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Executive Summary: Staff Education Project Staff Education to Improve Knowledge Regarding the Education Patient Intake Assessment

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Walden University

College of Nursing

This is to certify that the doctoral study by

Dalila Kim

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.

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Walden University
2025

Executive Summary: Staff Education Project

Staff Education to Improve Knowledge Regarding the Education Patient Intake

Assessment

by

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MS, Walden University, 2017

BS, Walden University, 2015

Executive Summary Submitted in Partial Fulfillment

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Summary

Type 2 diabetes (T2DM) accounts for 90%–95% of diabetes cases in the United States, contributing significantly to direct and indirect health care costs exceeding hundreds of billions of dollars annually. Early identification of diabetes complications using assessment tools is critical for reducing costs and improving patient outcomes.

Evaluation of diabetes management processes at a western primary care clinic found that medical assistants lacked knowledge regarding the use of diabetes assessment tools. This Doctor of Nursing Practice (DNP) staff education project focused on enhancing medical assistants' knowledge of the Education Patient Intake Template Assessment Tool to support best practices in T2DM care. A review of current literature using the Johns Hopkins Hierarchy of Evidence Guide identified that evidence from Level I to III informed the project. Six medical assistants, the primary patient screeners in the primary care clinic, participated in the intervention. I used pre- and post intervention tests to assess the impact of the educational session. The mean test score increased from 8.5 (pretest) to 9.7 (posttest), reflecting an 80% improvement in knowledge gain using the formula: $(\text{Posttest score} - \text{Pretest score}) / (100\% - \text{Pretest score}) \times 100\%$.

Although the small sample size limits the generalizability of findings, the project demonstrates that targeted education improves staff competency in using evidence-based assessment tools. To build on this success, I recommend expanding the educational program to include a broader and more diverse group of health care professionals across multiple affiliated clinic settings. This initiative aligns with goals for positive social change by enhancing health care outcomes; strengthening workforce competency; and promoting diversity, equity, and inclusion in health care practices.

Background

Approximately 37.3 million Americans have diabetes, and about 90%–95% of these cases are T2DM, which equates to around 33.6 to 35.4 million people (Centers for Disease Control and Prevention [CDC], n.d.). Given that T2DM constitutes about 90%–95% of all diabetes cases, a substantial portion of these costs is associated with managing T2DM and the related complications (ADA, 2024).

The major complications of T2DM include microvascular issues, like retinopathy, nephropathy, and neuropathy, and macrovascular diseases, such as cardiovascular and peripheral arterial disease (CDC, 2024). Complications from T2DM can lead to blindness, amputations, kidney failure, and heart attacks, significantly impacting quality of life, health care costs, and mortality rates (CDC, 2024). Many of these complications are preventable with proper care and management. The management of T2DM in primary care settings remains a major challenge; therefore, early identification and management of complications is a goal (CDC, 2024).

Assessment tools play a pivotal role in the early identification and management of diabetes-related complications, enabling timely interventions and reducing the risk of severe health outcomes (ADA, 2023). Despite the availability of such tools, health care staff, especially in primary care, often lack the necessary knowledge regarding these tools (ADA, 2023). This knowledge gap could hinder their ability to use the tools effectively, ultimately compromising patient care and resulting in inadequate management of T2DM.

It was identified at the project site organization, a western primary care clinic, that medical assistants lacked knowledge regarding the use of a diabetes assessment tool and its importance to identify diabetes complications that could impact patient care and

outcomes. It was important to provide staff education to support the correct use of a diabetes assessment tool as a measure to help identify early signs and symptoms of complications, like neuropathy, retinopathy, nephropathy, or cardiovascular disease, that can lead to disease progression, irreversible damage, and increased morbidity and mortality. If staff are not proficient in collecting the correct information, organization providers may miss early signs of diabetes complications (ADA, 2023).

