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Staff Education Program for Nurses Caring for Patients with Medical Decline on a Geriatric Psychiatric Unit

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Walden University

College of Nursing

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Portia Risper

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and that any and all revisions required by
the review committee have been made.

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Walden University
2020

Abstract

Staff Education Program for Nurses Caring for Patients with Medical Decline on a

Geriatric Psychiatric Unit

by

Portia Denise Risper, MSN, FNP-BC

MS, Walden University, 2016

BS, Columbus State University, 2013

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2020

Abstract

Elderly patients admitted to psychiatric units are a vulnerable population, some may have mental disorders, physical decline, cognitive challenges; along with other comorbidities in addition to their mental illness. However, their physical health needs may be overlooked due to the presenting behaviors mimicking mental health behaviors. The nurses working in the local hospital facility's geri-psych unit failed to recognize signs and symptoms of physical decline in their severely mentally ill (SMI) patients. Not recognizing and reporting acute changes resulted in patients' prolonged hospitalization, decreased quality of life, and increased cost to the facility. The purpose of this DNP project was to develop an education program to increase nurses' knowledge of, and ability to recognize, early signs of physical decline in hospitalized SMI patients and to implement prompt interventions. The education program was presented to seven nurses who worked on the facility's geri-psych unit. The nurses completed a pretest before the program and a posttest after the program. Descriptive statistics were used to determine the difference between the pre- and posttests. The aggregate mean score was higher in the posttest, indicating that the nurses' knowledge increased after participating in the program. One recommendation included reinforcing to nurses during staff meetings the importance of recognizing early signs and symptoms of declining physical health so that they are better prepared to implement prompt interventions to decrease patients' decline and hospitalization, decrease cost to the facility, and improve patients' quality of life.

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Dedication

I dedicate the completion of this project to God. Thank you for instilling in me my love and compassion for mankind. I also dedicate this work to my parents, Leroy and Margie Willis Sr, my late grandparents, Mr. Clifford and Inez Alford and Mr. Howard and Carrie Lois Willis.

With all my love, Portia

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To my loving and supportive family, my parents Leroy and Margie Willis Sr., my children: Briana, Donovan and Ryan, my grandson, Carter and my brother and sister-in-law, Leroy and Mehalia Willis Jr.” I love you all, WE DID IT”!!!

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Section 1: Nature of the Problem

More than 50% of individuals worldwide will be diagnosed with a mental illness at some point in their lifetime; 1 in every American, 1 in 5 children, and 1 in every 25 adults will live with a serious mental illness (SMI; World Health Organization [WHO], 2019). Many older adults with SMI are hospitalized due to exacerbation of their mental illness (Center for Disease Control [CDC], 2019). Although the diagnosis of mental illness is the primary reason for the hospitalization, these individuals may have other comorbidities, such as hypertension (HTN), diabetes mellitus (DM), and chronic obstructive pulmonary disease (COPD), that should be monitored and treated as well during their hospitalization. Appropriate treatment of these patients goes beyond administering medication. The patient should be treated holistically to assure that all their healthcare needs are properly addressed. The nurse should be aware of signs and symptoms of physical changes that may mimic the behaviors of mental health disorders. The failure of nurses to recognize early signs and symptoms of physical decline and report acute changes can significantly impact the patient's overall outcome, quality of life and decrease their risk of premature death (Blanner et al., 2015).

Problem Statement

Mental illness affects many people across the lifespan, including older adults 60 and older (McNary, 2017). The median reduction in life expectancy among those with mental illness is 10.1 years, compared to individuals without mental illnesses (Walker, McGee & Druss, 2015). The life expectancy of patients with SMI is 7 to 20 years less

than those without mental illness, with physical illnesses contributing to the reduction (Bressington et al., 2018).

Behavioral health issues in the older adult population continue to be a significant concern in healthcare. Approximately 45% of physical illnesses in psychiatric patients go unnoticed, resulting in patients' decreased quality of life, decreased functional ability, and increased risk of premature death in the hospital setting (Carson et al., 2010).

Physical health and mental health are inextricably linked. Signs and symptoms of physical illness such as increased confusion, aggression, and combativeness may mimic psychiatric behaviors may be mistakenly interpreted as related to signs and symptoms of psychiatric illnesses (Osbourne, 2001). Therefore, medical providers in the hospital setting have been challenged to recognize and treat physical conditions in older psychiatric patients because their mental illnesses and missed diagnoses can increase their risk for continued decline (Osborne, 2001). The older psychiatric patient may exhibit signs and symptoms of delirium or other acute cognitive changes that may be seen by nurses as a psychotic episode; consequently, investigation into other underlying physical causes might not be pursued. Although they are being treated for their mental health disorders, older psychiatric patients must also be assessed for signs and symptoms of medical alterations, such as dehydration and decreased physical mobility, which increase their risk for falls and potential injury, as well as other physical changes that increase their risk for extended hospitalization.

