case report to identify core problems.

In other words, what important aspects in the presenting issues, MSE, and risk assessment lead you to making the provisional hypothesis (diagnosis)?

Pick out the relevant pieces of these sections and make links with the final diagnosis.

References and literature support should be used to support your rationale for the final hypothesis.

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| **References:**[**http://www.mhpod.gov.au/assets/sample\_topics/combined/Formulation/3FORM\_objective1/index.html**](http://www.mhpod.gov.au/assets/sample_topics/combined/Formulation/3FORM_objective1/index.html)**Australian Government Department of Health** [**http://health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-cogamph-toc~drugtreat-pubs-cogamph-3~drugtreat-pubs-cogamph-3-1~drugtreat-pubs-cogamph-3-1-4**](http://health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-cogamph-toc~drugtreat-pubs-cogamph-3~drugtreat-pubs-cogamph-3-1~drugtreat-pubs-cogamph-3-1-4)**Eells, T. D., Kendjelic, E. M., & Lucas, C. P. (1998). What’s in a Case Formulation?:** **Development and Use of a Content Coding Manual. The Journal of Psychotherapy**  **Practice and Research, 7(2), 144–153. Retried from** [**https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3330487/**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3330487/) |