

2023

Nursing Staff Education Program on Using the Ask Suicide-Screening Questions Tool Kit

Camarita Titang
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Nursing Commons](#), and the [Psychiatric and Mental Health Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Nursing

This is to certify that the doctoral study by

Camarita Bih Titang

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Robert Anders, Committee Chairperson, Nursing Faculty

Dr. Maria Ojeda, Committee Member, Nursing Faculty

Dr. Joan Hahn, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2023

Abstract

Nursing Staff Education Program on Using the Ask Suicide-Screening Questions Tool Kit

by

Camarita Titang

MSN, Walden University, 2019

BSN, Chamberlain College of Nursing, 2014

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2023

Abstract

The absence of adequate knowledge, skills, and competencies in screening for suicide risk in adolescent and young adult patients is a significant problem facing nurses in outpatient settings. An evaluation of the project site facility's main performance metrics revealed shortcomings in locating patients who pose a serious risk of self-harm and suicide. Staff dealing with the patients may, as a result, overlook preemptive measures that could stop a suicide event. The project aimed to create a training program to introduce the ask suicide-screening questions (ASQ) tool kit, an evidence-based suicide screening tool, to ambulatory nurses. The goal of the project was to boost the staff's familiarity with this tool. The educational program, instructional materials, pretest, and posttest of the project were all evaluated by the panel of five experts using Lynn's assessment technique. The experts found that all the learning resources, including the educational material, were beneficial. The instructional curriculum was based on Knowles' adult learning theory. A sample of seven ambulatory care nurses participated in the education program. Pretest findings showed means ranging between 1.42857143 and 2.14285714 and modes between 1 and 2, indicating deficiencies in the use of the ASQ tool kit. Conversely, the posttest resulted in means ranging between 3.428571429 and 3.85714286 and a mode of 3–4. These findings suggest success in the development of staff competencies in using the ASQ tool kit. The findings of this project have implications for positive social change by potentially decreasing the risk of suicide in the practicum setting and preventing unnecessary death in adolescent and young adult populations.

Nursing Staff Education Program on Using the Ask Suicide-Screening Questions Tool Kit

by

Camarita Titang

MSN, Walden University, 2019

BSN, Chamberlain College of Nursing, 2014

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2023

Dedication

I dedicate this dissertation project to my lovely children, Peter Atanga and Liam-Aiden Ngati, who stood by me and showed me unconditional love and support throughout this journey. I also express special gratitude to my mother, Margaret Kwati, my brother Franco Titang, my sister Gwendoline Munshi, my late father, Mr Titang Richard, and my late grandmother Frida Yuh for teaching me values that guided me towards completion of this doctorate program.

I also dedicate this project to my mentors Dr Charles Besong and Dr Glory Forbi, who guided me throughout this academic journey and who helped me stay on track with my project. I also recognize my colleagues who inspired me through their resolve and commitment to the practice.

Above all, I thank the Almighty God for watching over me and giving me the strength to see the program through.

Acknowledgements

I would like to express my sincere gratitude to my chair Dr Robert Anders for his guidance and endless encouragement during this rigorous academic journey. Special thank you to Dr Marie Ojede and Dr Joan Hahn for helping me complete this milestone.

Table of Contents

List of Tables.....	vi
List of Figures	vii
Section 1: Nature of the Project.....	1
Introduction.....	1
Problem Statement.....	2
Local Nursing Practice Problem.....	2
Local Relevance	2
Significance to the Nursing Field	3
Purpose Statement.....	3
Meaningful Gap in Practice.....	3
Practice-Focused Questions.....	4
Nature of the Doctoral Project.....	5
Sources of Evidence.....	5
Approach Used.....	5
Project Purpose Connecting Gap in Practice to Findings	6
Significance	7
Stakeholders.....	7

Potential Contributions of the Doctoral Project to Nursing Practice.....	7
Potential Transferability	8
Potential Implications for Positive Social Change.....	8
Summary	9
Section 2: Background and Context.....	11
Introduction.....	11
Concepts, Models, and Theories.....	12
Theoretical Foundation of the Project.....	12
Synthesis of Theory.....	13
Key Terms and Definitions.....	14
Relevance to Nursing Practice.....	15
History and Existing Scholarship Related to the Project	15
Current State of Nursing and Recommendations.....	16
Previous Strategies and Standards of Practice.....	17
How the Project Advances Nursing Practice.....	18
Local Background and Context.....	19
Summary of Local Evidence on the Relevance of the Problem.....	19

Institutional and Local Context	20
Definitions.....	21
Applicable State or Federal Context	22
Role of the DNP Student.....	23
Professional Context and Relationship.....	23
Role in the Doctoral Project.....	23
Motivation	24
Potential Biases	24
Role of the Project Team	25
Project Presentation to the Team.....	25
Use of Contextual Insight of Team and Timeline.....	26
Summary	26
Section 3: Collection and Analysis of Evidence.....	28
Introduction	28
Summary of Background and Context.....	28
Practice-Focused Questions.....	29
Operational Definitions	30

Sources of Evidence.....	30
Published Outcomes and Research	31
Scope of the Review.....	31
Evidence Generated for the Doctoral Project	33
Analysis and Synthesis	35
Summary	36
Section 4: Findings and Recommendations.....	37
Introduction.....	37
Findings and Implications.....	38
Findings From Analysis and Evidence	38
Staff Education Evaluation	39
Discussion.....	40
Unanticipated Limitations	43
Implications for Individuals, Communities, Institutions, and Systems	44
Potential Implications to Positive Social Change.....	45
Recommendations.....	45
Contribution of the Doctoral Project Team	46

Strengths and Limitations of the Project.....	46
Section 5: Dissemination Plan.....	48
Analysis of Self	48
Summary	50
References	51
Appendix A: Staff Education Lesson Plan	58
Appendix B: Lynn’s Assessment for the Staff Education Project.....	59
Appendix C: Staff Education Program Pre-Evaluation Questionnaire.....	61
Appendix D: Staff Education Program Post-Evaluation Questionnaire	63
Appendix E: Project Learning Objectives.....	65

List of Tables

Table 1. Evaluation of the Staff Education Program	39
Table 2. Lynn’s Model Item Content Validity	40
Table 3. Preprogram Test Evaluation Results	41
Table 4. Preprogram Evaluation: Descriptive Analysis	41
Table 5. Postprogram Evaluation Results.....	42
Table 6. Postprogram Evaluation: Descriptive Analysis.....	43

List of Figures

Figure 1. Assumptions of Adult Learners.....	13
Figure 2. ASQ Tool Kit Foundation.....	16
Figure 3. Result Screening.....	32

Section 1: Nature of the Project

Introduction

Historically, clinicians have contended with difficulty in identifying the risk of suicide and self-harm among patients. Statistical data from 2019 suggested that suicide was the second leading cause of death among 15- to 29-year-olds (World Health Organization, 2019). While estimates indicate that suicide rates have stabilized, industrialized nations are experiencing an increase in cases (Bould et al., 2019; Roh et al., 2018; Twenge, 2020). Furthermore, research shows that adolescents experience more suicidal ideation and behaviors than adults with symptoms beginning early in adolescence and remaining hidden for a long time (Bould et al., 2019).

Goodwill and Zhou (2020) identified social stigma and lack of effective screening procedures as barriers preventing adolescent patient help-seeking behavior. An explanation of this aversion to seeking help is the compounded effect of behavioral, cognitive, and emotional health problems. The implication is that psychiatric nursing requires proactive strategies for screening (Brahmbhatt et al., 2019; Erbacher et al., 2018; Lanzillo et al., 2019). This shift to a proactive approach to mental health forms the basis for staff training in the ASQ (Ask Suicide-Screening Question) tool kit.

The ASQ tool kit helps to identify the risk of suicide and self-harm in children and adolescents older than 12. The typical ASQ tool kit comprises five questions and takes 20–30 seconds to complete (National Institute of Mental Health, n.d.). The results of the assessment are then compared to established cutoff points. The tool's primary goal is to identify individuals who would benefit from further mental health evaluation. A critical step when implementing the ASQ

tool kit is to commence with a detailed plan for what to do should the tool return a positive screen.

Problem Statement

Local Nursing Practice Problem

Psychiatric outpatient departments face major barriers to proper suicide risk screening such as insufficient knowledge, skills, and preparation. The gaps in screening competencies among ambulatory nursing professionals diminish their capacities for responding to emergency and non-emergency cases of mental health issues, including suicidal thoughts and behaviors (STBs) and suicide (Laliberte et al., 2021; Soffer et al., 2022; Twenge, 2020). While healthcare institutions have developed policies that address the management and prevention of suicide cases, there is considerable uncertainty regarding their use. The concern is particularly prominent with regards to promoting positive outcomes in mental health, environmental safety, or suicide prevention measures.

Local Relevance

The context of this doctor of nursing practice (DNP) project was to implement an outpatient nurse education program as a practical approach mitigating adolescent suicides and suicidal ideation in an ambulatory clinical setting. The project's intended location was an outpatient health center in northern Virginia that provides a full range of primary care services to low-income and immigrant families. The adolescents and young adults 12 years and older seen at this site showed an increase in factors associated with the risk of suicide and self-harm. Such factors include anger, anxiety, aggression, disruptive behavior, and depression. These signals suggest increased psychopathology and mental health difficulties that precede suicide or suicide attempts (Abbasian et al., 2021).

A consultation with one of the clinic's managers indicated the facility has attempted to correct the prevalence of suicide risk by implementing staff and patient education initiatives (clinic manager, personal communication, September 14, 2022). Policies that emphasize the application of the ASQ tool kit among psychiatric nurses in the clinic carried the promise of reduced suicides. Notably, inadequacies in mental health knowledge have implications for the treatment process. The main objective of this training program for outpatient nurses in the clinical setting was to develop competencies for effectively identifying at-risk adolescents.

Significance to the Nursing Field

The program was tested for validity and found to potentially enhance outpatient medical staff capabilities for detecting suicide risk factors, implementing interventions, and faster referrals to relevant mental health facilities. Using the ASQ tool kit as part of the nurse education and training program can help increase proficiency and bridge the gap in knowledge, skill, and practice proficiency (Mournet & Horowitz, 2017). One primary necessity in managing suicide risk is finding nurses proficient in screening and risk assessment. Ambulatory nurses well-educated and prepared in suicide screening exhibit skills in monitoring, evaluating, and screening at-risk individuals (Aguinaldo et al., 2021; Lois et al., 2020). However, inadequacies in nursing staff knowledge and competencies are a barrier to successful widespread screening for suicide and STBs. Overall, gaps in nursing staff capacity to identify suicide risk slow the effectiveness of primary care interventions in ambulatory nursing contexts.

Purpose Statement

Meaningful Gap in Practice

The gap in practice occurs is insufficient nursing skills and knowledge of definitive methods for identifying suicide and STB risk among adolescent patients. With the added

pressures of the ongoing COVID-19 pandemic, there is a high likelihood of behavioral problems, especially in vulnerable populations. Therefore, nurses should develop competencies for reviewing patients at risk of suicide or self-harm. The existing research effectively demonstrates the effectiveness of educational programs among nurses and other professionals in reducing the chances of suicide and self-harm in young adults (Dorol-Beauroy-Eustache & Mishara, 2021; Hatchel et al., 2019; Xiao et al., 2021). Nonetheless, the causes of suicide in young adults remain multifactorial (Dorol-Beauroy-Eustache & Mishara, 2021). Proactive measures in training education programs for outpatient staff can help increase awareness and develop resolutions at the individual, familial, and community levels.

