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Development of a Basic Nursing Education Course for Psychiatric Nurses

Tasha M. Jones
Walden University

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Walden University

College of Nursing

This is to certify that the doctoral study by

Tasha Jones

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

Review Committee

Dr. Barbara Barrett, Committee Chairperson, Nursing Faculty

Dr. M. Terese Verklan, Committee Member, Nursing Faculty

Dr. Corinne Wheeler, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2022

Abstract

Development of a Basic Nursing Education Course for Psychiatric Nurses

by

Tasha Jones

MS, Walden University, 2014

BSN, University of Cincinnati College of Nursing and Health, 1999

Project Submitted in Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

"Abstract" Development of a Basic Nursing Education Course for Psychiatric Nurses

The integration of psychiatric and medical services for psychiatric patients has been problematic for psychiatric nurses. This care integration problem revealed the lack of clinician education and training needed to meet the diverse needs of psychiatric patients. The lack of clinician education and training resulted in poor patient outcomes that can also have negative implications for nurses, families, organizations, and communities. Proper education and training were necessary to effectively care for psychiatric patients with common physical health conditions such as cardiac diseases and diabetes at the inpatient facility where this project was conducted. This project focused on providing education to psychiatric nurses about caring for patients on a psychiatric unit who were diagnosed with chronic medical conditions like cardiovascular disease and diabetes to increase nurses' knowledge about providing safe and effective care to these patients. Lewin's change model guided this project. A pretest/posttest design was used to evaluate nurses' knowledge prior to and after the educational intervention. The project involved 34 voluntary nurse participants, a less than expected number of participants, which was attributed to meeting the COVID-19 pandemic mandates. Descriptive statistics were used to analyze the project data. The data analysis revealed a 31.25% increase in nurses' knowledge from 61.25% pretest to 92.50% posttest, which suggests that education enhanced their knowledge of common physical health conditions. The positive results of this project can be used to support continued education for psychiatric nurses.

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May 2022

Dedication

I would like to dedicate this project to my loving and always supportive grandmother, Edna V Jones, my greatest inspiration. I would also like to thank my mother, my aunts Edna, Elaine and Jacqueline, my better half, Kenneth Washington, my two daughters Angelique and Kennede, and my three grandchildren. Their love, prayers, support, and encouragement played a vital role in my completion of this DNP journey.

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Completing this DNP project allowed me the opportunity to accomplish my lifelong educational goal of obtaining a doctoral graduate degree. Engaging in lifelong learning requires dedication, determination, and a zest for learning new knowledge. This project completion would not have been possible without the guidance of expert nursing clinicians and professors who have contributed to my obtainment of expert knowledge. Thus, I would like to thank Dr. Barrett, my DNP Chair and Michael Bast my nursing mentor who agreed to precept me, my entire DNP journey. The knowledge and expertise that you have both shared with me during this DNP journey has assisted me with fulfilling my educational goal.

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Section 1: Nature of the Project

Introduction

Psychiatric nurses who are expected to provide care for patients with medical comorbidities often feel incompetent in their ability to meet the physical health care needs of these medically ill patients. These nurses feel overwhelmed and inadequately prepared to complete the necessary nursing tasks for these psychiatric patients with physical health care needs. Health care organizations have historically practiced in silos, where health care services were provided by specialty care needs. Health care has evolved due to a national focus on providing quality care while maintaining costs, which has resulted in the merging of services where patients are treated in one area for multiple health care needs in an effort to improve patient quality (Nauert, 2020). Psychiatric patients with comorbid medical conditions are admitted to inpatient psychiatric units and often have their medical issues overlooked due to a lack of consensus among psychiatry and medicine related to care coordination and treatment interventions (Rodriguez, 2018). As a result of the merging of health care services, there has been an increasing number of psychiatric patients with comorbid medical conditions. It is therefore important for health care organizations to address the divide among psychiatry and medicine by ensuring that registered nurses have the education and training necessary to safely and effectively provide care to all patients (Welsh & McEnany, 2015).

Research conducted on the issue related to psychiatric nurses' preparedness to provide for the physical health care needs of psychiatric patients with medical comorbidities has revealed gaps in knowledge that relate to the unmet educational and

training needs of psychiatric nurses that are essential to meet the physical health care needs of all patients. According to the literature, little is known about psychiatric nurses' perspectives on how to address medical comorbidities in psychiatric patients (Cranwell et al., 2017). Organizations have acknowledged a need for providing psychiatric nurses with appropriate physical health knowledge to meet the needs of psychiatric patients with medical illnesses.

My aim with this DNP project was to increase the knowledge and competence of psychiatric nurses in their ability to safely provide for the medical health care needs of psychiatric patients. Accredited nursing organizations provide basic nursing education and training that prepares nurses with the essential knowledge and skills necessary to maintain the health and wellbeing of all patients; however, providing care for patients with specific medical diseases requires enhanced education and training to meet the needs of those specific conditions. Nurses must be provided with training that allows them to care for the patient's total health care needs, which requires critical thinking skills to make appropriate clinical decisions (Fukada, 2018). The implementation of this training and educational program addressed challenges psychiatric nurses face when providing for the health care needs of psychiatric patients. Nursing content in this educational and training program was focused on common medical health care conditions and interventions necessary to address physical health care needs and any emergent issues that may arise. The change in health care from specialized to integrative care requires support from leaders in the organization who value education and listen to the concerns of nursing staff by providing ongoing education and skills training (Lawless et al., 2016).

This educational and training program was the beginning for efforts in the organization to consistently provide for the educational needs of psychiatric nurses.

Problem Statement

Psychiatric nurses are expected to care for all the needs of patients, which include physical health care needs; however, psychiatric nurses do not feel that they have the proper education and training to manage physical health care needs and address emergent issues. Common medical conditions seen in psychiatry include hypertension (31.1%), asthma (11.7%), diabetes, obesity, and hypothyroidism (11% each) as noted by Hosain (2019). Psychiatric nurses are educated and trained to provide for the mental health needs of psychiatric patients; however, these specialty nurses are not confident in their ability to provide for patient's physical health care needs. Healthcare leaders have an obligation to promote a culture of learning where nurses can have opportunities to learn and report safety concerns that can improve outcomes (Hamaideh, 2016). Nurses must have the education and training to appropriately treat and manage the physical and mental needs of patients, prevent illness, and promote health, which are the essential roles of a nurse.

Local Nursing Practice Problem

This educational program addressed the concerns of psychiatric nurses in my organization who have not had prior medical-surgical experience or have had to address medical issues that patients may present with. It was therefore important for the organization to address nursing concerns regarding education and to implement necessary educational programs comparable to this DNP project to support nurses in their daily duties and improve outcomes of patients. Providing education to psychiatric nurses will

enhance nursing knowledge and confidence in providing safe and effective care. The lack of use of certain skills over time can cause anxiety that could be eliminated in an environment that promotes ongoing education and skills training (Hampson et al., 2017). Psychiatric nurses have verbalized concerns of incompetence related to addressing physical health care needs of psychiatric patients and would like to have education and training opportunities to enhance their learning and attainment of skills to effectively provide care to patients with physical health care needs (Lawless et al., 2016).

Relevance

Mental health is a public health concern. A comorbidity of mental illness and physical illness is common in health care today and complicates the diagnoses and treatment of both mental and physical illness (Grazier et al., 2016). People with mental illness are more likely to have chronic health care conditions, such as high blood pressure, asthma, diabetes, heart disease, and stroke than other people (Substance Abuse and Mental Health Services Administration, 2020). The integration of health care services with medical care services presents challenges for many health care organizations regarding ensuring that staff are properly educated and trained to care for patients with diverse health care needs. Integration of health care services supports the idea of providing holistic care and offers an opportunity for care providers to collaborate and provide coordinated quality care that improves patient outcomes and is cost effective.

Significance

The increase in admission of psychiatric patients with physical health care needs to in-patient psychiatry was the basis upon which this educational project was developed

to improve the knowledge and skill sets of psychiatric nurses who are required to manage the physical health care needs of psychiatric patients. The benefit of psychiatric nurses enhancing their nursing knowledge and skill sets regarding physical health care is it will serve to improve patient outcomes and can reduce the rate of patient transfers to higher levels of care. Psychiatric nurses in the project organization and throughout the world will benefit from the implementation of physical health care educational programs that support the ongoing training and education of nurses to the continual enhancement of nursing knowledge and skills.

Purpose Statement

This DNP project was designed to address the educational concerns and learning needs of psychiatric nurses who felt uneducated about the physical health needs of psychiatric patients and their ability to provide safe and effective care to address those needs. This education project addressed the educational needs of psychiatric nurses by providing education to support psychiatric nurses in their daily required nursing routines. Nurses who have the essential knowledge that is required to care for a specific population are able to make appropriate clinical decisions to support the physical health needs of patients that result in improved outcomes (Lee et al., 2016).