There is minimal education for mental health nurses in identifying declining physical conditions of older SMI patients (Ford, 2017). In undergraduate nursing

programs the curriculum is tailored to educate nurses on planning, implementing, and evaluating preventive care at the primary, secondary, and tertiary levels (American Psychiatric Nurses Associations [APNA], 2019). In nursing, physical assessments are a critical component of nursing responsibilities (Alamri & Almazan, 2018). Nurses are taught the importance of performing physical assessments and monitoring for signs and symptoms of physical decline. Although, mental health nurses have similar training they are not trained specifically to distinguish the difference between medically versus mental health decline (Young et al. 2017) However, psychiatric nurses may mistakenly relate the signs and symptoms of physical illness in the SMI patient to psychiatric factors (Alamri & Almazan, 2018). Nursing assessment of signs and symptoms of chronic conditions such as chronic pain, asthma, hepatitis, and diabetes were limited in psychiatric patients (Carson et al., 2010), thus compromising the nursing care provided to older mentally ill patients. Having worked on a geri-psych unit, I have witnessed many instances where the staff have not recognized important signs and symptoms requiring further interventions to prevent decreased urinary output, unreported low blood pressures, and changes in gait and stability. Not recognizing these as medically related symptoms has the potential to increase the patient's risk for continued decline.

It is essential to educate the staff on the importance of assessing and reassessing the older psychiatric patient for adverse reactions associated with medical interventions as well as with complications due to current health challenges. Educating the nurse to recognize signs and symptoms related to medical issues of the SMI older patients will provide them with the knowledge to identify physical decline that should be reported to

the medical provider for prompt interventions (Young et al., 2017). Without integration of medical and mental health care planning in the hospital setting, older psychiatric patients will continue to have poor outcomes (Ford, 2017). This staff education project focused on the importance of nursing follow-up assessment and identifying changes that require interventions to prevent further decline and prolonged hospitalization for this population.

Purpose

The purpose of the DNP project was to develop an education program to increase nurses' knowledge of, and ability to recognize, early signs of physical decline and implement prompt interventions. Physical and mental health problems are inseparable and should be addressed simultaneously during patient care (Blanner et al. 2015). Psychiatric nurses may overlook the physical health needs of SMI patients due to the misconception that the presenting behavior is related to mental illness. The DNP project addressed this gap in knowledge. The practice-focused question for this DNP project was as follows: Will an evidence-based education program about the signs and symptoms of declining physical well-being in patients on a geri-psych unit, improve nurses' ability to identify early signs and respond appropriately to prevent further patient decline?

Nature of the Doctoral Project

Poor physical assessment of the older mental health patient remains an ongoing concern that has resulted in continued physical and mental decline with poor patient outcomes (Ford, 2017). Initially, I identified this population health issue by collecting data while working on the geri-psych unit that supported (a) the concept that physical

and mental decline of older psychiatric patients should be addressed concurrently by healthcare providers and (b) the importance of providing additional education for mental health staff to differentiate between medical and mental health cause of decline. . For these data, I used three databases, CINAHL, MEDLINE, and PubMed, along with data from the Centers for Disease Control and Prevention and the WHO. During the process of data collection, I conducted several informal interviews with staff in which they reported their concerns about patient stability (personal communications, December 2, 2019). During interdisciplinary team (IDT) meetings at the facility, the IDT identified the need to educate nurses on how to recognize subtle changes as well as notify providers of possible signs and symptoms indicative of physical or mental decline. I interviewed several staff nurses about their concerns about patients who were transferred to the medical unit due to signs and symptoms of medical issues that were missed by nurses. They shared their beliefs that patients who were reportedly medically cleared by the emergency department were medically unstable when transferred to their unit. They reported that the patients were too ill to be admitted onto the unit and that they were uncomfortable in treating them.

The steps and approach to program development is specified in the Walden Staff Education manual. The following is a summary of the approach I used to complete the steps required to implement this project properly. The first step was to identify the problem that nurses on a geri-psych unit have missed signs and symptoms associated with physical decline, thus leading to declining physical health and poor patient outcomes. The second step included implementing strategies to help improve nurses'

knowledge and skills for recognizing changes in patients' physical health and promptly reporting them to providers for proper interventions. The third step was to evaluate if there was a change in nurses' knowledge after participating in the education program.

To take these steps I did the following:

- Reviewed evidence-based data to validate the need for staff education to identify early signs and symptoms of physical decline and adverse medications effects
- Interviewed the staff education coordinator to obtain her suggestions for information that should be included and strategies for implementing the program
- Obtained statistics of the number of patients transferred to the medical unit, if available
- Reviewed professional websites to obtain guidelines related to physical assessment of psychiatric patients and educational resources
- Reviewed the unit's current policy and procedural steps in physical assessment of SMI patients; and
- Educated staff nurses on the geri-psychiatric unit on the importance of investigating signs and symptoms of physical and mental decline of patients so they can initiate appropriate intervention

Significance

Physical and mental health problems are inseparable and should be addressed simultaneously during patient care (Blanner et al., 2015). Although challenging, it is

imperative that the practice gap distinguishing physical from mental health concerns be closed. Individuals with SMI are dying much younger than those without mental illness, and physical illnesses are a contributing factor (Haddad et al., 2016). The misconception that the symptoms of all SMI patients are associated with their mental health disorder causes symptoms related to medical illnesses to be overlooked. If not treated, these conditions can increase the potential for extended hospitalization, morbidity, and mortality (American Nurse Today [ANT], 2016). Interventions to improve nurses' knowledge of, and attitudes towards, caring for the SMI patient are greatly needed to help decrease the risk of further health decline due to delay in treatment (Hanisch et al., 2016).

