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The Generalized Anxiety Disorder 7-Item (GAD-7) Tool for Anxiety Screening

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Walden University

College of Nursing

This is to certify that the doctoral study by

Nicholas Tindong

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. Jill Walsh, Committee Chairperson, Nursing Faculty
Dr. Elizabeth Diener, Committee Member, Nursing Faculty

Chief Academic Officer and Provost
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Walden University
2025

Executive Summary: Staff Education Project

The Generalized Anxiety Disorder 7-Item (GAD-7) Tool for Anxiety Screening

by

Nicholas Tindong

MSN, Walden University, 2022

BSN, Walden University, 2018

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Summary

The staff education project aimed to address the gap in practice regarding the use of the Generalized Anxiety Disorder 7-item (GAD-7) screening tool at a psychiatric clinic. Approximately 40% of the clinic's patients exhibited symptoms of generalized anxiety disorder (GAD), yet the nurses did not consistently use validated tools to assess anxiety severity, relying instead on unstructured clinical interviews. This inconsistency has resulted in delayed diagnoses and suboptimal patient care. The project sought to improve nursing staff's knowledge and confidence in using the GAD-7 tool through a structured education program guided by the following practice-focused question: Among nurses at a mental health clinic, how does implementing a staff education program on the Generalized Anxiety Disorder 7-item (GAD-7) impact their knowledge and confidence regarding its use, distribution, and scoring as an anxiety screening tool? The education program was designed with resources from the Agency for Healthcare Research and Quality (AHRQ) and included a comprehensive module on GAD-7 use, scoring, and interpretation. Results demonstrated a significant improvement in both areas, with knowledge scores rising from 61.4% to 88.2% and confidence levels increasing from a mean of 3.1 to 4.5 on a 5-point Likert scale. The Wilcoxon signed-rank test showed statistically significant improvements in knowledge and confidence. Knowledge scores increased from 61.4% to 88.2% ($z = -3.9199$, $p < 0.00008$). The project's findings suggest that similar educational initiatives could be implemented across other mental health settings to foster the integration of evidence-based practices, improving anxiety disorder diagnosis and treatment in diverse healthcare environments.

Background

Anxiety disorders, particularly GAD, are among the most prevalent mental health conditions, characterized by excessive, uncontrollable worry about various aspects of daily life. GAD is defined as persistent anxiety that lasts for at least 6 months and is accompanied by symptoms such as restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbances (American Psychiatric Association, 2022). In the United States, GAD affects approximately 3.1% of the adult population annually and frequently coexists with other mental health conditions, such as depression and substance use disorders, which further complicates its diagnosis and treatment (National Institute of Mental Health, 2023). This condition can also lead to significant challenges in social, occupational, and daily functioning, as the anxiety interferes with individuals' ability to manage their responsibilities effectively (DeMartini et al., 2019). If left untreated, GAD can contribute to chronic health issues, diminished quality of life, and increased utilization of healthcare services (DeMartini et al., 2019). These factors highlight the importance of early identification and the implementation of evidence-based interventions to improve outcomes for individuals affected by GAD.

The gap in practice was identified among nurses providing care to anxiety patients at a local psychiatric clinic. In this practice site, an estimated 40% of the patients exhibited GAD-related symptoms, including excessive worry, fatigue, insomnia, and irritability (see DeMartini et al., 2019). Despite this high prevalence, the clinic's clinical practice did not routinely include the use of validated screening tools like the GAD-7 tool to assess the severity of anxiety. Instead, nurses relied primarily on unstructured clinical interviews and clinical judgement, which often resulted in inconsistent assessments and

treatment plans. This lack of standardized screening practices contributed to delayed or inaccurate diagnoses and suboptimal management of anxiety disorders, ultimately leading to poor patient outcomes (see Spitzer et al., 2020). Furthermore, the absence of a structured approach to training nurses on the use of validated tools highlighted a critical barrier to improving care. Nurses were often unaware of the evidence-based benefits of using tools like the GAD-7, which hindered their confidence in implementing standardized screening protocols. Addressing these practice gaps was essential to enhancing the accuracy of assessments, tailoring interventions, and improving overall patient outcomes in the clinic.

