Dr. Vithalrao Vikhe Patil Foundation's

College Of Nursing, Ahilyanagar.

STANDARD OPERATING PROCEDURE (SOP)

DEPARTMENT OF MENTAL HEALTH NURSING

Index

Annexure

1. Title Page

- Name of Institution: Dr. Vithalrao Vikhe Patil Foundation's College of Nursing, Ahilyanagar
- Name of Department: Mental Health Nursing
- SOP Title: Standard Operating Procedures (SOP) Manual of the Department of Mental Health Nursing
- Effective Date:
- Review Date:
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- Approved By**:** Dr. Pratibha Chandekar, Principal, Dr. Vithalrao Vikhe Patil Foundation's College of Nursing, Ahilyanagar.

2. Introduction

2.1 Brief overview of the Department of Mental Health Nursing:

The Department of Mental Health Nursing at Dr. Vithalrao Vikhe Patil Foundation's College of Nursing, Ahilyanagar is committed to providing quality nursing education, clinical training, research, and community mental health services in accordance with the guidelines of the Indian Nursing Council (INC), Maharashtra Nursing Council (MNC), Maharashtra University of Health Sciences (MUHS), and the University Grants Commission (UGC). The department aims to develop competent, ethical, and compassionate nursing professionals by imparting evidence-based knowledge and practical skills in mental health assessment, psychiatric nursing care, counselling, rehabilitation, and community mental health. Through innovative teaching-learning methods, supervised clinical experiences, research activities, and extension programmes, the department strives to promote academic excellence, professional competency, lifelong learning, and holistic mental healthcare to meet the evolving needs of individuals, families, and communities.

2.2 Importance of Mental Health Nursing in nursing education and clinical practice;

Mental Health Nursing is an integral component of nursing education and clinical practice, as it equips nursing students with the knowledge, skills, and professional attitudes required to provide comprehensive mental healthcare across diverse healthcare settings. It enables students to assess, prevent, manage, and rehabilitate individuals with mental health disorders while promoting psychological well-being and reducing stigma. Clinical training in Mental Health Nursing enhances critical thinking, therapeutic communication, counselling skills, crisis intervention, and evidence-based nursing practice. The discipline also fosters compassionate, ethical, and patient-centred care, preparing nurses to address the growing mental health needs of individuals, families, and communities in accordance with national and international healthcare standards.

2.3 Role of the department in promoting mental health care and developing competent psychiatric nurses:

Department of Mental Health Nursing plays a pivotal role in promoting mental health and preparing competent psychiatric nurses through quality education, clinical training, research, and community outreach programmes. The department equips students with the knowledge, clinical skills, therapeutic communication techniques, and ethical values necessary for the prevention, treatment, care, and rehabilitation of individuals with mental health disorders. It fosters evidence-based practice, critical thinking, leadership, and professional competence through classroom teaching, simulation, supervised clinical experiences, and mental health awareness activities. By encouraging holistic, patient-centred care and lifelong learning, the department develops skilled psychiatric nurses capable of meeting the evolving mental health needs of individuals, families, and communities in diverse healthcare settings.

3. Vision and Mission of the Department

3.1 Department Vision:

To bring excellence in mental health nursing, education, practice, administration and research by providing the nursing students with excellent knowledge & skill in providing evidenced based care in mental health.

3.2 Department Mission:

1. To provide an outstanding experience, excellence in mental health & multidisciplinary training to the nursing students.

2. To foster evidenced based activities that enhance quality of mental health service and overall development of nursing students in line with global standards.

3.3 Educational Philosophy:

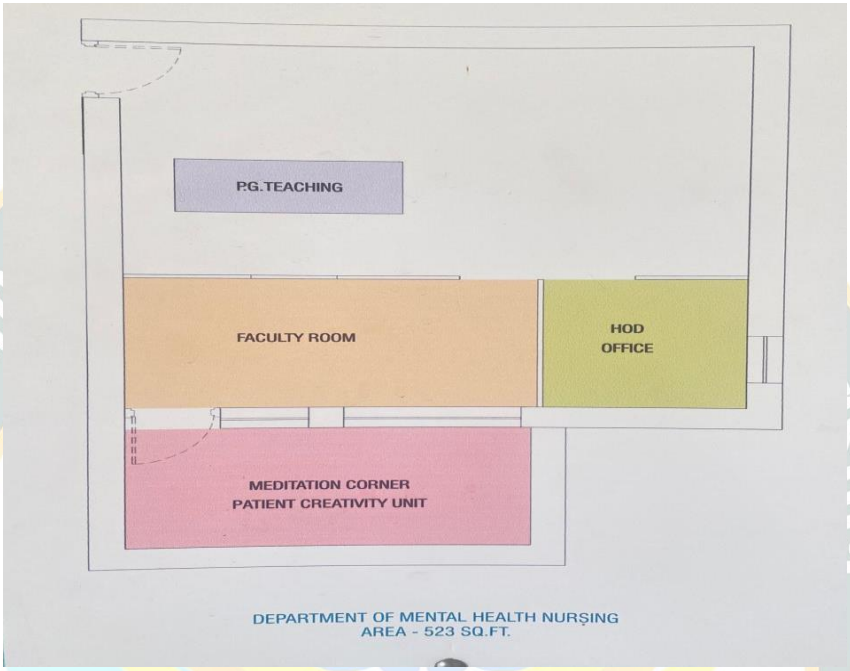
Department of Mental Health Nursing believes that every individual has the right to attain the highest possible level of mental health through compassionate, holistic, and evidence-based nursing care. The department is committed to providing student-centred education that integrates theoretical knowledge with supervised clinical experiences, research, and community engagement. It strives to develop competent psychiatric nurses who demonstrate critical thinking, therapeutic communication, ethical practice, cultural sensitivity, and professional accountability. The department encourages lifelong learning, innovation, leadership, and continuous quality improvement to prepare graduates capable of addressing the evolving mental health needs of individuals, families, and communities in accordance with the standards of the Indian Nursing Council (INC), Maharashtra Nursing Council (MNC), Maharashtra University of Health Sciences (MUHS), and the University Grants Commission (UGC).

4. Department Objectives

1. **To provide quality education in Mental Health Nursing**: To deliver comprehensive theoretical knowledge and practical learning experiences that prepare students for professional psychiatric nursing practice.
2. **To develop competency in psychiatric assessment and nursing care**: To enable students to perform comprehensive mental health assessments and provide safe, effective, and holistic nursing care to individuals with mental health disorders.
3. **To promote evidence-based psychiatric nursing practice**: To encourage the application of current research findings and best clinical practices in providing quality mental health care.
4. **To encourage therapeutic communication and professional ethics**: To develop effective communication skills, empathy, ethical values, and professional behaviour while caring for individuals with mental health needs.
5. **To develop research aptitude in Mental Health Nursing**: To motivate students to participate in research activities, utilize scientific evidence, and contribute to the advancement of mental health nursing.

6. **To prepare competent mental health nursing professionals**: To produce skilled, compassionate, and accountable psychiatric nurses capable of meeting the mental health needs of individuals, families, and communities in diverse healthcare settings

5.1 Departmental Plan S



Department of Mental Health Nursing

Department of Mental Health Nursing occupies a total area of 523 sq. ft**.** The department is designed to provide an ideal environment for mental health nursing education, postgraduate teaching, therapeutic communication, counselling, and patient rehabilitation activities.

Major areas included in the floor plan are:

1. Post Graduate (P.G.) Teaching Area

- A dedicated P.G. teaching area is provided for postgraduate nursing education.
- The area is utilized for seminars, classroom teaching, group discussions, journal clubs, case presentations, research guidance, and academic activities.
- It also facilitates demonstrations, student presentations, and faculty meetings.

2. Faculty Room

- A separate faculty room is available for the teaching staff.
- It facilitates academic planning, student mentoring, documentation, lesson preparation, departmental meetings, research work, and administrative coordination.
- The room also serves as a workspace for faculty members involved in undergraduate and postgraduate teaching.

3. Head of Department (HOD) Office

- A separate Head of Department (HOD) office is provided for administrative and academic activities.
- The office is utilized for departmental administration, student counselling, faculty supervision, academic planning, research coordination, and official meetings.
- It also serves as the center for maintaining departmental records and quality assurance activities.

4. Meditation Corner / Patient Creativity Unit

- A dedicated Meditation Corner and Patient Creativity Unit is available to promote psychosocial rehabilitation and therapeutic activities.
- The area is used for meditation, relaxation therapy, art therapy, music therapy, recreational activities, and creative expression.
- It provides a calm and therapeutic environment that enhances emotional well-being, stress reduction, and recovery among patients with mental illness.

5.2 Departmental Plan SOP

1. Preparation of Annual Department Plan: An annual departmental plan shall be prepared at the beginning of each academic year, outlining academic, clinical, research, extension, and co-curricular activities in alignment with the institutional academic calendar and regulatory guidelines.

2. Academic Planning: Semester-wise teaching plans, lesson plans, course schedules, internal assessment plans, and student learning activities shall be developed to ensure effective curriculum implementation.

3. Clinical Posting Plan: Clinical postings shall be planned as per the INC, MNC, and MUHS curriculum to provide students with adequate exposure to psychiatric hospitals, general hospitals, and community mental health settings under faculty supervision.

4. Psychiatric Nursing Laboratory Plan: A laboratory utilization plan shall be developed to facilitate simulation-based learning, psychiatric nursing procedures, therapeutic communication, counselling techniques, mental status examination, and case-based learning.

5. Community Mental Health Programme Plan: Community-based mental health programmes, awareness campaigns, screening activities, counselling services, and rehabilitation initiatives shall be organized to promote mental health and prevent mental illness.

6. Research and Publication Plan: Faculty members and students shall be encouraged to undertake research projects, publish scientific papers, present research at conferences, and promote evidence-based psychiatric nursing practice.

7. Continuing Nursing Education (CNE) Plan: The department shall organize Continuing Nursing Education programmes, workshops, seminars, guest lectures, and skill development activities to enhance the knowledge and competencies of faculty members and students.

