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Staff Education for Nurses and Providers on Rapid Mood Screener

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This is to certify that the doctoral study by

Lolade Ogunleye

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Walden University
2023

Abstract

Staff Education for Nurses and Providers on Rapid Mood Screener

by

Lolade Ogunleye

MS, Walden university, 2020

BS, University of Toronto, 2006

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2023

Abstract

Advances in the psychiatric field have led to the development of valuable tools that can be used in screening patients to understand their condition better. Indeed, instruments such as the Rapid Mood Screener (RMS) have been significantly used to help diagnose conditions such as bipolar disorder. The implication is that such tools need to be appropriately used by health care practitioners such as nurses for better and more accurate diagnostic results. A more accurate diagnosis is a foundation for better patient management and outcomes. Therefore, as part of a bigger plan, mental health facilities should make deliberate efforts to ensure that the nurses and other health care professionals involved in mental health patients' care have access to and are competent in using tools such as the RMS. This project's purpose was to use a staff education module to decrease providers' errors using the bipolar assessment tool. The analysis, design, development, implementation, and evaluation (ADDIE) model and Knowles's theory guided the development and implementation of the staff education program for the 12 nurses in the targeted outpatient psychiatric clinic. A pretest/posttest design was implemented to assess the participants' knowledge before and after receiving the staff education. Descriptive statistics were calculated. The mean test score increased by 28%, indicating a knowledge increase for nurses. Training nurses on the effective use of the RMS and other screening tools has the potential to develop the ability of nurses to diagnose mentally ill patients effectively. Health care facilities should evaluate staff awareness of screening tool gaps and implement relevant interventions to bridge identified gaps.

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Dedication

To my children, remember that no matter the obstacles you may face, never give up or lose hope. Most importantly, continue to see life through God's lenses. A special thank you to both of my parents for their continuous support and unconditional love.

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Section 1: Nature of the Project

Introduction

The role of health care professionals in enhancing positive patient outcomes is prominent and forms a central part of the plan of health care and patient services (Coster et al., 2018). As such, past and present efforts have been made to improve every aspect of patient care through innovations, inventions, and research. One of the areas that have been a problem in patient care is misdiagnosis, which has potential harmful impacts on the treatment of patients and their well-being (Stiles et al., 2018). While misdiagnosis can occur with any illness, psychiatric health and illnesses are usually more prone to misdiagnosis due to the screening tools needed to differentiate one disease from another. Among such conditions is bipolar disorder, which has been associated with premature death, cognitive impairment, functional impairment, and diminished life quality.

Advances in the psychiatric field have led to the development of valuable tools that can be used in screening patients to understand their condition better. Indeed, instruments such as the Rapid Mood Screener (RMS) have been significantly used to help diagnose conditions such as bipolar disorder (Montano et al., 2021). The implication is that such tools need to be appropriately used by health care practitioners such as nurses for better and more accurate diagnostic results. A more accurate diagnosis is a foundation for better patient management and outcomes. Therefore, as part of a bigger plan, mental health facilities should make deliberate efforts to ensure that the nurses and other health care professionals involved in mental health patients' care have access to and are competent in using tools such as the RMS. The RMS is a screening tool developed to

assist psychiatrists in differentiating between bipolar I disorder and depressive disorder (Montano et al., 2021). The tool was created by a group of health care professionals, including primary care clinicians, behavioral therapists, health economists, and psychiatrists. The tool provides a pragmatic approach for easy and accurate screening of bipolar I disorder.

<div align="center">**Local Nursing Practice Problem**</div>

Problem Statement

Misdiagnosis is one of the most prominent and common problems that substantially impact patients and public health. Misdiagnosis can lead to various adverse effects, such as misleading providers to prescribe the wrong drug and formulate an erroneous care and management plan. Such mistakes can easily complicate and worsen a patient's health, laying the ground for a patient's death or long-term injury (Cuomo et al., 2021; Mohajan, 2018). As such, it is essential to ensure that providers and nurses are knowledgeable regarding accurately identifying patients with bipolar disorder and appropriately diagnosing them. Misdiagnosis of bipolar disorder and depressive episodes and symptoms as major depressive disorder is common in psychiatric health (McIntyre & Calabrese, 2019). Such confusion can be costly in terms of wrong medication prescription and administration; hence, the RMS is a welcome relief as it enhances the screening of bipolar disorder features and manic symptoms, improving the accuracy of such diagnostic procedures. Better outcomes for patients with mood disorders heavily depend on how accurately providers can differentiate major depressive disorder from bipolar disorder.

The Need to Address the Problem

It is worth noting that the RMS is a new scale and is effective in improving the accuracy of mood disorder diagnosis. However, the psychiatric nurses attending to the patients in the outpatient clinics did not apply bipolar assessment scales, causing a gap and need for education. This issue has been connected to the lack of organizational support for current and new evidence-based practice procedures and tools. In addition, some of these providers and nurses lack knowledge of the existence of such scales. Therefore, health care organizations must engage in deliberate efforts to eliminate barriers to the effective use of RMS and other diagnostic tools (McIntyre et al., 2021). Indeed, in cases where providers can accurately and confidently diagnose patients with bipolar disorder, there are enhanced chances that they will effectively treat such individuals and meet their expected patient health outcomes. As such, this doctoral project explored strategies for enhancing providers' and nurses' knowledge in improving practice outcomes.