The results of this project have the potential for positive social change, including nurses, patients, and institutions. On a geri-psych unit, nurses are on the front line of care for the geriatric population with SMI. Increasing nurses' ability to recognize early signs associated with physical decline among patients in this population could prevent negative outcomes and decrease the rates of extended hospitalization or death. Early recognition of signs of physical and mental decline and initiation of appropriate intervention have the potential to improve patient care outcomes.

Summary

The number of geriatric patients treated for mental illness continues to increase, with an estimate 15% of adults age 60 or older being in treatment with a mental illness. (These individuals are being admitted into mental health facilities for stabilization of acute exacerbation of their symptoms of their mental illness. However, due to unrecognized physical decline some are experiencing longer hospitalizations and poor

outcomes. The failure of nurses to recognize early signs and symptoms of physical decline and report acute changes can significantly impact the patient's overall. An education program was developed to give nurses the information they need to recognize early signs and symptoms of physical decline and acute changes in the older SMI patient. Early recognition of signs of physical decline can decrease the risk of further decline and prolonged hospitalization for older patients hospitalized with mental illness. In the following sections I discussed: concepts, models and theories, relevance to the nursing practice, local background and context, and role of the DNP student.

Section 2: Background and Context

The inability of the geriatric mental health nurse to recognize early signs and symptoms of physical decline in patients with SMI has resulted in continued decline among this population, requiring transfers and admission to medical units for additional treatment, resulting in an extended hospitalization stay (Twaddle. 2019). The purpose of the DNP project was to develop an education program to increase nurses' knowledge of and ability to recognize, early signs of physical decline in hospitalized SMI patients and to implement prompt interventions. Therefore, the practice-focused question for this project was as follows: Will an evidence-based education program about the signs and symptoms of declining physical well-being in patients on a geri-psych unit, improve nurses' ability to identify early signs and respond appropriately to prevent further patient decline? In this staff education project, I focused on the importance of nursing follow-up assessments and on identifying changes that require interventions to prevent further decline and prolonged hospitalization in SMI patients. In this section, I discuss the theories that guided the project, the relevance of the project to nursing practice, the local background, and my role as the DNP student.

Concepts, Models, and Theories

Implementing effective changes in the health system can be challenging (Allen et al., 2020); however, with continuous education based on current evidence-based practice improved patient outcomes are possible. I guided this project using Newman's health care systems model and Knowles adult learning theory, which I described in this section. Treating patients with SMI goes beyond treating their mental illness only via

pharmacological interventions. Medical issues such as HTN, DM, COPD, and other comorbidities—must be considered in the patient’s plan of care.

Neuman’s Health Care System Model

Neuman (1972) stated that each person requires an individualized approach to their care and health care needs. Neuman created the health care system model in 2001 (Almeida et al., 2018). Neuman (1972) stated that individuals are a complete system (Polit & Beck, 2018) and recognized that individuals’ health care outcomes are in response to the effects of their physiological, psychological, sociocultural, and environmental well-being (Almeida et al., 2018). Thus, the goal of nursing is to sustain homeostasis and maintain patient stability (Almeida et al. 2018). The nursing care of patients with SMI has often focused solely on their mental illness (Alamari & Almazan, 2018). However, according to Neuman’s health systems model, the patient should be recognized as whole; therefore, educating staff nurses on the importance of recognizing early signs and symptoms of physical decline and implementing prompt care, can decrease the patient’s risk of further decline and prolonged hospitalization (ANT, 2016).

Knowles’s Theory of Adult Learning

When educating adult learners, such as psychiatric nurses, it is important to consider their learning styles. Knowles’s theory of adult learning (andragogy) includes six principles of learning: (a) adults identify and know the reasons to learn new information, (b) adults are self-directing and must feel they are responsible for making their own decisions, (c) adults are more experienced than younger learners, (d) adult learners are prepared to learn when they have experienced a situation that requires them

to perform more effectively, (e) adults are task-oriented learners, and (f) adults are motivated to learn by both extrinsic and intrinsic motivators (Twaddle, 2019). I used the (a) and (d) principles to guide the development of this education program.

