8-29-2025

Staff Education on the Abbreviated Teachers' Rating Scale (ATRS) tool as a Screening Tool for Attention Deficit Hyperactivity Disorder (ADHD).

Tena E. Currie
Walden University

Walden University

College of Nursing

This is to certify that the doctoral study by

Tena Currie

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. Corinne Wheeler, Committee Chairperson, Nursing Faculty
Dr. Diane Whitehead, Committee Member, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2025

Executive Summary: Staff Education Project

Staff Education on the Abbreviated Teachers' Rating Scale (ATRS) tool as a Screening Tool for Attention Deficit Hyperactivity Disorder (ADHD).

by

Tena Currie

MS, Walden University, 2025

BS, University of the West Indes, 2017

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2025

Summary

This doctoral project is a staff education program to enhance the treatment and diagnosis of attention-deficit hyperactivity disorder (ADHD) at a mental healthcare facility. The identified practice problem was the lack of knowledge about the Abbreviated Teacher Rating Scale (ATRS) used in ADHD testing, which may result in inaccuracies and underutilization of the tool. To bridge this gap is essential in nursing practice as clinicians should be competent in performing standard assessment, which is indispensable for patient with ADHD. Staff education with the ATRS was the practice-directed question for the project: Does staff education with the ATRS increase knowledge for staff members utilizing the tool? It aimed to educate clinicians about the appropriate use of the ATRS to augment knowledge, confidence, and skills.

A pretest and posttest questionnaire consisted of nine multiple-choice knowledge questions, and data were analyzed using the learning gain percentages formula. Among the four participants who participated in the project, the mean score increased from 6.27 to 9.0, resulting in a learning gain of 100%. The results would normally indicate that the educational program effectively improved knowledge; however, the small number of knowledge questions on the questionnaire may not have been enough to provide a reliable measure of knowledge and understanding,

Implications for nursing practice are increased knowledge, skills, and confidence in using the tool and assessing patients with ADHD patients. For social change, the project promoted education as a means of empowering clinicians with the knowledge to facilitate and correctly use the ATRS tool to inform and create proper interventions.

Background

Gap in Practice

There is a significant gap in the diagnosis and assessment of children's ADHD, which is primarily triggered by the lack of knowledge on the accurate use of the ATRS in clinical practice. It is possible for a clinician to experience professional doubt when they lack confidence in their ability to use assessment tools. This may lead to clinicians being reserved and reluctant to use the tool as key points such as the components to be assessed are not understand. How to score patients and interpret the values is not understood, and the purpose and value of the tool are not understood. This could result in inaccurate diagnosis, delayed detection, and low confidence level in providers. Lack of knowledge about the use of standardized behavior assessments, including the ATRS, results in failure to implement early and proper intervention. This initiative identifies the gap as one of the key impediments to accurate ADHD diagnosis and treatment planning, necessitating staff educational interventions to fill the gap.

Project Purpose and Practice Question

The project aims to address the gap by educating clinicians on correctly using the ATRS tool to improve ADHD assessments. The practice question was: *Does staff education with the ATRS increase knowledge for staff members utilizing the tool?* The goal was to increase staff knowledge about using the ATRS effectively, thus improving diagnosis and treatment planning.

Evidence Supporting the Project Change

Change evidence was established through reviewing systematic reviews and meta-analyses, which showed the value of standardized measures such as the ATRS in

measuring ADHD symptomatology across environments. The evidence supporting the project change was derived from over 20 systematic reviews and meta-analyses, with at least seven classified as Level 1 evidence. The studies emphasized the predictive validity of the ATRS in the detection of ADHD symptoms, as well as its use in increasing staff knowledge, confidence, and skills. Qualitative research also offers some background on clinicians' difficulties with the instrument, which justifies using education. The quality of evidence is good as it is made up of quality, peer-reviewed evidence validating the consistency and clinical usefulness of the ATRS. The evidence also highlights staff education as a necessary medium to impart knowledge about the comprehensive and correct use of the ATRS in psychiatric practice.

The investigation reveals that healthcare professionals and educators frequently have inadequate knowledge and confidence in utilizing standardized ADHD evaluation instruments, leading to inconsistent symptom recognition and underdiagnosis. The research indicates that specialized ADHD training programs substantially enhance professionals' comprehension of diagnostic criteria and augment their capacity to effectively evaluate and manage ADHD symptoms. The study recommends the enhancement of clinician knowledge and competency by structured education, so facilitating the incorporation of evidence-based evaluation procedures and thereby enhancing a consistent structure for children with ADHD (Ward et al., 2022).