8. Student Support Activities Plan: The department shall provide academic guidance, mentorship, remedial teaching, counselling, career guidance, and extracurricular opportunities to support students' academic, professional, and personal development.

9. **Departmental Activity Calendar**: An annual activity calendar shall be prepared incorporating academic schedules, clinical postings, examinations, CNE programmes, research activities, community mental health programmes, awareness events, and departmental meetings to ensure systematic implementation and monitoring of all departmental activities.

6. Scope of the Department

6.1 Undergraduate Nursing Education:

To provide quality theoretical instruction and supervised clinical learning experiences for undergraduate nursing students in accordance with the prescribed curriculum.

6.2 Postgraduate Nursing Education

To facilitate advanced teaching, clinical specialization, research, and professional development for postgraduate nursing students in Mental Health Nursing.

6.3 Theory Teaching:

To implement structured teaching plans, innovative teaching-learning methods, continuous internal assessment, and curriculum evaluation for Mental Health Nursing courses.

6.4 Clinical Training in Psychiatric Settings:

To organize and supervise clinical postings in psychiatric hospitals, general hospitals, de-addiction centres, and community mental health settings for the development of clinical competence.

6.5 Psychiatric Nursing Skill Development:

To enhance students' competencies in mental health assessment, therapeutic communication, counselling, psychiatric nursing procedures, crisis intervention, mental status examination, and rehabilitation through simulation and supervised practice.

6.6 Community Mental Health Services:

To plan and conduct community-based mental health programmes, awareness campaigns, screening activities, counselling services, school mental health programmes, and mental health promotion initiatives.

6.7 Research Activities:

To promote evidence-based nursing practice by encouraging research projects, publications, conference presentations, continuing education, and scholarly activities among faculty members and students.

6.8 Rehabilitation and Mental Health Promotion:

To facilitate psychosocial rehabilitation, family education, follow-up care, relapse prevention, and mental health promotion activities aimed at improving the quality of life of individuals, families, and communities.

7. Organizational Structure / Staffing Pattern

Department Hierarchy

The Department of Mental Health Nursing functions under the administrative leadership of the principal and follows a well-defined organizational structure to ensure effective academic administration, clinical supervision, research activities, and student support. The hierarchy is as follows:

1. **Principal**
   Provides overall administrative leadership, policy direction, and institutional oversight for the department.

2. **Professor & Head of the Department (HOD)**
   Oversees departmental administration, academic planning, clinical training, research, quality assurance, and coordination of all departmental activities.

3. **Associate Professor**
   Assists the Head of the Department in teaching, clinical supervision, research activities, curriculum implementation, and faculty development.

4. **Assistant Professor**
   Conducts theory and clinical teaching, student assessment, research guidance, mentoring, and departmental academic activities.

5. **Tutor / Clinical Instructor**
   Provides clinical supervision, laboratory demonstrations, skill training, student guidance, maintenance of records, and evaluation of students during clinical postings.

7.2 Reporting Structure:

Principal
↓
Professor & Head of Department
↓
Associate Professor
↓
Assistant Professor
↓
Tutor / Clinical Instructor

7.3Department Organogram

The Department of Mental Health Nursing shall function through the following organizational structure:

Principal

|

Professor & Head of Department

|

Associate Professor

|

Assistant Professor

|

Tutor / Clinical Instructor

|

Undergraduate Students

|

Postgraduate Students

8. Roles and Responsibilities of Faculty

8.1 Principal

Provides overall leadership for the Department of Mental Health Nursing by ensuring effective academic administration, implementation of quality assurance measures, regulatory compliance, institutional coordination, and availability of resources required for teaching, clinical training, research, and extension activities.

8.2 Professor & Head of the Department (HOD)

Leads the department by planning, organizing, coordinating, and monitoring all academic and administrative activities. Oversees curriculum implementation, clinical postings, faculty performance, research, publications, departmental records, quality initiatives, and student development programmes.

8.3 Associate Professor

Supports departmental administration through theory teaching, clinical supervision, curriculum implementation, postgraduate and undergraduate student guidance, research supervision, and participation in faculty development and quality enhancement activities.

8.4 Assistant Professor

Delivers classroom and clinical teaching, prepares lesson plans and teaching materials, mentors' students, conducts internal assessments, maintains academic documentation, participates in research and extension activities, and contributes to departmental programmes.

8.5 Tutor / Clinical Instructor

Facilitates skill-based learning by demonstrating psychiatric nursing procedures, supervising students during laboratory sessions and clinical postings, maintaining clinical records, evaluating students' competencies, and providing continuous academic and clinical guidance.

9. Faculty Workload Distribution SOP

9.1 Theory Teaching Workload

Theory teaching responsibilities shall be allocated according to faculty designation, subject expertise, academic timetable, and the curriculum prescribed by INC, MNC, and MUHS to ensure effective delivery of course content.

9.2 Clinical Supervision

Clinical supervision duties shall be assigned to ensure adequate faculty coverage during clinical postings, enabling students to achieve the required competencies in psychiatric nursing practice while maintaining patient safety and quality care.

9.3 Skill Laboratory Responsibilities

Faculty members shall plan, conduct, and supervise laboratory demonstrations, simulation-based learning sessions, return demonstrations, and competency assessments while ensuring the availability and maintenance of laboratory resources.

9.4 Student Mentoring

Students shall be assigned to faculty mentors for academic guidance, clinical support, counselling, professional development, attendance monitoring, and continuous progress evaluation throughout the academic programme.

9.5 Research Activities

Research responsibilities shall include guiding student research projects, conducting funded and non-funded research, publishing scientific articles, presenting research findings, and promoting evidence-based nursing practice.

9.6 Community Mental Health Activities

Faculty members shall participate in planning and implementing community mental health programmes, awareness campaigns, school mental health initiatives, counselling services, screening programmes, and rehabilitation activities in collaboration with healthcare agencies.

9.7 Administrative Responsibilities

Administrative duties shall be distributed among faculty members for effective management of departmental activities, including academic planning, committee work, documentation, record maintenance, accreditation activities, examination responsibilities, inventory management, and quality assurance initiatives.

10. Academic Planning SOP

10.1 Preparation of Academic Calendar

An annual academic calendar shall be prepared before the commencement of the academic year in accordance with the institutional calendar, MUHS academic schedule, and regulatory guidelines. The calendar shall include teaching schedules, clinical postings, examinations, holidays, Continuing Nursing Education (CNE) programmes, research activities, and departmental events.

10.2 Subject Planning

Subject plans shall be developed for each course by defining course objectives, content distribution, teaching hours, learning outcomes, and assessment strategies as prescribed by the curriculum.

10.3 Lesson Plan Preparation

Faculty members shall prepare lesson plans for each theory and practical session, incorporating learning objectives, teaching-learning methods, instructional materials, evaluation methods, and references to ensure systematic delivery of course content.

10.4 Timetable Preparation

Theory, practical, and clinical timetables shall be prepared before the commencement of each semester to ensure optimum utilization of faculty, classrooms, laboratories, and clinical training facilities.

10.5 Teaching Methodology Planning

Teaching methodologies shall be selected based on course objectives and learner needs. A variety of instructional methods, including lectures, interactive discussions, seminars, simulation, case studies, role plays, demonstrations, group discussions, and digital learning resources, shall be utilized to enhance student learning.

10.6 Internal Assessment Planning

Internal assessments shall be planned in accordance with institutional and university regulations. The assessment plan shall include written examinations, assignments, seminars, practical examinations, clinical evaluations, and continuous assessment to monitor students' academic progress and competency development.

11. Teaching–Learning Process SOP

11.1 Classroom Teaching

Theory classes shall be conducted according to the approved academic timetable using learner-centred, competency-based, and evidence-based teaching methods to achieve the prescribed course outcomes.

11.2 Clinical Teaching

Clinical teaching shall be carried out in psychiatric hospitals, general hospitals, de-addiction centres, and community mental health settings under faculty supervision to develop students' clinical competencies.

11.3 Bedside Teaching

Bedside teaching shall focus on patient assessment, therapeutic communication, nursing interventions, and evaluation of patient outcomes while maintaining patient privacy, dignity, and confidentiality.

11.4 Therapeutic Communication Sessions

Structured therapeutic communication sessions shall be conducted to develop students' interpersonal skills, counselling techniques, empathy, active listening, and professional communication with patients and their families.

11.5 Nursing Care Plan

Students shall prepare individualized nursing care plans based on comprehensive psychiatric assessment, nursing diagnoses, expected outcomes, planned interventions, implementation, and evaluation.

11.6 Case Study

Case studies shall be assigned to facilitate comprehensive understanding of psychiatric disorders, patient management, and the application of the nursing process**.**

11.7 Case Presentation

Case presentations shall be conducted regularly to enhance students' clinical reasoning, communication skills, evidence-based decision-making, and professional confidence.

11.8 Mental Status Examination (MSE)

Students shall perform Mental Status Examination (MSE) under faculty supervision to assess patients' cognitive, emotional, behavioural, and psychological status using a systematic approach.

11.9 Nursing Rounds

Nursing rounds shall be organized to promote collaborative learning, patient-centred care, clinical discussion, and evaluation of nursing interventions.

11.10 Seminar

Seminars shall be conducted to promote self-directed learning, presentation skills, critical thinking, and in-depth understanding of current topics in Mental Health Nursing.

11.11 Group Discussion

Group discussions shall be organized to encourage active participation, collaborative learning, problem-solving, and exchange of ideas among students.

11.12 Journal Club

Journal club sessions shall be conducted regularly to promote critical appraisal of scientific literature and the application of evidence-based practice in Mental Health Nursing.

11.13 Role Play

Role-play activities shall be incorporated to develop therapeutic communication, counselling abilities, leadership, teamwork, and management of simulated psychiatric situations.

11.14 Simulation:

Simulation-based teaching shall be utilized to provide a safe learning environment for practicing psychiatric nursing skills, crisis management, and clinical decision-making before patient care.

11.15 ICT-enabled Teaching:

Information and Communication Technology (ICT) shall be integrated into teaching through multimedia presentations, learning management systems, virtual learning resources, online demonstrations, and digital assessment tools to enhance teaching effectiveness.