The first principle identifies that adult learners are willing to learn when they identify a need to learn (Twaddle, 2019). During the care of patients on the geriatric psychiatric unit, the nurses have witnessed multiple patients requiring additional medical care due to missed signs of declining physical symptoms during their shifts, which resulted in the use of intravenous therapy, magnetic resonance imaging to rule out possible ileus, initiating a rapid response, and cardiopulmonary resuscitation. The fourth principle, adult learners are prepared to learn when they have experienced a situation that requires them to perform more effectively (Twaddle, 2019). Having experienced several incidences of patient transfers for medical care due to falls with significant injuries and death, the nurses on the geri-psych unit recognized the importance of receiving additional education regarding identifying signs and symptoms of physical changes in this patient population.

Neuman's health care systems model along with Knowles theory of adult learners are the foundation for this project. Patients with SMI is recognized as a complete system and require nursing care based on assessment of the current presenting manifestations of the patient. I designed the staff education program following the guidelines for adult learners outlined by Knowles (Twaddle, 2019).

Relevance to Nursing Practice

Mental health is an illness affecting more than 50% of all Americans (Centers for Disease Control and Prevention [CDC], 2019). It is the third leading cause of hospitalization of individuals across the lifespan, including older adults (CDC, 2019; McNary, 2017). The mortality rate for patients with mental illness has more than doubled compared to individuals without mental illnesses (Walker, McGee & Druss, 2015). The life expectancy of patients with severe mental illness SMI has been reduced by more than 7 to 20 years with the co-occurring physical illnesses rate contributing to these decline (Bressington, et al., 2018). Patients with mental illness are at an increased risk of physical and acute psychiatric problems (Shah et al., 2017).

Education should provide nurses with the knowledge and skills to function to the full scope of their practice (American Nurses Association [ANA], 2019). In general patients with low acuity are monitored intermittently throughout the nurses' shift with several hours passing before another assessment is conducted (Jean-Louis et al., 2018). A more intensive monitoring can lead to early detection of issues for patients (Jean-Louis et al., 2018). Early detection can alert providers to implement measures that will reduce higher acuity care and decrease the patient length of stay (Jean-Louis et al., 2018)

The standards of nursing practice describe the who, what, when where and how of nursing (ANA, 2019). The standards of nursing can easily be applied to the current practice problem of nurses (who) not recognizing early signs and symptoms of declining physical condition (what), in a timely manner (what), during the patients admission (when) into the mental health unit (where) that results in extended patient hospitalization

stay. Recognizing the importance of declining physical health in patients with SMI can result in proper interventions and decreased hospitalizations and improving patient care outcomes.

Local Background and Context

Physical and mental health problems are inseparable and should be addressed simultaneously during patient care (Blanner et al., 2015). Although challenging, it is imperative that the gap be closed in distinguishing physical health concerns versus mental health issues. Individuals with SMI are dying much younger than those without mental illness, and it is recognized that physical illnesses are a contributing factor (Haddad et al., 2016). The misconception that patients with SMI are associated with their mental health disorder, causes symptoms related to medical illnesses to be overlooked that can lead to death in some cases (ANT, 2016).

While working on the mental health unit, I witnessed several patients who had progressive medical declines that resulted in rapid response codes being called resulting in the patient being transferred to a medical unit for care. I also identified other incidences that required the patient receiving medical care, such as (IV) fluids, and other medical treatment. Educating nurses to recognize early signs and symptoms of physical decline in geriatric psychiatric patients will facilitate their prompt response in notifying the medical provider which has the potential to prevent further patient decline (Hanisch et al., 2016).

Role of the DNP Student

I have been in a professional nurse for nearly 21 years. I have worked in many areas in the nursing profession and have acquired love for several specialties. Of the many areas that I have worked in, the treatment of mental illness has interested me the most. Mental illness affects approximately 50% of all Americans at some point of their lives (CDC, 2019). I have several family members that are affected by mental illness and one of my biggest hopes is that they be treated equally and not judged because of their mental illness. My interest in mental health has increased even more since working on a geriatric psych unit and closely with patients with SMI for the past 3 years.

My role in this project is to serve as a steward in the development of an education program that can improve patient care outcome during their admission into the geriatric psychiatric unit of the hospital. In doing so, I collaborated with the hospital's CEO, the medical director over the geri-psych unit of the hospital. I also collaborated with the nurse manager of the geri-psych unit, staff education coordinator and staff nurses on the geri-psych unit to form a program that focused on implementing an education program. The education program provided additional education to nurses working on the geri-psych unit how to recognize the early signs and symptoms of physical decline in geriatric patient with SMI.

My motivation for this project was birthed through working on the geri-psych unit in the local facility and identifying the lack of physical assessment of patients with SMI that resulted in patients requiring acute medical attention and unfortunately requiring transferring to the medical unit due to severe physical decline. I found the need to educate

nurses working with patients with SMI on the importance of recognizing early signs and symptoms of physical decline on this population was important to sustain quality of life and to aid in preventing premature death in which the patient is susceptible to due to their mental illness (Osborne, 2001). I developed the education program, conferred with the stakeholders to ensure it meets their needs and obtained their recommendations for its implementation. I evaluated the results of the pre and post-test to determine if there was an increase in the nurses' knowledge and disseminated the findings.