Sapra et al. (2020) described the GAD-7 tool as a brief and efficient screening instrument designed to identify and evaluate the severity of GAD symptoms. The tool consists of seven items, each scored on a scale from 0 (*not at all*) to 3 (*nearly every day*), providing a total score between 0 and 21. Scores of 5, 10, and 15 correspond to mild, moderate, and severe anxiety, respectively. Its simplicity and strong validity make the GAD-7 an ideal resource for improving the accuracy of anxiety assessments in clinical settings (Spitzer et al., 2020). Furthermore, the AHRQ provides evidence-based guidelines, emphasizing the importance of implementing tools like the GAD-7 at the system level to enhance healthcare delivery and outcomes. In light of this, the project aimed to educate nursing staff at the mental health clinic on the effective use of the GAD-7, including its administration, scoring, and integration into patient care. The education program utilized validated resources from the AHRQ, thus offering comprehensive guidance on applying the GAD-7 in various clinical scenarios, scoring procedures, and interpreting results (AHRQ, n.d.). These resources supported the standardization of the

assessment process while ensuring that all patients received thorough evaluations of their anxiety symptoms, leading to more personalized and effective treatment plans. The goal of this project was to enhance nurses' knowledge and confidence in utilizing the GAD-7, thereby integrating evidence-based practices into routine care. The practice-focused question guiding the project was as follows: Among nurses at a mental health clinic, how does implementing a staff education program on the GAD-7 impact their knowledge and confidence regarding its use, distribution, and scoring as an anxiety screening tool?

A thorough review of the literature supports the implementation of a staff education program on the GAD-7 tool to enhance its utilization in clinical practice. Toussaint et al. (2020) demonstrated that structured education programs significantly increased the use of the GAD-7 as a monitoring tool, highlighting its sensitivity to changes in anxiety severity. Similarly, Mossman et al. (2019) emphasized the tool's effectiveness in adolescents, revealing that training staff to administer and score the GAD-7 enhanced its utility in identifying moderate to severe anxiety with high accuracy, leading to better screening practices in youth mental health. Johnson et al. (2019) also reported that staff education increased confidence in the tool's psychometric properties, such as internal consistency, enabling more accurate identification and management of anxiety symptoms across varied clinical settings. Gong et al. (2021) highlighted the tool's high sensitivity for detecting antenatal anxiety, noting that staff training facilitated early intervention and improved care outcomes for pregnant women.

Waheed et al. (2024) and Gang (2022) addressed the gap between knowledge and consistent utilization of the GAD-7. Waheed et al. found that while most primary care providers were familiar with the tool, its application in routine practice was inconsistent,

underscoring the need for system-level interventions. Gang's quality improvement initiative demonstrated that educational programs significantly increased the frequency of GAD-7 usage in mental health outpatient clinics. Postintervention, nurses reported greater confidence in administering and interpreting the tool, resulting in more accurate diagnoses and improved patient outcomes. Further, Walter et al. (2020) supported the use of the GAD-7 as a critical tool for assessing and monitoring anxiety in adolescents, advocating for its integration into care plans alongside therapies such as cognitive behavioral therapy. These findings align with Sapra et al. (2020), who identified the GAD-7 as a time-efficient and highly specific tool for anxiety screening in primary care settings, with education programs enhancing staff confidence and diagnostic precision. Overall, the quality of the evidence was regarded as strong as compelling, as it was generated across all levels (Level I-V), and all findings were consistent with the findings that the GAD-7 is a valuable anxiety screening tool for patients with GAD symptoms. The findings highlight the need for structured training programs to integrate evidence-based practices into routine care, ensuring accurate anxiety assessment, early intervention, and better patient outcomes.