12. Clinical Training SOP

12.1 Clinical Posting Planning

Clinical postings shall be planned before the commencement of each academic term in accordance with the curriculum prescribed by INC, MNC, and MUHS, ensuring adequate clinical exposure and competency development.

12.2 Clinical Rotation Schedule

A structured clinical rotation schedule shall be prepared to provide students with comprehensive exposure to various psychiatric specialties, including inpatient units, outpatient departments, de-addiction centres, child and adolescent psychiatry, and community mental health services.

12.3 Orientation to Psychiatric Hospital

An orientation programme shall be conducted before the clinical posting to familiarize students with the hospital policies, organizational structure, clinical departments, safety protocols, legal and ethical aspects, and patient care services.

12.4 Student Orientation

Students shall be oriented to the objectives of clinical posting, expected competencies, clinical requirements, documentation procedures, code of conduct, infection prevention measures, and professional behaviour before the commencement of clinical training.

12.5 Faculty Supervision

Clinical learning activities shall be supervised by qualified faculty members to facilitate safe nursing practice, competency development, therapeutic communication, professional behaviour, and continuous feedback.

12.6 Observation Posting

Observation postings shall be arranged in specialized psychiatric units and multidisciplinary departments to enhance students' understanding of mental health services, patient management, and interdisciplinary collaboration.

12.7 Psychiatric Nursing Procedures

Students shall perform psychiatric nursing procedures under faculty supervision in accordance with institutional protocols, evidence-based practices, and patient safety guidelines.

12.8 Therapeutic Communication Practice

Opportunities shall be provided to develop therapeutic communication skills through supervised patient interactions, counselling sessions, group activities, and clinical discussions.

12.9 Mental Status Examination (MSE)

Students shall perform Mental Status Examination using a systematic approach under faculty supervision to assess patients' psychological, cognitive, emotional, and behavioural status.

12.10 Nursing Care Documentation

Clinical records, nursing care plans, process recordings, case studies, mental status examinations, and procedure records shall be maintained accurately and submitted within the prescribed timelines.

12.11 Clinical Evaluation

Students' clinical performance shall be evaluated through continuous assessment, competency checklists, clinical demonstrations, case presentations, viva voce, and practical examinations as per institutional and university guidelines.

12.12 Community Mental Health Posting

Community mental health postings shall provide opportunities to participate in mental health promotion, preventive services, home visits, counselling, awareness programmes, school

mental health activities, rehabilitation services, and community-based psychiatric care under faculty supervision.

13. Mental Health Nursing Laboratory SOP

13.1 Laboratory Objectives:

The Mental Health Nursing Laboratory shall provide a simulated learning environment to develop students' knowledge, psychomotor skills, therapeutic communication, critical thinking, and clinical competence before direct patient care.

13.2 Skill Laboratory Timetable:

A structured laboratory timetable shall be prepared and implemented in accordance with the academic schedule to ensure systematic skill training for undergraduate and postgraduate nursing students.

13.3 Demonstration of Psychiatric Nursing Procedures:

Faculty members shall demonstrate psychiatric nursing procedures using standardized protocols, simulation models, and evidence-based practices to facilitate effective learning.

13.4 Therapeutic Communication Practice

Laboratory sessions shall provide opportunities for students to practice therapeutic communication techniques through role play, simulated patient interactions, and guided exercises.

13.5 Mental Status Examination Practice

Students shall perform Mental Status Examination (MSE) using standardized assessment formats and simulated clinical scenarios under faculty guidance.

13.6 Counseling Skills Practice

Counselling techniques, including individual, family, and group counselling, shall be practiced through simulation, role play, and supervised learning activities to enhance communication and counselling competencies.

13.7 Return Demonstration

Students shall perform return demonstrations of psychiatric nursing procedures and communication skills to demonstrate competency before clinical exposure.

13.8 Competency Assessment

Competency shall be assessed using standardized skill checklists, Objective Structured Clinical Examination (OSCE), return demonstrations, and continuous performance evaluation.

13.9 Equipment Handling

Laboratory equipment, teaching aids, simulation materials, audio-visual resources, and assessment tools shall be used appropriately and maintained according to institutional guidelines to ensure safety and functionality.

13.10 Inventory Maintenance

An updated inventory of laboratory equipment, models, consumables, books, assessment tools, and other learning resources shall be maintained with periodic verification, maintenance, and replacement as required.

14. Student Support and Mentoring SOP

14.1 Mentor–Mentee Allocation

A structured mentor–mentee system shall be implemented at the beginning of each academic year by assigning students to faculty mentors for continuous academic, clinical, and professional guidance.

14.2 Academic Guidance

Academic support shall be provided through regular mentoring sessions, guidance on course requirements, study planning, assignment completion, seminar preparation, and examination readiness to enhance students' academic performance.

14.3 Clinical Guidance

Students shall receive continuous guidance during clinical postings to strengthen clinical knowledge, psychomotor skills, therapeutic communication, professional behaviour, and competency in psychiatric nursing practice.

14.4 Psychological Support

A supportive learning environment shall be maintained by identifying students experiencing academic or personal stress and facilitating timely psychological support while ensuring confidentiality and well-being.

14.5 Student Counselling

Individual and group counselling sessions shall be organized to address academic, personal, emotional, behavioural, and career-related concerns, promoting students' overall development.

14.6 Attendance Monitoring

Attendance shall be monitored regularly in theory, practical, and clinical postings. Students with inadequate attendance shall receive appropriate guidance and corrective measures in accordance with institutional policies.

14.7 Remedial Teaching

Remedial teaching sessions shall be conducted for students requiring additional academic or clinical support to improve learning outcomes and achieve the expected competencies.

14.8 Performance Improvement Plan

Students demonstrating academic or clinical deficiencies shall be provided with an individualized performance improvement plan, including mentoring, additional learning opportunities, periodic review, and continuous feedback**.**

14.9 Career Guidance

Career guidance programmes shall be organized to inform students about higher education opportunities, specialization in Mental Health Nursing, competitive examinations, research, entrepreneurship, and employment prospects in national and international healthcare settings.

15. Assessment and Evaluation SOP

15.1 Internal Assessment Planning

Internal assessment shall be planned at the beginning of each academic term in accordance with the curriculum, university regulations, and institutional assessment policies to ensure continuous evaluation of student learning.

15.2 Theory Assessment

Theory assessments shall be conducted through written examinations, assignments, quizzes, seminars, and other approved assessment methods to evaluate students' knowledge and understanding of Mental Health Nursing.

15.3 Practical Examination

Practical examinations shall assess students' competency in psychiatric nursing procedures, patient care, therapeutic communication, clinical decision-making, and professional practice using standardized evaluation criteria.

15.4 Objective Structured Clinical Examination (OSCE/OSPE)

OSCE/OSPE shall be conducted to objectively evaluate students' clinical skills, psychomotor competencies, communication abilities, and problem-solving skills through structured stations and standardized assessment checklists.

15.5 Clinical Evaluation

Clinical performance shall be assessed continuously during clinical postings using competency-based evaluation tools, observation, clinical records, nursing care plans, professional behaviour, and achievement of learning objectives.

15.6 Viva Voce

Viva voce examinations shall be conducted to assess students' subject knowledge, critical thinking, clinical reasoning, communication skills, and application of theoretical concepts in psychiatric nursing practice.

15.7 Case Presentation Assessment

Case presentations shall be evaluated based on patient assessment, nursing diagnosis, care planning, evidence-based interventions, presentation skills, critical analysis, and response to questions.

15.8 Mental Status Examination (MSE) Assessment

Students shall be assessed on their ability to perform a systematic Mental Status Examination, interpret findings accurately, document observations appropriately, and apply the results in planning psychiatric nursing care.

15.9 Result Analysis

Assessment results shall be analyzed periodically to identify trends in student performance, learning gaps, and areas requiring academic intervention, thereby facilitating continuous quality improvement.

15.10 Feedback and Improvement Plan

Constructive feedback shall be provided following each assessment to support students' academic and clinical development. Appropriate remedial measures, mentoring, and performance improvement strategies shall be implemented based on individual learning needs.

16. Research and Innovation SOP

16.1 Departmental Research Planning

An annual research plan shall be prepared to promote quality research, innovation, interdisciplinary collaboration, and evidence generation in Mental Health Nursing in accordance with institutional research policies.

16.2 Faculty Research

Faculty members shall be encouraged to undertake funded and non-funded research projects, collaborate with healthcare institutions, and contribute to the advancement of psychiatric nursing through scholarly activities.

16.3 Student Research Projects

Undergraduate and postgraduate students shall be guided in planning, conducting, and completing research projects that strengthen research skills, scientific inquiry, and evidence-based practice.

16.4 Dissertation Guidance

Postgraduate students shall receive systematic guidance throughout the dissertation process, including topic selection, protocol development, ethical approval, data collection, analysis, report writing, and dissemination of findings.

16.5 Publication Activities

Faculty members and students shall be encouraged to publish research findings in peer-reviewed journals, institutional publications, conference proceedings, and other recognized scientific platforms.

16.6 Evidence-Based Psychiatric Nursing Practice

Current research evidence, clinical guidelines, and best practices shall be integrated into teaching, clinical practice, and patient care to improve the quality and safety of mental health services.

16.7 Research Presentation

Research findings shall be disseminated through scientific paper presentations, poster presentations, conferences, seminars, workshops, and Continuing Nursing Education (CNE) programmes to promote academic excellence and professional development.

16.8 Research Ethics

All research activities shall comply with the principles of research integrity, ethical conduct, informed consent, confidentiality, institutional ethics committee requirements, and applicable national and international research guidelines.

17. Continuing Nursing Education (CNE) SOP

17.1 CNE Programme Planning

An annual Continuing Nursing Education (CNE) plan shall be prepared based on academic requirements, recent advances in Mental Health Nursing, regulatory guidelines, and the professional development needs of faculty members and students.

17.2 Workshops

Workshops shall be organized to strengthen participants' knowledge and practical skills in psychiatric nursing, therapeutic communication, counselling, research methodology, simulation-based learning, and other emerging areas of mental healthcare.