Gap in Practice

The meaningful gap in practice that I sought to address in this doctoral project was the lack of knowledge psychiatric nurses have about caring for psychiatric clients with medical co-morbidities. Psychiatric nurses working in in-patient psychiatry are expected to provide for the comprehensive needs of all patients, which include

psychological and physical care. In the past, in this organization, psychiatric patients who had any medical issues, were treated in a specialty care area for their specific needs and transferred to psychiatry when medically stable. The current practice in psychiatry is for psychiatric patients to have all medical needs addressed on the same unit on which psychiatric care is provided. The integration of medical care with psychiatry care has presented challenges for nurses to meet the medical needs of psychiatric patients, which requires knowledge of specific diseases, the identification of signs and symptoms, and how to manage diseases and medical emergencies (Collet et al., 2018). Educational opportunities will allow psychiatric nurses to learn the necessary knowledge and skills needed to assess, diagnose, plan, implement, and evaluate nursing interventions that are appropriate to manage and improve patient outcomes. Providing nurses with the appropriate education and training supports the learning and development of skills necessary to complete nursing tasks safely.

Practice Focused Question

The focus for this DNP project was to develop an educational program that would increase psychiatric nurses' knowledge and confidence in their ability to safely care for the physical health care needs of psychiatric patients. The practice focused question guiding this project was:

PFQ: Can providing education to psychiatric nurses about caring for patients on a psychiatric unit who are diagnosed with chronic medical conditions increase their knowledge about providing safe and effective care to these patients?

Evidence from the literature shows a connection between how education and training can improve nursing knowledge, skill set, ability, and ultimately confidence to safely provide for the physical health care needs of psychiatric patients.

Project Potential to Address Gap in Practice

The educational program addressed the learning needs of psychiatric nurses by providing an opportunity for nurses to enhance their knowledge and skill set. Content included in the learning activity educated nurses on the medical conditions, signs, symptoms, and management of cardiovascular disease and diabetes that are commonly seen in patients admitted to the in-patient psychiatric unit. The design of this educational program addressed the learning needs based on the identified clinical practice gap. There were 50 registered nurses who are direct care givers who were invited to attend the 90-minute face-to-face session that was offered on two different shifts to provide all nurses an opportunity to attend.

The feeling of being unknowledgeable and inadequately prepared to address physical health care needs of psychiatric patients exists in psychiatry at large and at the project site. Psychiatric nurses who have support from leaders in health care organizations regarding educational and skills training opportunities can improve their physical health care knowledge, skills, and confidence. The ongoing educational and skills training for psychiatric nurses is essential for developing knowledge in an area of practice as the education received in nursing school is often considered not adequate for the workplace (Giandinoto & Edward, 2015).

Nature of the Doctoral Project

The goal of this educational project was to address the gap in nursing knowledge that is essential for psychiatric nurses to manage the physical health care needs of psychiatric patients. Educational opportunities must be available for nurses in health care organizations including workshops, simulation training, and/or didactic teaching that covers common medical conditions and situations of medical deterioration (Dickens et al., 2019). Health care organizations have a duty to address the educational concerns of nurses, which requires specific education and training that shows evidence of competency.

Sources of Evidence

The evidence for this project was obtained by reviewing existing literature through searches conducted in databases that included CINAHL, Cochrane Library, EBSCO, Google Scholar, and Medline. The librarian at Walden was used as an expert in data searches. Data used to assist with developing this project was also obtained from deidentified organizational data that included patients diagnosed with medical conditions and patients transferred to higher levels of care. The literature search revealed that there is much information on the combining of healthcare services; however, there is a limited amount of information on psychiatric nurses' educational and training needs for delivering quality care to psychiatric patients. The *Walden University Staff Education Manual* also served as a source of evidence to guide this project.

Approach Used for Project

The conceptual framework that guided this project was Lewin's three-stage model and the Johns Hopkins Nursing Evidence-Based Practice Model (JHNEBP) cited by Johns Hopkins University of Medicine. (2020). The JHNEBP Model was also used to help grade evidence. Common themes that were evident and noted to be barriers to psychiatric nurses being able to provide competent and effective care to psychiatric patients with physical health care needs were analyzed and identified as being important determinants of patient outcomes were considered when developing this educational program.

Project Purpose that Connects the Gap in Practice to the Findings

This educational project was developed to educate psychiatric nurses on physical health care content and skills that will provide psychiatric nurses with the necessary knowledge and skills to effectively meet the needs of mentally ill patients with physical health diagnoses. Findings from the literature supported the education and training of psychiatric nurses and nurses in other specialty areas as the theme of not having the appropriate level of nursing knowledge or the confidence to provide for unfamiliar conditions resonates across nursing specialty areas.

Significance

The lack of integration of services and the ability to provide safe care to psychiatric patients with physical health care needs has been an issue of concern for psychiatric nurses. The lack of education to support these patient care needs remains. Nurses have a duty to practice according to their education and training. According to the

American Association of Colleges of Nursing (AACN) Doctoral Essential III (2006), advanced nurse clinicians are expected to utilize their enhanced nursing knowledge and leadership skills to implement change and educate current and new nurses. Providing education and training to nurses ensures that nurses are able to effectively use the nursing process, which is essential to managing patient care and addressing emergent situations (Green, 2018).

Stakeholders

When implementing change in the organization it is important to have the support of stakeholders who have a vested interest in solving the problem. The stakeholders in this DNP project included registered nurses, physicians, nurse managers, senior leaders, and patients and their families. It is worthwhile for organizational leaders to address quality improvement issues, such as the issues that pertain to the inability to provide care resulting from a lack of education. Inadequate education or training can contribute to a lack of confidence in providing care to patients for whom psychiatric nurses have not customarily cared. Organizations that invest in the education of their staff can assist staff with acquiring new skills necessary to support medical conditions that have they not encountered in the past (Balasubramanian et al., 2017).

Contributions to Practice

Information in this educational program addressed the identified educational needs of psychiatric nurses that will allow them to appropriately identify signs and symptoms of common medical conditions, manage the patient's physical health care needs, and be able to assess and implement interventions for emergent situations. The

enhancement of nursing education contributes to nursing practice and supports the implementation of interventions that improve care quality, patient outcomes, and patient well-being.

Transferability

My aim for this DNP was to enhance the nursing knowledge and skill level of psychiatric nurses who also care for the physical health needs of patients. The offering of an educational in-service to address educational and training needs can be used to improve patient outcomes. The lack of education and training for psychiatric nurses is a recurring theme in psychiatry and at this local institution. Findings from this project can be transferred to other psychiatric settings to ensure that nursing staff possess the appropriate knowledge and skill set that is an indicator of care competence. Nurses who are expected to provide quality care for a patient population with specific needs require education and specialized training. Knowledge of diabetes and cardiovascular disease processes and treatment in psychiatric patients is important and should focus on prevention and awareness of common signs and symptoms that allows for nurses to make appropriate clinical decision in a timely manner to prevent complications and improve care outcomes (Bent-Ennakhil et al., 2018).

Implications for Social Change

The increase in the number of psychiatric patients with physical health care needs demands that health care organizations address the educational and training needs of psychiatric nurses. Addressing these educational needs is important to the psychiatric nurse's ability to deliver appropriate care according to patient needs. This educational

program served as a tool to improve the competence and confidence of psychiatric nurses in their ability to perform their required duties effectively.

Summary

Section 1 provides an overview of the clinical practice problem and project's purpose. The problem of the increase in the admission of psychiatric patients with common physical health conditions to the in-patient psychiatric unit and the lack of knowledge of psychiatric nurses on the unit highlighted the need for education on how to care for the physical health care needs of psychiatric patients. Evidence revealed the need to address the deficiency in practice by developing an evidenced-based staff educational intervention to assist staff in caring for the physical health needs of psychiatric patients.

The educational project was focused on improving nurses' awareness of signs and symptoms of common medical conditions and on interventions to treat and manage these medical conditions that patients may have. Lewin's three-stage model and the JHNEBP were the conceptual frameworks that guided this project. In Section 2, I detail the conceptual models that guided this project, discuss the relevance of the project to nursing practice and the organization, and present my role as the DNP student in the development of this project.

Section 2: Background and Context

Introduction

It is important for nurses to have knowledge of disease processes and treatments that support clinical decision making and are evidence-based practices that result in improved outcomes. Therefore, providing nurses with up-to-date evidence can improve clinical decision making and nursing practice. To address the comorbidities of patients on the psychiatric unit requires collaboration among the treatment team to meet the holistic needs of patients. Addressing the patient care challenges of clinical staff may assist staff in holistically managing diverse health care patient needs.