Staff Education Project Development

A collaborative team approach was utilized to design and implement the GAD-7 staff education initiative. The project team included me (the Doctor of Nursing Practice [DNP] student), the nurse manager, and the nursing staff. As the project coordinator, I oversaw all activities, ensuring the project adhered to its objectives and timeline. The nurse manager offered consistent guidance and support throughout the implementation process. The participants comprised the nursing staff ($N = 22$) at the designated mental

health clinic who engaged in an educational module aimed at enhancing their understanding and confidence in administering, scoring, and interpreting the GAD-7 tool. The training program incorporated resources from the AHRQ toolkit to provide comprehensive guidance on integrating standardized anxiety screening tools into routine care practices (see AHRQ, 2022). The guidelines enabled a collaborative creation of a well-designed teaching plan utilized throughout the education program (see Appendix A). This initiative was designed to improve nurses' ability to screen for anxiety disorders and promote evidence-based practices within the clinic.

The staff education program was carried out over a 1-hour 40 minute session. Baseline assessments were first carried out to evaluate the nursing staff's existing knowledge of the GAD-7 tool and their familiarity with its use. This was achieved through a pretest developed by the project team during the planning phase and was guided by resources from the AHRQ. The pretest consisted of 12 multiple-choice questions focused on the administration, scoring, and interpretation of the GAD-7 (see Appendix B). The nurse manager reviewed and approved the test to ensure its alignment with evidence-based clinical practices.

I distributed the pretests, and each nurse completed the pretest individually within 20 minutes. Each nurse had a unique identifying code to enhance anonymity and confidentiality. I then collected the responses and recorded the individual scores. In addition, nurses' confidence in using the GAD-7 was measured before the training. Using a Likert Scale ranging from 1 to 5 (see Appendix C), staff rated their confidence, where 1 indicated *not confident* and 5 indicated *very confident*. These baseline scores provided

critical insight into the initial knowledge and confidence levels of the staff, thus serving as a foundation for evaluating the impact of the education program.

Nurses were then provided with pens, notebooks, and pamphlets to enhance engagement and facilitate note-taking throughout the program. Following the preassessment, a 1-hour educational session was delivered (see Appendix D), structured around three core segments:

- Overview of anxiety disorders and importance of screening: A 10-minute lecture and PowerPoint presentation covered common anxiety symptoms and emphasized the significance of screening in mental health settings.
- GAD-7 tool introduction and administration: Over the next 10 minutes, I provided a detailed explanation of the GAD-7 tool, walking participants through each item and demonstrating how to administer the questionnaire effectively while ensuring patient comfort and confidentiality.
- Scoring and interpretation: The following 10 minutes focused on scoring breakdowns and interpretation guidelines, using audio-visual aids to solidify understanding of score ranges and clinical significance.

The session concluded with a 30-minute role-playing exercise where participants practiced administering the GAD-7, scoring sample responses, and engaging in case scenarios to reinforce their skills. Peer feedback was incorporated to enhance learning outcomes. After the educational session, a 10-minute Q&A allowed participants to seek clarification and discuss key takeaways.

To evaluate the program's effectiveness, a 20-minute postassessment was conducted immediately following the Q&A. Nurses individually completed the same 12

closed-ended questions used during the preassessment. I collected and recorded the posttest scores, comparing them against baseline data. Confidence levels postintervention were reassessed using the Likert scale, providing measurable insights into the program's impact on staff knowledge and confidence regarding GAD-7 administration.

Results

At baseline, the mean pretest score for the close-ended questionnaire assessing knowledge of the GAD-7 screening tool was 61.4%, with a standard deviation of 2.15. A 95% confidence interval for the mean was established at [59.85 – 62.95]. Following the educational session, the posttest scores reflected a significant improvement, with a mean score of 88.2% and a standard deviation of 1.98. The 95% confidence interval for the posttest mean was [87.05 – 89.35], representing a knowledge gain of 26.8%. The Wilcoxon Signed-Rank Test was used to analyze the difference between pretest and posttest scores, as it is an appropriate method for comparing paired nonparametric data in small sample sizes. The results indicated a statistically significant difference between the two sets of scores ($z = -3.9199, p < 0.00008$), confirming that the educational intervention led to meaningful improvements in knowledge among the participating mental health nurses. Confidence levels were also assessed using a 5-point Likert scale, revealing a notable increase. Pre-session, the mean confidence level was 3.1, with a standard deviation of 0.6. After the session, the mean confidence level rose to 4.5, with a standard deviation of 0.5. This shift was statistically significant ($z = -3.88, p < 0.001$), highlighting the program's positive impact on enhancing both knowledge and confidence in administering the GAD-7 tool.