17.3 Guest Lectures

Subject experts, psychiatrists, psychologists, psychiatric social workers, and other healthcare professionals shall be invited to deliver guest lectures on current trends, evidence-based practices, and innovations in Mental Health Nursing.

17.4 Seminars

Seminars shall be conducted regularly to encourage academic discussions, critical thinking, knowledge sharing, and professional development among faculty members and students.

17.5 Conferences

Faculty members and students shall be encouraged to participate in national and international conferences to update professional knowledge, disseminate research findings, and establish academic collaborations.

17.6 Skill Enhancement Programmes

Skill enhancement programmes shall be organized to improve competencies in psychiatric assessment, therapeutic communication, counselling techniques, crisis intervention, de-escalation strategies, and evidence-based psychiatric nursing practice.

17.7 Mental Health Awareness Programmes

Mental health awareness activities shall be conducted in educational institutions, healthcare settings, and the community to promote mental well-being, reduce stigma, encourage early identification of mental health problems, and support preventive mental healthcare.

17.8 Attendance Documentation

Attendance records for all Continuing Nursing Education programmes shall be maintained systematically to ensure proper documentation and compliance with institutional requirements.

17.9 Feedback Collection

Feedback shall be obtained from participants following each programme to evaluate its effectiveness, identify areas for improvement, and support continuous quality enhancement.

17.10 Report Preparation

A comprehensive report shall be prepared after each CNE programme, including programme objectives, schedule, resource persons, participant details, attendance, feedback analysis, outcomes, and photographic documentation for institutional records.

18. Departmental Meetings SOP

18.1 Meeting Schedule

Departmental meetings shall be conducted at regular intervals according to the annual academic plan or whenever required to review academic, clinical, research, administrative, and quality assurance activities.

18.2 Agenda Preparation

A structured agenda shall be prepared and circulated before each meeting, highlighting the topics for discussion, objectives, action points, and matters requiring decisions.

18.3 Faculty Meeting

Faculty meetings shall be organized to review curriculum implementation, teaching-learning activities, student performance, clinical training, research progress, Continuing Nursing Education (CNE) programmes, accreditation requirements, and departmental development initiatives.

18.4 Clinical Coordination Meeting

Clinical coordination meetings shall be conducted with faculty members and clinical partners to plan clinical postings, review students' clinical competencies, address operational issues, and strengthen coordination between the institution and affiliated healthcare facilities.

18.5 Minutes of Meeting (MOM)

Minutes of every departmental meeting shall be documented accurately, including the date, participants, agenda items, discussions, decisions taken, responsibilities assigned, and timelines for implementation. The approved Minutes of Meeting (MOM) shall be maintained as an official departmental record.

18.6 Action Taken Report (ATR)

An Action Taken Report (ATR) shall be prepared and reviewed in subsequent meetings to monitor the implementation of decisions, evaluate progress, identify pending actions, and ensure continuous quality improvement within the department.

19. Departmental Record Maintenance and Equipment Management SOP

19.1 Department File Maintenance

Departmental files shall be maintained systematically for academic, administrative, clinical, research, accreditation, and quality assurance activities. All records shall be updated, indexed, and preserved in accordance with institutional policies.

19.2 Academic Records

Academic records, including academic calendars, teaching plans, lesson plans, timetables, attendance registers, internal assessment records, examination documents, and result analyses, shall be maintained accurately for reference and audit purposes.

19.3 Clinical Records

Clinical posting schedules, attendance registers, clinical supervision records, nursing care plans, procedure records, evaluation sheets, and clinical performance reports shall be maintained to document students' clinical learning and competency development.

19.4 Student Records

Individual student records, including admission details, attendance, academic progress, mentoring records, counselling reports, clinical competencies, research activities, and achievements, shall be maintained confidentially and updated regularly.

19.5 Faculty Records

Faculty records, including workload distribution, teaching assignments, professional development activities, publications, research projects, appraisal reports, leave records, and committee responsibilities, shall be maintained as per institutional requirements.

19.6 Skill Laboratory Records

Records related to laboratory utilization, equipment usage, skill demonstrations, return demonstrations, competency assessments, maintenance schedules, and laboratory attendance shall be maintained to ensure effective laboratory management.

19.7 Inventory Management

An updated inventory of furniture, laboratory equipment, simulation models, teaching aids, books, instruments, and consumable items shall be maintained with proper identification, periodic verification, and stock records.

19.8 Issue and Return Register

An Issue and Return Register shall be maintained to document the issuance and receipt of laboratory equipment, teaching materials, instruments, and other departmental resources, ensuring accountability and traceability.

19.9 Equipment Maintenance

Laboratory equipment, simulation models, computers, audio-visual aids, and other teaching resources shall be inspected periodically, serviced when required, and maintained in functional condition to ensure uninterrupted academic activities.

19.10 Stock Verification

Physical verification of departmental stock shall be carried out periodically to ensure the accuracy of inventory records, identify shortages or damages, and maintain accountability for departmental assets.

19.11 Condemnation Procedure

Unserviceable, obsolete, or damaged equipment and materials shall be identified, documented, and disposed of through the institutional condemnation procedure in accordance with applicable rules, financial regulations, and asset disposal policies.

20. Infection Prevention and Safety SOP

20.1 Standard Precautions

Standard precautions shall be followed at all times during clinical practice, including hand hygiene, use of personal protective equipment (PPE), respiratory hygiene, safe handling of patient care equipment, and adherence to infection prevention protocols.

20.2 Biomedical Waste Management

Biomedical waste shall be segregated, collected, transported, treated, and disposed of according to the Biomedical Waste Management Rules and institutional guidelines, ensuring environmental safety and infection control.

20.3 Needle Stick Injury Management

All needle stick and sharps injuries shall be reported immediately. Appropriate first aid, incident reporting, medical evaluation, post-exposure prophylaxis (PEP), and follow-up shall be carried out as per institutional protocols.

20.4 Psychiatric Ward Safety

A safe therapeutic environment shall be maintained by ensuring regular risk assessment, environmental safety checks, restricted access to hazardous objects, and adherence to established psychiatric ward safety protocols.

20.5 Patient Safety Measures

Patient safety shall be ensured through accurate patient identification, effective communication, safe nursing practices, medication safety, fall prevention, infection prevention, and continuous monitoring of patients during care.

20.6 Suicide Risk Prevention

Patients at risk of self-harm or suicide shall be identified through systematic assessment, provided with appropriate supervision, documented according to institutional protocols, and managed through multidisciplinary collaboration.

20.7 Violence Prevention and Management

Early identification of aggressive behaviour, de-escalation techniques, therapeutic communication, environmental safety measures, and appropriate emergency interventions shall be implemented to prevent and manage violence while ensuring the safety of patients, staff, and visitors.

20.8 Emergency Management Protocol

All medical, psychiatric, and environmental emergencies shall be managed according to established institutional emergency response protocols. Faculty members and students shall be familiar with emergency procedures, evacuation plans, and disaster preparedness measures.

20.9 Safe Medication Administration

Medications shall be administered in accordance with the principles of safe medication practice, including verification of prescriptions, patient identification, adherence to the medication rights, monitoring for adverse effects, accurate documentation, and reporting of medication errors as per institutional policy.

21. 21.1 Student Feedback System

Student feedback shall be collected periodically on curriculum delivery, teaching-learning methods, clinical training, mentoring, and departmental facilities. The feedback shall be analyzed to identify strengths and areas requiring improvement**.**

21.2 Faculty Feedback

Feedback from faculty members shall be obtained on academic planning, curriculum implementation, infrastructure, institutional support, faculty development programmes, and departmental functioning to facilitate quality enhancement.

21.3 Clinical Feedback

Feedback shall be obtained from students, faculty members, and clinical partners regarding clinical learning experiences, supervision, competency development, patient care practices, and clinical facilities to improve the quality of clinical education.

21.4 Academic Audit

Periodic academic audits shall be conducted to evaluate curriculum implementation, teaching-learning activities, lesson plans, attendance, assessment practices, documentation, and compliance with regulatory and institutional standards.

21.5 Clinical Audit

Clinical audits shall be undertaken to evaluate the quality of clinical teaching, nursing care documentation, student competencies, patient safety practices, adherence to clinical protocols, and achievement of learning outcomes.

21.6 Department Performance Indicators

Key performance indicators shall be monitored regularly, including student academic performance, clinical competency, examination results, research publications, faculty development activities, Continuing Nursing Education (CNE) programmes, extension activities, and stakeholder satisfaction.

21.7 Corrective and Preventive Actions (CAPA)

Corrective and Preventive Actions (CAPA) shall be implemented based on audit findings, feedback analysis, regulatory recommendations, and identified non-conformities to enhance departmental performance and prevent recurrence of deficiencies.

21.8 Continuous Quality Improvement

Continuous quality improvement shall be promoted through periodic review of departmental activities, implementation of best practices, adoption of innovative teaching-learning strategies, evidence-based practices, regular monitoring, and stakeholder participation to achieve academic excellence and quality patient care.

22. Departmental Activities SOP:

22.1 World Mental Health Day

World Mental Health Day shall be observed annually through awareness programmes, expert lectures, seminars, exhibitions, competitions, and community outreach activities to promote mental well-being and reduce stigma associated with mental illness.

22.2 Suicide Prevention Awareness Programme

Suicide prevention awareness programmes shall be organized to educate students, healthcare professionals, and the community on suicide risk factors, early identification, crisis intervention, and available mental health support services.

22.3 Mental Health Awareness Rally

Mental health awareness rallies shall be conducted to promote positive mental health, increase public awareness, reduce misconceptions about mental illness, and encourage early help-seeking behaviour within the community.

22.4 School Mental Health Programme

School mental health programmes shall be implemented to promote emotional well-being, stress management, life skills, and mental health awareness among school children through educational sessions, counselling, and interactive activities.

22.5 Community Mental Health Camp

Community mental health camps shall be organized in collaboration with healthcare institutions and community organizations to provide mental health screening, counselling, health education, referral services, and rehabilitation guidance.