Current literature notes that nurses perceive education as a necessity to enhance awareness, knowledge, and skills required to perform nursing tasks and to effectively manage the care needs for patients with medical issues (Avery et al., 2020). Due to the increase in the number of patients who have both mental and physical health care disorders, a collaborative approach is recommended in which nurses attend workshops to learn about how to manage care that requires integration of services (Coventy et al., 2015). The existing literature reveals that there is little research published on guidelines in relation to caring for medical comorbidities and psychiatric conditions that can make managing care for patients difficult (O'Connor et al., 2018). The challenge for health care organizations is to focus on how to address the specific educational needs of psychiatric nurses that are specific to enhancing the knowledge and ability to manage the medical needs that are commonly seen in psychiatric patients. Organizations that invest in the education and professional development of clinicians give them evidence-based

knowledge and skills that are necessary to support patients and improve practices (O'Connor et al., 2018). According to Oranye et al. (2016), nurses in psychiatry receive basic education related to psychiatric care of patients, which is often not adequate to meet the complex biopsychosocial needs of psychiatric patients. Nursing care should be guided by policies and protocols that allow for the assessment and treatment of patient conditions (Davis et al., 2019).

The question guiding this project was:

PFQ: Will providing education to psychiatric nurses about caring for patients on a psychiatric unit who are diagnosed with chronic medical conditions increase their knowledge and perception about providing safe and effective care to these patients?

The purpose of this doctoral project was to provide education to psychiatric nurses about the disease course and treatment for common chronic medical diagnoses seen on the inpatient psychiatric unit. The common clinical issues facing psychiatric nurses relate to a lack of the appropriate knowledge and skill set to manage diabetic and cardiovascular emergencies at the intended site where this project was conducted. It is important for nurses to have up-to-date evidence-based knowledge on the diverse needs of patients due to the changing population related to an increase in chronic medical conditions (Manjulata et al., 2019).

Concepts, Models, and Theories

This doctoral education project was guided by two frameworks that were relevant to the practice problem identified. Lewin's three-stage model of change has been used in healthcare to identify the factors needed to create change that can improve practice and

outcomes (Udod & Wagner, 2018). I used Lewin's model as a roadmap for understanding and implementing the change process. The JHNEBP model was used to grade evidence from the literature collected to guide this project. Evidence is graded to determine quality and support the incorporation of higher levels of evidence (Norris & Berro, 2016).

Lewin's Change Theory

Lewin, a social psychologist was committed to making improvements in our lives. He engaged in research that addressed change, human needs, motivation and learning and concluded that individuals and the environment interact to produce change (Burnes & Bargal, 2017). Lewin's three-stage model of change (unfreezing-change-refreezing) has been used in healthcare to identify and determine the factors needed to create change that can improve practice and outcomes (Udod & Wagner, 2018). The basis of the change model is that first it must be determined what change is needed, and then the change must be communicated to all involved, support garnered for the change, and the change implemented while on-going communication with stakeholders continues. Once the desired outcome is obtained, the change becomes permanent. Lewin's model can help organizations change the status quo by implementing change that is planned to ensure success (Wojciechowski et al., 2016). The implementation of change requires a balance of the driving and restraining forces that determine the effectiveness and sustainability of the proposed change.

The first stage of Lewin's change model is unfreezing. Unfreezing is when people are made aware that a change is needed and informed that changes must be implemented to improve productivity and effectiveness. Leaders in the organization utilize effective

communication to keep employees informed about the reasons and benefits of change.

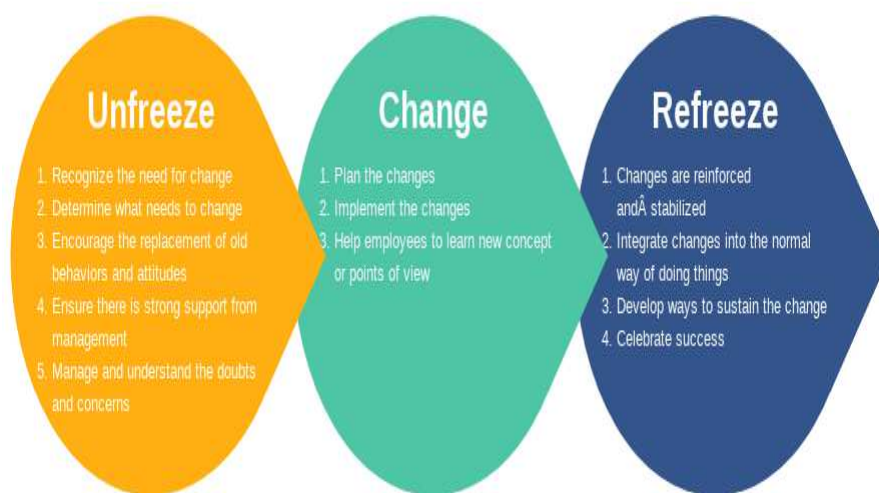
The second stage of Lewin's change model is the intended change is implemented. This change stage is sometimes identified as the move stage. During this stage leaders are available to support staff with learning and reinforcing the importance and reason for maintaining the change. The final stage in Lewin's change model is refreezing.

Refreezing is the stage in which the change is reinforced as being the new practice for the organization. During this stage, the organization often offers benefits and rewards for employees who adhere to the new practice. Understanding the stages of change improves the success of sustaining change (Barrow et al., 2019). Lewin's model is reflected in

Figure 1.

Figure 1

Lewin's Change Model



Johns Hopkins Nursing Evidence-Based Practice Model

The JHNEBP was used to grade the evidence collected to guide this project.

Understanding how levels of evidence impact selecting literature supports the

incorporation of best evidence in practice to improve outcomes (Gray et al., 2017). The JHNEBP model consist of five levels of evidence ranging from Level I (experimental study, randomized controlled trial [RCT], systematic review of RCTs with or without meta-analysis) to Level V (experimental and nonresearch evidence). The highest levels of evidence are randomized controlled trials and systematic review/meta-analysis, which may not always be available, to answer your problem question. The researcher then looks for the next highest level of evidence to answer the problem question. Using the JHNEBP evidence level and quality guide to assist with the selection of the evidence to support the practice-focused question allowed the me to incorporate the highest levels of evidence. The JHNEBP model is reflected in Appendix A.

Definition of Terms

The terms used in this paper are significant to the project and the definitions below will assist the reader in comprehending them in the context of this project.

Comorbidity: Two or more disorders or illness occurring in the same person (National Institute on Drug Abuse, 2018).

Competency: Ability to use evidence-based strategies and knowledge required to provide safe care (Kiernan, 2018).

Confidence: Belief in the ability to perform a task proficiently (American Nurses Association Enterprise, 2020).

Integration: The combining of primary health care and mental health care in one setting (National Institute of Mental Health, 2017).

Knowledge: The understanding of information that is necessary to address or manage problems (Matney et al., 2015).

Medical needs: The physical needs related to the maintenance or health prevention of illness and the treatment of illness (International Council of Nurses, 2020).

Mental illness: Conditions that affect a person's thinking, feelings, or behavior (Centers for Disease Control and Prevention [CDC], 2018b).

Physical illness: Pertaining to the physical malfunctions of the body (Rodgers et al., 2018).

Psychiatric needs: Relating to mental health care (Jouberet & Bhagwan, 2018).

Skill set: Nurse Leader Competencies (American Organization for Nursing Leadership, 2020).

Relevance to Nursing Practice

History of Problem

The transforming healthcare industry related to the increase in patients with chronic health conditions requires that health care providers received on-going education and training that supports the obtainment of up-to-date evidence-based knowledge and skills necessary for providing for the holistic needs of all patients (Salmond & Echevarria, 2017). The goal of integrating health care services is to remove barriers to care related to fragmented care where mental illness and physical illnesses were treated by different medical specialties (Druss & Goldman, 2018). When psychiatric care and medical care are provided for on one unit, there should be a mix of service specialists who are able to provide the right knowledge and skill mix to appropriately address care

through collaboration of services. According to Snoek et al. (2015), the presence of a psychiatric illness with medical illnesses, such as diabetes often is underrecognized and undertreated leading to the risk of complications. It is therefore important that clinicians collaborate with an interdisciplinary team of specialists who will be able to address the complex physical and mental health needs of patient care for on the in-patient psychiatric units (Lake & Turner, 2017).

Psychiatric nurses are now faced with caring for cardiovascular disease and diabetes regardless of their current level of knowledge. Caring for multiple mental and physical health care needs is challenging for psychiatric nurses and thus necessitates that nurses have the knowledge and skills needed to ensure they are working within their scope of practice and expertise (Giandinoto & Edward, 2015). According to the CDC (2020), heart disease is the leading cause of death for men and women in the United States and is doubled if you have diabetes, which can lead to stroke. The most common symptoms of cardiovascular disease are pain/pressure in chest that may radiate to arm, left shoulder, elbow, jaw, or back, shortness of breath, nausea, lightheadedness, fatigue, and cold sweats (Felman, 2019). The increase rate of comorbidity of mental illness with cardiovascular disease and diabetes supports the notion that clinicians must have an understanding of the need to screen for cardiovascular risk factors of hypertension, high blood cholesterol, diabetes, obesity, and smoking for early management and prevention of medical emergencies (Park et al., 2017).