All participants also completed an evaluation of the educational program (see Appendix E), and the results indicated positive feedback. The program was well-received, with participants emphasizing the value of the content in enhancing their professional practice and confidence in administering the GAD-7 screening tool. Notably, 100% of participants reported that they intended to incorporate the knowledge gained into their clinical practice. Participant comments reflected high satisfaction, with one nurse highlighting, “The role-playing exercises really helped me feel more confident in administering the GAD-7 and interpreting the results.” Another participant noted, “Breaking down the scoring and explaining what each range means made it much clearer – I feel ready to use this with my patients.” The positive feedback highlighted the program’s success in bridging knowledge gaps and fostering a greater sense of competence in anxiety screening. The staff education program positively impacted the organization by enhancing mental health nurses' ability to administer and interpret the GAD-7 screening tool, resulting in more consistent anxiety screening and improved patient care. The increase in staff confidence and knowledge reduced variability in screening approaches thus supporting better clinical outcomes for GAD related incidences.

It is however important to note that the staff education project had several limitations. The project’s scope was confined to a single mental health clinic with a small sample size of 22 nurses, limiting the generalizability of the results to larger or more diverse healthcare settings. The use of pre- and post-test assessments, while effective for measuring immediate knowledge gains, may not have fully captured the long-term retention of skills or the sustained effectiveness of the program in improving anxiety

screening practices. Additionally, the lack of follow-up evaluations prevented an assessment of whether nurses consistently applied the GAD-7 tool in their daily practice over time. Future initiatives would benefit from larger participant pools, extended follow-up periods to provide a more comprehensive evaluation of the program's long-term impact.

Despite these limitations, the project demonstrated the effectiveness of a structured educational program beyond the local clinic. This project serves as a model for other mental health settings, emphasizing the importance of continuing education to improve the integration of screening tools like the GAD-7. Through equipping nursing staff with the necessary skills, such programs can contribute to better mental health outcomes, increased early detection of anxiety disorders, and more efficient healthcare delivery across diverse clinical environments.

Conclusions

In summary, the staff education project implemented at the mental health clinic significantly enhanced nurses' knowledge and confidence in administering the GAD-7 screening tool for anxiety disorders. The initiative addressed the need for standardized screening practices, ensuring early identification and intervention for patients experiencing GAD related symptoms. Through equipping nurses with essential skills in scoring and interpreting the GAD-7, the project promoted evidence-based practices that improved patient care and streamlined clinical workflows. The statistically significant increase in posttest scores of knowledge and confidence levels highlighted the effectiveness of structured educational programs in reinforcing critical competencies within mental health settings. This project highlights the importance of integrating

anxiety screening education into routine staff development to foster consistent and high-quality care delivery.

Recommendations include ongoing follow-up assessments to monitor the long-term application of GAD-7 screening practices and evaluate their impact on patient outcomes. Future projects should explore the scalability of this educational initiative across diverse healthcare environments to determine its broader applicability in mental health and primary care settings. This initiative aligns with Walden University's mission to advance evidence-based practices and enhance patient care by serving as a replicable model for integrating anxiety screening tools into clinical workflows, ultimately contributing to improved mental health outcomes and operational efficiency in healthcare delivery.

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Appendix A: Teaching Plan

Presentation Title: *Enhancing Staff Knowledge and Confidence in Using the GAD-7 Tool for Anxiety Screening.*

Total Time: 1 hour (training) 40 mins (pre and post assessments)

Scheduled Timeline:

- Friday, December 6, 2024.

Audience: RN nursing staff at a mental health clinic.

Objective	Content	Teaching Method	Time	Evaluation
Conduct a pre-assessment using anonymous questionnaire to assess current knowledge on GAD-7 Tool for Anxiety Screening. Assess current staff confidence levels in utilizing this tool.	12 closed questions	Each student will do the test individually.	20 min	Each question will be marked and compared with provided marking scheme. Confidence levels measured using a Likert scale.