The identified practice problem that guided this DNP staff education project was the need to improve staff education in supporting T2DM care through the effective use of diabetes assessment tools (see Manchester, 2008; Piya et al., 2022). The tool selected by the project site organization for this project was the Education Patient Intake Template Assessment Tool (see Appendix A). The Education Patient Intake Template was designed to identify risk factors and improve diabetes management (Asmat et al., 2022; Chawla et al., 2019; Segal et al., 2023). The tool's primary goal is to standardize and improve the assessment of patients' diabetes status, ultimately promoting better care and outcomes (Shiferaw et al., 2021). This tool is based on the ADA's Standards of Medical Care and can help assess individual risk factors for diabetes complications (e.g., neuropathy, retinopathy, nephropathy, cardiovascular disease). When completed, this tool provides health care providers with the information they need to tailor care to the specific needs and concerns of each patient (ADA, 2023; ADA Professional Practice Committee, 2024)

This project's purpose was to assess whether an educational intervention could improve staff knowledge regarding the tool's application and its importance in preventing complications in patients with T2DM (see ADA, 2022; CDC, 2024; Ernawati et al., 2021). Health care organizations can significantly reduce the risks associated with

diabetes care by prioritizing staff education (Rodriguez et al., 2022). This can be achieved through staff participation in continuing education activities. Providing staff with thorough training on the use of the Education Patient Intake Template Assessment Tool was an important first step in addressing the complications of T2DM. Furthermore, encouraging collaboration among health care professionals, including medical assistants, is essential to ensure comprehensive and coordinated care. Through addressing staff knowledge about their roles in collecting assessment information, health care organizations can improve patient outcomes, enhance safety, and ultimately reduce the burden of diabetes complications (Rokicki-Parashar et al., 2021).

Staff Education Project Development

I designed this DNP project to educate project site staff on the importance and application of the Education Patient Intake Template Assessment Tool, which helps assess the risk factors and manage the care of T2DM patients. Developing this staff education presentation was guided by a project management approach using Johns Hopkins evidence-based model that included organization assessment, identification of a gap in knowledge, planning, and implementation of the planned teaching (see Dang et al., 2021). During these steps, I was also guided by project site stakeholders and my Walden University faculty.

I conducted a literature review and synthesized evidence that supported the benefits of assessment for diabetes care and management (see Anjali et al., 2021) and education to increase knowledge among health care staff (see Yao et al., 2021). I then identified specific learning objectives (see Table 1) for the education intervention and

tailored the content of the presentation to the medical staff participants' knowledge needs.

Table 1

Learning Objectives

By the end of the staff education training, learners will be able to identify:
<ul style="list-style-type: none"> • the importance of the Education Patient Intake Template Assessment Tool • evidence supporting the tool's effectiveness • steps to use the tool • challenges with using the tool • the importance of routine assessments

I then determined the best approach for providing the education, which was a PowerPoint presentation (see Appendix B). Using PowerPoint slides helps to engage learners and enhance their understanding and retention of the education being provided (Reindorp, n.d.). My presentation was reviewed and approved by my project site mentor and Walden University faculty. I then practiced to ensure a smooth and confident presentation. During the actual presentation, questions were encouraged to actively involve participants and foster a collaborative learning environment. Finally, I prepared a pre- and postintervention test (see Appendix C) that was aligned to the learning objectives to evaluate the effectiveness of the presentation in improving staff knowledge using the systematic approach described by Dick and Carey (2018).

Data Collection and Analysis

I selected medical assistants as the participant group because they are the initial screening contacts for patients in the primary care clinic project site. The assessment information they collect is provided to the health care providers prior to seeing the

patients. The participants, six medical assistant staff members, were from a single primary care setting, and the education session was based on the presentation developed to provide knowledge about the tool and its benefits. The primary care staff participants were given the pretest before the education session and the posttest immediately after the education to evaluate knowledge gains. All tests were de-identified to maintain participant confidentiality. I then aggregated the pre- and posttest scores and calculated the mean pre- and posttest scores using a method outlined by the Brigham and Women's Hospital Center for Nursing Excellence (n.d.) to calculate learning gain. The formula is $(\text{posttest score} - \text{pretest score}) / (100\% - \text{pretest score}) \times 100\%$. The analysis helped assess the extent to which the educational intervention improved the staff's understanding of the Education Patient Intake Template Tool.