Significance to Nursing Practice

For this project, I proposed an educational program in the psychiatric care settings, specifically in the outpatient setting, with a major focus on educating nursing staff on how to use rapid mood screeners to identify patients with bipolar disorder appropriately. Such a step is significant to ensure patients' better and timeous care services. The program was successful because the management was cooperative Further, patients with bipolar disorder have the potential to benefit from the program because a more competent staff will offer them care.

The Purpose

As earlier indicated, this project focused on education and closing a gap using a staff education module, with an outcome to increase education scores from pretest to posttest to decrease providers' errors using the bipolar assessment tool. As such, through this project, I sought to address the following question for nurses and providers caring for mental health patients in an outpatient clinic: Will education on rapid mood screening increase their education score to prevent misdiagnosis?

The providers and nurses must be up to date and current regarding evidence-based practice, and appropriate tools must be employed to enhance the chances of accurate diagnosis of bipolar disorder among such patients. In addition, the providers and the nurses must thoroughly understand the adverse effects of mental health patients' misdiagnosis and possible dangers connected to patient outcomes (Montano et al., 2021). A successful educational program heavily hinges on the trainer's level of knowledge of the appropriate information to be taught.

Gap in Practice

The existing practice gap informed the rationale behind the design of this project. The identified practice gap was the lack of awareness among the providers and nurses in the psychiatric outpatient services regarding the application of the RMS as a tool to assess and screen patients with bipolar disorder to improve accuracy.

Addressing the Gap

The RMS has not been used for long and is therefore relatively new. The implication is that not every provider is using the tool. However, in recent times,

psychiatric health care providers have observed and understood the adverse impacts of misdiagnosing patients with depression instead of correctly diagnosing them with bipolar disorder. The solution to this problem lies in various efforts and initiatives focused on decreasing the chances of misdiagnosis. For example, the providers and the nurses need to understand bipolar disorder's key symptoms and recognize the dangers of misdiagnosis (Montano et al., 2021). Again, nurses need to know the risk factors and conditions connected to bipolar disorder. Additionally, nurses need to identify and understand the use of resources relevant to diagnosing bipolar disorder, as such tools and knowledge are critical in accurate and appropriate patient diagnosis.

Nature of the Doctoral Project

Fulfilling the project's requirements required that various protocols be followed, such as meeting with the committee chair to explore the topic and narrowing down the focus to select a project that met the requirements of a Doctor of Nursing Practice (DNP) staff education module. The nurses' and providers' knowledge was assessed before and after the intervention, making the pre- and post-evaluations key. Therefore, descriptive statistics were used in analyzing the collected data. Through descriptive statistics, I was able to evaluate whether the nurses' and providers' knowledge and ability had improved upon using the staff education intervention. The project followed the steps used in implementing the educational module. The steps included planning, implementation, and evaluation.

Sources of Evidence

A literature review was key to the success of the project. Therefore, a literature review was accomplished using databases accessed through the university, including Cochrane Database of Systematic Reviews, *The American Journal of Psychiatry*, Ovid, ProQuest, PubMed, MEDLINE, and CINAHL, as well as journals by professional organizations such as the CDC, using only recent articles published 5 or fewer years ago and obtaining appropriate evidence from databases required using keywords related to the project topic. Therefore, the keywords used included *bipolar*, *rapid mood screener*, *misdiagnosis*, and *nurse education*.

The clinical site was supportive and assisted in recruiting staff for the project. Note that the site, not Walden, oversaw the education program. Hence, all recruitment materials reflected that.

The Approach to the Project

The following steps were taken to implement the project. I verified the staff education program with the organization's leadership team and providers and revised the staff education plan based on the outcome of the meeting. The revised educational program plan was then presented to leadership and providers, and confirmation of the validity and usability of the project was discussed while using evidence-based resources to implement the staff education program. Last, I finalized the staff education program, including an anonymous questionnaire review given to both leadership and providers. The assessment offered valuable results to inform the course that the educational program took.

The Purpose of the Project

The identified practice gap informed the purpose of the project. The identified gap was the lack of use and knowledge of the RMS in identifying patients with bipolar disorder. There has been a need to increase nurses' and providers' knowledge regarding identifying patients with bipolar disorder without confusing the symptoms with depressive symptoms. The aim of the project was to carry out a staff education program for nurses and providers on using the RMS to enhance their ability to identify patients with bipolar disorder. Through the project, it was expected that the nurses and providers would minimize or avoid misdiagnosis.

<div align="center">

Significance

</div>

Stakeholders

The term *stakeholders* refers to individuals or groups of individuals impacted by a project from initiation and implementation to project closure. As earlier highlighted, this was an educational program for educating nurses and providers on using the RMS to enhance their ability to identify patients with bipolar disorder. Therefore, the identified stakeholders included patients and their families, nurses, providers, and hospital leaders. It is important to educate nurses and providers to be knowledgeable about the accurate identification of patients with bipolar disorder, and an educational program can help achieve this goal. Patients were the first stakeholders, as they stood to benefit from using the RMS for better diagnosis and management of the condition. Family members would also benefit because their loved ones would have better outcomes, reducing emotional and financial burdens. Nurses would also benefit from acquiring more knowledge

regarding the RMS's use in identifying patients with bipolar disorder. Such a step would also contribute to their professional growth. The hospital organization might also benefit because better care of patients with bipolar disorder would attract more patients to the center.