Practice-Focused Questions

The ambulatory clinic lacks an evidence-based tool to help assess the risk of suicide and self-harm. Therefore, the practice-focused questions for this DNP project were:

1. Will the predeveloped staff education activity taught to the psychiatric nursing staff at the clinical site meet the validation criteria described in Lynn's model?
2. Will registered nurses, after attending the educational sessions regarding the ASQ tool kit, meet the learning objectives?

Ambulatory nursing departments present the best opportunities for accessing and assessing suicidal youths requiring medical and psychiatric assistance. The rationale is that ambulatory departments are structured toward reviewing unprecedented conditions or injuries in a 24-hour shift. Due to scheduling and time constraints, these assessments cannot be achieved in primary care contexts. As such, the OD allows nurses to interact with suicidal youths and those with STB symptoms. The ASQ tool kit in this project offers psychiatric nurses working in the

ambulatory department an opportunity to enhance their competencies in using the evidence-based framework for predicting the risk of suicide and suicidal behaviors.

Nature of the Doctoral Project

Sources of Evidence

The main objective of the nursing staff education and training program was capacity building. The focus was on increasing nurses' competencies in using the ASQ tool kit to reduce suicide and self-harm rates in Virginia. The project's goals are founded upon nursing research sources and evidence to support its rationale and interventions. Potential sources for such evidence include the multiple interventions for suicide, provisions for evidence-based practice (EBP), cognitive behavioral therapy, peer-reviewed cross-sectional research, and the ASQ tool kit's underlying principles (Hatchel et al., 2019). Other sources of information included patient medical history and psychological test outcomes. The program's framework was based on information found during a literature search of electronic databases for medical research, such as CINAHL, Ebsco, MedPub, Medline, Google Scholar, and SCOPUS. The major search words included *youth suicide, suicide among adolescents, risk screening for suicide, suicide screening tools, ASQ tool kit, and ASQ tool kit completion.*

Approach Used

The education program followed a three-phase approach. The first phase involves assessing staff education and training needs to establish the basis for the training. Achieving the objectives of the first phase required a review of relevant research literature, data, and theoretical backing. Other activities within this level include defining the nature of the program's needs and identifying ways of ensuring stakeholder commitment. These preliminary steps were instrumental in informing the staff education program's content, instructional approaches, and conceptual

basis. The scope of the education program included nursing, teaching, and learning theories and strategies for adult education. After structuring the program, facilitators evaluated the course material's relevance and accuracy. Formative and iterative reviews to verify the program's integrity helped affirm the credibility of the education program content. Critical evaluation of the education program for validity and commitment invoked Lynn's (1986) protocol. The process was followed by revising the material using insights from the reviews. The last step of this planning phase involved acquiring the necessary requisite resources and finalizing the program development process.

The implementation followed the planning phase and included the direct incorporation of stakeholders in administering the education program at the community health center. An essential approach to achieving the step involved supporting administrative staff in implementing the program and its processes. After completion of the implementation process, an in-depth evaluation of the program's efficacy was undertaken. Strategies for assessment, for instance, involved staff surveys assessing their understanding and impressions of the program implementation comparing healthcare delivery before and after the program.

Project Purpose Connecting Gap in Practice to Findings

My objective was to take the staff education program through a validity test. The first step toward attaining this goal involved engaging behavioral and psychiatric health experts in an evaluation exercise. The panel used Lynn's validation tool to evaluate the program's capacity to support nursing staff in the identification of suicide and self-harm risk factors in patients. After the validation process, the medical staff was equipped with capacities for proactive testing and identification of at-risk cases of suicide and self-harm, having gone through the training program. Implementing the program for outpatient nurses sought to provide a basis for suicide screening

approaches. Integration of EBP throughout the project steps also helped align the goals with the practice-focused objective. Identifying at-risk youths using the ASQ tool kit served as the most effective strategy for addressing suicide and self-harm (Hatchel et al., 2019). Overall, the ASQ model aligned with EBP-based suicide prevention theory and practice. The program adopted nursing sciences and practice in screening and preventing suicide among adolescents within ambulatory clinical contexts. With validation, the screening tool improved outpatient nurse potential for curbing suicide rates and improving mental health issues among adolescent youths.

Significance

Stakeholders

This project brought together various professionals, including the partner facility's registered nurses, nurse educators, and nurse leaders. First, the registered nurses served a fundamental role in implementing the content of the education program. Specifically, nurses helped to demonstrate the efficacy of a staff education program designed to improve behavioral screening outcomes. Second, the nursing leaders and educators provided crucial expertise to guide the project to success. Overall, the project required expertise to facilitate compliance with organizational policies and procedures. The project also demanded unique skills to engage the nursing staff and maintain their interest in the project's goals. Overall, the stakeholders helped support and oversee successful project completion.

Potential Contributions of the Doctoral Project to Nursing Practice

The education program significantly contributes to the nursing profession's objective of enhancing focus on patient health outcomes. Outpatient psychiatric nurses are well-placed to deliver the necessary preventive interventions for the target population in the current program. For instance, children and young adults prefer interaction with nursing professionals due to the

prevailing notion that they have fewer disparaging attitudes (Burton, 2019). The ease with which young people confide in nurses situates to uniquely identify and respond to opportunities for behavioral health support. The staff education program was based on this unique relationship between nurses and patients to empower nurses in the partner facility with knowledge and skills to identify patients with considerable risk for STBs. Overall, the program contributes to reducing the health burden of suicide among children and young adults.

Potential Transferability

All healthcare disciplines and healthcare settings thrive when there are practical communication approaches. The ASQ tool kit for measuring patient suicide risk during outpatient meetings is a validated and reliable method (Aguinaldo et al., 2021). In addition, the potential transferability of the ASQ tool kit in various healthcare delivery settings among healthcare team members is sufficiently included in the medical research literature (Horowitz et al., 2012). Moreover, the tool has applications for emergency units and first responders. Furthermore, this project's findings apply to other registered nurses and healthcare disciplines in various care settings to promote effective communication during hand-offs.

Potential Implications for Positive Social Change

My first objective in this DNP project was to build the capacity to increase nurse competencies by integrating the ASQ tool kit into STB and suicide diagnostics as a preventive measure against adolescent suicides among youths in Virginia. In addition, I aimed to identify gaps in clinical practice and theory that derail outpatient nurse competencies in identifying STB symptoms and risk factors among the target population. Through the objective, this project promotes social change by reducing suicide rates within the target population.

Enhancing nurse competencies for monitoring STBs must assume national significance because healthcare professionals are the primary point of contact for patients accessing healthcare services. Stigma related to suicidal tendencies and suicidal behaviors leads to an aversion to seeking help through mental health services. Eliminating this stigma regarding adolescent mental health, suicide, or STBs preempting suicide is central to achieving the desired social change (Goodwill & Zhou, 2020). Nurse education and training helps society, families, and nursing professionals to overcome grief and trauma and the health burden of young patients vulnerable to suicide and those who struggle with STBs.

Summary

Broadly, with this education program, I endeavored to enhance clinicians' knowledge and capacity to use the ASQ tool kit. The project's objectives are founded on the view that the tool is practical and evidence based to guide risk identification for suicide and self-harm. The nursing staff education program was subjected to Lynn's (1986) validation tool as part of the protocols needed to determine its validity. After successful validation, I undertook an exercise educating staff on the effective use of the ASQ tool kit in screening for suicide and self-harm. Implementing the nursing staff education program for outpatient nurses provided a potent approach to suicide screening. Integrating EBP throughout the project ensured the program goals aligned with the practice-focused question. As a result, identifying youths at risk of suicide stood out as an effective strategy for addressing the defined problem using the ASQ tool kit (Hatchel et al., 2019). In addition, the ASQ screening model aligns with EBP-based suicide prevention practices and theories. Most importantly, the program assimilated nursing sciences and practices in screening and preventing adolescent suicides within outpatient clinical settings. Finally, once

validated, the ASQ screening tool increases the expertise of outpatient nurses and contributes to improved adolescent mental health.

Section 2: Background and Context

Introduction

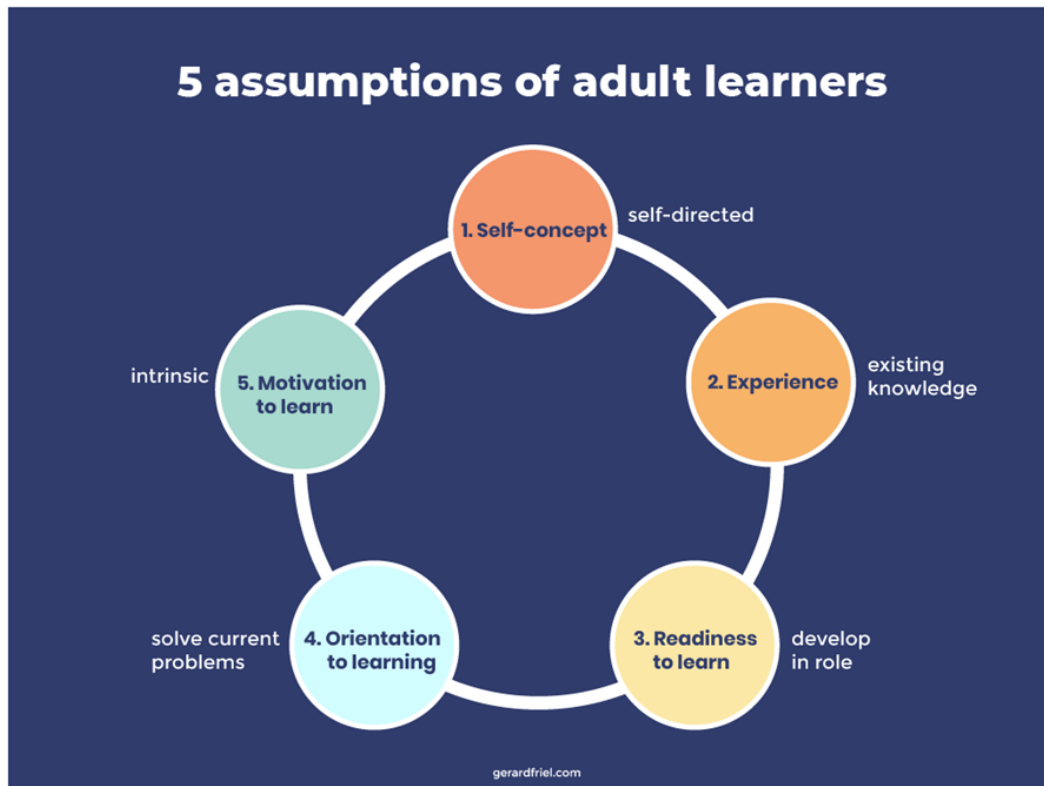
Suicide and suicidal ideation are a concern, particularly for young people between ages 10 and 24. For instance, the Centers for Disease Control and Prevention reported that between 2007 and 2018, suicide rates in this age group increased by an estimated 60% (Curtin, 2020). Young people in the 10–24 age group present an especially pronounced problem because of their apathy toward help-seeking behaviors (Goodwill & Zhou, 2020). Part of the problem with addressing suicide and self-harm in young people is gaps in screening and early clinical detection of ideation.