22.6 Workshops

Workshops shall be conducted periodically to enhance knowledge, clinical skills, therapeutic communication, counselling techniques, research competency, and professional development in Mental Health Nursing.

22.7 Conferences

Faculty members and students shall be encouraged to participate in scientific conferences for updating professional knowledge, presenting research findings, networking with experts, and promoting evidence-based psychiatric nursing practice.

22.8 Professional Development Activities

Professional development activities, including Continuing Nursing Education (CNE) programmes, faculty development programmes, webinars, certificate courses, and training sessions, shall be organized to promote lifelong learning and professional competency.

22.9 Student Enrichment Activities

Student enrichment activities such as seminars, journal clubs, quizzes, role plays, simulation exercises, leadership programmes, communication skill workshops, and personality development sessions shall be conducted to enhance academic and professional growth.

22.10 Outreach Mental Health Services

Outreach mental health services shall be undertaken through community visits, awareness campaigns, counselling services, rehabilitation programmes, home visits, school and workplace mental health initiatives, and collaboration with governmental and non-governmental organizations to improve access to mental healthcare.

23. Code of Conduct SOP:

23.1 Faculty Discipline

Faculty members shall maintain punctuality, professional integrity, ethical conduct, accountability, and adherence to institutional policies while fulfilling their academic, clinical, research, and administrative responsibilities.

23.2 Student Discipline

Students shall comply with institutional rules and regulations, maintain discipline during theory classes and clinical postings, demonstrate professional behaviour, and uphold the values of the nursing profession.

23.3 Professional Ethics

All academic, clinical, research, and professional activities shall be carried out in accordance with the Code of Ethics prescribed by the Indian Nursing Council (INC), institutional policies, and accepted standards of nursing practice.

23.4 Therapeutic Relationship Guidelines

Students and faculty members shall establish and maintain professional therapeutic relationships with patients by demonstrating empathy, respect, effective communication, professional boundaries, and patient-centred care.

23.5 Confidentiality and Privacy

Confidentiality of patient information shall be maintained at all times. Patient records, personal information, and clinical discussions shall be handled with due respect for privacy and in accordance with legal, ethical, and institutional guidelines.

23.6 Professional Behaviour

Professional behaviour shall be demonstrated through respect, accountability, teamwork, effective communication, appropriate appearance, responsible conduct, and commitment to delivering safe and quality nursing care.

23.7 Patient Rights and Dignity

The rights, dignity, autonomy, privacy, and informed decision-making of every patient shall be respected. Nursing care shall be delivered without discrimination while ensuring compassion, respect, and patient safety.

23.8 Respect for Cultural Diversity

Mental health nursing care shall be provided with respect for the cultural, religious, social, linguistic, and individual values of patients and their families, promoting equality, inclusiveness, and culturally competent care.

23.9 Ethical Psychiatric Nursing Practice

Psychiatric nursing practice shall be guided by ethical principles, evidence-based practice, legal requirements, patient advocacy, confidentiality, informed consent, least restrictive care, and respect for the rights of individuals with mental illness.

24. Review and Revision of SOP

24.1 Periodic Review Schedule

The Standard Operating Procedures (SOPs) shall be reviewed at least once every academic year or earlier whenever required due to changes in regulatory guidelines, institutional policies, curriculum revisions, or departmental requirements.

24.2 SOP Revision Process

Revisions shall be initiated based on feedback from faculty members, students, audit findings, quality assurance recommendations, regulatory updates, and best practices. All proposed revisions shall be documented and reviewed before implementation.

24.3 Approval Procedure

All new SOPs and revised SOPs shall be reviewed by the Head of the Department and submitted to the principal for approval before implementation. Approved SOPs shall become effective from the specified implementation date.

24.4 Implementation of Revised SOP

Following approval, the revised SOP shall be communicated to all faculty members, students, and other concerned stakeholders. Orientation or training sessions shall be conducted whenever significant changes are introduced to ensure effective implementation.

24.5 Document Control

All SOP documents shall be assigned a unique document number, version number, effective date, review date, and approval details. Current versions shall be maintained in the department, while obsolete versions shall be archived according to institutional document control procedures to ensure traceability and complian

25. Annexures

The following annexures form an integral part of this Standard Operating Procedures (SOP) Manual and shall serve as supporting documents for the implementation, monitoring, and evaluation of departmental activities.

Appendix 1

HISTORY TAKING FORMAT IN PSYCHIATRIC NURSING

I. Identification Data

Name: _____ Age: _____ Sex: _____

Father/Spouse: _____

Address: _____

Education: _____ Occupation: _____ Income: _____

Marital status: _____ Religion: _____

Informant: _____

Information: Relevant / not relevant, adequate / not adequate

II. Presenting Chief Complaint

(With duration in chronological order, in patient's own words and informant's own words)

III. History of Present Illness

Duration (days/weeks/months/years):

Mode of onset:
Abrupt / acute / subacute / insidious
(<48 hrs / <1 wk / 1–2 wks / within a few weeks)

Course: Continuous / episodic / fluctuating / deteriorating / improving / unclear

Intensity: Same / increasing / decreasing

Precipitating factors: Yes / No, if yes explain

Description of present illness: (chronological description of abnormal behavior, associated problems like suicide, homicide, disruptive behavior, thought content, speech, mood states,

abnormal perception, biological functioning, social functioning, occupational functioning, changes in ADLs)

IV. Treatment History

Drugs (name of the drug, dose, route, side-effects, if any)

ECT:

Psychotherapy:

Family therapy:

Rehabilitation:

V. Past Psychiatric and Medical History

Number of previous episodes/hospitalization (psychiatric) with onset and course:

Complete or incomplete remission:

Duration of each episode:

Treatment details and its side effects if any:

Treatment outcome:

Details of any precipitating factors if present:

Substance use details:

Surgical procedures/accidents/head injury/convulsions/unconsciousness/DM/HTN/CAD/venereal disease/HIV positivity/any other

VI. Family History

Description (describe each family member briefly: age, education, occupation, health status, relationship with the patient, age at death, mode of death)

VII. Personal History

(A) Perinatal History

Antenatal period:

- Maternal infections / exposure to radiation / any other

- Check ups
- Any complications

Intranatal period:

- Type of delivery – normal / instrumental / cesarean
- Any complications

Birth: Full-term / premature / postmature

Birth cry: Immediate / delayed

Birth defects: Yes or No, if yes, specify

Postnatal complications: Cyanosis / convulsions / jaundice / neonatal infections / any other

(B) Childhood History

Primary caregiver: _____

Feeding: Breastfed / artificial mode of feeding

Age at weaning: _____

Developmental milestones: Normal / delayed

Behavior and emotional problems:
Thumb sucking / excessive temper tantrums / stuttering / head-banging / body rocking / nail biting / pica / enuresis / morbid fears / night terrors / somnambulism

Illness during childhood:
Specifically for CNS infections / epilepsy / neurotic disorders / malnutrition

(C) Educational History

Age at beginning of formal education: _____

Academic performance: _____

(Specifically look for learning disability and attention deficit disorders)

Extracurricular achievements, if any: _____

Relationships with peers and teachers: _____

School phobia: Yes / No

Look for conduct disorders, for example truancy/stealing: Yes / No

Reason for termination of studies: _____

(D) Play History

Games played (at what stage and with whom): _____

Relationships with playmates: _____

(E) Emotional Problems during Adolescence

Running away from home / delinquency / smoking / drug-taking / any other (specify)

(F) Puberty

Age at appearance of secondary sexual characteristics: _____

Anxiety related to puberty changes: _____

Age at menarche: _____

Reaction to menarche: _____

Regularity of cycles, duration of flow: _____

Abnormalities, if any (menorrhagia, dysmenorrhea, etc.): _____

(G) Obstetrical History

LMP: _____

Number of children: _____

Any abnormalities associated with pregnancy, delivery, puerperium:

_____

Termination of pregnancy, if any: _____

Menopause (including any associated problems): _____

(H) Occupational History

Age at starting work: _____

Jobs held in chronological order: _____

Reasons for changes: _____

Current job satisfaction (including relationships with authorities, colleagues, subordinates):

_____

Whether job is appropriate to patient's background: _____

(I) Sexual and Martial History

Genogram (family of procreation- details of spouse and children):

_____

Type of marriage: Self-choice / arranged

Duration of marriage: _____

Interpersonal and sexual relations: Satisfactory / unsatisfactory

Extramarital relationship if any specify: _____

(J) Premorbid Personality

- Interpersonal relationships: Extrovert / introvert
- Family and social relationships: _____
- Use of leisure time: _____
- Predominant mood: Optimistic / pessimistic; stable / fluctuating; cheerful / despondent
- Usual reaction to stressful events: _____
- Attitude to self and others: self-appraisal of abilities, achievements and failures
- Attitude to work and responsibility: _____
- Religious beliefs and moral attitudes: _____
- Fantasy life: Daydreams – frequency and content

Habits

- Eating pattern: Regular / irregular
- Elimination: Regular / irregular
- Sleep: Regular / irregular
- Use of drugs, tobacco, alcohol: _____

Appendix 2

MENTAL STATUS EXAMINATION FORMAT

A. General Appearance and Behaviour

Appearance: Looking one's age / looks older / younger than his/her age / underweight / overweight / physical deformity

Facial expression: Anxious / blunted / pleasant / fearful

Level of grooming: Normal / shabbily dressed / overdressed / idiosyncratically dressed

Level of cleanliness: Adequate / inadequate / overtly clean

Level of consciousness: Fully conscious and alert / drowsy / stuporous / comatosed

Mode of entry: Came willingly / persuaded / brought using physical force

Behavior: Normal / over friendly / preoccupied / aggressive

Co-operativeness: Normal / more than so / less than so

Eye-to-eye contact: Maintained / difficult / not maintained

Psychomotor activity: Normal / increased / decreased

Rapport: Spontaneous / difficult / not established

Gesturing: Normal / exaggerated / odd

Posturing: Normal posture / catatonic posture / stooped / stiff / guarded

Other movements: Normal / stereotype / tremors / extrapyramidal symptoms / abnormal involuntary movements

