



Amala
COLLEGE OF NURSING
ACCREDITED BY NAAC WITH A GRADE

AMALA COLLEGE OF NURSING AQAR (2022-2023)



CRITERION 2 – TEACHING- LEARNING AND EVALUATION

Key Indicator 2.3 – Teaching- Learning Process

Metric No. 2.3.5. - The teaching learning process of the institution nurtures creativity, analytical skills and innovation among students

SUBMITTED TO



National Assessment and Accreditation Council

Problem Based Learning

AMALA COLLEGE OF NURSING, THRISSUR
MENTAL HEALTH NURSING

Name of the faculty : Mrs Bincy AP

Subject : Mental Health Nursing

Batch : 2018

Teaching Method : **Problem solving method**

It is an instructional method where by the teacher and students attempt in a conscious, planned and purposeful effort to arrive some educationally significant difficulty for the purpose of finding a solution

It is an active engaged process through which students are provided with enormous opportunities to practice evidence based learning by direct patient interactions


Patient centred learning

1. Care plan
2. Case study
3. Case presentations
4. Psychoeducation
5. Exhibitions
6. Concept Mapping

It is a diagram that depicts suggested relationship between concepts.it helps to organize and structure knowledge concept map typically represents ideas and information as boxes or circles, which it connects with labeled arrows. The relationship between concepts can be articulated in linking phrases such as causes, symptoms, management etc

As a part of mental health day students conducted theme based chart exhibitions.




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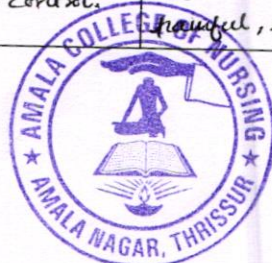
CHILD HEALTH NURSING-2019 Batch