This staff education program was developed to determine if the staff education activity met the evaluation criteria described in Lynn’s model. The second question was whether registered nurses working in the partner facility’s outpatient wing would meet the learning objectives. Consistent with these questions, I sought to implement a program educating psychiatric nurses on the evidence-based use of the ASQ tool kit to screen for suicide and self-harm in young people. Second, with the staff education program, I also endeavored to enhance the efficacy of nurses in an outpatient care facility to detect and refer patients at risk of suicide and self-harm to specialized mental health services. Third, I attempted to bridge the gap in knowledge and skills of outpatient nurses when using the ASQ tool kit. Overall, I created the education program to improve nurses’ proficiency in risk assessment for suicide in young people. In Section 2, I provide a detailed assessment and analysis of associated concepts, models, and theories; the local background and context; the DNP student’s role; and the project team’s role.

Concepts, Models, and Theories

Theoretical Foundation of the Project

In this project, I employed Malcolm Knowles' learning model to address the challenges unique to adult education. Adult education has evolved over time. The earliest adult education theories focused on transformation and experiential learning. However, each of these models has its weaknesses. Malcolm's andragogy model is the most accepted approach to adult education. The andragogy model is founded on the idea that the best way to promote adult learning is to leverage scientific and artistic strategies to help learners own the learning process (Lewis & Bryan, 2021). Furthermore, the theory appreciates the need for an internal drive and a task-oriented approach when managing adult learning. Overall, the theory is suitable for the program in this project because of the unique considerations needed to succeed in educating adults.

Figure 1*Assumptions of Adult Learners*

Note. From “4 andragogic principles,” by Friel, G. (n.d.).

Synthesis of Theory

Staff education plays an indispensable role in sustaining and enhancing quality patient care. The nursing profession is progressively embracing a new form of staff education founded on an empowerment model (Chaghari et al., 2017). *Empowerment education* means applying education programs that match training and the andragogical needs of the target staff (Chaghari et al., 2017). Most importantly, this empowerment model considers the extent to which the target employees desire empowerment (Chaghari et al., 2017). The idea of self-desire aligns with andragogy’s principle of a maturing self-concept in which individuals attain a sense of

independence as they grow older. Knowles' approach to adult education is practical because it generates empowering education that creates proficiency in clinical areas such as suicide screening.

In practice, Knowles' adult learning theory is founded on several precepts. The first of these assumptions is that adult learners require internal motivation to learn, which emerges from a definitive understanding of why education matters (Lewis & Bryan, 2021; Machynska & Boiko, 2020). Second, the learning theory acknowledges that an experienced reservoir influences adult learning outcomes. Most importantly, the theory assumes that adult learners respond best to self-direction, experiential learning, and goal orientation due to a shifting application and orientation (Machynska & Boiko, 2020). In sum, the proposed education program will engage the targeted psychiatric nurses using the principles and assumptions outlined in Knowles' adult learning theory.

Key Terms and Definitions

Andragogy: A term associated with Knowles that is the combination of teaching methods uniquely suited to adult learners.

Ask Suicide-Screening Questions (ASQ): A simple 20-second multisite tool that helps providers identify individuals at risk of suicide

Experience reservoir: The body of knowledge or continually expanding reservoir of resources that adults accumulate from years of experience.

Internal motivation to learn: Adults possess an internal desire to learn and develop as people.

Maturing self-concept: As people move from childhood to adulthood, their idea of self evolves and they transition from dependence to an independent mind frame.

Shifting application and orientation: The tendency for people in the later stages of life to manifest an immediate need to apply to learn. Shifting learning and application makes learning a problem-centered undertaking.

Relevance to Nursing Practice

History and Existing Scholarship Related to the Project

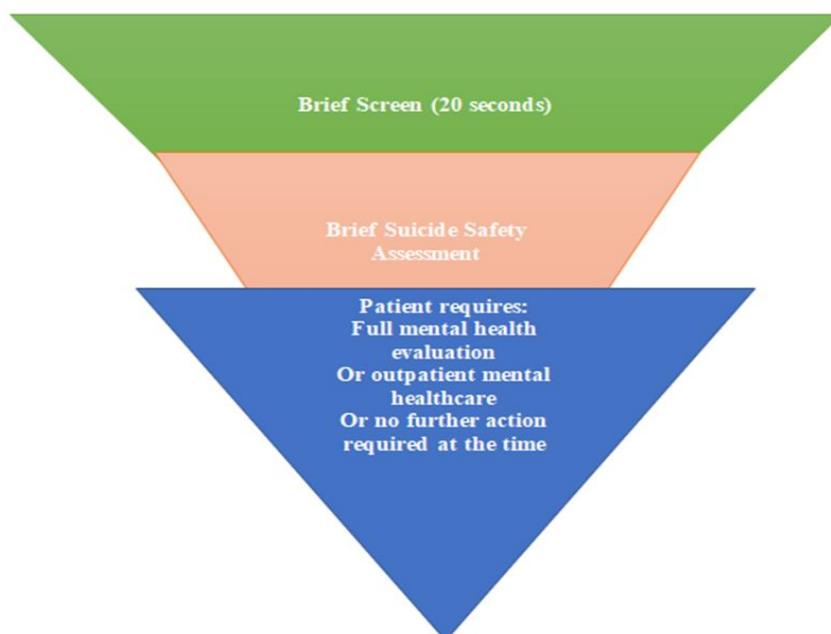
Suicide and self-harm are increasingly problematic issues for the health of children and young adults. Presently, suicide is the second-leading cause of death for people between 15 and 35 years, regardless of gender (National Institute of Mental Health, 2020). Early detection is one of the most effective responses. The National Institute of Mental Health noted that people who die from suicide have contact with the health system. These interactions with the health system provide opportunities that clinicians can leverage to connect people at risk of suicide with assistive mental health resources.

Historically, many healthcare facilities uniquely suited to screening for mental health challenges have often not exploited their unique position. In early 2016, the Joint Commission issued a sentinel event alert directing healthcare facilities to undertake mental health screening for all patients. Using a validated ASQ tool kit provides a proven and evidence-based blueprint for managing the process of risk identification and management for suicide. The screening tool could facilitate the accurate detection of suicide risk and set the stage for timely interventions (National Institute of Mental Health, 2022). The tool kit is efficient because it allows for a cost-effective and flexible model for identifying and addressing suicide risk (see Figure 1). The straightforward nature of the ASQ tool kit has been shown to have advantages for suicide prevention; research

demonstrates that the ASQ tool kit has efficacy in sensitivity, specificity, and negative predictive value (Horowitz et al., 2012).

Figure 2

ASQ Tool Kit Foundation



Note. From “ASQ Toolkit Foundation,” by National Institute of Mental Health. (2022a).

In sum, the ASQ tool kit aligns with research and the regulations of professional bodies such as the Joint Commission. The tool makes it possible to assess suicide risk quickly and conveniently in children and young adults presenting to outpatient facilities in the partner organization.

Current State of Nursing and Recommendations

The nursing profession recognizes the critical significance of identifying patients at risk of suicide and self-harm early. The preset position on suicide and self-harm is that the profession must do more to address high-risk patients unidentified by clinicians. Nursing professionals

currently have several options for screening and monitoring suicide risk (Hartley et al., 2020). The most common of these tools include the Columbia Suicide Severity Rating, the Patient Safety Screener, and the Suicide Behaviors Questionnaire-Revised (Aguinaldo et al., 2021). However, most of these tools are designed and validated for use in known mental health cases. Further, the screening tools are too cumbersome for outpatient settings and may be too costly and technical (Aguinaldo et al., 2021). Considering these challenges, the ASQ tool kit is the ideal candidate for use in psychiatric ambulatory settings mainly because of its simplicity.

Previous Strategies and Standards of Practice

The most recent strategic and regulatory initiatives for addressing high suicide risk in children and young adults have been focused on establishing medical settings as significant avenues for identifying the most high-risk individuals. Indeed, the Joint Commission set the most influential strategic initiative in motion when it issued a Sentinel Event Alert with recommendations for universal suicide screening (Aguinaldo et al., 2021). However, a review of suicide, suicidal ideation, and self-harm approaches points to glaring gaps (Aguinaldo et al., 2021).

First, the Joint Commission's National Patient Safety Goal NPSG.15.01.01 concerns itself primarily with patients who have known mental health issues. Specifically, NPSG.15.01.01 mandates accredited psychiatric hospitals to screen suicide risk in patients treated for mental health disorders (Roaten et al., 2018). The challenge with this directive is that it ignores non-psychiatric patients who, despite having lower individual suicide risk, carry a more significant collective suicide burden. For example, in a study involving 11 million people, researchers noted that of the suicide deaths, only 24% involved an active mental health diagnosis (Ahmedani et al., 2014). Roaten et al. (2018) built on these findings by noting that the non-psychiatric population

includes people yet to receive a mental health diagnosis. Such undiagnosed cases can carry an underlying risk of suicide.

There appears to be some consensus in research that mental disorders account for an estimated 47%–74% of all suicide cases (Bilsen, 2018). Suicide and self-harm manifest due to a combination of complex risk factors. In response to this confluence of risk factors, the Joint Commission issued a revised Sentinel Event Alert recommending the operationalization of suicide screening in all healthcare settings (Roaten et al., 2018). The staff education program in this project aligns with professional recommendations for health organizations to develop suicide screening competencies. In addition, empowering outpatient nurses at the partner facility will offer increased opportunities for identifying patients whose suicide risk the system may otherwise have failed to capture.

How the Project Advances Nursing Practice

Implementing this nursing staff education program contributes to the profession's overall goal of advancing patient interests. Outpatient care nurses are uniquely suited to deliver preventive services to the population at the center of the current program. According to Burton (2019), children and young adults prefer interacting with nursing professionals mainly because they demonstrate a less disparaging attitude. Therefore, young people find it easier to confide in nursing professionals, creating opportunities to tell their stories and acquire relevant support. This staff education program empowers nursing professionals in the partner facility with the competencies to identify patients with a considerable risk of suicide and self-harm. Overall, the education program contributes to a reduced burden of suicide on children and young adults.

A review of research provides definitive evidence supporting the positive implications for nursing practice following the implementation of a program improving nursing staff knowledge

on the use of the ASQ tool kit. For instance, in a study seeking to identify pediatric patients at risk of suicide, Patel et al. (2017) screened 4,786 participants ages 12–19. The researchers found that 2% of the participants returned a positive screen. Furthermore, at least 93% of the positive screens showed underlying health concerns unrelated to mental health. These findings illustrate the importance of equipping staff to measure suicide risk. Patel et al. (2017) argued that the screening tool's presence helped identify patients experiencing psychological distress that would have otherwise gone without receiving critical interventions. Therefore, the planned education program advances nursing practice by encouraging proactive methods to address the risk of suicide and self-harm. In the long term, the program will help the profession attain industry goals such as reducing preventable deaths.

Local Background and Context

Summary of Local Evidence on the Relevance of the Problem

Implementing the Joint Commission's guidelines on suicide screening in all health facilities is lagging. Part of the problem with the directive is that few evidence-based protocols support the implementation of these screening protocols. The absence of formalized guidelines makes hospitals hesitant to adopt the recommended suicide screening procedures. Health facilities fear that applying these strategies would result in erroneous results, including under-detection and over-detection. The burden of such a defective conclusion is especially significant for smaller facilities struggling with scarce healthcare resources. A deeper reading of the issue suggests that nursing knowledge is lacking in employing tools such as the ASQ tool kit to screen suicide in the facility's outpatient setting. The absence of clarity regarding how to navigate the process of screening for suicide presents an especially significant challenge for the partner facility due to resource limitations.