Other catatonic phenomena: Automatic obedience / negativism / excessive co-operation / waxy flexibility / echopraxia / echolalia

Conversion and dissociative signs: Pseudoseizures / possession states / any other

Compulsive acts or rituals or habits (for example nail biting):

Hallucinatory behavior: Smiling or crying without reason / muttering or talking to self, odd gesturing

B. Speech

Initiation: Spontaneous / speaks when spoken to / minimal / mute

Reaction time (time taken to answer the question): Normal / delayed / shortened / difficult to assess

Rate: Normal / slow / rapid

Productivity: Monosyllabic / elaborate replies / pressured

Volume: Normal / increased (loud) / decreased (soft)

Tone: Normal variation / high pitch / low pitch / monotonous

Relevance: Fully relevant / sometimes off target / irrelevant (answer the question appropriately)

Stream: Normal / circumstantial / tangential / blocking / verbigeration / stereotypies verbal / flight of ideas / clang associations (flow and rhythm of speech)

Coherence: Fully coherent / loosening of associations (in coherent)

Others: Echolalia / perseveration / neologism

Sample of speech (in response to open-ended questions, verbatim in 2 or 3 sentences):

C. Mood and Affect

Subjective:

Objective:

Predominant mood state: Irritable / labile / blunted / anxious / fearful / panic / aggressive / cheerful / depressed

Appropriate (relevance to situation and thought congruent) / inappropriate

D. Thought

Stream (flow of thought):

Normal / racy thoughts (pressure of thought) / retarded thinking (poverty of thought) / thought block / muddled or unclear thinking / flight of ideas / clang association / mutism

Form (formal thought disorder):

Normal / not understandable / circumstantiality / tangentiality / neologism / word salad / ambivalence / perseveration (specify with a sample of speech)

Content

- **Delusions:** Specify type and give example – persecutory delusions / delusion of reference / delusion of influence or passivity / hypochondriacal delusions / delusion of grandeur / nihilistic delusions / delusion of infidelity / delusion of control / bizarre delusions
- **Ideas:** Worthlessness / helplessness / hopelessness / guilt / hypochondriacal / death wishes (suicidal ideations)
- **Thought alienation phenomena:** Thought insertion / thought withdrawal / thought broadcasting
- **Obsessional / compulsive phenomena:** Thoughts / images / ruminations / doubts / impulsive rituals
- **Phobias** (irrational fears):
- **Any preoccupations:**

E. Perception

Illusions:

Hallucinations (Specify type and give example): Auditory / visual / olfactory / Gustatory / Tactile

Somatic passivity:

Déjà vu / jamais vu:

Depersonalization / derealization:

F. Cognitive Function (Neuropsychiatric Assessment)

Consciousness:

Conscious / cloudy / comatosed

Orientation

- **Time:** appropriate time / day / night / date / day / month / year
- **Place:** kind of place / area / city
- **Person:** self / close associates / hospital staff

Attention

Normally aroused / aroused with difficulty

- Digit forward
- Digit backward

Concentration

Normally sustained / sustained with difficulty / distractible

- 100–7
- 40–3
- 20–1
- Names of months (backwards)
- Names of weekdays (backwards)

Memory

- **Immediate:** (same test as for attention):
- **Recent:** (recent happenings – last meal, visitors, etc)
    - verbal recall – 3 unrelated objects
    - 5 unrelated objects, or imaginary address of 5 items
- **Remote:**
    - Personal events:
    - Impersonal events:
    - Illness-related events:

Intelligence

- **General fund of information:**
- **Arithmetic ability:** Mental arithmetic / written sums

Abstraction

- Normal / concrete

- Interpretation of proverbs (give a proverb and ask the inner meaning for example, feathers of a bird flock together / rolling stones gather no mass):
- Similarities between paired objects:
- Dissimilarities between paired objects:

Judgment

- **Personal (future plans):** intact / impaired
- **Social (perception of the society):** intact / impaired
- **Test** (present a situation and ask their response to the situation): intact / impaired

G. Insight

Insight is rated on a 6 point scale from 1 to 6

1. Complete denial of illness
2. Slight awareness being sick
3. Awareness of being sick attributed it to external or physical factor
4. Awareness of being sick but due to some thing unknown in himself
5. Intellectual insight
6. True emotional insight

Appendix 3

NEUROLOGICAL EXAMINATION FORMAT

I. Level of Consciousness

1. Alert / Lethargic / Stuporous / Semi-comatose / Comatose

Score of Glasgow coma scale: _____

II. Mental Status Examination

- General appearance
- Speech
- Thought process
- Mood
- Cognitive functions
    - Attention and concentration
        - Serial 7
        - Digit span – backward, forward
    - Orientation
        - Time
        - Place
        - Person
    - Memory
        - Immediate
        - Recent
        - Remote
    - General knowledge
    - Abstract reasoning
    - Judgment
    - Insight

III. Special Cerebral Functions

- Agnosia
- Apraxia
- Aphasia

IV. Cranial Nerve Examination

1. Olfactory Nerve

- Sense of smell – present / absent

2. Optic Nerve

- Inspection of eye – Inflammation / cataract / foreign bodies / any abnormalities
- Visual acuity (Snellen's chart)
- Visual field examination
    - Right eye
    - Left eye
- Ophthalmoscope examination
- Color vision – present / absent

3. Oculomotor, Trochlear and Abducent Nerves

- Pupillary reaction to light – reacting / not reacting
- Pupillary size – equal / unequal
- Eye movement in six directions – normal / abnormal
- Nystagmus – present / absent
- Diplopia – present / absent

4. Trigeminal Nerve

- Corneal reflex – present / absent
- Facial sensory response – present / absent
- Mandibular strength – adequate / hypotonia

5. Facial Nerve

- Facial expressions – normal / hypotonia
- Taste sensation – present / absent

6. Vestibule Cochlear Nerve

- Auditory acuity test
- Air conduction
- Bone conduction

7. Glossopharyngeal and Vagus Nerve

- Gag reflex – present / absent
- Swallowing reflex – present / absent
- Position and movement of uvula and palate – normal position / deviation
- Sensation of taste – present / absent

8. Spinal Accessory Nerve

- Sternocleidomastoid muscle strength – normal / hypotonia
- Elevation of shoulders – adequate strength / weakness
- Turning of head – adequate / inadequate

9. Hypoglossal Nerve

- Tongue movement – normal / abnormal

V. Motor Function Assessment

- Muscle size
- Muscle strength
- Muscle tone
- Muscle co-ordination
- Gait
- Movements of all the joints
- Deformities
- Abnormal movements

VI. Sensory Function Assessment

- Pain sensation: Present / absent
- Temperature sensation: Present / absent
- Touch sensation: Present / absent
- Vibration sensation: Present / absent

VII. Assessment of Cerebellar Function

1. Finger to finger test – normal / abnormal
2. Finger to nose test – normal / abnormal
3. Romberg test – normal / unable to perform
4. Tandem walking test – normal / unable to perform

VIII. Assessment of Reflexes

1. Superficial Reflexes – present / absent

- Abdominal
- Plantar
- Corneal
- Pharyngeal
- Cremasteric
- Anal

2. Deep Tendon Reflexes – present / absent

- Biceps
- Triceps
- Brachioradial
- Patellar
- Achilles

3. Any Abnormal Reflexes – present / absent

Appendix 4

PROCESS RECORDING FORMAT

I. Identification Data

Name: _____ **Age:** _____ **Sex:** _____

Religion: _____ **Marital status:** _____

Educational status: _____

Occupation: _____ **Income per month:** _____

Languages known: _____

I.P. No.: _____ **Ward:** _____

Diagnosis: _____

Address:

_____

Date of admission: _____

Date and time of process recording: _____

Brief summary of the patient problem:

_____

_____

_____

II. Place of Interaction

_____

_____

III. Description of the Environment

_____

_____

_____

IV. Reason for Selecting the Patient

_____

_____

_____

V. Objectives

1. _____
2. _____
3. _____

_____

Nurses Response		Patients Response		Technique Inference
Verbal	Non-verbal	Verbal	Non-verbal	

Conclusion

Fixing the time and place for the next interview

Summary

- List of inferences
- Care plans made according to inference
- Any special difficulties faced during the inference
- Techniques used to overcome difficulties

Appendix 5

MINI MENTAL STATE EXAMINATION (MMSE) FORMAT

Component description	**Patient score**	**Points**
I. Orientation		
What is the Year?		1
Season?		1
Date?		1
Day?		1
Month?		1
Which is our State?		1
Country?		1
Town or city?		1
Hospital?		1
Floor?		1
Subtotal		**10**
II. Attention and Calculation		**5**
Spell **"world"** backwards; give 1 point for each letter that is in the right place (for example, **DLROW = 5, DLORE = 3**). Alternatively, do serial 7s (ask the person to count backwards from 100 in blocks of 7 i.e. 93, 86, 79, 72, 65). Stop after five subtractions. Give one point for each correct answer.		5
III. Registration		**3**
Name three objects (for example, **apple, table, pen**) taking one second to say each one. Then ask the individual to repeat the names of all three objects. Give one point for each correct answer. Repeat the object names		3

until all three are learned.		
IV. Recall		**3**
Ask for the three objects repeated above (for example, **apple, table, pen**). Give one point for each correct object.		3
V. Language		
Point to a pencil and ask the person to name this object (1 point). Do the same thing with a wrist watch (1 point).		2
Ask the person to repeat the following: **No 'ifs' and/or 'buts'** (1 point). Allow only one trial.		1
Give the person a piece of blank white paper and ask them to follow a three stage command. **Take a paper in your right hand, fold in half and put it on the floor** (1 point for each part that is correctly followed).		3
Write **'CLOSE YOUR EYES'** in large letters and show it to the patient. Ask him or her to read the message and do what it says (give 1 point if they actually close their eyes).		1
Ask the individual to write a sentence of their choice on a blank piece of paper. The sentence must contain a subject and a verb, and must make sense. Spelling, punctuation and grammar are not important (1 point).		1
Show the person a drawing of two pentagons which intersect to form a quadrangle. Each side should be about 1.5 cm. Ask them to copy the design exactly as it is (1 point). All 10 angles need to be present and the two shapes must intersect to score 1 point. Tremor and rotation are ignored.		1
Total Score		**30**