Summary

Neuman's health care model and Knowle's adult learning guided the development of the DNP project. Based on the assumption of Newman that individuals are holistic beings, staff nurses will recognize the importance of recognizing physiological changes and notify the provider promptly. Recognizing early signs and symptoms of physical decline that may be related to other comorbidities are important when providing patient care. Early recognition could prompt immediate action for treatment to prevent further decline in patients with SMI. It is extremely important that nurses who are providing care caring for patients with various health comorbidities recognize a decline in the patient's behavior and physical health. The proposed DNP project will address this gap. My role is to develop an evidenced based education program to provide information that will help nurses working in a psychiatric unit to recognize and respond to early signs and symptoms of physical decline; early recognition has the potential to prevent further patient decline and prolonged hospitalization. In the following section, I discuss the

practice-focused question, sources of evidence, evidence generated for the doctoral project, analysis, and synthesis.

Section 3: Collection and Analysis of Evidence

The purpose of this DNP project was to educate and increase psychiatric nurses' knowledge of, and ability to recognize, early signs and symptoms of physical changes; providers could then be notified to carry out prompt interventions. Their ability to recognize the deterioration of physical changes early can improve patient care outcomes by reporting identified changes to the medical provider for immediate interventions (Alamri & Almazan, 2018). This DNP education project was guided by Neuman's health care systems model and Knowles's theory of adult learning. According to Neuman (1972), in the health care system model, patients should be treated holistically and not based on individual disease processes; according to Knowles' theory of adult learning (1978), , adult learners are willing to learn when faced with a life-changing event and have a self-directed need to learn.

Mental illness affects many individuals across the lifespan, including older adults (McNary, 2017). The mortality rate of mentally ill individuals has more than doubled compared to individuals without mental illnesses (Walker, McGee, & Druss, 2015). There is a significant reduction in the life expectancy of patients with SMI between 7 to 20 years with physical illness contributing to this decline (Bressington et al., 2018). Nursing assessment of chronic conditions, such as chronic pain, asthma, hepatitis, and diabetes is limited in psychiatric patients (Carson et al., 2010); this further decreases the nursing care provided to older mentally ill patients.

In this section I discussed the practice-focused question, sources of evidence, published outcomes and research articles, archives and operational data, evidence

generated for the Doctoral Project, participants, procedures, protections, and analysis and synthesis.

Practice-Focused Question

Identifying early symptoms associated with physical illness and implementing immediate interventions could decrease the hospital stay of the SMI geriatric population. Staff education on the importance of assessing patients for symptoms of declining physical health could decrease potentially preventable hospitalization (PPH; Wysocki et al., 2014). There is a significant gap in the nursing follow-up assessment of care for older psychiatric patients (Alamri & Almazan, 2018). The practice-focused question for this project was: Will an evidence-based education program about the signs and symptoms of declining physical well-being in patients on a geri-psych unit, improve nurses' ability to identify early signs and respond appropriately to prevent further patient decline?

Sources of Evidence

To locate evidence for this project, I reviewed articles accessed through the CINAHL, MEDLINE, and PubMed databases, as well as through the public health resources of the Centers for Disease Control and Prevention and the World Health Organization. The key terms were *severely mentally ill, responsibility, knowledge, mental health, nursing, quality care, education, and physical decline*. Reviewing extant literature on the topic is one of the most important parts of research; research should use various databases to collect relevant data to address the practice focused question (Samadzadeh & Ganjali 2013). I reviewed a total of 22 publications and three public forums as well as conducted several informal staff interviews to validate the need for geriatric nurse

education on being able to recognize early signs of declining physical health in the SMI geriatric population.

Several nurses at the project site have expressed being uncomfortable caring for patients who were deemed as stable and transferred to the geri-psych unit for behavioral health concerns. Their concerns centered on medically complex patients that had multiple medical conditions that the nurses either had difficulty recognizing the subtle changes of early signs and symptoms or the patient required a higher acuity of care than the nurse was comfortable with providing.

In the collection and analysis of the data for this this DNP project, I focused on the importance of nurses being able to recognize early signs and symptoms of physical decline to prompt immediate interventions from the provider in the quest to promote quality patient care and improve the overall outcome of the patient without requiring the need to be transferred to medical units for advanced care needs.

Evidence Generated for the Doctoral Project

In this section, I provided a step-by-step description of how evidence will be collected for this project by providing the number of participants, identifying how they were selected and establishing their relevance to the practice-focused question. In addition, I described the procedures as well as the tools and techniques used to collect the evidence and how they aligned with the construction of this doctoral project along with the steps taken to ensure the ethical protections of all participants in the project.

Participants

The participants in this project are nurses who work on the geri-psych unit. The nurses work 12-hour shifts. There is a 24-hour admission into this psychiatric unit from the emergency department; each patient is medically screened in the emergency department and deemed to be stable prior to transfer to the unit. There will be no compensation for the participation in this project and the resulting educational program. Participation is voluntary, with each staff member having the right to withdraw without recourse.