Results

The presentation and analysis of the pre- and posttest findings provide insights into the success of the education in improving staff knowledge regarding the use and importance of the Education Patient Intake Template Assessment Tool. The results of the pre- and posttest are indicated in Table 2.

Table 2

Participants Scores (N = 6)

Participants	Pretest scores	Posttest scores
1	9	10
2	9	10
3	7	8
4	9	10
5	9	10
6	8	10
<i>M</i>	8.5	9.7

The staff's mean pretest knowledge score was 8.5 out of 10, which increased to 9.7 out of 10 in the posttest assessment. The formula $[(9.7-8.5) / (10-8.5)] \times 100 = (1.2/1.5) \times 100 = 80\%$ showed that the education intervention resulted in an 80% learning gain among participants. The learning gain reflected an improvement in the staff's understanding of the application of the Education Patient Intake Template Assessment Tool. Staff members expressed interest in using the tool as a way to support best practice in diabetes care and enhance patient outcomes.

Impact on the Organization

The educational intervention positively impacted the project site organization by addressing a critical gap in staff knowledge regarding the use of the Education Patient Intake Template Assessment Tool. The observed 80% learning gain demonstrated the effectiveness of targeted education in enhancing the medical assistants' ability to identify and manage risk factors for T2DM complications. This improvement directly supports the organization's goals of early detection, better management of diabetes, and enhanced patient care. By equipping staff with the knowledge and skills to utilize the tool effectively, this project contributed to improving workflows, fostering a culture of continuous improvement, and promoting patient-centered care.

Limitations and Their Impact on Results

The project faced limitations that may have affected the results. The small sample size of six participants and the single-site focus limits the generalizability of the findings. Additionally, the short-term nature of the project precluded the assessment of long-term outcomes or sustainability of the knowledge gains. These constraints underline the need for caution when extrapolating the results to other settings and populations.

Significance Beyond the Local Site

The implications of this project extend beyond the local site. Diabetes is a global epidemic, and tools like the Education Patient Intake Template Assessment Tool have the potential to standardize care and improve outcomes in various primary care settings. Implementing similar educational interventions on a broader scale could enhance the quality of diabetes management across health care systems, reducing the burden of complications and associated health care costs. Furthermore, the project serves as a model for integrating staff education into routine organizational practices to improve chronic disease care.

Conclusions

This project highlights the significant impact of staff education on improving the management of T2DM in primary care settings. By addressing the knowledge gap among medical assistants regarding the use of the Education Patient Intake Template Assessment Tool, this project has demonstrated the potential to enhance early detection and management of diabetes-related complications. The educational intervention resulted in an 80% learning gain, indicating its effectiveness in increasing staff knowledge and preparedness to use the tool in practice.

Recommendations for Further Action

To build on this success, I recommend expanding the educational program to include a broader and more diverse group of health care professionals across multiple settings, which would validate the tool's applicability on a larger scale. Furthermore, longitudinal studies could assess the long-term effects of staff education on patient outcomes, including the incidence of diabetes complications. Regular refresher training

sessions and continuous professional development opportunities for staff would also help sustain knowledge and ensure consistent application of best practices.

Implications for Nursing Practice and Social Change

The results of this project underscore the critical role of nursing practice in managing chronic diseases like T2DM. Improved staff knowledge enhances the quality of care, supports better patient outcomes, and reduces the overall burden of diabetes complications on the health care system. From a broader perspective, this project contributes to positive social change by fostering an inclusive approach to health care delivery. Equipping staff with tools and knowledge aligns with the principles of diversity, equity, and inclusion by ensuring that all patients receive standardized, high-quality care tailored to their unique needs.

By empowering health care providers with effective assessment tools and education, primary care settings can make meaningful strides in mitigating the devastating impact of T2DM. This, in turn, supports the broader goal of enhancing the overall population's health and advancing equitable health care access for all individuals living with diabetes.