The key to successfully managing diabetic and cardiovascular emergencies is quick evaluation and treatment (Tilton, 2018). Nurses are in a great position to improve

patient care and outcomes if nurses possess the knowledge to identify and address common medical illnesses in patients on the psychiatric unit (Mwebe, 2017). This project is relevant to the profession of nursing as educational interventions have the potential to increase nursing knowledge and skills, which are evidence of competence (Young, 2018).

Current State of Practice

In my organization the priority focus for psychiatric patients is on patient safety, which includes stabilizing the patient's mental symptoms. Psychiatric patients who are admitted often refuse to disclose any mental or physical history, which complicates appropriately diagnosing and treating mental and physical illnesses. The organization adheres to the state, and national guidelines that, mandates that physical health care needs are addressed for any patient admitted to psychiatry (Ohio Department of Mental Health and Addiction Services [ODMH, 2020]). National guidelines to address physical health care needs in organizations exists, however staff education and training remains less than standard (Bressington et al., 2018). Nurses at this project implementation site have verbalized a lack of knowledge of diabetes and cardiovascular disease treatment and management (A. Knox & K. Price, personal communication, September 29, 2019). Nurses have an important role in following standards and recommendations in diabetes and cardiovascular care, which includes having knowledge of blood pressure, lipid, and blood glucose parameters, which all are related to cardiovascular disease (Hayman, Berra, Fletcher, & Miller, 2015).

Strategies/Standard Practices Previously Used

All patients who are admitted to inpatient psychiatry are ordered basic labs to ensure that the patient is medically stable. Some patients refuse labs and have not had routine care and therefore may have medical issues that are undiagnosed or conditions that have not been managed due to noncompliance. The practice of obtaining admitting labs is one method that the organization has in place to monitor patients' health status and determine if a patient is not medically stable and may need to be transferred to the organization's medical emergency department for evaluation and treatment. Once the patient is medically stable, he or she is transferred back to the psychiatric department, at which time nurses are responsible for caring for all the patients' needs. To appropriately care for patient's physical health care needs, nurses must possess knowledge of signs and symptoms of common diseases seen in patients admitted to psychiatry and the skills to provide the respective treatment to support and improve patient outcomes (Hemingway et al., 2015).

Nurses in this organization received a one-week hospital wide orientation on policies and procedures, cardiopulmonary resuscitation (CPR) training and Code Blue review, medication review and test, and Intravenous Access review and practice and Health Information Technology System training. Upon completion of the hospital wide orientation, nurses then had a 6-week psychiatry orientation that involved psychiatric practices and policies and a general medical review that included using the glucometer and how to document and notify the physician of any deviations from normal, obtainment of blood and urine specimens, and obtainment of electrocardiograms (EKG's).

New nurses to psychiatry were taught to page the provider for concerns, which is a process that is in place to ensure that the physician is notified of any change in condition, this process is necessary but can still be of no reassurance as the nurse may not have an understanding of how to address medical concerns and emergencies. Nurses in the organization had verbalized their concerns to leadership who determined that a medical consult for any patient with medical issues should be initiated. Collaboration among the health care team is important as each specialty is expected to address the specialized needs of concern (Kromkamp & van Nesselrooij, 2019).

How the Project Advances Nursing Practice

Due to the integration of medical services in health care, clinicians will need current evidence-based practice education and knowledge to provide for the diverse needs of patients. In response to the increase in chronic health conditions and the changing health care system, the American Nurses Association (ANA) has advocated for learning environments that ensure that nurses have comparable didactic and clinical knowledge regardless of specialty area of work (Pennsylvania School of Nursing, 2020). This staff education project supports the ANA's premise that nurses be provided ongoing learning opportunities that are essential to improving patient outcomes (American Nurses Association Enterprise, 2020). This educational project supports and seeks to address the ANA's premise.

Local Background and Context

Local Evidence of Relevance of Problem

In keeping with the national trend in health care to improve quality without compromising care, many health care organizations have transitioned psychiatric units to provide for the mental and physical health needs of patients on the same unit, thus allowing for the treatment of both conditions that may contribute to one another (Bopp, 2017). It is the responsibility of organizations to ensure that nurses receive ongoing education and training that is appropriate to meet the patient needs on the unit (Green, 2018). Nurses need to be aware of specific signs and symptoms of common medical conditions seen in the in-patient psychiatric setting that includes being able to recognize and appropriately address patient care needs. The change in health care from an illness focused system to a system that is focused on disease management and prevention has resulted in a model of care where quality is priority (Agency for Healthcare Research and Quality, [AHRQ], 2018).

Institutional Context

The site for this project was a Level 1 Trauma Care Center located in the mid-west region of the United States. Psychiatric services were provided in a stand-alone building that is separate from the medical hospital. The department of psychiatry has a psychiatric emergency room and two 20-bed in-patient psychiatric units. The nursing staffing matrix for the in-patient nurses was as follow: 5 nurses on day and evening shift, and 3 nurses on night shift on each unit. The health care team consisted of psychiatrists, psychologists, registered nurses, nurse practitioners, therapeutic program workers, social

workers, occupational and therapeutic program worker, a dietician, nurse educators, nurse managers and the director of psychiatry. Collaboration of care involved shared decision making that was important when addressing complex issues, implementing change, and working on quality improvements initiatives (Morley & Cashell, 2017). The treatment team collaborated daily on patient care and made referrals for services not offered by the treatment team in the psychiatric service building.

State and Federal Context of the Problem

More than 50 percent of people with mental illness who have at least one chronic physical illness, which was consistent with the patients admitted to in-patient psychiatry in my organization (Greater Cincinnati Behavioral Health Services, [GCB, 2020]). Of individuals with mental health conditions, 37.6% had long-term physical conditions that included cancer, diabetes, asthma, and high blood pressure, conditions that are also commonly seen throughout this psychiatric organization (Mental Health Foundation, 2020).

Professional Context/Relationship to Project

As a Doctor of Nursing Practice (DNP) student, I had engaged in learning that had resulted in the enhancement of my nursing and leadership knowledge that allowed me to educate new and current employees to enhance their knowledge. This project was developed out of a need to address the educational and training needs of psychiatric nurses in the organization who had a need to be educated about providing the care needs to address common medical conditions that psychiatric patients admitted to in-patient psychiatric units have.

My Role in Project

I served as the project leader. As a skilled and competent nurse who has worked in medical-surgical and psychiatry for my entire career, the selected issue was of high importance to my co-workers and to me. I took pride in being a leader, resource person, and teacher in this project. My goal and the goal of this DNP project was to address the practice gap concerning the lack knowledge that psychiatric nurses identified that are essential to managing the medical needs of psychiatric patients. As a psychiatric nurse with almost 20 years of experience and expert knowledge, I had obtained the necessary education and training to be a transformational leader in my organization. As an employee of the institution, I was often utilized as a resource to assist with medical care issues that other nurses may not have had experience dealing with. While an employee of the organization this project was conducted during off work hours only.

As the project leader I worked closely with other organizational leaders who assisted with the development of this project to ensure that clear goals and objectives were set to yield a successful outcome. I was responsible for the review of literature and for the development and delivery of this educational project which will be made possible by having weekly meeting to discuss concerns and progress and to receive additional guidance and feedback.

Motivation for Project

My motivation for this project was to be a part of an initiative that would result in a positive culture of care provision where nurses would feel that they had the educational support to complete their daily tasks. I have engaged in life-long learning, and I am also

committed to assisting other nurses to enhance their knowledge and skills. Terry (2018) notes that DNP graduates are prepared to assume roles in leadership, clinical practice and research efforts which all contribute to promoting excellence in health care. As a nurse in the organization, I have advocated for change and endeavor to address the need for process improvement through on-going education and training. My role as a leader in psychiatry is to remain actively involved in education and quality improvement efforts and to advocate for quality care for psychiatric patients, which are requirements essential to a DNP degree as evidenced by the AACN Doctoral Essential V: Healthcare policy for Advocacy in Health care (AACN, 2006).

Potential Biases

As a nurse who provides direct care to patients in my organization, I believe my frustration with the inadequate knowledge about one's physical health that nurses in psychiatry have, could serve as a potential bias in this project. I believe that possessing knowledge about the project process and the importance of eliminating opinion by using evidence to guide the project would serve to eliminate potential bias. Bias for this project would also be eliminated or minimized through the project team's ongoing review of the project.

Role of the Project Team

Project Team

The project team assistance with the development of this project was considered vital to the development and completion of this project. The team included the organization's two educators, an administrative assistant to the Director, and this DNP

student. One educator was my preceptor whose assistance with this project included providing guidance and feedback in the project's development. The other educator who also supported the project provided feedback. Each week I met with the project team to discuss the project status and to gain feedback. Regular communication with the project team ensured consistent collaboration, which was vital to the projects' success. The final program content was provided to the project team for evaluation, validation, and approval. A formal review of the educational program was conducted by the project team (see Appendix B). Recommendation for revisions were incorporated as needed.