Procedures

Prior to the initiation of this project, I discussed the concept of the staff education program with the medical director over the geriatric-psychiatric unit, the hospital's staff development coordinator, and the unit's nurse manager. They were all in agreement that this project was appropriate and necessary to increase the staff nurses' knowledge of how to recognize early signs and symptoms of physical decline in SMI patients. In addition, they agreed that the education program has the potential to decrease the patient's risk for continued physical decline. To execute this DNP project, I used the ADDIE model to develop, implement, and evaluate the educational program. The ADDIE model was used to build an effective education in five phases: analysis, design, development, implementation, and evaluation (Alomen et al., 2016). After receiving Institutional Review Board [IRB] approval number 07-17-20-0518041, I:

- Formulated specific learning objectives,
- Developed the content as a Microsoft PowerPoint presentation and tests,

- Obtained formative evaluations of the objectives, PowerPoint presentation, and tests from content experts at the facility, to validate the content and ensure usability,
- Revised and finalized the education plan based on their stakeholder's evaluation,
- Presented the program in 30 minutes and repeated the presentation for day and evening shifts during their work hours,
- Presented the pre- and posttest using anonymous questionnaires
- Determined the difference in percentage for the pre-and-posttests,
- Had the nurses complete a program evaluation at the end of the presentation.

Program Objectives

After completing the program, the nurses should be able to:

- Recognize early signs and symptoms associated with physical decline in the SMI geriatric patient,
- Discuss the importance of treating the SMI patient holistically,
- Identify assessment findings that may indicate acute physical decline in the SMI patient and
- Discuss acute physical changes to report to the medical provider for prompt interventions

Protections

By adhering to the process required by Walden University's IRB, I ensured that the participants and practice site were protected against a violation of their rights for

confidentiality. The participants of the education program will be the practicing nurses and the nurse manager who are currently working on the geri-psych unit. Each nurse will be provided with the objectives regarding the purpose of the educational program. They will be informed that there would be no monetary compensation for their participation; however, the information provided in the program has the potential to increase their knowledge to better care for SMI patients. Prior to the initiation of this program the participants were informed that their names and the names of the facility will not appear on the pre and posttests or any written results of the project. The participant's names will not be captured on the tests to assure their confidentiality.

Analysis and Synthesis

I analyzed the percentage difference between the results of the pre-and posttest, using a descriptive analysis program in Microsoft Excel, to determine if the nurses' knowledge increased after completing the education program. The education program provided them with the knowledge needed to recognize and respond appropriately to the early signs and symptoms of physical declines of patients on a geri-psych unit.

Summary

Providing education for staff nurses who have direct daily contact with the geri-psych patients is a critical element needed to increase the nurse's knowledge to recognize the early signs and symptoms of physical decline. In this section, I discussed the educational tools, the participants, and the steps taken for their protection during the interviewing process, and the pre- and posttest assessments. The sources of evidence for

this DNP project were various scholarly articles substantiating the importance of early detection of physical decline that were accessed through the CINAHL, MEDLINE, and PubMed databases as well as public health information published by the CDC and WHO. Data was also collected by conducting informal interviews with key members of the facility including the medical director over the unit, staff education coordinator, the nurse manager of the geri-psych unit; and staff nurses currently working in the unit. Staff nurses currently working in the geri-psych units will be the participants for this education program. I used the ADDIE model as a guide to obtain a needs assessment, developed the education program, and designed a pre-and posttests and an evaluation tool. By following Walden University's education manual, I will be able to analyze the results and formulate findings that increased nurses' knowledge of recognizing the early signs and symptoms of physical decline in the SMI as well as revised the educational program based on the recommendation of the stakeholders, nursing staff and the unit manager.

Missed signs and symptoms of physical decline in the geriatric-psychiatric unit patients may result in the continued decline of patients' physical health, causing prolonged hospitalization and death. Improving the nurse's ability to recognize early signs and symptoms of physical changes that may mimic psychiatric behaviors will improve patients' outcomes. The purpose of this DNP education program was to provide nurses with increased knowledge on identifying symptoms associated with physical changes that may mimic psychiatric behaviors that may require prompt intervention for improved patient outcomes and shortened hospitalization.

Section 4: Findings and Recommendations

Failure to recognize that the hospitalized SMI geriatric patient's presenting behaviors could be related to other comorbidities, such as HTN, DM, and COPD, has the potential to increase the patient's risk for continued physical decline and the need for higher acuity of care. The staff educator working in a geri-psych unit in a hospital in the Southeast United States identified that the staff nurses lacked the assessment skills needed to recognize the signs of medical issues on geriatric patients (personal communication, staffing coordinator, December 2, 2019). She related the nurse's lack of knowledge to an increased risk of extended hospitalization on this unit. She agreed that there was a need to educate the nurses on assessing for signs of physical decline. The nurses on the unit have voiced their concerns about caring for patients with unstable medical conditions.

The purpose of the DNP project was to develop an education program to increase nurses' knowledge of, and ability to recognize, early signs of physical decline in hospitalized SMI patients and to implement prompt interventions. The practice-focused question for the project addressed this gap: Will an evidence-based education program about the signs and symptoms of declining physical well-being in patients on a geri-psych unit, improve nurses' ability to identify early signs and respond appropriately to prevent further patient decline?