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[01504-x](https://doi.org/10.1186/s12875-021-01504-x)

Appendix A: Education Patient Intake Template Assessment Tool

Name and Age	Name Age
Last Diabetes Visit	Month _____ Year -- _____
Height/Weight/BMI	HT. _____ WT. _____ BMI--- _____
Vital signs	BP _____ HR _____ RR _____ Temp. _____ 02 _____
Smoking Status	(N/Y) Want to QUIT: (Y/N)
LAB: A1c NO. _____	Good (<6.6) Fair (<8) POOR (>8.0)
LAB: Lipids	Cholesterol _____ LDL _____ Trigs. _____
LAB: Micro albumin	Year _____ Normal (Y/N)
Foot Check YEARLY	(Y/N) Podiatry : (Y/N)
Eye Exam YEARLY	(Y/N) Optometry Ophthalmology
Dental Exam YEARLY	(Y/N) _____
EKG Performed	(Y/N) Year Cardiologist
PNEUMONIA Vaccine	(Y/N) Year Type: 20 / 21 / 15
Tetanus Vaccine	(Y/N) Year
Influenza Vaccine	(Y/N) Year
Diagnosis: DIABETES	Year
Insulin	(Y/N) Basaglar Lantus Humalog

Obese	(Y/N)	Wt. Goal
Referrals	Medication	
Comorbid Conditions and Year Diagnosed	<ul style="list-style-type: none"> o Cardiovascular Disease o High Blood pressure o High Cholesterol o Peripheral Vascular disease o Peripheral Neuropathy o Retinopathy o Kidney Disease o Asthma o COPD o Arthritis o Autoimmune Disease o Fibromyalgia o Depression o Anxiety o Other o Other 	
Pregnant	(Y/N)	LMP :
Medication List	Atorvastatin Rosuvastatin Zetia Repatha Lisinopril Irbersartan Amlodipine Aspirin Hydrochlorothiazide Other	Janumet Metformin Pioglitazone/Actos Glyburide/ Glipizide/Glucotrol Glimepiride/Amaryl Jardiance/Empagliflozin Steglatro/ Ertugliflozin Farxiga/Dapagliflozin


Appendix B: Staff Education Presentation



**EDUCATION
PATIENT
INTAKE
TEMPLATE
ASSESSMENT
TOOL**

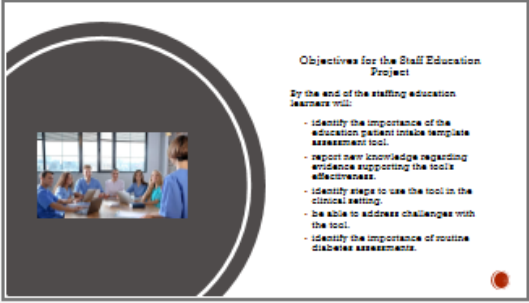
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1



**BEFORE WE
BEGIN, HAS
EVERYONE
COMPLETED THE
PRE-TEST?**

2

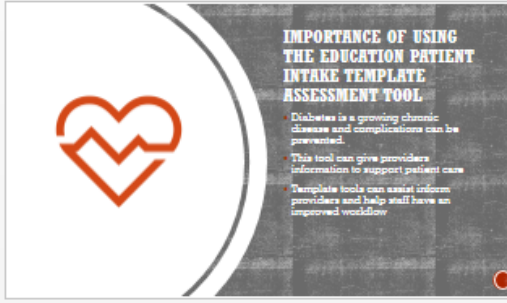


Objectives for the Staff Education Project

By the end of the staffing education learners will:

- identify the importance of the education patient intake template assessment tool.
- report new knowledge regarding evidence supporting the tool's effectiveness.
- identify steps to use the tool in the clinical setting.
- be able to address challenges with the tool.
- identify the importance of routine diabetes assessments.

3



**IMPORTANCE OF USING
THE EDUCATION PATIENT
INTAKE TEMPLATE
ASSESSMENT TOOL**

- Diabetes is a growing chronic disease and complications can be prevented.
- This tool can give providers information to support patient care.
- Template tools can assist inform providers and help staff have an improved workflow.

4

WHY IS THIS TOOL IMPORTANT?