Introduction to GAD-7 and Anxiety Screening	<p>1. Overview of Anxiety Disorders: Review common anxiety symptoms and the importance of screening in mental health settings.</p> <p>2. Purpose and Benefits of the GAD-7: Discuss the GAD-7 as a quick, effective tool for anxiety screening.</p>	PowerPoint Lecture & Handouts	10 min	Pretest Posttest questions
Explain the GAD-7 Tool and its role in anxiety screening	<p>1. Understanding the GAD-7 Tool: Introduce each of the seven items,</p>	PowerPoint Lecture & Pamphlets	10 min	Pretest Posttest questions

	<p>discussing the patient's experience of anxiety symptoms.</p> <p>2.</p> <p>Administration Essentials:</p> <p>Guidance on administering the GAD-7, including patient confidentiality and establishing a comfortable environment.</p>			
Detailed Scoring and Interpretation	<p>1. Scoring Breakdown:</p> <p>Explain scoring for each item (0-3 scale) and calculating the total score.</p> <p>2.</p>	PowerPoint Lecture, demonstration and audio visuals	10 Mins	Pretest Posttest questions

	<p>Interpretation</p> <p>Guidelines: Discuss score ranges (minimal, mild, moderate, and severe) and what each range suggests in terms of clinical significance.</p>			
<p>Role-Playing Exercises: Administering GAD-7</p>	<p>1. Practice Patient Interactions : Practice establishing rapport and explaining the tool's purpose to patients.</p> <p>2. Scoring Practice: Score sample responses to solidify</p>	<p>Role-playing Exercise, Peer Feedback</p>	<p>30 Mins</p>	<p>Effective observation and feedback.</p>

	scoring skills. 3. Case Scenarios: Work through example scenarios, discuss appropriate follow-up.			
Conduct a post-assessment using anonymous questionnaire to assess new nurse knowledge on administering the GAD-7 tool for anxiety screening. Assess for new confidence levels in utilizing this tool after the staff education program.	12 closed questions	Each student will do the test individually.	20 Mins	Each question will be marked and compared with provided marking scheme. Likert Scale to measure new confidence levels.

Appendix B: Pretest and Posttest

Instructions: Answer each question by selecting the BEST option.

Identification Code: _____

Date: _____

1. What is the primary purpose of the GAD-7 tool?
 - a) Measure patient satisfaction
 - b) Screen for generalized anxiety disorder
 - c) Assess overall mental health wellness
 - d) Score depressive symptoms
 - e) I am not sure
2. How many items are on the GAD-7 questionnaire?
 - a) 5
 - b) 7
 - c) 9
 - d) 10
 - e) I am not sure
3. What score on the GAD-7 indicates moderate anxiety?
 - a) 5
 - b) 10
 - c) 15
 - d) 20
 - e) I am not sure
4. The GAD-7 tool is designed for use with which group?
 - a) Pediatric patients only
 - b) General adult population
 - c) Geriatric patients only
 - d) Inpatients only
 - e) I am not sure
5. What is the first step in administering the GAD-7 tool?
 - a) Discuss the purpose with the patient

- b) Score the patient's responses
 - c) File the tool in patient records
 - d) Ask about the patient's symptoms
 - e) I am not sure
6. Which scoring range on the GAD-7 indicates severe anxiety?
- a) 0-4
 - b) 5-9
 - c) 10-14
 - d) 15-21
 - e) I am not sure
7. How often is the GAD-7 typically used in a clinical setting?
- a) Once per week
 - b) As needed based on patient anxiety level
 - c) Only during initial consultation
 - d) Annually
 - e) I am not sure
8. Which of the following is NOT an appropriate step after scoring the GAD-7?
- a) Record the score in the patient's chart
 - b) Adjust medication based on the score alone
 - c) Discuss results with the patient
 - d) Plan follow-up as necessary
 - e) I am not sure
9. How is each item on the GAD-7 scored?
- a) 1-5 points
 - b) 0-3 points
 - c) 0-4 points
 - d) 0-6 points
 - e) I am not sure
10. What is a key benefit of using the GAD-7 in mental health screening?
- a) It is only applicable to severe cases