Institutional and Local Context

The absence of competencies to help guide the process of suicide screening denies the partner facility the opportunity to improve patient outcomes. A review of the facility's key performance indicators suggested inefficiencies in identifying patients with a considerable risk of suicide and self-harm. As a result, patients interacting with the facility would miss the proactive interventions that could prevent a suicide event. Notably, the partner facility was uniquely suited as a platform for nurses to reduce the adverse outcomes of suicide and self-harm. The organization is an outpatient clinic that offers a full range of primary care services. The facility targets a vulnerable demographic, including socially and economically disadvantaged groups. Immigrants and low-income populations are affected by disproportionately high suicide rates. Partly, these high rates of suicide are because of displacement and socioeconomic pressures on mental health. For instance, discrimination, disconnection from family and friends, financial hurdles, and language barriers contribute to emotional struggles and suicide (Cogo et al., 2022). Indeed, these interactions explain the need for more concerted suicide and self-harm prevention efforts.

Implementing the staff education program within a population where suicide and self-harm are underlying problems was a practical endeavor. The partner facility provided an ideal setting to apply evidence-based strategies designed to address a significant problem for the community. Enhancing outpatient nurses' capacity to navigate suicide screening means that the facility improves its capacity to impact the well-being of its community. Lastly, the staff education program is aligned with the partner facility's strategic vision of sustained improvement. Education is a central part of the planned project. For instance, educating nurses on implementing

the suicide screening tool improves risk management outcomes. It reflects on the facility's overall performance.

Many organizations adopting quality improvement initiatives often face governance challenges. Presently, hospitals face the challenge of processing patients who screen positive for high suicide risk. For the partner facility, budgetary and logistics challenges stood out as problems that demanded urgent solutions if the proposed program was to succeed. Specifically, the organization would need to expand additional mental health specialty staff to handle positive screens conveniently. One way to justify this expenditure is to consider the returns in the form of economic benefits and patient satisfaction.

Furthermore, research suggests that positive screens do not always require additional mental health resources. For example, Roaten et al. (2018) argue that a brief screening assessment best helps identify high-risk patients without compromising the efficiency of care processes. In addition, a straightforward tool such as the ASQ tool kit makes the screening user-friendly without overburdening an already stretched health system.

Definitions

Suicide-screening tool: A resource that helps to identify people at risk of suicide

High-risk patients: Persons presenting with an increased chance of suicide in the short term

DNP-prepared nurse: A research and leadership-focused nursing role designed to help implement science-led nursing interventions

Staff education: A carefully planned process designed to equip nursing staff with the knowledge, skills, and attitudes needed to improve quality and safety.

Applicable State or Federal Context

The staff education program operates over the foundations laid out by various offspring of federal initiatives. The most influential of these is the revised National Strategy for Suicide Prevention, initially published in 2012 to help guide the nation's efforts in addressing the rising suicide cases (Graves et al., 2018). The overall goal of this strategic plan is to promote a shift to health and wellness and, by extension, attain at least a 20% reduction in suicide rates by the year 2025 (World Health Organization, 2018). The National Strategy for Suicide Prevention mandates that facilities have the treatment and support services needed to prevent suicide. For example, a specific goal that aligns with the National Strategy for Suicide Prevention would be implementing a safety planning program that integrates suicide prevention into conventional healthcare processes. The concept of health planning refers to an endeavor that helps health facilities identify risks associated with underlying mental health conditions.

Over time, updates and complementary policies have been designed to assist the National Strategy for Suicide Prevention. Indeed, the National Strategy for Suicide Prevention is not the only government apparatus to guide suicide prevention. For example, the Suicide Prevention Act of 2020 empowers the Department of Health and Human Services to engage such departments as the Substance Abuse and Mental Health Services Administration in pushing the suicide prevention agenda (Alegría et al., 2021). For example, the staff education program aligns with the Department of Health and Human Services-sponsored programs' goals to promote expanded surveillance for self-harm and suicide. In addition, the review of existing resources suggests that the government prioritizes improvements in the timeliness and efficiency of processes across the mental health care continuum.

Role of the DNP Student

Professional Context and Relationship

At the time of project completion, I worked as a psychiatric mental health practitioner at an ambulatory clinic, providing care services for patients with mental health disorders or substance abuse challenges. I also work in a DNP student capacity at the facility. Having worked with low-income and immigrant populations, I understand the congruence of forces that combine to challenge the mental health and well-being of such vulnerable groups. In addition, my experience helped me understand the gaps within the facility's mental health risk monitoring system.

As a DNP student, I possess specific competencies that place me uniquely positioned to improve nursing practice within the partner facility. First, DNP-prepared students have the skills to initiate professional changes founded on nursing values and professional standards. Second, DNP students can develop insights based on reflective practice and nursing research to create positive changes within the nursing workplace. Broadly, I assumed the critical role of translating the existing nursing research into insights that can be applied to enhance the utility of the education program. Finally, I leveraged my professional experience to ensure that the program helped protect my clients' well-being.

Role in the Doctoral Project

My role in the doctoral project was to develop the proposal and oversee its validation and application. As a DNP student and employee in the partner organization, my role in the DNP project included identifying a gap in nursing practice and then developing an ideal solution. Specifically, I identified gaps in the facility's capacity to monitor the risk of suicide and self-harm in children and young adults. Subsequently, I theorized that the absence of nursing competencies

to guide the process of screening for suicide risk was one of the factors challenging the organization's capacity to contribute to the goal of reducing suicide in people ages 12 years and older. Considering this realization, I proposed a staff education program equipping outpatient nurses with the skills needed to undertake a suicide risk assessment using the ASQ tool kit successfully. This exercise was guided by adult education theory, while Lynn's model informed the validation of the tool. Once the tool was validated, I planned to present the training material to the outpatient nurses and guide them in interacting with the information. Lastly, I undertook a post-program testing process to assess the scope of the project's success.

Motivation

Besides the personal virtue of caring that I possess, I am aware of the unique role of the DNP-prepared nurse in shaping health outcomes. First, having identified the gap in the early identification of suicide risk, I have the mandate to translate the existing evidence into practice solutions using quality improvement methodologies. I am drawn to the pressing need for a proficient mechanism that frontline nurses can employ to monitor suicide risk. Second, as a nurse, I uphold my duty to advocate for otherwise vulnerable and disempowered groups. A review of the present problem suggests that mental health issues are closely correlated with socioeconomic deficiencies. Therefore, I recognize an advocacy gap that includes nursing actions to preserve the dignity and equality of vulnerable patient groups. The staff education program was founded on the professional desire to improve and transform patient outcomes.

Potential Biases

The non-research nature of the proposed program meant that documentation and reporting are the two critical considerations in preventing bias. Given that the staff education program steered away from the parameter of a research undertaking, few concerns with bias

manifested. Nonetheless, the DNP student worked closely with the project Chair to monitor gaps in objectivity. The project team also helped validate the methodologies applied to the project. Documenting the various steps in the project process also helped review and correct for bias. An area at considerable risk of bias is selecting research studies supporting the proposed intervention. To protect against such bias risk, the DNP student maintained a broad mindset and accommodated the possibility of diverse facts, variables, and ideas. Second, the DNP student avoided generalizations, particularly when defining the target population. Lastly, the project documentation was secured by limiting access to authorized persons.

Role of the Project Team

The project team's primary goal was to assume a consultative role and aid in executing program tasks. The project's development and design phase involved forming a project team. The team comprised stakeholders in the partner facility, including nursing staff, facility administrators, and the selected panel of experts. First, I consulted the project team during the design and planning phases of the project. I also sought mentorship from experienced team members, such as nurse educators working within the facility. This mentorship was vital when subjecting the proposed intervention to a validation process. The project team also participated in the finalization of the education program.

Project Presentation to the Team

The DNP student used presentation tools to provide the project team with relevant information. Specifically, I developed an information module to justify the education program. The module included lessons including background information, the evidence, and the results of the major research initiatives about suicide screening. The module also included a media presentation to outpatient nurses on performing suicide screening tests using the validated ASQ

tool kit. The program relied on the Lynn model to qualify the proposed suicide screening tool. The presentation of information pertinent to using the ASQ tool kit provided the basis for a post-test to gauge the scope of learning. Most importantly, the information and education exercise followed best-practice guidelines in evidence nursing research.

Use of Contextual Insight of Team and Timeline

The projected time allotted for the review and feedback process was three weeks. However, the process took slightly over one week due to unforeseen scheduling challenges. Nonetheless, this period allowed for extensive back and forth between team project members. The timeline also accommodated contextual input from the project team members. This feedback served as the basis for any revisions to the program. Most importantly, the time allowed team member feedback to be integrated into the project's succeeding step.

Summary

The second phase of the doctoral project underscores the essence of learning and applying nursing research evidence to practice improvement initiatives. Critically, DNP-prepared nurses must possess the competencies needed to facilitate progressive improvements to nursing practice. On a closely related note, DNP-prepared nurses should prepare to assume a leadership role in taking charge of practice improvement initiatives. For example, the staff education program's success rested on the DNP student's capacity to lead the project team in attaining the defined project deliverables. Learning theory assumes a significant role in activities designed to advance the quality of nursing practice. The implications of evidence, leadership, and learning are illustrated in the letter and spirit of the staff education program. The concept of knowledge is especially central to practice improvement. The doctoral program employed Malcolm Knowles' adult learning model, which prescribes a unique approach to adult learning. Combining these

concepts, theories, and models provides a robust framework that makes it possible to improve patient outcomes while simultaneously enhancing nursing knowledge and skills. Once successfully implemented, the DNP-led nursing staff education plan helped bridge the nursing knowledge gap on suicide.

Section 3: Collection and Analysis of Evidence

Introduction

The problem addressed in this doctoral project is the absence of sufficient knowledge and skills in outpatient nurses to guide the implementation of a suicide screening tool. This inadequacy in nursing competencies introduces gaps in the quality of care for people vulnerable to suicide and self-harm (Twenge, 2020). Overall, the inadequacies defining the nursing response to mental health risks carry a significant challenge to the well-being of adolescents presenting with a considerable risk of suicide and self-harm. This doctoral project was aimed at training psychiatric nurses to improve their capacity to identify risk of suicide and other self-harm behaviors.

Summary of Background and Context

Notably, suicide, suicidal ideation, and other forms of self-harm disproportionately affect people ages 10 to 24. Data from the Centers for Disease Control and Prevention indicate a 60% increase in suicide rates in people in this age group between 2007 and 2018 (Curtin, 2020). This age group compounds the problem of suicide and self-harm in adolescents, and young adults have poor health-seeking behaviors (Goodwill & Zhou, 2020). Adolescents are most likely to seek health attention for behavioral problems when such issues have progressed to advanced stages. Therefore, clinical success in managing suicide and self-harm in young people lies in the capacity to increase opportunities for screening and intervention. Although there seems to be a consensus regarding the need for active screening, a question emerges as to the efficacy of suicide and self-harm screening tools such as the ASQ suicide screening tool kit. In this doctoral project, I posited that a staff education program validated using Lynn's model could help bridge the nursing capacity gap by deploying suicide screening tools. This section starts with a summary of the

practice-focused questions and then proceeds to identify the sources of evidence. Then, I outline the analysis and synthesis instruments used to manipulate the evidence obtained from the project.