Summary

In section 2 specifics about the conceptual framework and model that will guide this project was provided. Terms specific to this project are defined. Additional evidence supporting the need for this project was also provided including the current state of practice and how this project will advance nursing practice. Nurses have a responsibility to be knowledgeable about health care conditions and care required to support the health and well-being of patients entrusted to provide care for. Psychiatric nurses not being confident in their ability to provide care for certain health care conditions related to a lack of knowledge of signs, symptoms and care related to specific health conditions is evidence of the need for an educational program to support the practice gap identified. Lastly, the role of this DNP student and the project team is discussed and includes my motivation to address this practice issue and how potential biases will be handled. Section 3 will incorporate the project's methodology that will include: a plan for collection and

analyzing evidence, the evidenced-based educational curriculum that will support the data generated from this project, and the analysis and synthesis of the project data.

Section 3: Collection and Analysis of Evidence

Introduction

Problem/Purpose of Project

This doctoral project is an opportunity to address a current clinical issue in practice by inquiring into the best evidence that has the potential to enhance clinician knowledge and improve patient outcomes. An increase in the admission of psychiatric patients who also have physical health conditions has presented a need to focus on the appropriate knowledge and skills sets that psychiatric nurses need to effectively care for patient's total needs. The increased admission of psychiatric patients in the hospital with physical health care needs is a global issue that presents many challenges for health care organizations related to the provision of safe and effective care (O'Connor et al., 2018). The purpose of this educational project is to educate nurses about common medical conditions seen in psychiatric patients to enhance their knowledge and facilitate competent, effective, and safe patient care. The ongoing education that nurses need to fulfill their nursing roles must be offered to meet the diverse needs of patients (Fukada, 2018).

According to the World Health Organization (WHO, 2020a), nurses are expected to engage in on-going educational opportunities that provide the most current evidence on best practices. Despite recommendation from accrediting organizations, nurses locally and around the world feel inadequately prepared to provide competent nursing care for patients (Certa, 2017). Psychiatric nurses are in a great position to advocate for education and training that will provide information about best practices, especially as they relate to

care for psychiatric patients with chronic medical conditions. The goal of this educational project is to provide education about common medical conditions seen in in-patient psychiatry that will allow psychiatric nurses to provide competent and safe care that can improve patient outcomes.

In the following sections, I will provide a summary of the practice problem, sources of evidence, the implementation approach, and the process for analyzing the evidence. According to White, Dudley-Brown, & Terharr (2016), the problem-solving process must be completed using a systematic approach that evaluates current practices in search of evidence-based methods of improvement, the collection, management and analysis of evidence requires planning that ensures the accuracy of the data collected and the validity of the findings (White, Dudley-Brown & Terharr, 2016).

Practice-Focused Question

The practice problem that this educational project seeks to address is the reality that psychiatric nurses lack the knowledge to provide necessary medical care to psychiatric patients on an inpatient psychiatric unit who present with chronic medical conditions. The lack of knowledge supports a gap in practice of nurses' inability to care for the medical needs of psychiatric patients and addressing medical emergencies for patients admitted to psychiatric units. The practice-focused question for this project was:

PFQ: Can providing education to psychiatric nurses about caring for patients on a psychiatric unit who are diagnosed with chronic medical conditions increase their knowledge about providing safe and effective care to these patients?

My aim for the DNP project was to address the psychiatric nurses' lack of knowledge, about the management of physical health conditions of psychiatric patients on the in-patient unit. The development of this project is intended to provide educational support for nurses that will assist them to make appropriate clinical decisions.

Sources of Evidence

The sources of evidence supporting this project are garnered from On-line databases such as CINAHL, Cochrane Library, EBSCO, Google Scholar, and Medline. I conducted searches to reveal full text articles from January, 2015, through July, 2020, using key search terms related to the clinical practice issue. I also obtained evidence supporting this educational project from professional organizations like AHRQ and CDC, sources that provided evidence-based information that I used to develop pre- and posttest questions for this project. I used Lewin's three-stage change model to guide this development of the project's curriculum. I used the JHNEBP appraisal model to grade the evidence selected. The search revealed 132 articles of which 37 were selected for inclusion into the project. The articles selected for this project were evaluated based on the level of evidence (clinical practice guidelines; consensus or position statements; literature reviews; quality improvement, program, or financial evaluation; case reports; and expert opinion) and then graded as high, good, and low using the JHNEBP evidence level and quality guide. The collection of evidence assisted me in addressing the practice-focused question. Information obtained from the literature review and review of the organizational data will provided a basis for understanding the clinical practice problem,

the need for change, and how to address the problem based on evidence-based knowledge.

Evidence Generated for the Doctoral Project

The purpose of this evidenced-based educational program was to enhance nurses' knowledge of disease process, treatment, and management of medical conditions that challenge nurses on a psychiatric in-patient unit and impact their ability to provide safe and effective care. Education was provided on the more prevalent medical conditions that these nurses encounter such as diabetes and cardiovascular disease. Education included disease signs and symptoms and management of routine and emergent conditions. The evidence that I collected from this staff development educational project was guided by the project's curriculum. The curriculum included objectives and goals that supported the project problem that were developed using resources from AHRQ, ADA, CDC, and WHO. The education plan incorporated and aligned with Lewin's change theory. The alignment of the project's objectives and goals with Lewin's change theory is reflected in Appendix C.

Participants

Participants for this project were psychiatric nurses who were employed at the project site on a full time, part time, and as needed basis. The nurses were offered an invitation to complete the educational course online. Participants were informed that participation was voluntary and that they were free to leave the educational program at any time. There were approximately 50 nurses who provided care on this in-patient unit, some of whom were involved in initial informal interviews that were instrumental in

identifying this project. Participants were provided information about the project's purpose and goal. The participants were informed that completion of the pre- and posttest would serve as consent for collecting information. Participants were also informed that to ensure confidentiality names should not be included on project data collection documents. All documents were numbered to ensure alignment of pre- and posttest forms. A recruitment flyer was developed to encourage participation. The flyer was posted on the unit and emailed to all potential participants.

Procedure

Due to the COVID-19 health pandemic, in-person education and training at the intended implementation site was conducted virtually. The educational in-service could not be provided via a live virtual platform due to institutional time constraints, the need for staff flexibility, and the need for social distancing. The educational in-service was available virtually to staff for 2 weeks to allow potential participants from all shifts to complete the training. The project incorporated a pre- and posttest design and a postprogram evaluation. The pre- and posttest consisted of 20 questions with the same exact content related to cardiovascular disease and diabetes. Participants had 2 weeks to complete the project, which was designed to support the need for flexibility and social distance requirements related to COVID. The information from the pre- and posttest will be stored on the computer with access only by me. The pretest determined the participant's current knowledge about the problem (Appendix D). The posttest determined if participant's knowledge increased after the educational content was presented (Appendix D). The pre- and posttests and the program evaluation uploaded into

SurveyMonkey and the links to each data collection tool were provided to participants via email. The educational program was provided via a power point presentation which was also be emailed to each participant. Participants were informed that participant questions could be emailed to me (the project manager) via email and answered within the 2-week time frame allocated for the training.

Information about the project's purpose, goal, agenda, and the data collection SurveyMonkey links were emailed to each participant. The educational program agenda included the introduction, overview of program that included background information about the clinical issue and the gap-in practice, the pre- and posttest, and ended with the program evaluation (Appendix E). The expected program outcome was that nurses' posttests would reflect that the educational content increased their knowledge on how to effectively care for psychiatric patients with medical illness on the psychiatric unit. The program results and recommendations were communicated to the organization's leaders, the project team, stakeholders, and participants via their organizational email addresses.

Protections

The project was guided by the *Walden University Manual for Staff Education*. Support and approval for this project was obtained from the director and psychiatric educators at the project site. Approval from Walden University's Institutional Review Board was obtained prior to the implementation of this project (approval number 05-11-21-0186494). This project did not include patients. Any institutional data collected for this project was deidentified, and the project site's name will not be identified. I incorporated a numerical coding system to ensure that the pre- and posttests for each

participant aligned with the respective participant. Participants were informed that completion of the pre- and posttests served as consent for participation in this educational program. Participants were also informed that participation was voluntary and that they could elect to waive participation at any time. Data from this project will be stored on my password protected computer, only accessible to me, for 5 years.

Analysis and Synthesis

The analysis and synthesis of the data generated for this DNP project included the results from the pre- and posttest and the program evaluation. I analyzed the data collected from the pretests, posttests, and program evaluations using descriptive statistics. Analysis included determining if the educational program increased the participant's knowledge. The project results provided information about the outcome of the intervention, and the findings are shared in Section 4.