Contribution to Nursing Practice

Nursing care and practice always aim to use the best available and current strategies and evidence to offer appropriate patient care (McNelis et al., 2019). The implication is that the profession has to be at par with the current trends to ensure that nurses remain current and updated on the best possible ways of caring for their patients. Further, the population treated by the organization is vulnerable, and social determinants of health should be considered. Assessing a patient's social determinants of health is one of the best ways to predict the chance of developing conditions (McIntyre et al., 2021).

The RMS is a relatively new tool for diagnosing bipolar disorder. Therefore, staff education can play a critical role in increasing nurses' knowledge, competence, and confidence in screening for bipolar disorder to avoid misdiagnosis. In recent research, Masters et al. (2022) showed that staff training is critical in building staff capacity in various aspects of patient care. On the other hand, these researchers argued that lack of formal education on a particular issue could be a serious barrier to the staff offering patients needed or expected care. The staff educational program will hugely contribute to nursing practice in screening and managing patients with bipolar disorder.

Transferability to Other Practice

The formulated educational material will be delivered to the psychiatric unit among the nurses and providers. It is hoped that the educational program will effectively improve the nurses' and providers' knowledge concerning using the RMS to identify patients with bipolar disorder. If that is the case, then the formulated educational program can be applied in other areas and conditions in mental health and illness, such as depression, schizophrenia, and anxiety disorders, among others. The educational format can be transferred and used to help improve the screening and diagnosis of such mental health conditions. Given the success of the staff educational program, the curriculum can be integrated into nurse education and competency training to enable nurses to be knowledgeable regarding the dangers of misdiagnosis and the use of the RMS. The program can also be used in other disciplines where education and training are required.

Implications for Social Change

Even though health care providers have a primary obligation to offer quality health care and safe patient care to patients, these professionals also have a social obligation to trigger and support positive social change. The primary focus of such a change is to ensure that individuals and groups have healthy lifestyles and focus on applying practices capable of promoting healthy living. Therefore, empowering the providers and nurses to have sufficient knowledge of timeously identifying patients with bipolar disorder will be vital in lowering the financial spending used in caring for these patients, preventing potential health complications, and reducing psychiatric decompensation. Using the educational tool can also lead to correct patient diagnoses,

making patients stable and enabling their return to the community. Stability means that patients can productively and positively contribute to the community and participate in its activities.

In the face of lower health care spending in the care of this group of patients, the excess resources that could have been used in managing bipolar disorder can be diverted into other health complications that also require funding for better patient outcomes. Walden University is focused on formulating mission-driven change. Therefore, this project aligned with Walden's mission and supported its goal of enhancing social change. The project also aimed to improve the lives of the populations and communities it serves and focuses on promoting their lives in the future. Providers and psychiatric nurses need to influence the populations they serve positively. Therefore, such an educational program has made them more knowledgeable, proficient, and confident in offering such care.

Summary

Nursing evidence-based and quality improvement projects are key in addressing clinical and patient care problems that derail adequate care provision and potentially lead to adverse patient outcomes. Therefore, this DNP project was formulated to help bridge a gap in identifying patients with bipolar disorder that causes misdiagnosis. As such, this DNP project focused on improving nurses' and providers' knowledge regarding using the RMS to help identify patients with bipolar disorder and improve their care outcomes. The nurses and providers were educated for better understanding from the psychiatry department, which deals with bipolar disorder patient care. Apart from the approvals

from the Institutional Review Boards of the university and the health care facility, a comprehensive literature review was undertaken to obtain appropriate evidence. The project is expected to continue to have a social impact through the improved health of the population. Hopefully, it will continue to positively impact nursing practice by offering appropriate education to the nurses to help equip them with the most current knowledge on using the RMS to help identify patients with bipolar disorder.

Section 2: Background and Context

Introduction

According to Shen et al. (2018), misdiagnosis is a common clinical and patient care problem and can involve untimely, inconclusive, and incorrect diagnosis. Bipolar disorder is commonly misdiagnosed, especially when it is at its onset. Indeed, misdiagnosis of the condition has had a soaring rate as high as 69%. Such misdiagnosis implies that the providers offer the wrong treatment and management plans, resulting in various adverse outcomes and even death. Therefore, this DNP project focused on answering the question as to whether offering staff education to nurses and providers on the use of the RMS would improve providers' and nurses' ability and knowledge to identify patients with bipolar disorder. The educational program formulated in this project has helped to address the need for training nurses and providers in the psychiatric department.

The project was implemented as part of the plan at a psychiatric outpatient clinic where patients with various mental health concerns or issues get necessary mental health services without extending their hospital stay. The nursing staff working in the clinic usually apply strategies to foster patients' ability to cope with stressful situations and events when managing their mental health. The clinic serves approximately ninety patients daily. The clinic has various staff, including three mental health technicians, eight advanced nurse practitioners, four nurses, and an office manager. As such, twelve nursing staff participated in the project. An assessment of the manager's and the lead clinician's willingness to support the project revealed that they both supported such

quality improvement educational projects. An evaluation of the project's objectives and scope indicated that the project could successfully be accomplished in the chosen setting. The main targeted groups were the nurses and providers available at the outpatient clinic. However, other individuals caring for patients with bipolar disorder were invited. Patients with bipolar disorder were also targeted in the project, as the project will significantly affect them. In addition, the facility had sufficient training rooms to support the proposed educational training program. Lastly, theories and models or frameworks are key in nursing project implementation. Therefore, this section also focuses on concepts, models, and theories.