Teaching methodology-Problem solving method

Number of group- 1

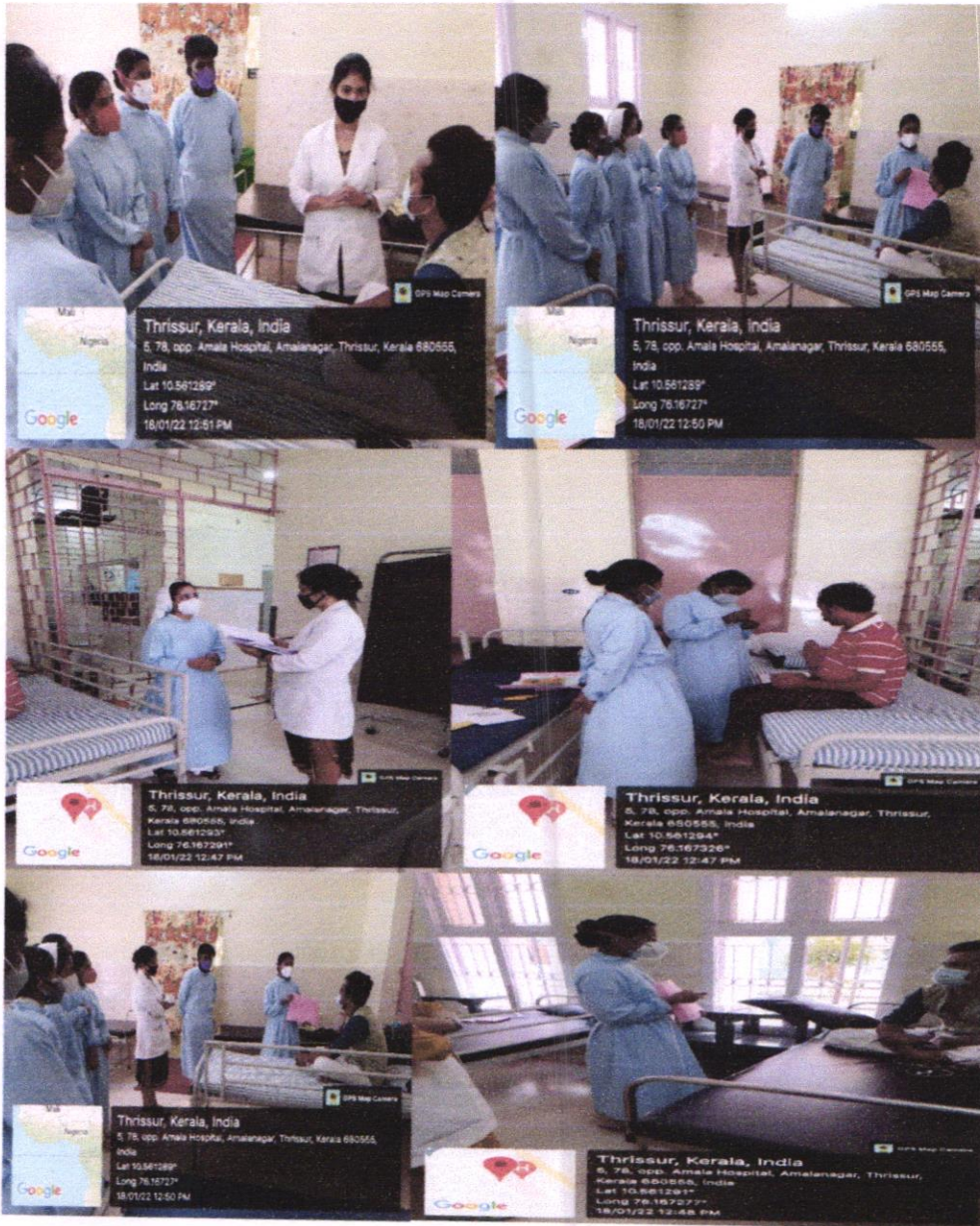
Habit disorders

Name of the disorder	Reason	Presentation of child	Management/Prevention
Bruxism	<ul style="list-style-type: none"> teeth are not aligned properly pain from ear ache stress hyperactive child 	<ul style="list-style-type: none"> grinding noises when child is sleeping pain with chewing complaints of sore jaw/face in morning. 	<ul style="list-style-type: none"> parental observations dental visit special night guard to relieve stress talk with child about their feeling.
Thumb /finger sucking	<ul style="list-style-type: none"> over-protection/neglect excessive strictness loneliness, tiredness, anxiety, frustration, separation from parents excessive competition among friends 	<ul style="list-style-type: none"> emotional problem dental problem - malalignment of teeth speech problem - mispronunciation, tapping, thrusting out tongue while talking. 	<ul style="list-style-type: none"> divert child's attention engage in play offer prize & reward Put gloves on child's hand non-irritant bitter substance applied on the thumb.
Rolling and banging of the head	<ul style="list-style-type: none"> speech related rhythmic movement disorder attention seeking frustration anger temper tantrum 	<ul style="list-style-type: none"> rhythmically move head against solid object rock entire body 	<ul style="list-style-type: none"> distracting & engaging in different activity
Tics	<ul style="list-style-type: none"> abnormal neurotransmission changes in basal ganglia and ant. cingulate cortex functional & structural abnormalities in brain 	<ul style="list-style-type: none"> abrupt repetitive involuntary movements & sounds that are purposeless eg. knee bends, lip smacking, tongue thrusting, eye blinking, throat clearing. 	<ul style="list-style-type: none"> cognitive behavioral therapy contingency management - positive reinforcement habit reversal with relaxation exercises. Medication - antipsychotics
Enuresis	<ul style="list-style-type: none"> Inappropriate toilet training Neurological developmental delay genetics Emotional factors Organic causes 	<ul style="list-style-type: none"> Involuntary micturition Repeated bed wetting wetting in clothes 	<ul style="list-style-type: none"> Child trained to hold urine for longer time. Bed wetting alarms - produce loud tone on sensing moisture Medications: Imipramine, nortriptyline
Encopresis	<ul style="list-style-type: none"> incompetence of inner sphincter constipation developmental delay of sphincter control. 	<ul style="list-style-type: none"> loose stools leak around the hard feces Child become unaware for the need to eliminate. Bowel movements are irregular, frequent, small & hard. 	<ul style="list-style-type: none"> Behavior modification techniques dietary changes - include high fiber use of lubricant to clear the bowel Proper toilet training.



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