Summary

In Section 3 the methodology of the project and the project procedures were explained. Information about the participants, their protections and rights, and the project goals were also explained. The procedure that supports the evidence generated from this doctoral project was discussed. The procedures included changes that were incorporated into the project to accommodate the global pandemic health crisis that prevailed. Analysis and synthesis of the project data, which includes the pre- and posttests and program evaluations, is provided in Section 4. Section 4 includes discussions that reflect the projects' findings, implications, limitations, social change impact, and s recommendations.

Section 4: Findings and Recommendations

Introduction

This staff education project was developed to address a problem relating to the lack of clinician education and training of psychiatric nurses caring for psychiatric patients diagnosed with medical problems. The focus of this staff education project was to provide an educational program for psychiatric nurses to increase their knowledge about caring for psychiatric patients who were diagnosed with chronic medical conditions like cardiovascular disease and diabetes. The gap-in-practice this project addressed was the lack of clinician education and training needed to meet the diverse needs of psychiatric patients.

The practice-focused question for this education project was:

PFQ: Can providing education to psychiatric nurses about caring for patients on a psychiatric unit who are diagnosed with chronic medical conditions increase their knowledge about providing safe and effective care to these patients?

Thus, the staff development educational program on cardiovascular and diabetes was developed and delivered to nurses in psychiatry to educate them on common medical conditions seen in patients with mental illness on an inpatient psychiatric unit.

The sources of evidence for this project were the results for the pretest, posttest, and program evaluation. The pretest and posttest results are represented in Appendix D. The program evaluation is represented in Appendix E. Descriptive analysis was used to analyze and synthesize the data. According to Gray et al. (2017), analysis is an important step in any project that allows the data to be interpreted in terms of relationships,

patterns, and cause and effect to answer the project question. A detailed project plan assisted me with the development, implementation, and evaluation of this project that highlighted how to address the issue of concern, which can inform practice.

Findings and Implications

The educational project was computer based and completed at the convenience of nurses within a 2-week time frame. The project consisted of completion of a pretest, review of the power point on cardiovascular disease and diabetes, and completion of a posttest (Appendix D) and program evaluation (Appendix E). The findings from the project are displayed in figure 1 and tables 1, 2, and 3 for additional clarity.

Findings

Sixty-five nurses in the department of psychiatry were invited to participate in this education project. Thirty-four nurses responded to the invitation to participate in the project. Two of the thirty-four respondents were excluded because they did not complete all of the sections of the project, which left 32 participants remaining. Table 1 illustrates the total number of participants in the education project, the number of participants excluded from the project, and the total number of participants completing the project in entirety.

Table 1

Participants, Exclusions, and Number Completing the Education Project

Nurses invited to participate	Number of participants	Exclusions	Number completing the project
65	34	2	32

I used descriptive statistics to analyze and synthesize the collected data. To assist with the analysis of the data, a score of 69 or below was considered a failing score and a score of 70 or above was considered a passing score. The pre- and posttests were identical with 20 questions related to common medical conditions seen in inpatient psychiatry. Upon completion of both the pre- and posttest, the scores were calculated for each participant and displayed in a table. The pre- and posttest scores of each participant are displayed in Table 2.

Table 2*Pre and Posttest Results*

	Pretest Scores	Posttest Scores
1	60	90
2	60	80
3	65	90
4	65	95
5	55	85
6	65	90
7	65	100
8	55	85
9	55	90
10	60	90
11	55	100
12	55	85
13	65	90
14	60	100
15	65	90
16	60	95
17	65	100
18	70	100
19	65	95
20	60	80
21	60	90
22	55	100
23	60	90
24	60	100
25	55	85

I then aggregated the data by lowest, highest, and average score on both the pre- and posttest to represent the difference in scores for each pretest and posttest. The average pre- and posttest scores illustrated that the overall knowledge regarding cardiovascular disease and diabetes improved from 61% on pretest to 93% on posttest, which reflects the number of questions answered correctly (Table 3). The project findings indicate that the delivery of the educational program resulted in improved nursing

knowledge. The difference in the pre- and posttest scores supports the argument that offering of educational sessions can enhance nurses' knowledge, which has the potential to improve patient outcomes.

Table 3

Pre and Posttest Percentage

	Pretest percentage	Posttest percentage
Lowest score	55%	80%
Average score	61.25%	92.5%
Highest score	70%	100%

At completion of the program the participants rated the program in various areas via the program evaluation that consisted of 5 questions. The two questions that received the most positive responses were Question 1 and Question 3. For Question 1 about whether the program met expectations, 26 of 32 participants selected good (Choice 4), and for Question 3 rating the quality of the content, 29 of 32 participants selected good. The question that received the lowest rating was Question 4 about how comfortable do the nurses felt caring for patients with cardiovascular disease and diabetes. Fourteen of the 32 participants selected they would rate their comfort level in caring for patients with cardiovascular disease and diabetes as satisfactory (Choice 3), which indicated that 18 participants, despite the increased knowledge, still did not feel comfortable in caring for psychiatric patients with comorbid diagnoses of cardiovascular disease and diabetes. The overall rating of the project on average was good, which substantiated the need and support for the education program for psychiatric nurses on common medical conditions seen in patients on the in-patient psychiatric unit. The reality that after the educational

program 18 participants still did not feel comfortable caring for patients with the aforementioned comorbidities further supports the need for more educational programs like this. The information shared by the participants on the program evaluation can serve as an opportunity for health care organizations to assess and address the educational needs of nurses who must provide for the increasingly complex physical health needs of patients with mental health conditions.

Implications

The project was developed to address the educational needs of psychiatric nurses who were providing for the cardiac and diabetic care needs of patients admitted to in-patient psychiatric units. Nurses are in an excellent position to advocate for appropriate education and training that supports the competency necessary to provide for the diverse needs of patients. Nurses in the department of psychiatry verbalized their concerns to leadership regarding not having the necessary knowledge and skills to provide for the physical needs of patients with medical conditions who are admitted to in-patient psychiatric unit. The nurses understood their duty to provide safe and effective care to all patients and requested that evidence-based education and training be provided to support their nursing care needs. It is necessary for nurses to have the appropriate education and training on the disease processes, recognition of signs and symptoms of disease, complications, and interventions that are evidence-based to manage and prevent complications.

The increase in the number of patients who have multiple complex physical health conditions is a trend commonly noted in healthcare (Nauert, 2020). Improvements have

been made to address how to provide optimal care for patients with both physical and mental health conditions (Grazier, Smiley, & Bondalapati, 2016). The two nurse educators who assisted with this project are in the process of developing education days to address the education needs that the nurses identified during monthly staff meetings. Ongoing education for nurses in the organization is one step that health care leaders can implement to ensure that patient safety is a priority, and such safety will be supported by nurses who have the necessary competency to deliver safe and effective care. This project has the potential to be adopted at other local health care organizations that have in-patient psychiatric units to assure that patient care is coordinated to ensure that both the patient's physical and mental health needs are addressed. This project has resulted in increased awareness of the on-going education and training needs of psychiatric nurses to support the care needs of patients on in-patient psychiatric units. Leaders in the organization and nurse educators have an opportunity to take a leading role in supporting nurses by staying abreast of the changing needs of patients and nurses to ensure that nurses have up-to-date evidence to support their care and decision making. Health care leaders and educators play a pivotal role in policy development related to education and training of nurses. According to Tonnessen, Scott and Nortvedt (2020), organizations are responsible for setting standards of care that supports safe and competent care based on the needs of patients.

Unanticipated Limitations/Outcomes

The unanticipated limitation for this project were primarily related to the COVID 19 pandemic that resulted in several project adjustments that included providing

education in a socially distanced environment or changing from a face-to-face delivery to a computer-based delivery setting. The project was delayed and changed from a face-to-face delivery to computer-based delivery, which could have resulted in a lower-than-expected participation rate that may have impacted the findings. The lower-than-expected participation rate decreased the amount of data collected that could have been useful in providing evidence that could further strengthen the findings that providing education can enhance nursing knowledge about managing common medical conditions seen in patients admitted on an in-patient psychiatric unit. This project did not include evaluating the impact of increased nursing knowledge on patient care and outcomes. Therefore, further follow up on the impact of this education project is recommended, follow-up that can provide data that can provide further evidence of the impact of education and training programs focused on increasing nurse's knowledge and the impact on patient care outcomes.

Recommendations

This staff education project provides an opportunity for the department of psychiatry to use the project findings to improve the development of education and training sessions that will support enhancing the ongoing knowledge and skill levels of nurses in psychiatry. This project can also be used for educating new nurses and as an annual education and training refresher course for current nurses to maintain and/or improve the competency necessary to make appropriate clinical decisions regarding the care of patients diagnosed with physical health conditions on the psychiatric unit. Changes in program content can be incorporated as new evidence becomes available to

support best practices. Fostering best practices and enhancing education standards through appropriate resources can support safe and effective care. Evidence from translation models in nursing provides strategies that leaders can utilize to problem solve and implement recommendations that can transform care delivery (White, Dudley-Brown, and Terhaar, 2016).