Concepts, Models, and Theories

Models and theories form an important part of learning and research. Therefore, a model was incorporated as part of the plan to help guide the staff education program. The analysis, design, development, implementation, and evaluation (ADDIE) model was chosen as the instructional design (Patel et al., 2018). The strength of this model lies in the fact that it uses five major components to help facilitators guide learners on a path of developing required skills and knowledge. The five components are analysis, design, development, implementation, and evaluation. The model was also used in formulating the staff education program on the RMS to help the staff address the inadequacy in identifying patients with bipolar disorders. Previous research has shown that when ADDIE is used as the model in an educational program, there are higher chances of optimized learning.

The ADDIE model has five significant steps: analysis, design, development, implementation, and evaluation. In the analysis phase, the possible factors behind a research or performance gap are inadequacy in identifying patients with bipolar disorder. Design entails verification of testing and performances. In the development stage, learning resources are generated and validated, followed by an implementation that involves making the learning environment ready and engaging the learners. The final phase entails assessing the quality of the instructional strategy and the processes used. A comparison before and after implementation is accomplished in this stage. Indeed, this was the focus of this project, as the nurses and providers need to have the ability to accurately identify patients with bipolar disorder without confusing the fundamental symptoms with depressive symptoms and thereby avoiding misdiagnosis.

Knowles's andragogy, also known as *adult learners' theory*, was used to guide this project. Knowles's theory emphasizes the unique learning styles of adults in comparison to children. The theory highlights the following as integral parts of adult learning: self-concept, past learning experience, readiness to learn, practical reasons to learn, and being driven by internal motivation (Patel et al., 2018). It affirms that adults have already developed their self-concept and knowledge, which shape their learning. For adult learners, past learning experiences are valuable, as they can be used readily when needed. It is said that adult learners place a high value on education and exercise the readiness, motivation, and commitment to stay focused on a task.

Definitions

For this project regarding using the RMS, various terms need to be defined and understood. These terms include the following:

- *Rapid mood screener (RMS)*: A screening instrument that uses easy-to-understand terminology to help screen for bipolar disorder (McIntyre et al., 2021).

- *Bipolar disorder*: A mental condition associated with extreme mood swings in the form of depression and hypomania or mania.

- *Misdiagnosis*: Incorrect diagnosis of a patient's condition.

- *Screening tool*: A tool used during a mental health examination to help diagnose a mental illness or condition.

- *Major depressive disorder*: A mental health condition associated with a loss of interest in activities and constant depressed mood.

Relevance to Nursing Practice

The need to offer the best care services to patients and ensure that patients are safe in the care environment requires that health professionals such as nurses are up to date and current regarding the most appropriate and evidence-supported care strategies for patients (McNelis et al., 2019). Therefore, education plays a critical role, especially in an ongoing educational program incorporating current care trends. As such, the provision of an educational program is important in ensuring that nurses have the most current knowledge regarding the use of and importance of the RMS. As such, an educational program was formulated and aligned to address the lack of knowledge among nurses and

providers regarding the use of the RMS. The project is relevant to social determinants of health. For example, the education offered to the nurses will enable them to explore the social determinants of health related to bipolar disorder patients, such as social support networks. Such knowledge improves the nurses' ability to screen patients with the disorder.

Knowledge Deficit

Accurate identification of patients with bipolar disorder, especially in the early stages, is challenging, as practitioners are more likely to arrive at depression as a diagnosis (Tomasik et al., 2021). However, with tools such as the RMS, the accuracy of identifying patients with bipolar disorder can substantially improve. However, nurses and providers either do not use the tool or have limited knowledge of it. Therefore, the educational program focused on using the tool and encouraged nurses and providers to use the tool.

Recommendations and Strategies

This DNP project focused on addressing the gap between knowledge and nursing practice concerning identifying patients with bipolar disorder prone to misdiagnosis. Therefore, the staff education program focused on training and educating the nursing staff and providers on using the RMS to identify patients with bipolar disorder. As such, the project focused on addressing insufficient knowledge regarding using the RMS and potential unwillingness among the nurses and providers to use the tool.

Local Background and Context

Summary of Evidence

Education is key in the patient care setting and nursing profession to keep nurses up to date. Therefore, educational programs are usually applied to help nursing staff to engage in better professional practices that improve patient outcomes. This project educated nurses and providers on the purpose and benefits of using a RMS in identifying bipolar diagnoses. The project was carried out in a psychiatric outpatient clinic. Here, patients received mental health services without extended stays. The clinic treated about 90 patients daily and had one office nurse manager, two nurses, 10 advanced nurse practitioners, and three mental health technicians. Therefore, there was a total of 12 nursing staff included in this project.