Appendix 6

GERIATRIC HISTORY COLLECTION FORMAT

I. Demographic Data

Name: _____

Age: _____

Sex: _____

Occupation: _____

Income: _____

Education: _____

Marital Status: Married / Single / Widow

I.P. No.: _____

Address: _____

Informant: _____

II. Chief Complaints

III. Precipitating Factors

Head injury / infection / sensory handicaps / retirement / bereavement / any other

---

IV. History of Present Illness

- Stress
- Qualitative or quantitative changes in routine activities
- Cognitive function
- Habits and others

V. Past Medical History

VI. Past Psychiatric History

VII. Family History

- Joint or nuclear family
- Monthly income of the family
- Socioeconomic status
- Genogram

VIII. Personal History

a) Developmental history

---

b) Educational history

---

c) Occupational history (pre-retirement)

---

d) Source of income

Employment / pension / assistance from family / other financial problems, if any

---

e) Residence

- Living at home / alone / with spouse / with children
- Own / rented house
- Any problems with living situation

IX. Marital History

- Family history of mental or physical history
- Sexual / menstrual history
- Genogram

X. Premorbid Personality

- Specific traits
- Social functioning
- Occupational functioning
- Biological functioning
- Interest / hobbies, alcohol and other drug abuse

XI. Community Involvement

Members of organization / club / political activities / voluntary work

---

XII. Social Support

XIII. Attitude towards Ageing and Death

XIV. Mental Status Examination

XV. Summary

XVI. Investigations

XVII. Treatment

Appendix 7

NURSING CARE PLAN FORMAT IN PSYCHIATRIC NURSING

I. Identification Data

Name of the patient: _____ **Age:** _____ **Sex:** _____

Religion: _____

I.P. No.: _____ **Ward:** _____ **Marital status:** _____ **Education:** _____

Occupation: _____ **Income per month:** _____

Address:

_____

Informant:

_____

_____

II. Presenting Chief Complaints

_____

_____

III. History of Present Illness

_____

_____

IV. Treatment History

_____

_____

V. Past Psychiatric and Medical History

_____

_____

VI. Family History

_____

_____

VII. Personal History

_____

_____

VIII. Mental Status Examination

- General appearance and behavior

- Speech
- Mood
- Thought
- Perception
- Cognitive function
- Insight
- Judgment
- Diagnostic formulation

IX. Physical Examination

X. Nursing Management

Nursing Assessment

(Objective data, Subjective data)

List of Nursing Diagnosis

1.
2.
3.

NURSING CARE PLAN

Assessment	Nursing Diagnosis	Goal / Objective	Intervention	Implementation	Rationale	Evaluation

XI. Health Education

XII. Conclusion

Appendix 8

CASE STUDY / CASE PRESENTATION FORMAT IN PSYCHIATRIC NURSING

I. Identification Data

Name of the patient: _____ Age: _____ Sex: _____

Religion: _____

I.P. No.: _____ Marital status: _____ Education: _____ Occupation: _____

Address:

_____

Informant:

_____

II. Presenting Chief Complaints

III. History of Present Illness

IV. Treatment History

V. Past Psychiatric and Medical History

VI. Family History

VII. Personal History

VIII. Mental Status Examination

- General appearance and behavior

- Speech
- Mood
- Thought
- Perception
- Cognitive function
- Insight
- Judgment
- Diagnostic formulation

IX. Physical Examination

Book Picture of Disease Condition

Introduction

Definition

Incidence

Etiology

Book Picture	Patient Picture

Psychopathology

Clinical Manifestations

Book Picture Patient Picture

Investigations and Diagnoses

Book Picture	Patient Picture

Treatment

Book Picture Patient Picture

Nursing Management

Nursing Assessment

List of Nursing Diagnoses

1.
2.
3.

Nursing Interventions (According to Book)

Nursing Evaluation

NURSING CARE PLAN

Assessment	Nursing Diagnosis	Goal / Objective	Intervention	Implementation	Rationale	Evaluation

Health Education

Conclusion

References

1. _____
2. _____
3. _____
4. _____
5. _____

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Appendix 9

CHILD AND ADOLESCENT PSYCHIATRY ASSESSMENT FORMAT

A. Demographic Data

Name: _____

Age: _____

Sex: _____

Address: _____

Income: _____

Residence: Urban / Semi-Urban / Rural

Hospital No.: _____

Informant: Mother / Father / Others

B. Chief Complaints (with Duration in Brief)

C. History of Present Illness

D. Family History

- Nuclear / non-nuclear
- Consanguineous marriage / non-consanguineous marriage
- History of Mental illness / Epilepsy / mentally retarded / any other
- Genogram

E. Personal History

- Antenatal history
- Perinatal history
- Postnatal history
- Milestones
- Current schooling
- Habits
- Interest and talents
- Sexual history

F. Past History

- Psychiatric
- Neurotic
- Others

G. Current Functioning

1. Intelligence

Above average / Average / Below average

2. School Performance

Above average / Average / Below average

3. Self-Help (Age Appropriate)

a. Toilet: Yes / No

b. Dressing: Yes / No

c. Eating: Yes / No

d. Bathing: Yes / No

H. Physical Examination

- Vision
- Hearing
- CNS
- Chest

I. Treatment History Till Date

J. Mental Status Examination

- Attention and concentration
- Activity level
- Motor behavior
- Speech and language ability
- General intelligence
- Mood and affect
- Thought processes
- Perception

K. Summary

Appendix 10

FACULTY LIST

Sr. No.	Name of The Staff	Designation
1	Mr. Kadu Amit Vasant	Associate Professor
2	Mr. Nirmal Nitin Balasaheb	Assistant Professor
3	Ms. Kharade Pallavi Bhagoji	Assistant Professor
4	Mr. Bhambal Stephen Sunil	Assistant Professor
5	Mr. Mhaske Swapnil Sukhdev	Assistant Professor
6	Ms. Waghmare Nayan Sadanand	Tutor/ Clinical Instructor
7	Ms. Umbarkar Sujata Changdev	Tutor/ Clinical Instructor
8	Mr. Daunde Ankit Sudhir	Tutor/ Clinical Instructor
9	Mr. Kale Sunny Ratnakar	Tutor/ Clinical Instructor
10	Ms. Dhatrak Shital Sanjay	Tutor/ Clinical Instructor
11	Ms. Sonawane Manisha Subhash	Tutor/ Clinical Instructor
12	Mr. Gadadhe Kishor Shivaji	Tutor/ Clinical Instructor
13	Ms. Pardeshi Rushikesh Ganesh	Tutor/ Clinical Instructor
14	Mr. Khemnar Gokul Haushabapu	Tutor/ Clinical Instructor

Appendix 11

LESSON PLAN FORMAT

Name of Institution: _____

Name of Department: Mental Health Nursing

Academic Year: _____

Programme: B.Sc. Nursing / M.Sc. Nursing

Year & Semester: _____

Subject: Medical Surgical Nursing

Topic: _____

1. General Information

Sr. No.	Particulars	Details
1	Date	
2	Duration	
3	Time	
4	Class/Batch	
5	Number of Students	
6	Name of Faculty	
7	Method of Teaching	
8	Teaching Aids Used	

2. Previous Knowledge of Students

Students are expected to have basic knowledge regarding:

---

3. General Objective

At the end of the session, students will be able to understand and apply the knowledge related to _____.

---

4. Specific Learning Objectives

At the end of the teaching session, students will be able to:

1. Define _____
2. Explain _____
3. Describe _____
4. Identify _____
5. Apply knowledge in clinical practice.

5. Content Outline

Sr. No.	Content	Time Allocation
1	Introduction	
2	Definition/Concept	
3	Causes/Risk factors	
4	Pathophysiology	
5	Clinical Manifestations	
6	Diagnostic Measures	
7	Management/Treatment	
8	Nursing Management	
9	Prevention/Health Education	
10	Summary & Conclusion	

6. Teaching–Learning Activity

Time	Teacher Activity	Student Activity	Teaching Method	Aids Used

7. Evaluation

- Question-answer session
- Discussion
- Quiz
- Feedback
- Return demonstration (if applicable)

8. Assignment / Follow-up Activity

_____

9. References

1. _____
2. _____

Prepared By: _____
(Faculty Signature)

Verified By: _____
(HOD Signature)

Date: _____

Appendix 12

UNIT PLAN FORMAT

Name of Institution: _____

Department: Mental Health Nursing Nursing

Academic Year: _____

Programme: _____

Year/Semester: _____

Subject Name: _____

Subject Code: _____

Name of Faculty: _____

Unit Details

Sr. No.	Particulars	Details
1	Unit Number	
2	Unit Title	
3	Duration (Hours)	
4	Planned Dates	
5	Number of Sessions	
6	Theory Hours	
7	Clinical Hours (if applicable)	

Unit Learning Objectives

At the end of the unit, students will be able to:

1. _____
2. _____
3. _____
4. _____

Content Plan

Sr. No.	Topics / Subtopics	Teaching Hours	Planned Date
1			
2			

3			

Teaching–Learning Strategies

☐ Lecture

☐ Discussion

☐ Case Study

☐ Seminar

☐ Demonstration

☐ Clinical Conference

☐ Bedside Teaching

☐ Problem-Based Learning

☐ Audio-Visual Aids / ICT

Learning Resources / Teaching Aids

- Textbooks
- Reference books
- Research articles
- PowerPoint presentation
- Videos
- Models / Charts
- Skill laboratory resources

Clinical Correlation (if applicable)

Clinical Area	**Related Activity**

Student Learning Activities

- Assignment
- Case presentation
- Nursing care plan
- Procedure practice
- Group discussion
- Self-directed learning

Assessment and Evaluation

Method	Date	Remarks
Quiz / Test		
Assignment		
Presentation		
Clinical Evaluation		