Assessing patients for diabetes complications is essential because early detection and management can significantly improve outcomes and prevent severe health problems. Here's why it's important:

- 1. Prevent Progression of Complications**
Diabetes complications, such as neuropathy, nephropathy, retinopathy, and cardiovascular disease, can progress silently. Regular assessments help identify issues at an early stage, allowing timely interventions to slow or halt progression.
- 2. Reduce Morbidity and Mortality**
Complications like cardiovascular events or kidney failure can be life-threatening. Monitoring and managing risk factors such as hypertension, high cholesterol, and blood sugar levels can reduce the risk of severe outcomes.
- 3. Improve Quality of Life**
Complications can lead to pain, disability, or reduced independence (e.g., from diabetic foot ulcers or amputations). Early intervention helps patients maintain their mobility, vision, and overall well-being.

9

WHY IS THIS TOOL IMPORTANT?

According to current diabetes standards of practice, to prevent complications individuals with diabetes should:

- maintain a healthy weight
- follow a balanced diet
- regularly engage in physical activity
- closely monitor blood sugar levels
- manage blood pressure
- control cholesterol levels
- quit smoking

(American Diabetes Association [ADA] 2022).

10

WHY IS THIS TOOL IMPORTANT?

AND

Attend routine checkups with their healthcare provider to assess for potential complications; key elements include:

- achieving optimal A1C levels
- regular eye exams
- foot checks
- adherence to medication regimens as prescribed

(American Diabetes Association [ADA] 2022).

11

Next, we will cover how the tool is used.

Before we start to discuss the process, do you have any Questions about the tool or why it is important?

12

HOW TO USE THE TOOL STEPS

1. Verify the diagnosis of diabetes (review history, lab, and medical records)
2. Review any questions about complications and their prevention.

13

WHAT ARE SOME QUESTIONS YOU MAY BE ASKED BY PATIENTS?

LET'S TALK ABOUT IT...

14

HOW TO USE THE TOOL STEPS



3. Review guidelines (ADA, CDC, etc.) and ensure they are up-to-date.
4. The team will be full on the specific guidelines for their practice.

15

DO YOU HAVE ANY QUESTIONS ABOUT THE PROCESS?

LET'S TALK ABOUT IT...

16

<p>ADDITIONAL INFORMATION ABOUT USE THE TOOL</p> <ul style="list-style-type: none"> Takes two to five minutes Data is collected with pen and paper The template form can be provided in the waiting room area before the patient is roomed or at the beginning of the intake 	 <p>WHAT WOULD YOU DO?</p> <ul style="list-style-type: none"> If patient doesn't know the answer? If patient refuses to complete the questions? If patient is visually impaired or unable to write?
<p>17</p>	<p>18</p>
 <p>Thank you for participating! Be sure to complete the post-test.</p>	<p>REFERENCES</p> <p>American diabetes association. 2022. <i>Standards of care in diabetes—2022 abridged for Primary care providers</i>. (2022). <i>Clinical Diabetes</i>, 41(1), 4–21. https://doi.org/10.2337/ckd23-a001</p> <p>Ametani K, Chikama K, Ooi R, Fuchikubo SS. The effectiveness of patient-centered care vs. usual care in type 2 diabetes self-management: A systematic review and meta-analysis. <i>Front Public Health</i>. 2022 Oct 26;10:994766. doi: 10.3389/fpubh.2022.994766. PMID: 36289241; PMCID: PMC9600641.</p> <p>Centers for disease control and prevention. 2024. <i>Diabetes: clinical Guidance for diabetes</i>. https://www.cdc.gov/diabetes/hcp/clinical-guidance/index.html</p> <p>Cherita SP, Kaur S, Shari A, Gery R, Kaur M, Son D, Ghosh A, Pal R. 2019. Impact of health education on knowledge, attitude, practices and glycaemic control in type 2 diabetes mellitus. <i>J Family Med Prim Care</i>. 2019 Jan;8(1):261–269. doi: 10.4103/jfmpc.jfmpc_259_19. PMID: 30911517; PMCID: PMC6396002.</p> <p>Shiferaw WS, Akalu TY, Desta M, et al. 2021. Effect of educational interventions on knowledge of the disease and glycaemic control in patients with type 2 diabetes mellitus: a systematic review and meta-analysis of randomised controlled trial. <i>BMC</i>. doi: 10.1186/s12916-021-04920-6</p> <p>Segal J, DeGrazia R Jr, Pitts S, Brown K, Tesalik M. 2023. <i>Comprehensive Diabetes Assessment Instrument for Patients With Type 2 Diabetes</i>. <i>J Prim Care Community Health</i>. 2023 Jan-Dec;14:21501319231204590. doi: 10.1177/21501319231204590. PMID: 37591732; PMCID: PMC1065767.</p>
<p>19</p>	<p>20</p>