- b) It is time-consuming to administer
 - c) It is a quick, validated screening tool
 - d) It replaces clinical judgment
 - e) I am not sure
11. What should nurses discuss with patients after administering the GAD-7?
- a) Their final score only
 - b) Medication options only
 - c) Potential next steps based on results
 - d) Previous test scores
 - e) I am not sure
12. Why is it important to re-administer the GAD-7 periodically?
- a) To verify the initial score was correct
 - b) To track changes in anxiety over time
 - c) To meet clinic quotas
 - d) To ensure consistency among providers
 - e) I am not sure

Marking Scheme

- 1. b) Screen for generalized anxiety disorder
- 2. b) 7
- 3. b) 10
- 4. b) General adult population
- 5. a) Discuss the purpose with the patient
- 6. d) 15-21
- 7. b) As needed based on patient anxiety level
- 8. b) Adjust medication based on the score alone
- 9. b) 0-3 points
- 10. c) It is a quick, validated screening tool
- 11. c) Potential next steps based on results
- 12. b) To track changes in anxiety over time

Appendix C: Confidence Likert Scale

Identification Code:

On a scale of 1 to 5, please rate your confidence in the following aspects related to the GAD-7 tool:

1. Administering the GAD-7 Tool

- 1 = Not confident at all
- 2 = Slightly confident
- 3 = Neutral
- 4 = Confident
- 5 = Very confident

2. Scoring the GAD-7 Tool Accurately

- 1 = Not confident at all
- 2 = Slightly confident
- 3 = Neutral
- 4 = Confident
- 5 = Very confident

3. Interpreting GAD-7 scores to Assess Anxiety Levels

- 1 = Not confident at all
- 2 = Slightly confident
- 3 = Neutral
- 4 = Confident
- 5 = Very confident

Appendix D: PowerPoint Presentation

GAD-7 Tool for Anxiety Screening: Empowering Nurses in Mental Health Care

Welcome to our comprehensive training on the GAD-7 tool for anxiety screening. This training will equip you with essential skills to effectively assess and support patients with anxiety disorders.

By Nicholas Tindong



Understanding Anxiety Disorders and the GAD-7

1 Prevalence of Anxiety

Anxiety disorders affect millions worldwide, impacting daily functioning and quality of life.

2 Importance of Screening

Early detection through tools like GAD-7 enables timely intervention and improved patient outcomes.

3 GAD-7 Benefits

This quick, validated tool efficiently assesses anxiety symptoms, guiding treatment decisions.

Anxiety Symptoms



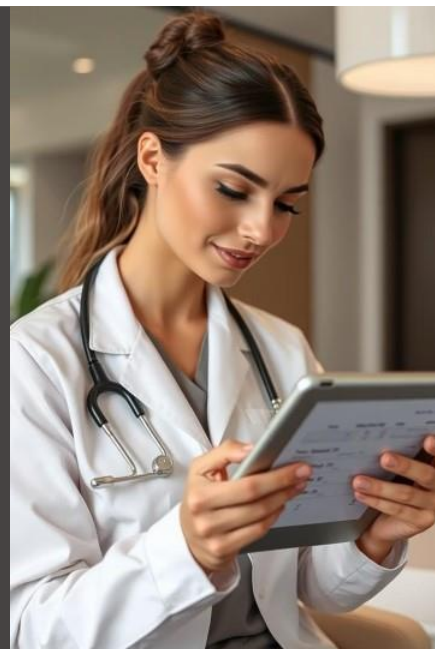
The GAD-7 Tool: Structure and Administration

- 1 **Introduce the Tool**
Explain the purpose and confidentiality of the assessment to the patient.
- 2 **Administer Questions**
Guide the patient through seven questions about anxiety symptoms experienced in the past two weeks.
- 3 **Record Responses**
Note the frequency of each symptom on a scale from 0 (not at all) to 3 (nearly every day).
- 4 **Calculate Score**
Sum up the scores for all seven items to get the total GAD score.