Another recommendation is to continue the program as an option on-line resource but to institute mandatory, annual in person training, facilitated by nurse educators that will ensure that nurses have an opportunity to participate in hands on training and interaction with nursing educators. A final recommendation is to assess the retention of nurses' improved knowledge post this education project and any other education offerings at regular intervals.

Support for this project by the nurses and the leadership team is evidence of the organization's readiness to implement necessary education change to support psychiatric nurses' needs. Continuance of this education course and others that are similar with on-going evaluation of the effectiveness will provide information to the organization on the changing educational needs of nurses.

Contribution of the Doctoral Team

The contribution of the doctoral team was numerous. The team provided me with the opportunity to work with individuals who were integral to the success of the project. The project team included my DNP mentor, the nurse educator, the administrative assistant, and me, the project leader. Team responsibilities included attending weekly meetings to discuss the project status, review new information to be included in the

project, assistance with data formatting and developing the tables, and offerings of recommendations for improvements in finalizing the project. On-going collaboration and follow-up with members of the project team offered information on the how to deliver the project to obtain optimal results to support the project. The members of the project team offered suggestions that allowed this project leader to adjust the project as necessary. Three-unit managers were not part of the doctoral team also supported this education project by providing valuable information, knowledge, and expertise that assisted with the project development. The guidance and expert information provided by the team assisted with the successful development and implementation of this project. The project team also provided additional information that will be beneficial to improving ongoing nurse education in the department of psychiatry. The management of complex medical conditions requires that nurses stay enhance their knowledge of best practices necessary to manage patient care (Lee et al., 2016).

Plan to Extend Project Beyond the Doctor of Nursing Practice Project

This project and similar nursing education projects have been planned as part of the yearly education and training that is projected to start after the completion and approval of this project by the Walden University project committee and the university's Chief Academic Officer. I plan to reach out to stakeholders in the department of psychiatry to engage in ongoing conversations about the needs of patients and nurses that are necessary to improve nursing education and, ultimately, patient care outcomes. As the project leader I also plan to reach out to and work with other psychiatric organizations to

assist in establishing or enhancing their process regarding education and learning opportunities for nurses in the department of psychiatry.

Strengths and Limitations of the Project

Strengths

A major strength of this project is that the organization where this project was conducted is a teaching hospital that places a high priority on educating and training nurses to deliver competent, evidence-based care. In addition, as the project leader, I have extensive medical-surgical and psychiatric nursing experience, which assisted me in obtaining the support of nurses to participate in the project. An additional strength of this project is that the project data will be useful for educators in the department of psychiatry in understanding nurses needs for delivering care to psychiatric patients with physical health conditions. According to Druss and Goldman (2018), collaboration among medical specialties and psychiatry specialties ensures that individuals with mental illness receive treatment for their physical and mental health needs that are evidence based.

Limitations

Limitations for this project were primarily attributed to the COVID 19 pandemic. The original plan was to deliver the education program in person to the psychiatric nurse participants. However, the project was changed to computer based due to the need for social distancing, which could have contributed to the lower-than-expected participation rate. The computer-based delivery method did not allow for immediate real-time interaction between the participants and between the participants and the project leader. Another limitation of this project was that the project was not completed within the initial

projected timeframe due to the need to change the delivery method and a prolonged Institutional Review Board approval process, which again was a result of the COVID-19 pandemic and the associated changes. The site where this project was completed placed all in person education and training on hold with the exception of mandatory education and trainings that required in person attendance, which were scheduled to accommodate the need for social distancing.

Recommendations for Future Projects Addressing Similar Topics

The project site administrators plan to continue this project by initiating a follow up to the project that can assess the patient care improvement to determine the impact of the increased knowledge on patient care outcomes. The addition of assessing care following the education session will provide an opportunity for nurses to practice the knowledge and skills learned under the guidance of the nurse educators who can evaluate the competency level and provide guidance on corrective methods and decision making. In addition, continuous feedback from nurses regarding current nursing practices and current nursing needs to facilitate competency should be ongoing. Interdisciplinary training and education can assist in developing competent nurses who are able to incorporate best practices according to patient needs (Lake & Turner, 2017). Administrators also plan to use this educational program as a template to continue providing nursing education on similar education content such as vascular access care and management.

Summary

The aim of this DNP project was to enhance the knowledge and competency of psychiatric nurses that would allow these nurses to competently address the medical needs of patients with mental health conditions. The results from this project support the need for an education program such as the one that was developed and presented according to the overwhelming responses from nurses. Evidence from this project can add to the practice gap on understanding the educational needs of psychiatric nurses who are responsible for also caring for psychiatric patients' physical health needs. It is therefore recommended that inquiring about the learning needs of psychiatric nurses continue to enhance the nursing knowledge of these nurses' who are responsible for caring for psychiatric patients with co-morbid medical needs.

Section 5: Dissemination Plan

Dissemination of this project in the organization where the project was completed will occur at a time that is convenient for the organization as COVID restrictions are still in place regarding the delivery of in-person education. There will also be opportunities to present the project findings during orientation for new hires. I eventually plan to collaborate with other nurses in local psychiatric organizations to discuss the findings, which can be enhanced by sharing information with similar organizations. Having a working relationship with community agencies that serve the psychiatric population will also be considered as excellent settings to share the project findings. Findings will also be shared with community leaders who serve the psychiatric population to further assist in dissemination.

This project can also be disseminated during monthly staff meetings and annually during nursing week in May of each year, during new nurse orientations, and also to other psychiatric units in the tri-state region. Collaboration with medical specialties and mental health organization in the community also may provide opportunities to present the project findings.

Analysis of Self

As I began my scholarly journey as a DNP student, I was aware that I could be faced with many challenges. I have learned that self-discipline is important in staying focused when faced with obstacles. I had no idea how stressful developing and implementing a project that has the potential to improve nursing practice and patient care could be. I now understand that an expert nurse must have the necessary knowledge and

skill sets to lead change, which was an expectation in my professional role as a doctorally prepared nurse. Meeting that expectation through this project, I am now confident in my ability to successfully lead change in my organization. Nurses who lead change must be knowledgeable of current issues in nursing, the need for change, and the steps necessary to implement change to guide improvements (Udod and Wagner, 2018).

This DNP project has taught me the importance of engaging stakeholders in all steps of the change process as stakeholders are essential in ensuring support for change. My work with the leadership team in psychiatry taught me the importance of having consistent and timely dialogue with individuals who are critical to the success of change. As a direct care nurse, I now understand the importance of treatment rounds as collaboration with health care professionals in various roles is important in developing a plan that address the total needs of the patient. The integration of medical services and psychiatric services necessitates collaboration among health care disciplines to develop intervention strategies that improve care delivery (Lake & Turner, 2017).

My pursuit of obtaining the DNP degree has resulted in enhanced knowledge that has contributed to my nursing expertise. I found a balance in my home life, professional role, and doctoral program expectations that allowed me to successfully complete the DNP degree. I could not have completed this project without the support and guidance of my DNP mentor and my project chair who provided their expertise and enhanced my development as an expert nurse. Experienced DNP-prepared faculty and practice site mentors guide the doctorally prepared student through the process of identifying a

healthcare issue that requires improvement and implementing a plan to address the issue identified (American Association of Colleges of Nursing, 2006).

Summary

Addressing the educational needs of psychiatric nurses on improving their care of patients diagnosed with physical health issues who were admitted on an inpatient unit was the goal of this staff education project. The project was successfully conducted with positive results that reflected the increased nursing knowledge gained from the educational program. The findings can be useful for psychiatric nursing educators in addressing the education needs of nurses in the organization. The evidence from this project supports the need for on-going nursing education about common medical conditions seen in patients admitted to in-patient psychiatry.