Appendix C: Pre- and Postintervention Questionnaire

Section 1: Importance of the Education Patient Intake Template Assessment Tool

1. Why is the Education Patient Intake Template Assessment Tool essential in diabetes care?
 - A. It eliminates the need for follow-up appointments
 - B. It provides providers with critical information to support patient care and improve workflow
 - C. It reduces the cost of diabetes medications
 - D. It replaces the need for patient self-management education

Answer: B. It provides providers with critical information to support patient care and improve workflow
2. What percentage of Americans are affected by diabetes according to CDC (2024)?
 - A. 1 in 5
 - B. 5 out of 10
 - C. 8 out of 10
 - D. 2 out of 10

Answer: C. 8 out of 10
3. How can this tool assist in preventing complications in adults with type 2 diabetes?
 - A. By ensuring patients adhere to their medication regimens
 - B. By identifying complications early and enabling timely interventions
 - C. By managing only blood sugar levels
 - D. By providing a cure for diabetes

Answer: B. By identifying complications early and enabling timely interventions

Section 2: Evidence Supporting the Tool's Effectiveness

4. What have research studies revealed about the impact of health education?
 - A. It eliminates the need for healthcare providers
 - B. It improves diabetes-related knowledge, attitudes, practices, and glycemic control
 - C. It decreases the importance of self-monitoring blood sugar
 - D. It focuses only on physical activity as the solution

Answer: B. It improves diabetes-related knowledge, attitudes, practices, and glycemic control
5. Which of the following is a supported intervention for improving glycemic control?
 - A. Eliminating physical activity from treatment plans
 - B. Relying solely on medication
 - C. Patient-centered self-management care
 - D. Skipping routine checkups

Answer: C. Patient-centered self-management care

Section 3: Steps to Use the Tool

6. What is the first step in using the Education Patient Intake Template Assessment Tool?
 - A. Filling in the form without patient input
 - B. Explaining the purpose of the tool to the patient
 - C. Skipping any sections the patient does not want to answer
 - D. Asking only about their current medications

Answer: B. Explaining the purpose of the tool to the patient
7. What should a provider do if a patient is visually impaired or unable to write?
 - A. Skip the assessment altogether
 - B. Use adaptive measures such as verbal communication and assistance from staff
 - C. Have another patient assist them
 - D. Require the patient to complete the form independently

Answer: B. Use adaptive measures such as verbal communication and assistance from staff

Section 4: Addressing Challenges with the Tool

8. What should you do if a patient refuses to answer questions on the intake form?
 - A. Document the refusal and try to address their concerns
 - B. Skip the questions entirely
 - C. Force the patient to complete the form
 - D. Fill in the answers based on assumptions

Answer: A. Document the refusal and try to address their concerns
9. How can the tool support prevention of diabetes-related complications?
 - A. By recommending a cure for diabetes
 - B. By guiding patients to achieve optimal A1C levels, regular eye exams, and adherence to medication regimens
 - C. By focusing only on weight management
 - D. By eliminating the need for healthcare provider visits

Answer: B. By guiding patients to achieve optimal A1C levels, regular eye exams, and adherence to medication regimens

Section 5: Importance of Routine Assessments

10. Why is assessing patients for diabetes complications important?
 - A. To eliminate the need for long-term care
 - B. To detect and manage potential issues early, improving outcomes and quality of life
 - C. To reduce the cost of healthcare services
 - D. To avoid using electronic health records

Answer: B. To detect and manage potential issues early, improving outcomes and quality of life.