I was able to address the practice focused question assessing articles utilizing the CINAHL, MEDLINE, and PubMed databases, as well as utilizing public health resources of the Centers for Disease Control and Prevention and the World Health Organization.

The key terms were *severely mentally ill, responsibility, knowledge, mental health, nursing, quality care, education, and physical decline*. In addition, I conducted informal staff interviews from nurses working on a geriatric behavioral health unit. The evidence that I collected supported my thoughts that there was a need for further education of the nurses on a local geri-psych unit. This need was substantiated after completing informal interviews with several staff nurses who reported feeling uncomfortable treating patients who presented with multiple comorbidities and declining health. What helped to shape the foundation of this DNP project was recognizing the nurses' lack of confidence to investigate the cause of the acute physical changes and to notify the provider to administer prompt treatment.

Findings and Implications

Seven of the nurses working on the geri-psych unit participated in the education program. They completed a pretest prior to the education program and a posttest after completing the program. Data collected from the pre- and posttests were analyzed using descriptive statistics and placed on a spreadsheet (Appendix). The aggregate mean score was 80 for the pretests and 84 for the posttests. The slight increase between the pre- and posttests indicated that there was improvement in the nurse's knowledge after completing the education program. However, it is important to recognize that the nurses' score on the pretest indicated that they were already knowledgeable about signs and symptoms of physical decline in the geri-psych patient prior to the course. However, these findings are contrary to the staff educator's report that the nurses lacked the assessment skills needed to recognize signs and symptoms relating to medical issues on geriatric patients.

Although, the results of the pre- and posttest indicated that the nurse are knowledgeable about the signs and symptoms indicating physical decline in the patients, the nurse educator identify that these signs and symptoms are not recognized by the nurses on the unit as requiring further interventions to prevent continued patient decline. It is conceivable that the nurses recognize these signs and symptoms, however, they continue to focus on the mental illness of the patient and attribute the presenting behaviors to the mental disorder. Not considering other contributing factors for the presenting signs and symptoms resulted in further decline of SMI patient.

Limitations and unanticipated outcomes can impact the results of this DNP project. The anticipation was that all nurses working on the geri-psych unit would participate in the education program. However, of the nine nurses working on the unit, only seven completed the program making the sample much smaller than expected. Both day and night shift nurses would participate in this program. Several nurses who worked the previous night shift chose to remain beyond their shift to complete the program. Increased fatigue and lack of rest lack of rest could impact the nurse's ability to focus during the program, thus decreasing retention of the material and scoring higher on the posttest. Prior arrangements were made to conduct the program in the nurse's lounge to eliminate any potential distractions. However, several nurses requested to relocate the program onto the unit to have visualization of the patient's activity. Changing the location of the program from the lounge to the unit resulted in increased distractions throughout the duration of the program.

The results of this project have the potential for positive social change for nurses, patients, and the institution. The nurse's responsibility is to assess for causes of acute physical changes to rule out medical versus mental health causes along with notifying the provider for interventions that will halt further decline. Nurses are on the front line of care for this population. Increasing the nurse's knowledge to recognize early signs associated with physical decline in this population and that these signs may be attributed to the patient's medical co-morbidities, have the potential to prevent negative outcomes and decrease the rate of hospitalization or death. Early recognition and prompt intervention have the potential to prevent further patient decline, prolonged hospitalization, and increase care outcomes. The nurse's prompt recognition and intervention to prevent further decline in the patient's condition have the potential to decrease the number of patients requiring transfers to the medical unit for higher acuity of care, decrease prolonged hospitalization and the cost to the facility.

Recommendations

Based on the results of the pretest and the posttest, the nurses were knowledgeable in recognizing early signs and symptoms of physical decline, however, they failed to investigate the causes of the acute changes that resulted in further patient decline and transfers for higher acuity of care. Several recommendations were generated after analyzing the test results. The first recommendation included having the nurse manager reinforce during staff meetings the importance of investigating acute changes to rule out medical versus mental health cause of acute changes. The second recommendation is to have new orientees complete the program before working on the unit and have all staff

complete the program biannually. The last recommendation is to incorporate case studies relating to situations that occurred on the unit that resulted in physical decline in the subsequent education programs. These activities have the potential to stimulate the nurses critical thinking skills to respond with the appropriate action to prevent further patient decline.

Strengths and Limitations of the Project

There were several strengths and limitations to this project. Having the support of the unit's medical director, staff coordinator and unit manager contributed to the strength of this program. Another strength was completing this project in the hospital and having the primary nurse practitioner and nurse manager in attendance for the program. They were available to assist the staff nurses with patient care needs while the nurses were completing the program. Additionally, another strength while completing this program, the nurses were receptive to receiving this education program. The program can be applied to other units of the hospital as well because patients with mental illness are subject for admission to any area of the hospital according to their presenting symptoms. The patients' symptoms may be appropriate for acute medical services oppose to mental health services, thus making it important for staff nurses to be able to recognize early signs and symptoms of physical decline.