Misdiagnosis is a common problem in patient care. It is common in identifying patients with bipolar disorder, as they may be erroneously diagnosed with major depressive disorder. As such, the use of the RMS can be of great help in the accurate identification of these patients (Tomasik et al., 2021). However, staff education for providers and nursing staff was needed to improve the ability to identify patients with bipolar disorders using the RMS. Therefore, this project played an important role in improving the nurses' and the providers' ability to identify patients with bipolar disorder and reduce the chances of misdiagnosis.

Role of the DNP Student

As a DNP student, I had a significant role as a project manager overseeing the project, developing the education module and its implementation, and synthesizing

literature and data analysis to ensure the project's success. One of the major tasks in

utilizing the ADDIE model was to formulate the educational module and program for the

nurses and the providers working in the facility's psychiatric unit. The educational

material developed focused on improving nurses' and providers' knowledge and ability to

identify patients with bipolar disorder using RMS accurately. I was responsible for

obtaining the nurses' and providers' pre and post knowledge scores by conducting

surveys. I also assisted in facilitating the educational program by training the nurses and

providers on appropriately identifying patients with bipolar disorder using the RMS.

Therefore, I prominently participated in improving the nurses' and providers' assessment

abilities by acting as a leader, which is part of the DNP Essentials (Menonna-Quinn &

Tortorella Genova, 2019). As earlier indicated, the aim of the project was to improve

nurses' and providers' ability to identify patients with bipolar disorder. By designing

strategies for achieving such a goal, indications are that as a DNP-prepared nurse, I have

developed appropriate skills to search for appropriate solutions, choose the right ones,

and appropriately implement them to help improve patient outcomes and individuals' and

community health outcomes. Such skills also align with the DNP Essentials, especially

Essential 7.

     My interest in mental health, especially bipolar disorder, was triggered some

years ago due to an encounter with a 17-year-old boy who suffered from trauma. The boy

used to have periods of intense depression symptoms and tearfulness, even months after a

psychiatrist and counselor started treating him and managing his symptoms. Through

years of consistent and persistent management, the young boy was managed by a local

psychiatric clinic health care professional, who finally diagnosed him with bipolar

disorder after completing an assessment and using a RMS to identify his diagnosis. Since

then, I have developed a passion for becoming a psychiatric or mental health expert to

ensure that I use tools that will assist in the proper diagnosis of bipolar disorder.

Furthermore, having watched and read about the struggles and suffering that patients with

bipolar disorder undergo, I have been motivated to explore strategies for improving these

patients' outcomes, hence the rationale behind this project. The proposed staff education

program was key in building the nurses' and providers' capacity to accurately identify

patients with bipolar disorder for better management and treatment strategies and

improved patient outcomes.

Role of the Project Team

The success of a proposed project partially depends on the nature of the project

team and the amount of effort put in by various project team members (Grove & Gray,

2018). The project team performs various roles, such as providing input on the education

module, serving on the expert panel, taking the content survey, to the director for

sustainability. In addition, the nurses completed the pre- and posttest exams, approved the

findings, and participated in the handoff of the final results. Therefore, as the project

leader, it was important for me to identify team members who helped drive the project to

successful completion and implementation. In most cases, a project team works best

through interprofessional collaboration. Therefore, the interprofessional project team

members were advanced practice registered nurses, providers, and doctors working in the

psychiatric department. Other project team members included the lead clinician at the

facility and the facility manager. The project was approved by the expert panel before implementation.

The facility manager approved the practice site, final findings, and recommendations to accept the handoff while supporting safe and efficient patient care. Therefore, through the manager, it was easier to make the nurses and other staff members support the project and appropriately participate in it. The doctors and psychiatric mental health nurse practitioners played a key role in the project as they collaborated with me in several aspects; the key among them was the formulation of the educational program for the nursing staff. It is worth noting that these team members combined their efforts with the lead clinician and the facility manager to effectively influence the nursing staff to participate in the project and support its implementation. The services of a nurse educator were needed to help formulate the best methods to be applied in teaching the nursing staff using the formulated educational content.

Partnerships and collaboration were crucial aspects of the project implementation. For example, I partnered with the curriculum development specialist. At the same time, the facility leadership also partnered with the nurses offering care to the patients with bipolar disorders to attend all the training and educational sessions to enable them to understand and better identify the patients with bipolar disorder. The expert panel also played a significant role in approving the content developed throughout the project. For example, the expert panel needed to approve the educational module to educate the nurses.

The project team members provided background information, evidence, and other vital information. As such, a blended form of communication strategies was applied. For example, while in some instances, physical meetings were held, in other cases, Zoom meetings were conducted to help relay information. In addition, communication was accomplished through other means, such as email, to let the team members know the project's progress, what was expected, and if there was a need to adjust the timelines. The proposed timeline for the project was 6 weeks.

Summary

This write-up section of the project has offered comprehensive background information concerning the project. In particular, the motivation behind the formulation of the project and the reasons for the project have all been explored. The model for formulating the educational program (ADDIE model) has also been identified and comprehensively discussed in terms of how important it was in improving the nurses and the providers' ability and knowledge regarding using the RMS in identifying patients with bipolar disorders. Additionally, the role of the DNP student and the project team in the whole project has been explored. Collecting sufficient data to help evaluate the program's efficacy was essential. As such, the following section focuses on the practice-focused question, sources of evidence, and analysis and synthesis.