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Appendix A: Johns Hopkins Nursing Evidence Based Practice Model

Evidence Level and Quality Guide

Evidence Levels	Quality Guides
<p>Level I -Experimental study -Randomized control trial (RCT) -Systematic review of RCT's with or with or without meta-analysis</p> <p>Level II -Quasi-experimental study -Systematic review of a combination of RCT's and quasi-experimental -Quasi-experimental only with or without meta-analysis</p> <p>Level III -Non-experimental study -Systematic review of a combination of RCT's, quasit-experimental and non-experimental studies -Non-experimental studies only with or without meta-analysis -Qualitative study or systematic review with or without meta-synthesis</p>	<p>A High Quality: -Consistent, generalizable -Sufficient sample size -Adequate control -Definitive conclusions -Consistent recommendations based on Comprehensive literature review with Thorough reference to scientific evidence</p> <p>B Good Quality -Reasonably consistent results -Sufficient sample size -Some control -Fairly definitive conclusions -Reasonably consistent recommendations fairly comprehensive literature review with some reference to scientific evidence</p> <p>C Low Quality of Major Flaws -Little evidence with inconsistent results -Insufficient sample size -Conclusions cannot be drawn</p>

Evidence Levels	Quality Guides
<p>Level IV</p> <p>-Opinion of respected authorities and/or nationally recognized expert committees/consensus panels based on scientific evidence</p> <p>Includes:</p> <ul style="list-style-type: none"> ▪ Clinical practice guidelines <p>Consensus panels</p>	<p>A High Quality</p> <ul style="list-style-type: none"> -Material officially sponsored by a professional, public, private organization, or government agency -Documentation of a systematic literature search strategy -consistent results with sufficient numbers of well-designed studies -Criteria-based evaluation of overall scientific strength and quality of included studies, definitive conclusions -National expertise is clearly evident -Developed /revised within the last years <p>B Good Quality</p> <ul style="list-style-type: none"> -Material officially sponsored by a professional, public, private organization, or government agency -Reasonably thorough and appropriate systematic literature search strategy -Reasonably consistent results -Sufficient numbers of well-designed studies -Evaluation of strengths and limitations of included studies with fairly definitive conclusions -National expertise is clearly evident -Developed / revised within the last 5 years <p>C Low Level</p> <ul style="list-style-type: none"> -Material not sponsored by an official organization or agency -Undefined, poorly defined, or limited literature strategy -No evaluation of strengths and limitations of included studies -Insufficient evidence with inconsistent results -Conclusions cannot be drawn -Not revised within last 5 years

Level 5	Organizational Experience
<p>Based on experiential and non-research evidence</p> <p>Includes:</p> <ul style="list-style-type: none"> ▪ Literature reviews ▪ Quality improvement, program or financial evaluation ▪ Case reports ▪ Opinion of nationally recognized Experts based on experiential Evidence 	<p>A High Quality Clear aims and objectives -Consistent results across multiple settings -Formal quality improvement -Financial/Program Evaluation methods used -Definitive conclusions -Consistent recommendations with thorough reference to scientific evidence</p> <p>B Good Quality Clear aims and objectives -Consistent results in a single setting -Formal quality improvement, financial or program evaluation methods used -Reasonably consistent recommendations with some reference to scientific evidence</p> <p>C Low Quality or Major Flaws -Unclear or missing aim and objectives -Inconsistent results -Poorly defined quality improvement -Financial/Program evaluation methods -Recommendations cannot be made</p>

Level 5	Literature Review, Expert Opinion, Case Report, Community Standard, Clinical Experience, Consumer Preference
	<p>A High Quality -Expertise clearly evident -Draws definitive conclusions -Provides scientific rationale -Thought leaders in the field</p> <p>B Good Quality -Expertise appears to be credible -Draws fairly definitive conclusions -Provides logical argument for opinions</p> <p>C Low Quality -Expertise is not discernable or is Dubious-Conclusions cannot be drawn</p>

Appendix B: Formal Review Form

Upon your review of the project objectives, goals, curriculum, and power point presentation please respond to the following questions.

Project Information	
Project Title	Development of a Basic Medical Education Course for Psychiatric Nurses
Student	Tasha Jones DNP Student
Team Member	DNP Mentor
Team Member	Nursing Educator
Team Member	Administrative Assistant to the Director of Psychiatry
Team Member	Peer Reviewer

N Y Project Plan

- a.** Is the practice problem clearly identified?
-
- b.** Is the goal of the project clearly stated?
-
- c.** Is the information relating to the basic medical care education for Psychiatric Nurses clearly stated?
-
- d.** Are the program outcomes clearly identified?
-
- e.** Does the program content adequately relate to the pre and posttests?
-
- f.** Does the program content have the potential to increase participant knowledge?
-

Appendix C: Lewin's Model/Objectives/Goals

Lewin's Change Model Alignment with Program Curriculum Objectives and Goals

Lewin's Change Model	Objectives	Goals
<ul style="list-style-type: none"> ● Unfreezing: Make individuals aware of need for change (prepare individuals to accept change by explaining the need for change). ● Change: Transition to the change (begin to make the necessary changes). ● Refreezing: Sustain the new change as the new norm (continue to provide support to staff and evaluate the effectiveness of the change) 	<ul style="list-style-type: none"> ● Objectives: To obtain support from staff with accepting new change. ● Objectives: To keep staff informed encourage involvement which promotes empowerment ● Objectives: To sustain the implemented change and make necessary adjustment as necessary. 	<ul style="list-style-type: none"> ● Goals: To make staff aware of poor patient outcomes related to current practices and the need for change. ● Goals: To make staff aware of poor patient outcomes related to current practices and the need for change. ● Goals: To share information with staff to achieve common goals. For people to accept the change as the new norm.

Appendix D: Pretest and Posttest

Education In-service: Cardiovascular Disease and Diabetes

Your completion of this 20 item pre and posttest, serves as your consent to participate in this staff education program. Please, do not write your name on the questionnaire; each pretest and posttest will be numbered to ensure your pretest and posttest aligns. Thank you!

Instructor: Tasha Jones

Test #: _____

Date: _____

Read each question carefully, and then circle the letter of the correct answer

1. Diabetes is the result of
 - a. Too much insulin
 - b. No insulin available or insulin does not work effectively
 - c. Too much exercise
 - d. All of the above
 - e. None of the above

2. Diabetes occurs because of a malfunction of which organ?
 - a. Stomach
 - b. Gallbladder
 - c. Pancreas
 - d. All of the above
 - e. None of the above

3. Signs and symptoms of hyperglycemia include
 - a. Weight gain
 - b. Increased energy

- c. Increased thirst and increased urination
 - d. All of the above
 - e. None of the above
4. Signs and symptoms of hypoglycemia include
- a. Excitement
 - b. Nervousness
 - c. Decreased appetite
 - d. All of the above
 - e. None of the above
5. A1c level(s) that is evidence of good blood glucose control is
- a. 12%
 - b. 8%
 - c. 5%
 - d. All of the above
 - e. None of the above
6. Diabetes can increase the risk of heart disease if
- a. Eat low fat foods
 - b. Exercise
 - c. Have high blood pressure
 - d. All of the above
 - e. None of the above
7. Diabetic ketoacidosis is a complication of excessively high and prolonged hyperglycemia
- a. yes
 - b. No

- c. Neither a or b
 - d. All of the above
 - e. None of the above
8. The preferred diabetic medication to manage diabetes in the hospitalized is
- a. Basal bolus or basal correction
 - b. Insulin pump
 - c. Oral antidiabetic
 - d. All of the above
 - e. None of the above
9. What intervention(s) would you take to address hypoglycemia?
- a. Give 30 grams of carbohydrates-8 oz juice
 - b. Repeat blood glucose every 15 min until blood glucose >70
 - c. Notify the physician
 - d. All of the above
 - e. None of the above
10. What intervention(s) would you take to address hyperglycemia?
- a. Notify physician
 - b. Do nothing
 - c. Continue to monitor and notify physician if become unconscious
 - d. All of the above
 - e. None of the above
11. The warning signs of a heart attack are
- a. Increased urination
 - b. Decreased heart rate
 - c. Chest pain

- d. All of the above
 - e. None of the above
12. The most common type of heart disease in the United States is
- a. A Fib
 - b. Cardiomyopathy
 - c. Coronary artery disease
 - d. All of the above
 - e. None of the above
13. The medical term for chest pain is
- a. Inflammation
 - b. angina
 - c. arrhythmia
 - d. All of the above
 - e. None of the above
14. Risks for heart disease include
- a. Low blood pressure
 - b. High blood pressure
 - c. Low blood glucose
 - d. All of the above
 - e. None of the above
15. Clogged arteries in the heart can cause
- a. Blurred vision
 - b. Heart attack
 - c. Nose bleeds
 - d. All of the above

- e. None of the above
16. What nursing intervention(s) should be taken for a patient who experiences a high blood pressure reading?
- a. Don't worry about
 - b. Have patient eat more salty foods
 - c. Notify the physician
 - d. All of the above
 - e. None of the above
17. What nursing intervention(s) should be taken if a patient experiences chest pain?
- a. Obtain vital signs
 - b. Assess patient
 - c. Notify physician
 - d. All of the above
 - e. None of the above
18. What nursing intervention(s) should be taken for a patient who experiences shortness of breath?
- a. Obtain a pulse oximetry reading
 - b. Notify physician
 - c. Assess the airway (breathing pattern, use of accessory muscles)
 - d. All of the above
 - e. None of the above
19. What nursing intervention should be taken if a patient experiences a low blood pressure?
- a. Notify physician
 - b. Hold blood pressure medications

- c. Encourage patient to increase fluid intake (raises volume and prevents dehydration)
 - d. All of the above
 - e. None of the above
20. What is another name for heart attack is?
- a. MI (Myocardial Infarct)
 - b. Atrial Fibrillation
 - c. Cardiomegaly
 - d. All of the above
 - e. None of the above