Remedial / Enrichment Activities

Faculty Remarks

Prepared By: _____

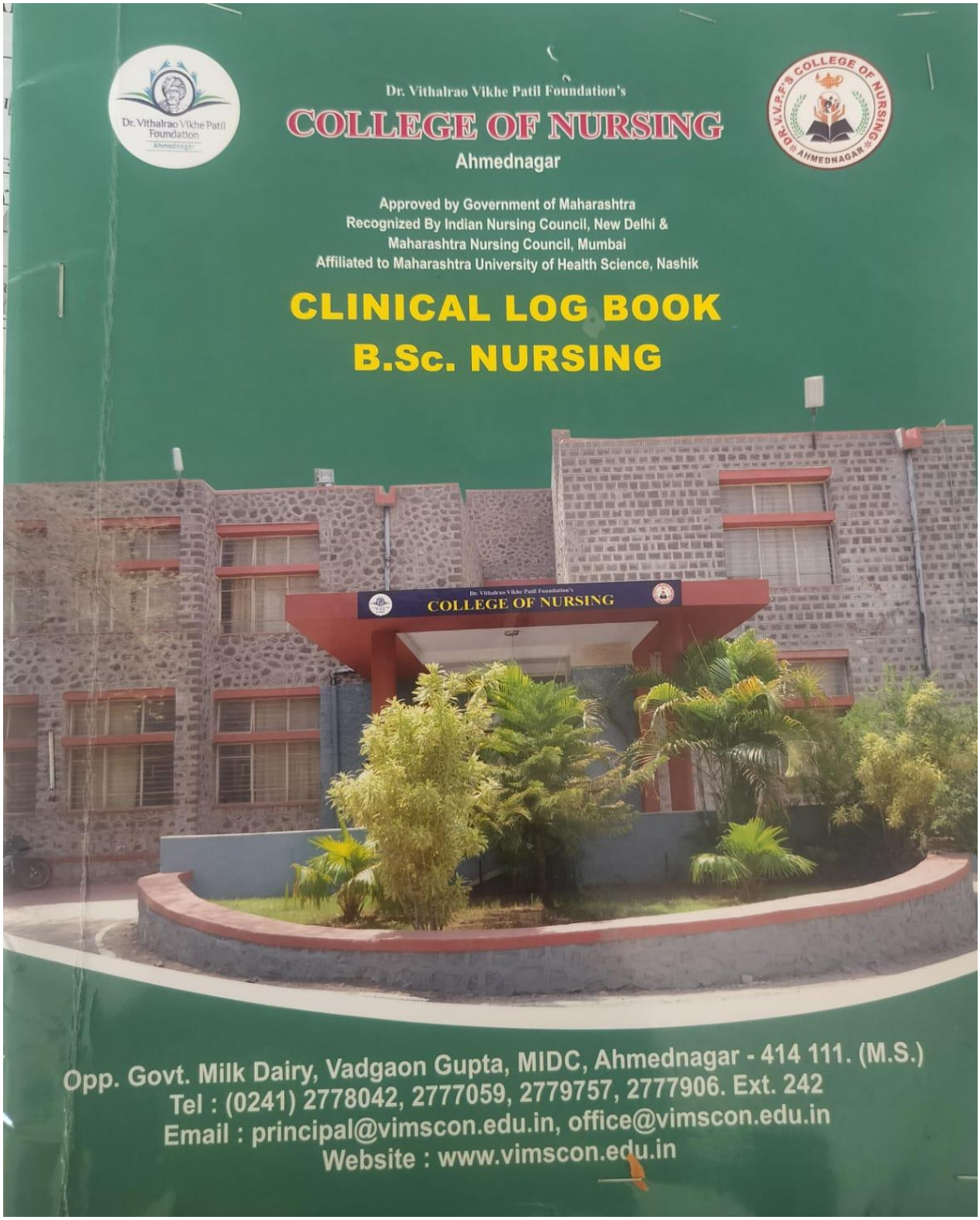
Signature: _____

Verified By (HOD): _____

Signature: _____

Appendix 13

12] CLINICAL LOG BOOK



Appendix 14

MINUTES OF MEETING FORMAT

MINUTES OF MEETING (MoM) WITH ACTION TAKEN REPORT

Department of Mental Health Nursing

Date of Meeting: _____

Time: _____

Venue: _____

Members Present:

_____

Chairperson:

_____

Agenda of the Meeting

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Minutes of Meeting and Action Taken Report

Sr. No.	Agenda	Minutes of Discussion	Action Taken / Outcome
1			
2			
3			
4			
5			
6			

Conclusion

Prepared By:

Signature: _____

Name: _____

Designation: _____

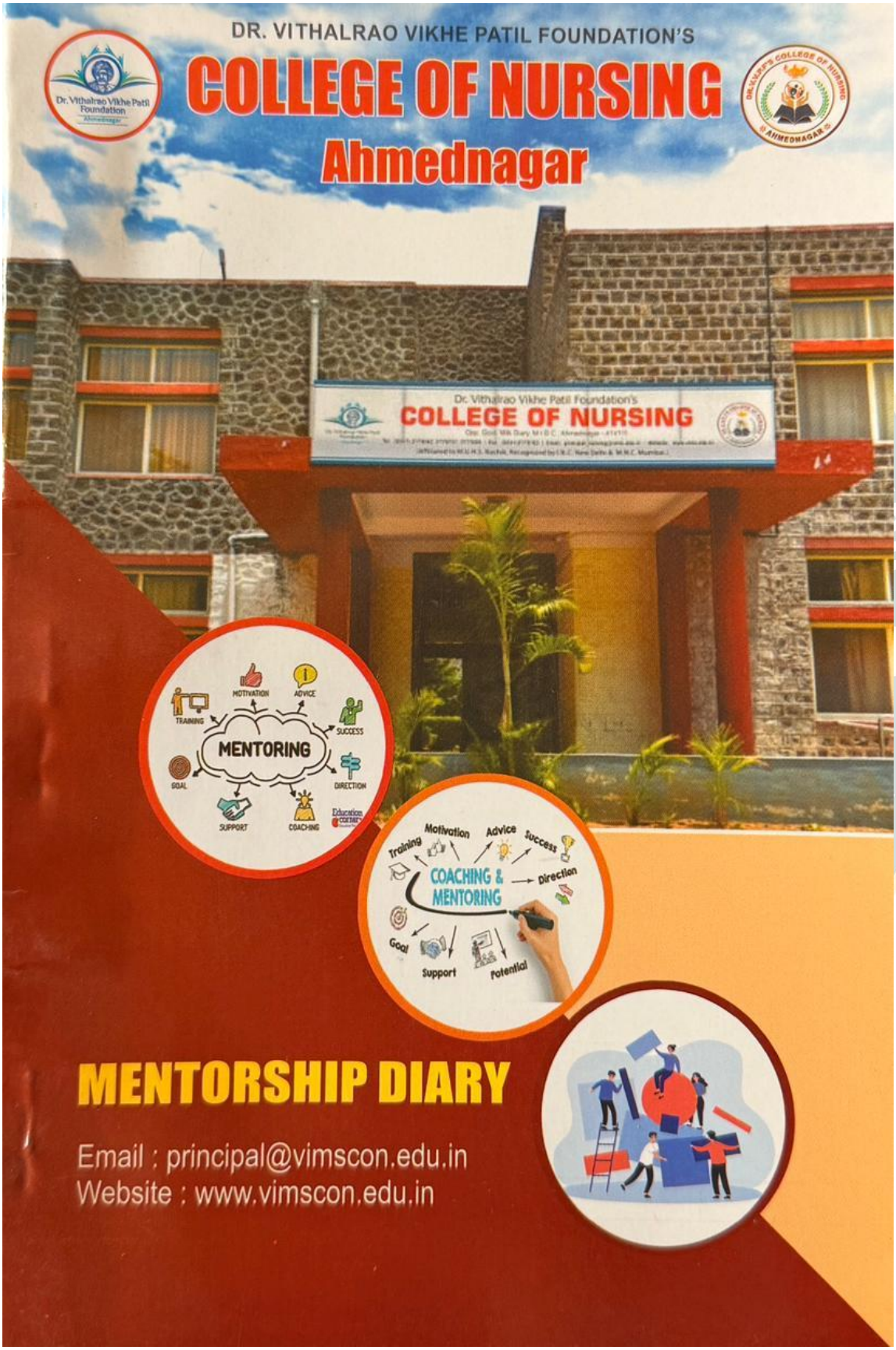
Approved By:

Signature: _____

Professor & Head of Department

Department of Medical-Surgical Nursing

Appendix 15-Mentorship Diary



Appendix 16

ACADEMIC AUDIT FORMAT

Sr. No.	ITEM	YES/NO	REMARKS
1	**Annual curricular Plan**		
	Academic Calendar		
	Master Rotation		
	Clinical Rotation		
	Program Outcome		
	Course Outcome		
	Course exit survey(Subject Feedback)		
	Attendance Register		
	Subject attendance Register		
	Coverage of Syllabus		
2	**Teaching Learning**		
	Course Plan		
	Unit Plan		
	Lesson Plan		
	e-Content		
	Integrated/ Interdisciplinary Lg.		
	PBL Scenario's		
	Seminar		
	Assignments (Case study, case presentation ect.)		
	Remedial Coaching		
	Cumulative Record		
3	**Mentor diary, meeting**		
4	**Students Health Record**		
	Leave Record		
	Immunization record		
5	**Research Project: Faculty** **Students**		
	Publication: Faculty Students		
	Copy Rights		
6	**Examination**		
	Internal assessment Record		
	Grievances Record		
	Slow Performer		
	Advance learner		
	Make up assignment/ Test		
	Analysis of University Results		
7	**Lab Utilization: Time Table**		

	Inventory Up to date Record Available		
8	**Extension Activity :** **Camps, survey reports** **Celebration of various days, reports** **Exhibition ect.**		
9	**Departmental Activity**		
	Meetings		
	Circular		
	Attendance		
	Minutes		
	Action taken report		
	Interdepartmental activity Course(Add on/ certificate/ diploma/ value added)		
	Conference/ workshop		
	Webinar/ Guest Lecture		
10	**Parents Meeting, Circular, report & Action Taken Report**		