Section 3: Collection and Analysis of Evidence

Introduction

Collecting and analyzing the evidence were key in addressing the practice-focused questions. Using aggregate data analysis, participants were given an anonymous consent form and a code to match the pre- and posttest. The data will be stored in a locked drawer for the security of the tests and findings for 7 years. The evidence showed the importance of using educational programs to improve nurses' and providers' abilities, skills, and knowledge to offer better care to patients. The collection and analysis of the evidence also show the impact of early and timely identification of patients with bipolar disorder. Therefore, obtaining relevant evidence appropriate for the practice-focused question was key. An expert panel survey with a Likert scale was used in creating the pre- and posttest surveys for data analysis and descriptive statistics; however, to maintain anonymity and to match the pre- and posttest, a code was assigned to each individual. Descriptive statistics were employed in evaluating the pre- and posttest because it has strong reliability and validity in assessing the educational modules' weaknesses and strengths.

Misdiagnosis can lead to various problems, such as misleading providers to prescribe the wrong drug and formulate an erroneous care and management plan. Such mistakes can easily complicate and worsen a patient's health, laying the ground for a patient's death or long-term injury (Cuomo et al., 2021; Mohajan, 2018). As such, it is important to ensure that the providers and nurses are knowledgeable regarding accurately identifying patients with bipolar disorder and appropriately diagnosing them. The

purpose of this section of the doctoral project is to discuss sources of evidence and research methodology used in addressing the misdiagnosis of bipolar disorder. This education program was implemented at an outpatient psychiatric clinic.

Misdiagnosis is common in identifying patients with bipolar disorder, as they may be erroneously diagnosed with major depressive disorder. As such, the use of the RMS can be of great help in the accurate identification of these patients. However, staff education for providers and nursing staff was needed to improve the ability to identify patients with bipolar disorders using the RMS. Education is key in the patient care setting and nursing profession to give nurses up-to-date information regarding patient care (Aebersold et al., 2018). Therefore, educational programs are usually applied to help nursing staff to engage in better professional practices that improve patient outcomes. The education was offered in sessions that ran for 50 minutes. The expert panel approved the curriculum; the content was appropriate for effective education. Again, the work schedules of staff were accommodated; the training was conducted on a Thursday afternoon when the staff was done with the day's work. The education was conducted using PowerPoint presentation slides. The pre- and posttest analysis used descriptive analysis, with handoff of the findings provided to the managers.

Sources of Evidence

Addressing the practice-focused question required that appropriate sources of evidence be obtained. Therefore, a literature review was accomplished using databases accessed through the university. These included the Cochrane Database of Systematic Reviews, Ovid, ProQuest, PubMed, MEDLINE, and CINAHL (Grove & Gray, 2018).

The collection of articles includes information on articles graded with Medical Pyramid Levels 1 to 4, retrieved from John Hopkins library, and putting in themes integrating all authors. Obtaining appropriate evidence from databases required the use of keywords related to the research topic. The keywords used included *bipolar*, *rapid mood screener*, *misdiagnosis*, and *nurse education*. The article search was limited to literature published within the last 5 years to ensure that the evidence used was the most current.

Recently, McIntyre et al. (2021) conducted research that revealed that an accurate and timeous diagnosis is fundamental to achieving desirable outcomes among patients with depressive and mood disorders. The authors further argued that whenever there is a case of a missed bipolar diagnosis, there is a critical need that goes unmet. In another study, Baldessarini et al. (2020) indicated that improving health outcomes among patients with mood disorders heavily depends on the first step, an accurate diagnosis, which is key in helping practitioners avoid any confusion with the symptoms associated with major depressive disorder. Therefore, it has been observed that the problem may have numerous negative impacts on the patient's health if not addressed. As such, solving the issue was a priority, as it could substantially lead to improved patient care outcomes in the psychiatric outpatient clinic.

The Participants

It is important to identify the project participants (LoBiondo-Wood et al., 2021). The project included 12 nurses and providers working at the psychiatric outpatient clinic as part of the plan. It is important to note that no participant was coerced to participate in the project. I met with the nurses and providers to let the participants know what was

expected of them during the project. Apart from obtaining consent in this meeting, I made the participants aware of the goals and objectives of the project.

Procedures

In the sections presented earlier, I stated that the targeted intervention entailed educating the nurses and providers on using the RMS to identify patients with mood disorders. The education program was carried out in an accommodative way. Therefore, the training was done after the day's work. The strategy that was employed in delivering the educational material and content to the participants was the use of a PowerPoint presentation. The presentation was integrated with simulation-based learning to enhance the learning outcomes.

Protections

Protections are an important part of research projects, especially involving human subjects. As such, approvals were obtained from the Institutional Review Board of the university. In addition, permission was obtained from the facility to allow the staff education project to go ahead. As earlier indicated, participating in this project was wholly voluntary. Various modes of communication were used to notify the participants regarding the project's focus and scope, which entailed sending messages through email and physically delivering the documents containing the project's details. Informed consent was needed from the participants who agreed to participate (LoBiondo-Wood et al., 2021). I determined that no risk was connected to the project's procedures and participation, as the project was intended to enhance nurses' and providers' ability to

accurately identify patients with bipolar disorder through the RMS and minimize the chances of bipolar disorder misdiagnosis.