Practice-Focused Questions

The local problem is that the partner facility has deficiencies in the knowledge its outpatient nurses possess regarding suicide screening tools. Specifically, there exists a gap in the outpatient nursing staff's capacity to proactively detect and respond to people with signs of suicidal ideation. The following questions guided the DNP project:

1. Will the predeveloped staff education activity taught to the psychiatric nursing staff at the clinical site meet the validation criteria described in Lynn's model?
2. Will registered nurses, after attending the educational sessions regarding the ASQ tool kit, meet the learning objectives?

Outpatient programs and nursing departments have the best potential for accessing suicidal youths requiring medical and psychiatric assistance. Nurses have a professional practice obligation to ongoingly assess their patients. Included in their duties is to ensure that patients do not harm themselves. Understanding how to complete an assessment for suicidal ideation, given time limitations when patients are in an ambulatory setting, can hamper the assessment.

The target psychiatric facility allowed nurses to interact with suicidal youths and those with STB symptoms. The ASQ tool kit is an effective method to assess patients' suicidal potential. The ambulatory clinic nurses must understand how to use the ASQ tool kit to help predict the risk of suicide and suicidal behaviors.

Operational Definitions

Ambulatory care nurses: Nursing professionals who provide care to individuals, families, and communities within the context of outpatient care.

ASQ: An easy-to-use validated tool that takes the form of a brief questionnaire, the use of which allows for early detection of suicide and self-harm risk.

Nursing staff education: An undertaking that seeks to improve the skills of practicing nurses to enhance the quality and safety of care.

Suicide and self-harm: Manifestations of depression and anxiety resulting in deliberate self-injury and loss of life.

Sources of Evidence

The answers to the practice-focused questions are drawn from various scholarly and professional resources. The program's framework includes a literature search of electronic databases for medical research, such as CINAHL, Ebsco, MedPub, Medline, Google Scholar, and SCOPUS. Sources for such evidence include the various interventions for suicide, provisions for EBP, cognitive behavioral therapy, peer-reviewed cross-sectional research, and the ASQ tool kit's underlying principles (Hatchel et al., 2019). Additional sources include professional and nonprofit organization resources such as the Agency for Healthcare Research and Quality, Joint Commission, Centers for Disease Control and Prevention, World Health Organization, and National Association of Medicine.

Scholarly nursing evidence forms the largest source of evidence used as a resource for this doctoral project. In principle, diverse sources of evidence provide an information-rich platform to make conclusions regarding the significance of nursing education and training in

reducing suicide and self-harm. The evidence collected for this doctoral project embodies the connection between research and practice. The evidence confirms that contemporary nursing is founded on developing new knowledge by applying systematic and transparent methodologies that qualify the use of specific best practices. Subsequently, evidence collection will allow for applying suicide reduction practices founded on confirmed evidence.

Published Outcomes and Research

This project included a literature search of electronic databases for medical research, such as CINAHL, Ebsco, MedPub, Medline, Google Scholar, and SCOPUS. The primary search keywords included *youth suicide, suicide among adolescents, risk screening for suicide, suicide screening tools, ASQ tool kit, and ASQ tool kit completion*. These terms were also used to create search strings using Boolean connectors (AND, OR). Finally, different combinations of these keywords were used to accumulate evidence for the project. The search terms produced over 600 results that were scholarly articles.

Scope of the Review

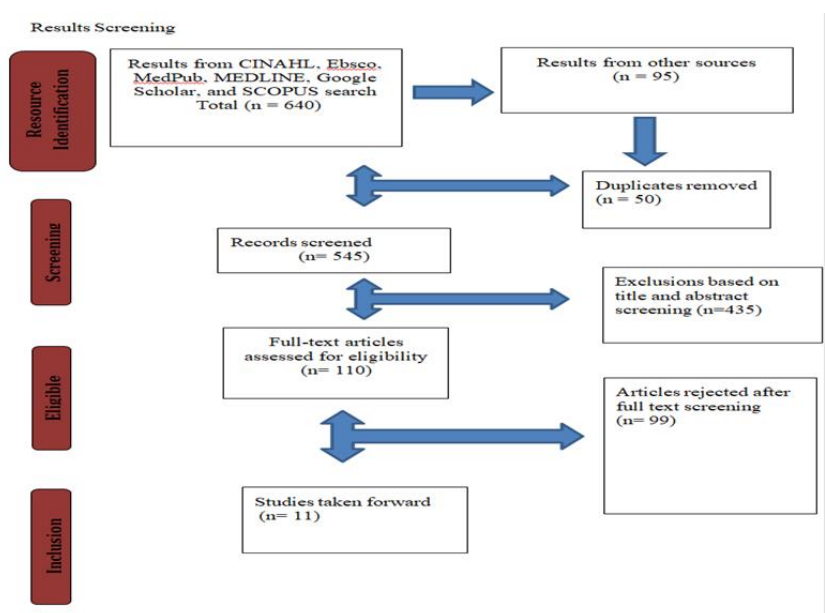
Articles published from 2018 to 2022 were prioritized to provide the most up-to-date information on the topic of suicide screening. Other inclusion criteria included sources providing actual research and literature reviews. At the same time, those sources without specific references to nursing applications of suicide screening and nursing education implications were rejected.

The articles identified via the initial search were screened using the abstracts, followed by a full review. The articles selected for the review were then extracted and organized using spreadsheet software. These 15 articles were from scholarly journals published in the last 5 years. These include qualitative and quantitative research studies from geographically diverse backgrounds. I deployed a systematic article screening process to secure the highest quality and

most relevant articles from the review. From the initial search results, I excluded duplicates, outdated results, and those lacking variables related to suicide screening in adolescents. Figure 3 documents this systematic screening process.

Figure 3

Result Screening



In summary, the literature on suicide screening suggests that consistent application of simple screening tools improves the capacity to identify patients with a considerable risk of suicide and self-harm (Aguinaldo et al., 2021; Erbacher et al., 2018; Laliberte et al., 2021). Specifically, the ASQ tool kit indicates high success in identifying patients requiring further monitoring. On a closely related note, other research has supported the efficacy of nursing staff education in shaping skills that improve nursing proficiency in administering screening tools. Lastly, the research reviewed for the project suggests that the outpatient care setting provides unique opportunities to deploy screening tools such as the ASQ tool kit (Aguinaldo et al., 2021).

These scholarly resources offer a basis for current efforts to assess the efficacy of a staff education program on using the ASQ screening tool kit at the partner facility.

Evidence Generated for the Doctoral Project

Participants

Two separate groups participated in the project. Five subject matter experts used Lynn's validation model to validate the staff development program. The subject matter experts all held advanced degrees in psychiatry and nursing. Experts were selected based on their specialty in psychiatric mental health and their current job description. The participating subject matter experiences expressed willingness to participate and help improve the practice standard within their care setting.

The second group of participants included the seven psychiatric nurses employed at the clinical site. The participants were informed about the project's purpose and were asked to participate in the staff education program. I provided leadership and served as the project coordinator for this doctoral project.

Procedures

In this project, I deployed two procedures to address the project research questions. The first of these procedures included a review of the program's relevance to attaining project goals (see Appendix E) using Lynn's model to determine the applicability of its goals. I commenced the project by designing a nursing staff education program to educate psychiatric nurses in the outpatient department in my partner facility on using the ASQ tool kit. Once prepared, I presented the education lesson plan (Appendix A) to the subject matter experts for validation using Lynn's validation model.

The panel of experts used a four-point Likert scale to score the lesson plan (Appendix B). The four-point rating recommended for Lynn's model includes four responses marking their expert opinion on the relevance of the program lesson plan (Appendix B). After reviewing the material, subject matter experts either responded with 1 = *not relevant*, 2 = *material subject pertinent to revision*, 3 = *relevant but needs minor revisions*, or 4 = *highly relevant* (Polit & Beck, 2006). An item content validity indicator was calculated as the number of experts who gave a rating of either 3 or 4. An item content validity indicator of .80 was sought in line with Lynn's (1986) recommendations.

The staff education program occurred at the partner facility's psychiatric outpatient department. The learning objectives for the staff education instruction were to (a) teach the psychiatric nurses in the partner facility to use the ASQ suicide screening tool kit effectively, (b) address the gap in suicide and self-harm screening competencies at the partner facility by creating a standardized approach to using the ASQ suicide screening tool kit, (c) enhance psychiatric nurses' confidence in using the ASQ suicide screening tool during their outpatient care patient contacts, and (d) enhance nursing capacity for responding to suicide and self-harm. Having validated the program and outlined the desired outcomes, I then delivered the education program in line with the guidelines of Knowles' adult education model. The program's conclusion set the stage for a posttest questionnaire (Appendix D) with findings subjected to descriptive analysis to determine the scope of success in attaining the predefined objectives.

Protections

The first step involved acquiring written approval to proceed with the project from my committee, followed by Walden University Institutional Review Board (IRB) project approval. IRB approval was provided before the final approval of a signed site approval form for the staff

education doctoral project. Another critical protection issue for the doctoral project was to expressly communicate the voluntary nature of involvement to the subject matter experts and the participants in the staff development. In this regard, I provided a written guideline informing participants that their involvement in the project was voluntary and that they could choose to discontinue their participation without consequence. I provided participants with formal confirmation that I would align with confidentiality requirements for the project. I also implemented several protection measures to secure the integrity of project data. For instance, preprogram and postprogram tests were sealed, coded, and confidentially submitted to each participant. Similarly, all physical project material was stored in a restricted location, while electronic data were password protected. The partner facility remains anonymous to retain confidentiality.

Analysis and Synthesis

The staff education activity was examined using the Lynn model by a group of five specialists in psychiatric mental health. As necessary, the staff education activity was reevaluated and revised to ensure that all requirements were completed if the CVI of 0.80 was not achieved. I then used Knowles' Adult Learning Theory to undertake an evidence-based PowerPoint staff education session. The participants were required to pass the same exam, referred to as a post-staff education activity, to demonstrate their understanding of the material.

To determine the CVI of the training material, I used the information I gathered from the subject-matter experts after the staff education activity was validated. First, the overall validity of the staff education program was calculated using Lynn's methodology. Next, descriptive statistical analysis was used to examine the post-tests to determine whether knowledge acquisition had occurred. The learning objectives of the staff education program served as the

foundation for the post-test. Finally, formative and summative evaluation assessments for the staff development activity were summarized using descriptive statistics. Specifically, I computed several measures of central tendencies, such as mean and mode, to determine levels of agreement in data distribution.

Summary

In this doctoral nursing project, the researcher defined and applied instruments needed to improve ambulatory nursing competencies in applying the ASQ tool kit. Using Lynn's model, a comprehensive analysis and synthesis process was used to assess the materials' efficacy. Notably, the researcher utilized the adult learning model's principles, such as learner- and problem-oriented approaches, to enhance the program's utility. Lastly, descriptive-analytical methods were applied in assessing the outcomes and efficacy of the program using pre and post-test exams. The relevant confidentiality procedures were deployed throughout this process to protect data integrity

Section 4: Findings and Recommendations

Introduction

The absence of nursing competencies inspired this doctoral project which sought to encourage proactive interventions for suicide risk in youth populations. Notably, the partner facility has demonstrated strengths vital to the struggle against suicide and self-harm in the target population. Some of these strengths include constant exposure to vulnerable populations who are disproportionately affected by suicide and self-harm. However, a challenge emerged in the form of deficiencies in the capacity to proactively monitor the risk of suicide, particularly in adolescents visiting the facility. The evaluation data suggest that professional nurses can learn how to screen for suicide. Specifically, deploying tools such as the ASQ Suicide screening tool kit can enhance nursing contributions to suicide prevention and mitigation.