I identified several limitations while conducting this program. The first limitation was that the nurses requested that the program be conducted on the unit. Although, the nurse manager and practitioners were available to respond to patient requests, conducting the program while on the unit was met with multiple distractions. Nurses were excusing

themselves while the program was being conducted to address the needs of their patients.

There were multiple phone calls to the unit that occurred throughout the process of program implementation. The constant disruptions caused the nurses to miss important information that was discussed while they were out of the room.

Section 5: Dissemination Plan

I will present the results of this project to the nurses on the geri-psych unit and administration of the hospital. This education program would be beneficial to nurses working on various units in the hospital settings. This education program would not only be beneficial to nurses working on geri-psych unit in hospitals but nurses working in other areas such as, long-term care (LTC) facilities, outpatient mental health facilities, and doctor offices that provide care to SMI geriatric patients. I will submit an abstract to the Georgia Nursing Home Association for a poster or podium presentation at their annual conference. In addition, I will submit an abstract to the Geriatric Nursing Journal for publication.

Analysis of Self

As a practitioner, I continue to focus on the importance of treating patients holistically. It is impossible to treat only one aspects of a patient's health without having consequences of not addressing their other health problems. I pride myself in investigating all areas of health care concerns that the patient may be experiencing and implementing the appropriate care for those needs. Completing this DNP project has equipped me with more investigative qualities to seek underlying causes of disease processes and to identify ways to address and treat those concerns properly. It has also strengthened my role as a leader and change agent.

As a leader, I was able to discuss the concerns that staff identified in treating unstable patients and their fears of not having the confidence to address patient care needs. I was also able to discuss with the staff education coordinator, nurse manager and

medical director over the geri-psych unit their concerns of the nurses' inability to recognize physical symptoms of decline in SMI geri-psych patient that had resulted in patient transfers and prolonged hospital stays. Having worked on this unit and witnessing first-hand nurses missing signs of physical changes, I found that this project was appropriate to implement to address staff education needs. Being a project manager and steward of change, developing and implementing this program has propelled my professional growth as leader and change agent. It has also prompted me to complete a post master's certificate for psychiatric mental health nurse practitioner. A post-master's certificate in psychiatric mental health would be beneficial for my continued practice in mental health services and close the gap in mental health care providers.

The completion of this project will represent another major milestone that I had set for myself and have now completed. There were several challenges that I faced before the completion of this project. COVID-19 made it difficult for many DNP students to complete their projects in the projected time frame, however, I was fortunate enough to have had access to the hospital to complete the project. Another challenge that I encountered was solidifying dates to conduct my program. The nurses work 12-hour rotating shifts, which made it somewhat difficult to have each nurse complete the program on the days that I had selected. The resolution to this issue was made by collaborating with the nurse manager who posted flyers that notified staff of available dates and times that the program would be offered. In doing this, the nurses signed up for the available dates and times, and I was able to complete the education program without difficulty.

I gained a great deal of insight on the process of developing and implementing an education program. Developing questions that were appropriate for the program that addressed the information provided, completing literature review of scholarly journals that supported the need for the program was a time-consuming task. However, after learning how to effectively navigate research engines provided through Walden University's Library, and public forums, I became quite efficient with my research methods and navigating through the various search engines available.

Summary

Behavioral health issues in the older adult population continues to be a great concern for the healthcare industry. Elderly patients admitted in psychiatric units are a vulnerable population due to their mental disorders, physical decline, and cognitive challenges. However, their physical health needs have been overlooked due to the misconception that the presenting behavior is related to their mental illness. This DNP project has helped to address the importance of educating staff nurses on the importance of recognizing early signs and symptoms of physical decline and to implement prompt interventions by the medical providers. Addressing the educational needs of staff nurses working on a geri-psych unit, has the potential to close the gap in patient care needs. Closing this gap have the potential for nurses to effectively address patient care needs, decrease the length of hospitalizations, increase the nurse's knowledge, and decreasing the cost associated with patient transfer. I was able to provide education to staff nurses and instill more confidence in myself to consider pursuing a role as a nurse educator.

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Appendix: Pre- and Posttest Results

Pretest		Posttest	
	80		80
	70		90
	60		80
	100		90
	100		90
	80		80
	70		80
<hr/>		<hr/>	
	<i>Pretest</i>		<i>Posttest</i>
<hr/>		<hr/>	
Mean	80	Mean	84.28571
Standard E	5.773503	Standard E	2.020305
Median	80	Median	80
Mode	80	Mode	80
Standard D	15.27525	Standard D	5.345225
Sample Var	233.3333	Sample Var	28.57143
Kurtosis	-1.11429	Kurtosis	-2.8
Skewness	0.392792	Skewness	0.374166
Range	40	Range	10
Minimum	60	Minimum	80
Maximum	100	Maximum	90
Sum	560	Sum	590
Count	7	Count	7
<hr/>		<hr/>	
	5.6		5.9