Summary

The third section of this write-up has focused mainly on the implementation process of the proposed educational program to improve nurses' knowledge and ability to identify patients with bipolar disorder accurately. Therefore, the background information, the practice-focused question, and the gap in practice have all been reviewed. In addition, evidence applied in formulating the educational program and the methods and process of obtaining permissions and consent have all been explored in this section. It is worth noting that the third section marks the end of the proposal part of the project. Section 4 of the write-up will mainly focus on the implementation. In addition, other aspects of the project, such as data analysis and suggestions for future research based on the current findings, will be addressed.

Section 4: Findings and Recommendations

Introduction

General nurse training has a significant impact on improving the quality of service delivery and the safety of patients. Effective training on the RMS enables nurses to make better health care choices that eliminate the risk of dealing with risky, mentally ill patients. Lack of training on how to use the RMS may result in misdiagnosis, which has been a common health care problem. However, psychiatric health and illnesses are usually more prone to misdiagnosis due to the screening tools needed to differentiate one disease from another. These conditions include cognitive impairment, bipolar disorder, and functional impairment. The posttest scores for this project indicated an increased understanding of the use of the RMS. This result implies that nurses lacked adequate information on tools such as the RMS to screen for bipolar disorder.

The purpose of this DNP project was to address the lack of awareness among the providers and nurses in psychiatric outpatient services regarding the application of the RMS as a tool to assess and screen patients with bipolar disorder to improve accuracy. The practice-focused question addressed whether offering staff education to nurses and providers on using the RMS would improve the providers' and nurses' ability and knowledge to identify patients with bipolar disorder. The evidence-based staff education program was developed for nurses working in the psychiatric department. A pretest/posttest was then given to these nurses through the survey, and the responses were analyzed to understand participants' knowledge before and after receiving the training. Descriptive statistics and Microsoft Excel were used in analyzing the data.

Findings and Implications

The training program taught nurses and providers how to use the RMS to identify patients with mood disorders. The data received on the pretest and posttest went through adequate statistical analysis to gain insights about the topic under discussion. I used the Excel program's major analytical tool of descriptive statistics. The mean pretest score was 61.7, and the posttest score was 90 (see Table 1). According to the outcome from the descriptive analysis, staff training for nurses on how to use the RMS improved the nurses' knowledge of the use of these tools.

Table 1

Descriptive Statistics

Statistics	Pretest score	Posttest score	Difference
Mean	61.6667	90	28.3333
Median	60	90	30
Percentage Difference	61.6667	90.0000	
Mode	60	100	30
Standard deviation	15.18406	10	5.18406
Minimum	20	80	60
Maximum	80	100	20

The study had various limitations, including the timing of the nurses and staff's buy-in. The meeting held with the stakeholders proved that many nurses in the psychiatric unit had interest in the training. However, when speaking to the staff who were to take this training, I perceived that they were eager to learn but pressed for time. Their busy clinic schedules limited their time to undertake the training program. The psychiatric nurses worked 12-hour shifts and had limited time to undertake the training. This program was not a must, and all the nurses who agreed to participate were to

undertake the program in their free time after work. The busy schedules of these nurses resulted in online training for some who could not find time to attend the training physically.

After the successful training program, the nurses had knowledge of the use of the RMS and could help diagnose bipolar patients without registering errors. Improved use of screening tools such as the RMS has the potential to heighten the quality and safety of patients. Again, it can improve patient satisfaction by improving care for mental conditions that have remained a great problem within the health care system. The great potential for positive change starts with equipping the staff with necessary skills that support their work output, increase patient safety, and improve the overall success of the health care organization. This improvement will also have a great effect on the entire community.

Recommendations

The findings from the study show that training psychiatric nurses on the use of screening tools such as the RMS increased their knowledge about screening techniques. The training on the RMS taught these nurses effective skills in handling screening tools when screening patients with bipolar disorder. This improved knowledge among nurses can also potentially improve patient care outcomes. Health care management must evaluate the lack of awareness among the providers and nurses in psychiatric outpatient services and implement relevant measures to bridge the gaps. In this view, I recommend implementing a staff training program on using the RMS to identify patients with mood disorders.

Misdiagnosis is a common clinical and patient care problem that can be solved by educating nurses and health care providers on screening tools. This problem can take the form of untimely, inconclusive, and incorrect diagnosis caused by human error. Health care professionals spend more time with patients, implying that the safety of patients greatly lies in the hands of nurses. Therefore, improved skills among nurses can enhance their ability to assess and diagnose patients effectively. This process must be followed by staff training programs to improve service delivery.

Strengths and Limitations of the Project

Any project has its strengths and limitations. The identification of these strengths and limitations allows researchers to learn effective ways of improving projects in the future. Conducting research is a continuous process that will happen even in the future. However, it is the role of current researchers to mention various ways that future researchers could improve studies in the coming years. The health care facility's willingness to allow DNP students to undertake their studies on their nurses was one of the main strengths of this study. The facility leadership realized that the reduction in awareness of the use of screening tools among nurses and health care providers had negatively affected the quality of care. The facility leadership was dedicated to improving evidence-based education modules to enhance employee skills.

The second strength of this study was using a pretest/posttest evaluation in calculating the effect of staff education on the use of the screening tools. This method enabled the collection of data before and after an intervention. As a result, comparisons

were made to determine the effectiveness of the intervention. The application of evidence-based measures also increased the validity of the project.