Considering these concerns, the question of whether the predeveloped nursing staff education activity can fulfill the criteria laid out by Lynn's model manifests prominently. The second question guiding this project was whether the participants would meet the learning objectives after attending the education program on the ASQ screening tool kit. In sum, testing the efficacy of a staff education program for developing nursing competencies using the ASQ tool kit was a central consideration in the project.

The evidence that underpins this project was sourced from a combination of scholarly journals and professional publications. Specifically, the project includes resources from electronic databases for medical research, such as CINAHL, Ebsco, MedPub, Medline, Google Scholar, and SCOPUS. In addition, the Walden University library formed a starting point for the literature search for the project. I also consulted various professional resources from organizations such as the National Institute of Mental Health, Agency for Healthcare Research and Quality, and Joint

Commission. Finally, publications by nonprofits such as the World Health Organization provided a broader context.

The review of research on the use of staff education to improve nursing competencies for health promotion provides definitive evidence that such a program enhances nursing efficacy. In addition, the evidence suggests that deploying a nursing staff education program can improve nurses' capacity to identify patients at risk of suicide and self-harm. In this regard, the program deployed a five-person panel of subject matter experts who used the Lynn model to validate the staff education program. Knowles' adult learning model guided the development and implementation of the education program. Pre- and postprogram tests were conducted and subjected to descriptive analysis to examine the program's impact on nursing efficacy.

Findings and Implications

Findings From Analysis and Evidence

A panel of five subject matter experts provided their expertise in validating the staff education program for its relevance to the project's goals. After acquiring IRB approval, I contacted nursing colleagues at the outpatient clinic to share information about the staff development program. I discussed the project's objectives and reviewed the program evaluation form and scoring process to ensure their understanding. I then delivered a pretest followed by the education program. The education program followed the parameters of Knowles' adult education model after validating the program and outlining the targeted goals. When the program ended, I delivered a posttest questionnaire. Then, I used descriptive analysis to ascertain the extent to which the established objectives had been achieved.

The postvalidation process involved a detailed review of form completion. The assessment indicated a validation with the mean item-level content validity index of 0.8. This

item-level content validity index, as illustrated in Table 1, suggests that at least four subject matter experts rated the program relevant to its overall goals.

Table 1

Evaluation of the Staff Education Program

Objectives	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	# agreement	Item CVI
1	X	—	X	X	X	4	0.8
2	—	X	X	—	X	3	0.6
3	X	X	—	X	X	4	0.8
4	X	X	X	X	X	5	1
5	X	X	X	X	—	4	0.8
Total							4
Mean CVI							0.8

Note. Experts who reported a rating of 3 or 4 are represented by X. In contrast, those who reported 1 or 2 are represented by —. The item-level content validity index calculation uses the number of experts who report a rating of 3 or 4 divided by the total number of experts for the respective item.

Staff Education Evaluation

The expert panel rated the educational program using a four-point ordinal rating scale. The five expert evaluators scored the validation with a item-level content validity index above 0.8 on all queries (see Table 2). According to the Likert scale results, the expert panel believed in the entire educational program, including all course materials, application scenarios, and pre- and posttests.

Table 2*Lynn's Model Item Content Validity*

Number of experts	Number of experts endorsing the item or instrument as content valid			
	2	3	4	5
2	1.00			
3	0.67	1.00		
4	0.50	0.75	1.00	
5	0.40	0.60	0.80	1.00

Discussion

The pre- and postprogram data analysis review indicates the staff education program significantly affected the project's objectives. First, the staff education pretest provides a comprehensive picture of the gaps in competence, confidence, and efficacy in using the ASQ tool kit at the partner facility (Table 3). The pretest data suggest a poor understanding of the suicide screening tool. However, the implementation of the staff education program and the evaluation data suggest an increase in participants' competencies to use the ASQ tool kit.

For instance, the descriptive analysis of the evidence from the post-program questionnaire produced means from 1.4 to 3.9 and a mode of 4 (see Table 6) for questions testing readiness to use proactive suicide screening tools such as the ASQ suicide screening tool kit. These findings contrast significantly with the pretest findings, which showed means ranging from 1.4 to 2.1 and a mode of 1.5 in the same categories (see Table 4). These results indicate a marked shift in the respondents' perceptions of their competencies to interact with the ASQ tool kit. Notably, the results from the Objective 1 question in the pretest show a mean of 1.4 (Table 4), while the post program test indicates a mean of 3.9 (Table 6). Critically, the standard deviation

from Objective 1 shows significant dispersion of the data from this aspect of the questionnaire. Overall, these central tendency measures suggest that most clinicians had a weak grasp of the competencies needed to deploy suicide monitoring tools before the education activity.

Table 3

Preprogram Test Evaluation Results

	P1	P2	P3	P4	P5	P6	P7
Please rate your ability to use the ASQ suicide screening tools prior to the staff education program	1	1	2	2	1	1	2
Please rate your confidence in using the ASQ suicide screening tool	2	3	2	2	2	2	2
Please rate your degree of knowledge suicide and self-harm screening	1	1	1	1	2	1	1
Please rate your capacity to respond to the risk of suicide and self-harm	2	2	2	2	3	2	2

Note. The preprogram evaluations are based on a 4-point scale (1 indicating the least weight and 4 being the highest weight).

Table 4

Preprogram Evaluation: Descriptive Analysis

Objective	Mean	Median	Mode	SD
Please rate your ability to use the ASQ suicide screening tools prior to the staff education program.	1.42857143	1	1	0.49487166
Please rate your confidence in using the ASQ suicide screening tool.	2.14285714	2	2	0.34992711
Please rate your degree of knowledge on suicide and self-harm screening.	2.14285714	2	2	0.69985421
Please rate your capacity to respond to the risk of suicide and self-harm.	2.14285714	2	2	0.494871659

The postprogram results, particularly in questions addressing Objectives 2–4, show marked improvements in the registered nurses’ capacity and attitudes toward effectively deploying the ASQ suicide screening tool kit (see Table 5). Overall, the postprogram questionnaire items for Objectives 2 to 4 provide the most definitive picture of the program’s outcomes. Specifically, the results were a mean between 3.4 and 3.7 compared to the pre-test, which had a mean of 2.1 (see Table 6). These results suggest overwhelming agreement that the staff training program enhanced nursing capacity to use the ASQ tool kit.

Table 5

Postprogram Evaluation Results

	P1	P2	P3	P4	P5	P6	P7
Please rate your ability to use the ASQ suicide screening tools prior to the staff education program.	1	1	2	2	1	1	2
Do you agree that the staff training program improved your confidence in using the ASQ suicide screening tool?	3	4	4	4	4	3	4
Please rate your degree of knowledge suicide and self-harm screening	4	4	4	4	3	4	4
Do you agree that involvement in the staff training program enhanced your capacity to respond to the risk of suicide and self-harm?	4	4	4	4	3	3	4

Note. The postprogram evaluations are based on a 4-point scale (1 indicating the least weight and 4 being the highest weight).

Analyzing outcomes from the pre- and postprogram responses provides convincing evidence of achieving the defined objectives. For example, the education program equipped the participating registered nurses with the skills and competencies to use an initiative-taking suicide prevention tool kit in outpatient settings. One of the most telling outcomes of the exercise was the

self-reported confirmation by the tool kit users. Participants felt equipped to use the resource in proactively addressing the problem of suicide and self-harm in adolescents and young adults. These positive results also provide the confidence to add the program to the facility's new nursing staff orientation materials.

Table 6

Postprogram Evaluation: Descriptive Analysis

Objective	Mean	Median	Mode	SD
Please rate your ability to use the ASQ suicide screening tools after the staff education program.	3.85714286	4	4	0.34992711
Do you agree that the staff training program improved your confidence in using the ASQ suicide screening tool?	3.714285714	4	4	0.451753951
Please rate your degree of knowledge suicide and self-harm screening.	3.428571429	3	3	0.494871659
Do you agree that involvement in the staff training program enhanced your capacity to respond to the risk of suicide and self-harm?	3.571428571	4	4	0.494871659

Unanticipated Limitations

One of the major hurdles faced at this stage was the limited scope of resources available to the project. Specifically, participant work schedules presented a major challenge to the efficiency of the research process. Lastly, inexperience with complex staff education using validation procedures meant that the scope of the discussion had limitations, especially when compared to the works of established scholars.

Implications for Individuals, Communities, Institutions, and Systems

The findings from this project are that registered nurses operating in the partner facility's ambulatory department have a validated tool that is effective in helping guide the detection of suicide risk. First, the findings from this project call for both organizations and health systems to promote health policies that encourage hospital-level mental health screenings for adolescents and young adults. Federal and state systems must provide the frameworks and funding needed to support hospitals in maintaining screening programs. Most importantly, stakeholders must coordinate efforts with existing treatment services to allow for effective responses to positive screenings.

Suicide risk assessment stands out as an invaluable tool in identifying modifiable and treatable suicide risks. Having identified the risk of suicide or self-harm, clinicians can then trigger advanced treatment and psychiatric management protocols available in the facility or make referral recommendations. Therefore, suicide risk screening using the validated suicide screening tool serves as a gateway towards advanced treatment for mental health disorders contributing to the manifestation of self-destructive tendencies. Thus, the findings from this project indicate the need to deliberately prepare nurses with the skills and competencies that facilitate the use of suicide screening instruments such as the ASQ tool kit.

Second, implementing the project findings is likely to positively impact the well-being of individuals and the community served by the partner facility. The existing research suggests that an estimated half of all lifetime mental health conditions begin by 14 (National Alliance on Mental Illness, n.d.) Therefore, integrating suicide and self-harm screening in outpatient care will promote early identification and intervention. These proactive measures would significantly

lower the gap in suicide rates for vulnerable groups. Overall, the early intervention facilitated by improved suicide screening will reduce the burden associated with suicide.

Potential Implications to Positive Social Change

The project findings have important positive implications for social change. The first positive implication is that improving response to the risk posed by adverse mental health outcomes touches on the future risk of mental illness. For instance, gains made in reducing mental health burdens today reduce future incidences of adverse mental health outcomes such as suicide and self-harm (Plagerson, 2014). Therefore, integrating suicide screening into conventional clinical procedures is one way to generate significant reductions in the suffering caused by various forms of self-harm. Most importantly, the findings from the doctoral project have implications that extend to issues such as health equity. Specifically, health policymakers must explore ways to protect the health and well-being of vulnerable aspects of the population.

Recommendations

Based on findings from the doctoral project, the primary recommendation is to have current registered nurses working in the partner facility oriented to the ASQ staff education program. The findings indicate that the staff education material significantly improves nursing competencies related to using the ASQ suicide screening tool kit. Primarily, the results from the project support the conclusion that the program enhances staff efficacy in using the ASQ suicide screening tool kit. In addition, the project's evidence supports the conclusion that the staff education activity improved positive attitudes and internal drive in registered nurses conducting suicide screening. Furthermore, the project findings indicated positive outcomes in confidence, knowledge, and capacity to undertake suicide screening activities. Therefore, utilizing the staff

education program in staff development and orientation activities will improve the facility's ability to reduce suicide and related adverse outcomes.