Scoring and Interpretation of GAD - 7 Results

Score Range	Anxiety Severity	Recommended Action
0-4	Minimal	Monitor and reassess as needed
5-9	Mild	Watchful waiting, repeat GAD-7 at follow-up
10-14	Moderate	Consider counseling, follow-up, or pharmacotherapy
15-21	Severe	Immediate initiation of pharmacotherapy and/or psychotherapy





Effective Patient Communication

1

Establish Rapport

Create a welcoming environment to put the patient at ease.

2

Explain Purpose

Clearly communicate the reason for the GAD-7 assessment.

3

Ensure Understanding

Verify that the patient comprehends each question before proceeding.

4

Provide Support

Offer reassurance and answer any concerns throughout the process.

Case Scenarios: Applying GAD-7 in Practice

Case 1: Mild Anxiety

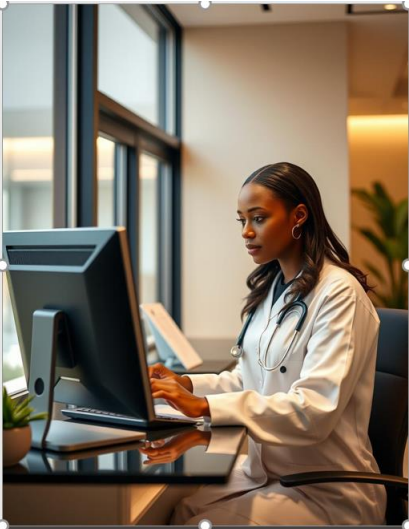
Patient scores 7 on GAD-7. Recommend lifestyle changes and follow-up assessment in one month.

Case 2: Moderate Anxiety


Score of 12 indicates need for further evaluation. Discuss counseling options and potential medication.

Case 3: Severe Anxiety


High score of 18 requires immediate intervention. Refer to mental health specialist and consider medication.




Follow-Up and Continuity of Care

- 


Schedule Follow-ups

Set regular check-ins based on GAD-7 scores and patient needs.
- 

Monitor Progress

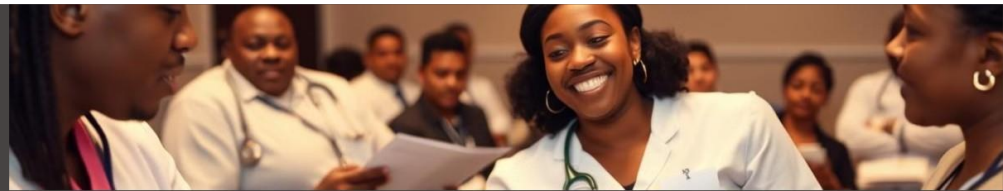
Track GAD-7 scores over time to assess treatment effectiveness.
- 

Coordinate Care

Collaborate with mental health professionals for comprehensive patient support.
- 

Document Thoroughly

Maintain detailed records of assessments, interventions, and patient progress.



Enhancing Your Anxiety Screening Skills

- ### Regular Practice

Frequently administer GAD-7 to improve your confidence and efficiency.
- ### Seek Feedback

Discuss challenging cases with colleagues to refine your approach.
- ### Stay Updated

Keep abreast of the latest research and guidelines on anxiety screening.
- ### Self-Reflection

Regularly assess your own skills and identify areas for improvement.

Thank You

Appendix E: Summative Evaluation

Date:

Presenter: Nicholas Tindong, DNP Student, Walden University

1. On a scale of 1 to 4, how would you rate the overall educational quality of this education program? Please circle your response

Poor	Okay	Good	Excellent
1	2	3	4

Please briefly describe why you selected your response.

2. The content of this program is helpful for my practice or professional development. Please circle your response.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

3. As a result of your participation in this educational program, do you intend to make changes in your practice behaviors? Yes No Please circle your response.
4. If yes, what changes do you intend to make in practice and performance?
5. I am confident that I can make changes in my practice to impact nurse' knowledge and confidence in understanding the administration, scoring, and interpretation of the GAD-7 tool.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

6. Please identify any barriers you perceive in implementing these changes.

Thank you for completing this evaluation.