Despite the mentioned strengths, the study was also limited in several ways. For example, decreased participation was a major limiting factor. Participation was voluntary for all interested nurses, but many nurses did not participate. The decreased staff participation affected the sample size. The busy schedules of these nurses were the main problem that affected their participation in the training program. These issues affected the effectiveness of the training program, which might have affected the ability of the nurses to answer the questionnaires effectively. Future projects should include consideration of increasing the number of participants with regulations on mandatory training to increase participation in such important projects in health care. These regulations will increase the number of nurses accessing evidence-based training.

Section 5: Dissemination Plan

Dissemination is the process of relaying the results of a project to stakeholders. It allows them to review the outcome of staff education interventions and decide the way forward regarding the presented findings. These findings will be shared with the hospital management, facility stakeholders, and nurse managers. The staff within the selected organization will receive a staff education presentation. Managers will receive results in their emails. Again, leaders of outpatient clinics within the community could also benefit from reviewing the results and thinking about implementing the evidence-based practice. The results as well will be shared with the state registered nursing association.

Analysis of Self

I took the leading role in this project by functioning as the project manager, scholar, and practitioner. Undertaking these roles has been significant in understanding and owning the project. I was able to engage with the facility's stakeholders to identify the clinic's problems. I always appreciate working with patients to understand their problems and how the facility is strained in addressing highlighted patient concerns. However, this project has enabled me to interact with facility stakeholders to address a gap affecting patients. As a DNP student, I found that interaction with these stakeholders was part of the learning process, as it aided in gathering enough information that assisted me in developing a practice-focused question that has been a pillar in this project. The project has developed my academic writing skills and allowed me to delve into the causes and solutions of staff-related problems. In taking up the project manager role, I understood the problem and developed a positive solution to it. I have remained objective

and focused throughout this project and reduced any instances of my personal biases affecting the process. Participating in this project has also developed my nursing skills and improved my professional skills as a nurse educator. My professional objective is to develop other staff training modules to improve staff awareness in the health care setting. I intend to use my effective writing skills to prepare articles that can be submitted to nursing journals for other scholars to read and cite my work in their projects.

The completion of a project is satisfying. However, one faces various challenges that can affect one's ability to go on with the project. The project enabled me to answer my project-focused question despite participant selection and participation challenges. Various challenges faced during the project included a shorter time of implementation. The project implementation and recruitment phases took place in busy months that limited staff availability for the project. Offering online training in various instances was important in improving participation. As a DNP nurse, I recognize that developing long- and short-term goals for future projects will be important in mitigating the experienced challenges.

Summary

The purpose of this project was to focus on education and closing the gap using the staff education module, with an outcome to increase education scores from pretest to posttest to decrease providers making errors using the bipolar assessment tool. The primary strategy was to develop efforts and initiatives focused on decreasing the chances of misdiagnosis. The practice-focused question addressed whether offering staff

education to nurses and providers on using the RMS would improve the providers' and nurses' ability and knowledge to identify patients with bipolar disorder.

I used a pretest/posttest design in collecting data before and after the intervention. The education intervention project was developed using the current evidence-based practice information implemented after approval from Walden University.

The findings showed a mean of 61.7 for the pretest score and 90 for the posttest score. The analysis of these scores showed a 28% increase after implementing the staff education intervention. The increase in the mean score evident from Table 1 shows that educating health care staff increased their knowledge on using the RMS in screening bipolar patients. In this regard, health care managers should always assign their staff to training sessions to develop relevant interventions for bridging the gap.

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Appendix A: Pre- and Posttest Questionnaire

1. What is a Rapid Mood Screener?

○ A screener that assesses rapid side effects of a medication

○ Pragmatic Mood Screener developed to screen for manic symptoms and bipolar I disorder

○ A screener that assesses for anxiety

2. What are the key symptoms of bipolar disorder?

○ Patient diagnosed with depression before the age of 18

○ Patient had to stop or change antidepressants because it made them highly irritable or hyper

○ A period of at least one week without sleep

○ All of the above

3. The purpose of using a rapid mood screener is to identify patients with bipolar disorder.

○ True

○ False

4. How many questions does the rapid mood screener has?

○ 2

○ 3

○ 6

○ 5

5. Patients who score 100% on the rapid mood screener most likely suffer from bipolar disorder.

○ True

○ False

Appendix B: Facility Stakeholder Formative Review of Education Program

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. The education module on Rapid Mood Screener (RMS) increased my knowledge of assessing Patients with Bipolar Disorder	0	0	0	0
2. The education module on Rapid Mood Screener (RMS) changed how I Conduct psychiatric evaluation	0	0	0	0
3. The education on the use of Rapid Mood Screener (RMS) met the intended objectives	0	0	0	0

Appendix C: Program Evaluation

Please complete the evaluation below to provide feedback to the presenter. Please rate the following statements on a scale of 1-4, with 1 (one) being "strongly disagree" and 4 (four) being "strongly agree. **Appendix C: Program Evaluation**

	0	**1**	**2**	**3**	**4**
1. This topic was beneficial to me					
2. This training will be beneficial to my job performance.					
3. The presenter was clear and easy to follow and understand.					
4. The course structure was easy to understand and navigate					
5. I would like additional education on this topic.					