Contribution of the Doctoral Project Team

The effective development, design, evaluation, and implementation of the nursing staff education program rested on the inputs of the various project team members. First, I took on the role of project development, refining, and implementation. Second, the five-person panel of experts provided practical technical support, especially in validating the content of the staff education program by applying their expertise in the industry. Third, on a closely related note, nurse leaders and educators in the partner facility provided guidance that allowed for effective interpersonal relations and the application of the project's requirements. Critically, stakeholders linked to the partner facility have expressed their commitment to seeing the project's findings expanded to other departments within the facility.

Strengths and Limitations of the Project

The most prominent limitation of the project's goals was the notably small sample size. In the present case, the sample size included seven ambulatory care nurses in the partner facility. However, research suggests that the size of such a sample needs to be improved to provide data saturation enough to allow for the replication of the study (Saunders et al., 2017). Moreover, the statistical methods deployed for data analysis require a larger sample size to represent various components of the population.

Despite these limitations, the project stands out because it is versatile, descriptive, and founded on a rich body of research. First, the methods and design adopted for the study allow for a versatile analysis of the problem and the potential solutions. For instance, the study provides a descriptive analysis of the challenges that present the application of suicide screening tools in

outpatient settings. The data from this project is especially useful in guiding organizational policies that impact public health trends. Lastly, clinical research to inform the review of the ASQ tool kit provides an effective and evidence-based response to suicide risk. Indeed, these strengths manifest as an opportunity for further applications of suicide screening to other departments in the facility.

Section 5: Dissemination Plan

The main material for dissemination to the facility's administrative team and nursing staff include the pre- and posttest analysis findings. In addition, the in-person presentation allowed for questions, clarifications, and feedback about the presentation reports. Finally, in cooperation with nurse leaders, the executive team advocated for implementing the staff education program for all registered nurses in the facility.

This staff education project aimed to indicate the critical role of nurses in improving patient outcomes. Nursing responsibilities include delivering patient care that favors the efficacy of staff education programs in promoting patient outcomes (Ko et al., 2018). With this staff education project, I sought to improve competencies among the healthcare workforce at the clinical setting. Staff education programs should be adopted across facility departments. The scope of the staff education program could expand to onboarding and annual competency. Healthcare practices frequently evolve with emerging EBP research findings. To improve healthcare outcomes, staff education programs aid in acquiring advanced nursing skills concurrent with the healthcare organization's operations.

Analysis of Self

This staff education project provided an opportunity for me to improve my nursing skills. My role as the project lead and coordinator allowed for the contextual application of recommended nursing practices. I was the project lead, mobilizing every participant in the staff education program, which required practical leadership skills. At the project's end, I realized my ability to engage nurses positively in improving their practice competencies. Furthermore, my role involved constant interaction with other healthcare professionals, who improved my perspective in practicing nursing.

Coordinating this staff education program involved a comprehensive review of the project plans to ensure objectives were met. This process built my capacity to highlight and develop appropriate strategies for addressing inadequacies to reconcile gaps in practice. The practical adoption of staff education activities involves scheduling that has the most negligible impact on facility daily operations. There were challenges in merging work schedules among nurses' working rotating shifts. Nonetheless, the staff education activities were scheduled to accommodate each registered nurse. I ensured effective communication channels and mutual respect while interacting with the healthcare workers. Overall, I reflected on my role in providing professionalism and interprofessional collaboration and promoting quality care.

Nursing scholar programs are relevant in reconciling the gaps in nursing practice resulting from a diverse population and the rapid nature of healthcare practice. Specifically, staff education programs in medical facilities help increase knowledge based on research findings, thus improving patient outcomes (Bramley et al., 2018). One of the key takeaways from the project is that quality improvements demand close collaboration between stakeholders in a health organization. This close partnership helps to facilitate engagement and motivation among healthcare professionals. The facility's administrators' commitment to implementing policies that align with evidenced-based staff education programs contributes to improved quality of care.

Moreover, this collaboration can help to overcome technical barriers to an effective program. For example, stakeholder involvement allows compatibility with a facility's clinical expectations. In addition, implementing a staff education program requires additional staffing strategies and work schedule considerations. Lastly, the project helped demonstrate the usefulness of the staff educational activities designed to improve nurses' clinical competency. As a result, nurses have expertise in suicide assessment that will improve patient outcomes.

Summary

In this project, I applied scholarly evidence and theory to support using the ASQ tool kit to provide nursing staff with an improved diagnostic method for suicide-related assessment. Ensuring quality of care in healthcare systems encompasses decreasing the risk of unnecessary harm and oversight. Challenges in promoting high-level competency among psychiatry nursing professionals hinder diagnostic outcomes. Screening suicide-related cases demands comprehensive identification, monitoring, and evaluation of factors that indicate suicidal risk. Therefore, the ASQ tool kit can assist in bridging the gap between nursing competency and diagnostic approaches. The staff education program considers time constraints, lack of skill, and an evidence-based screening tool, among the limitations that psychiatry nurses encounter. Specifically, the screening tool allows nursing professionals to assess suicidal potential, thus enabling staff to intervene, stopping suicide attempts. Notably, the staff education program provides nurses with an opportunity to advance their skills within their work schedules in minimizing adolescent suicide-related cases using the ASQ tool kit.

References

- Abbasian, M., Pourshahbaz, A., Taremian, F., & Poursharifi, H. (2021). The role of psychological factors in non-suicidal self-injury of female adolescents. *Iranian Journal of Psychiatry and Behavioral Sciences, 15*(1).
<https://doi.org/10.5812/ijpbs.101562>
- Aguinaldo, L. D., Sullivant, S., Lanzillo, E. C., Ross, A., He, J., Bradley-Ewing, A., Bridge, J. A., Horowitz, L. M., & Wharff, E. A. (2021). Validation of the ask suicide-screening questions (ASQ) with youth in outpatient specialty and primary care clinics. *General Hospital Psychiatry, 68*, 52–58.
<https://doi.org/10.1016/j.genhosppsych.2020.11.006>
- Ahmedani, B. K., Simon, G. E., Stewart, C., Beck, A., Waitzfelder, B. E., Rossom, R., Lynch, F., Owen-Smith, A., Hunkeler, E. M., Whiteside, U., Operskalski, B. H., Coffey, M. J., & Solberg, L. I. (2014). Health care contacts in the year before suicide death. *Journal of General Internal Medicine, 29*(6), 870–877.
<https://doi.org/10.1007/s11606-014-2767-3>
- Alegría, M., Frank, R. G., Hansen, H. B., Sharfstein, J. M., Shim, R. S., & Tierney, M. (2021). Transforming mental health and addiction services: Commentary describes steps to improve outcomes for people with mental illness and addiction in the United States. *Health Affairs, 40*(2), 226–234.
<https://doi.org/10.1377/hlthaff.2020.01472>
- Bilsen, J. (2018). Suicide and youth: Risk factors. *Frontiers in Psychiatry, 9*.
<https://doi.org/10.3389/fpsyt.2018.00540>

- Bould, H., Mars, B., Moran, P., Biddle, L., & Gunnell, D. (2019). Rising suicide rates among adolescents in England and Wales. *The Lancet*, *394*(10193), 116–117. [https://doi.org/10.1016/s0140-6736\(19\)31102-x](https://doi.org/10.1016/s0140-6736(19)31102-x)
- Brahmbhatt, K., Kurtz, B. P., Afzal, K. I., Giles, L. L., Kowal, E. D., Johnson, K. P., Lanzillo, E., Pao, M., Plioplys, S., & Horowitz, L. M. (2019). Suicide risk screening in pediatric hospitals: clinical pathways to address a global health crisis. *Psychosomatics*, *60*(1), 1–9. <https://doi.org/10.1016/j.psym.2018.09.003>
- Bramley, L., Manning, J. C., & Cooper, J. (2018). Engaging and developing front-line clinical nurses to drive care excellence: evaluating the chief nurse excellence in care junior fellowship initiative. *Journal of Research in Nursing*, *23*(8), 678–689. <https://doi.org/10.1177/1744987118808843>
- Burton, M. (2019). Suicide and self-harm: Vulnerable children and young people. *Practice Nursing*, *30*(5), 218–223. <https://doi.org/10.12968/pnur.2019.30.5.218>
- Chaghari, M., Saffari, M., Ebadi, A., & Ameryoun, A. (2017). Empowering education: A new model for in-service training of nursing staff. *Journal of Advances in Medical Education & Professionalism*, *5*(1), 26–32. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5238493/>
- Cogo, E., Murray, M., Villanueva, G., Hamel, C., Garner, P., Senior, S. L., & Henschke, N. (2022). Suicide rates and suicidal behaviour in displaced people: A systematic review. *Plos One*, *17*(3), e0263797. <https://doi.org/10.1371/journal.pone.0263797>
- Curtin, S. C. (2020). State suicide rates among adolescents and young adults aged 10–24: United States, 2000–2018. *National Vital Statistics Report*, *69*(11), 1–10.

<https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr-69-11-508.pdf>

Dorol--Beauroy-Eustache, O., & Mishara, B. L. (2021). Systematic review of risk and protective factors for suicidal and self-harm behaviors among children and adolescents involved with cyberbullying. *Preventive Medicine, 152*, 106684.

<https://doi.org/10.1016/j.ypmed.2021.106684>

Erbacher, T. A., & Singer, J. B. (2018). Suicide risk monitoring: The missing piece in suicide risk assessment. *Contemporary School Psychology, 22*(2), 186–194.

<https://doi.org/10.1007/s40688-017-0164-8>

Friel, G. (n.d.). 4 Andragogic principles [Digital image]. Gerardfriel.

<https://www.gerardfriel.com/instructional-design/adult-learning/>

Goodwill, J. R., & Zhou, S. (2020). Association between perceived public stigma and suicidal behaviors among college students of color in the U.S. *Journal of Affective Disorders, 262*, 1–7. <https://doi.org/10.1016/j.jad.2019.10.019>

Graves, J. M., Mackelprang, J. L., Van Natta, S. E., & Holliday, C. (2018). Suicide prevention training: Policies for health care professionals across the United States as of October 2017. *American Journal of Public Health, 108*(6), 760–768.

<https://doi.org/10.2105/ajph.2018.304373>

Hartley, S., Raphael, J., Lovell, K., & Berry, K. (2020). Effective nurse–patient relationships in mental health care: A systematic review of interventions to improve the therapeutic alliance. *International Journal of Nursing Studies, 102*,

103490. <https://doi.org/10.1016/j.ijnurstu.2019.103490>

Hatchel, T., Polanin, J. R., & Espelage, D. L. (2019). Suicidal thoughts and behaviors

- among LGBTQ youth: Meta-analyses and a systematic review. *Archives of Suicide Research*, 25(1), 1–37. <https://doi.org/10.1080/13811118.2019.1663329>
- Horowitz, L. M., Bridge, J. A., Teach, S. J., Ballard, E., Klima, J., Rosenstein, D. L., Wharff, E. A., Ginnis, K., Cannon, E., Joshi, P., & Pao, M. (2012). Ask suicide-screening questions (ASQ). *Archives of Pediatrics & Adolescent Medicine*, 166(12), 1170. <https://doi.org/10.1001/archpediatrics.2012.1276>
- Kiwanuka, F., Nanyonga, R. C., Sak-Dankosky, N., Muwanguzi, P. A., & Kvist, T. (2021). Nursing leadership styles and their impact on intensive care unit quality measures: An integrative review. *Journal of Nursing Management*, 29(2), 133-142. <https://link.springer.com/article/10.1186/s13012-018-0817-7>
- Ko, M., Wagner, L., & Spetz, J. (2018). Nursing home implementation of health information technology: Review of the literature finds inadequate investment in preparation, infrastructure, and training. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 55, 0046958018778902. <https://doi.org/10.1177%2F0046958018778902>
- Laliberte, A. Z., Roth, B., Edwards, B., & Chen, J. I. (2021). Suicide screening and risk assessment in the emergency department: Case review of a suicide attempt survivor. *Journal of Emergency Nursing*, 47(6), 846-851. <https://doi.org/10.1016/j.jen.2021.07.010>
- Lanzillo, E. C., Horowitz, L. M., Wharff, E. A., Sheftall, A. H., Pao, M., & Bridge, J. A. (2019). The importance of screening preteens for suicide risk in the emergency department. *Hospital pediatrics*, 9(4), 305-307.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6434973/>

Lewis, N., & Bryan, V. (2021). Andragogy and teaching techniques to enhance adult learners' experience. *Journal of Nursing Education and Practice*, 11(11).

<https://doi.org/10.5430/jnep.v11n11p31>

Lois, B.H., Urban, T.H., Wong, C., Collins, E., Brodzinsky, L., Harris, M.A., Adkisson, H., Armstrong, M., Pontieri, J., Delgado, D. and Levine, J. (2020). Integrating suicide risk screening into pediatric ambulatory subspecialty care. *Pediatric Quality & Safety*, 5(3). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7297392/>

Lynn, M.R. (1985) Determination and quantification of content validity. *Journal of Nursing Research*, (35), 382.

Machynska, N., & Boiko, H. (2020). Andragogy–The science of adult education: Theoretical aspects. *Journal of Innovation in Psychology, Education and Didactics*, 24(1), 25-34. https://jiped.ub.ro/wp-content/uploads/2020/03/JIPED_24_1_2020_2.pdf

Mournet, A. M., & Horowitz, L. M. (2021). Implementing suicide risk screening in pediatric medical patients: Feasible quality improvement projects that can save lives. *Evidence-Based Practice in Child and Adolescent Mental Health*, 6(3), 307-315. <https://doi.org/10.1080/23794925.2021.1888665>

National Alliance on Mental Illness. (n.d.). Mental health screening. NAMI: National Alliance on Mental Illness. <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-Screening#:~:text=Mental%20health%20screenings%20allow%20for,and%20pre>

vent%20years%20of%20suffering

National Institute of Mental Health. (2020). NIMH » suicide. NIMH.

<https://www.nimh.nih.gov/health/statistics/suicide>

National Institute of Mental Health. (2022a). [ASQ Toolkit Foundation] [Digital Image].

NIH. <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>

Patel, A., Watts, C., Shiddell, S., Couch, K., Smith, A. M., Moran, M. J., & Conners, G.

P. (2017). Universal adolescent suicide screening in a pediatric urgent care center. *Archives of Suicide Research*, 22(1), 118-127.

<https://doi.org/10.1080/13811118.2017.1304303>

Plageron, S. (2014). Integrating mental health and social development in theory and practice. *Health Policy and Planning*, 30(2), 163-170.

<https://doi.org/10.1093/heapol/czt107>

Polit, D. F., & Beck, C. T. (2006). The content validity index: are you sure you know what's being reported? Critique and recommendations. *Research in Nursing & Health*, 29(5), 489-497.

http://cfd.ntunhs.edu.tw/ezfiles/6/1006/attach/33/pta_6871_6791004_64131.pdf

Roaten, K., Johnson, C., Genzel, R., Khan, F., & North, C. S. (2018). Development and implementation of a universal suicide risk screening program in a safety-net hospital system. *The Joint Commission Journal on Quality and Patient Safety*, 44(1), 4-11. <https://doi.org/10.1016/j.jcjq.2017.07.006>

Roh, B., Jung, E. H., & Hong, H. J. (2018). A comparative study of suicide rates among

- 10–19-Year-Olds in 29 OECD countries. *Psychiatry Investigation*, 15(4), 376-383. <https://doi.org/10.30773/pi.2017.08.02>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2017). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893-1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Soffer, S. L., Lewis, J., O’Nisha, S. L., Marroquin, Y. A., Douplik, S. K., & Benton, T. D. (2022). Assessing suicide risk in a pediatric outpatient behavioral health system: a quality improvement report. *Pediatric Quality & Safety*, 7(3). [https://doi: 10.1097/pq9.0000000000000571](https://doi:10.1097/pq9.0000000000000571)
- Twenge, J. M. (2020). Increases in depression, self-harm, and suicide among US adolescents after 2012 and links to technology use: Possible mechanisms. *Psychiatric Research and Clinical Practice*, 2(1), 19-25. <https://doi.org/10.1176/appi.prcp.20190015>
- World Health Organization. (2018). National suicide prevention strategies: Progress, examples, and indicators. WHO. <https://apps.who.int/iris/bitstream/handle/10665/279765/9789241515016-eng.pdf?sequence=1&isAllowed=y>
- Xiao, Y., Hinrichs, R., Johnson, N., McKinley, A., Carlson, J., Agley, J., & Yip, P. S. (2021). Suicide prevention among college students before and during the COVID-19 pandemic: Protocol for a systematic review and meta-analysis. *JMIR Research Protocols*, 10(5), e26948. <https://doi.org/10.2196/26948>

Appendix A: Staff Education Lesson Plan

Staff Education Project to Enhance Staff Competencies on the ASQ Toolkit			
Goal: To enhance nursing staff knowledge and confidence in using the ASQ suicide screening toolkit in outpatient patient interactions.			
Objectives	Strategies and Tools	Duration	Outcome Measurement
1. To teach the psychiatric nurses in the partner facility to use the ASQ suicide screening toolkit effectively.	Define the practice problem that the education program seeks to address. Cumulative summative test using pre- and post-program questionnaires. Descriptive Statistics for Evaluation Instruction Aids: Microsoft PowerPoint Presentations on the ASQ Toolkit	Seven days	Self-reported outcome assessment
2. Address the gap in suicide and self-harm screening competencies at the partner facility by creating a standardized approach to using the ASQ suicide screening toolkit.			
3. To enhance nurses' confidence in using the ASQ suicide screening tool during outpatient care patient contacts.			
5. To enhance nursing capacity for responding to suicide and self-harm.			

Appendix B: Lynn's Assessment for the Staff Education Project

Objective 1

To teach the psychiatric nurses in the partner facility to use the ASQ suicide screening toolkit effectively. How relevant is the objective for the staff education activity?

- ✓ 1 = not relevant
- ✓ 2 = somewhat relevant subject to revision
- ✓ 3 = relevant but needs minor revisions
- ✓ 4 = highly relevant

Objective 2

To instill positive attitudes and an internal drive toward using the ASQ suicide screening toolkit. How relevant is the objective for the staff education activity?

- 1 = not relevant
- 2 = somewhat relevant subject to revision
- 3 = relevant but needs minor revisions
- 4 = highly relevant

Objective 3

To enhance nurses' confidence in using the ASQ suicide screening tool during outpatient care patient contacts. How relevant is the objective for the staff education activity?

- ✓ 1 = not relevant
- ✓ 2 = somewhat relevant subject to revision
- ✓ 3 = relevant but needs minor revisions
- ✓ 4 = highly relevant

Objective 4

To address the gap in suicide and self-harm screening competencies at the partner facility. How relevant is the objective for the staff education activity?

- ✓ 1 = not relevant
- ✓ 2 = somewhat relevant subject to revision
- ✓ 3 = relevant but needs minor revisions
- ✓ 4 = highly relevant

Objective 5

To enhance nursing capacity for responding to suicide and self-harm. How relevant is the objective for the staff education activity?

- ✓ 1 = not relevant
- ✓ 2 = somewhat relevant subject to revision
- ✓ 3 = relevant but needs minor revisions
- ✓ 4 = highly relevant

Appendix C: Staff Education Program Pre-Evaluation Questionnaire

Lesson Objective 1:

Teach the psychiatric nurses in the partner facility to use the ASQ suicide screening toolkit effectively.

Q. Please rate your ability to use the ASQ suicide screening tool prior to the staff education program.

- 4 = High ability
- 3 = Average ability
- 2 = Low inability
- 1 = Complete inability

Lesson Objective 2:

To enhance nurses' confidence in using the ASQ suicide screening tool during outpatient care patient contacts.

Q: Please rate your confidence in using the ASQ suicide screening tool.

- 4 = High confidence
- 3 = Average confidence
- 2 = Low confidence
- 1 = Complete doubt

Lesson Objective 3.

To address the gap in suicide and self-harm screening competencies at the partner facility.

Q: Please rate your degree of knowledge of suicide and self-harm screening.

- 4 = Knowledgeable
- 3 = Moderately knowledgeable
- 2 = Somewhat un-knowledgeable
- 1 = No knowledge

Lesson Objective 4.

To enhance nursing capacity for responding to suicide and self-harm.

Q: Please rate your capacity to respond to the risk of suicide and self-harm.

- 4 = High capacity
- 3 = Average capacity
- 2 = Low capacity
- 1 = Complete incapacity

Appendix D: Staff Education Program Post-Evaluation Questionnaire

Lesson Objective 1:

Teach the psychiatric nurses in the partner facility to use the ASQ suicide screening toolkit effectively.

Q. Please rate your ability to use the ASQ suicide screening tool before the staff education program.

- 4 = High ability
- 3 = Average ability
- 2 = Low inability
- 1 = Complete inability

Lesson Objective 2:

To enhance nurses' confidence in using the ASQ suicide screening tool during outpatient care patient contacts.

Q: Do you agree that the staff training program improved your confidence in using the ASQ suicide screening tool?

- 4 = Agree
- 3 = Somewhat agree
- 2 = Somewhat disagree
- 1 = Disagree

Lesson Objective 3.

To address the gap in suicide and self-harm screening competencies at the partner facility.

Q: Please rate your degree of knowledge of suicide and self-harm screening.

- 4 = Knowledgeable
- 3 = Moderately knowledgeable
- 2 = Somewhat un-knowledgeable
- 1 = No knowledge

Lesson Objective 4.

To enhance nursing capacity for responding to suicide and self-harm.

Q: Do you agree that involvement in the staff training program enhanced your capacity to respond to the risk of suicide and self-harm?

- 4 = Agree
- 3 = Somewhat agree
- 2 = Somewhat disagree
- 1 = Disagree

Appendix E: Project Learning Objectives

1. Teach the psychiatric nurses in the partner facility to use the ASQ suicide screening toolkit effectively;
2. Address the gap in suicide and self-harm screening competencies at the partner facility by creating a standardized approach to using the ASQ suicide screening toolkit.
3. Enhance psychiatric nurses' confidence in using the ASQ suicide screening tool during their outpatient care patient contacts, and
4. Enhance nursing capacity for responding to suicide and self-harm