Staff training is crucial for the accurate and consistent application of the ATRS rating scales in the assessment of ADHD within the clinical setting and any other environment. The research indicated that when educators receive sufficient training, these methods of assessment exhibit robust validity for identifying ADHD major component

and criteria of symptoms, facilitating feedback and how staff can improve in areas where they fall deficient (Staff et al., 2021). The research's primary strength lies in its meticulous methodology and thorough meta-analysis, which emphasized the predictive accuracy of the ATRS when utilized appropriately. The results highlighted that augmenting staff expertise through educational sessions can enhance diagnostic results and educational assistance for children with ADHD.

The research conducted by Zheng et al. (2020) highlighted the significant influence of staff education on improving compliance and the demonstration of skilled treatment for children with ADHD. Enhancing the education of care providers amplified their understanding of the condition and facilitated improved analysis and utilization of the tool. This training improved the support and communication system for clinicians and resulted in more consistent and coordinated assessments. The findings indicate that staff education is an effective instrument that can transcend individual interventions to foster a more knowledgeable and collaborative treatment environment.

Staff Education Project Development

Project Setting and Participants

The study was done in a psychiatric healthcare facility dedicated to pediatric ADHD evaluation. Out of the 15 staff employed at the project site, four clinicians participated in the education program. The clinician roles included nurse practitioner, psychotherapist, and administrator. They were directly engaged in providing ADHD diagnoses and would be engaged in practice change. The site was selected due to its applicability for the project and receptivity to embracing change in evaluation measures.

According to Poh et al. (2024), data extrapolated from a randomized controlled trial used in their investigation, strengthened the credibility of its findings on the relationship between staff education and subjective evaluations of ADHD. The study's recommendations should be followed, as they emphasize the importance of in-service and ongoing education to improve the accuracy and effectiveness of ADHD diagnostic assessments.

Procedures for Developing and Implementing Staff Education

The implementation was done systematically with a needs assessment to determine ATRS gaps in knowledge. The content of the education project was based upon the application and interpretation of the ATRS (See Appendix A: Curricular Plan). Educational materials such as PowerPoint presentations, handouts, and case scenarios were created to fill the gap in knowledge and skills (See Appendix B: Education Materials). Implementation was through a 2-week education program with weekly 15-minute huddles, interactive classes, and pre- and post-tests of knowledge acquisition. The program had a dedicated resource person for support and clarification on an ongoing basis. The ATRS instrument was incorporated into the electronic health record to support standardized use in clinical workflows.

Collection and Analysis of Evidence

Data were collected through a pre- and post-test of 15 multiple-choice items administered in pen-and-paper form. Nine of these items tested clinicians' knowledge on the function, while the remaining five questions were general questions about the participant's use and confidence with using the ATRS instrument (See Appendix C: Pre- and Posttest). Each knowledge question was worth 1 point for a total of 9 possible points.

The responses to the questionnaire were anonymous with no personal identification presented. A unique code was assigned on the questionnaires to compare the pre and posttest scores. Data from the pre-test and post-test questionnaires were analyzed using the normalized learning gain of averages. The normalized learning gain of averages is the standard measure for reporting the effectiveness of an educational course in promoting conceptual understanding (McKagan et al., 2022). The formula used to calculate the learning gain of averages was (post-test score – pre-test score) / (9 – pre-test score) x 100.

At the conclusion of the education program, participants evaluated the quality of the program (See Appendix D: Program Evaluation Form). This survey contained three open-ended and 12 5-point Likert-scale questions to gauge the effectiveness of the session and areas of improvement.

Results

Knowledge Gain Results

Post-implementation outcomes greatly enhanced clinicians' knowledge level with the ATRS. Among the four participants, an overall increase was found in the scores after attending the education program. The mean test score increased from $M = 6.75$ before the program participation to $M = 9{,}0$ following the program. The calculated percentage learning gain of averages indicated a 1,000% improvement in participants' knowledge of the ATRS (see Table 1). However, the nine questions assessing knowledge were limiting and may not have been enough to provide a reliable measure of knowledge and understanding,

Table 1

Pre and Post-Test Score Results

ID	Pre-test score	Pre-Test %	Post-test score	Post-test %	Learning gain %
001	4	44	9	100	100
012	6	67	9	100	100
013	8	89	9	100	100
014	9	100	9	100	0
M	6.75		9.00		100

Evaluation of The Staff Education Program

Qualitative feedback highlighted the practicality of the tool, with the participants enjoying its simplicity and the structured framework it provided for behavioral assessments. Interventions in education, including weekly huddles, PowerPoint, and hands-on demonstrations, could effectively facilitate learning and field individual questions. The clinicians' daily use of the ATRS exemplified the program's effectiveness. A comprehensive analysis by Parkin et al. (2022) revealed that staff education markedly enhanced clinician confidence and compliance with ADHD screening tool procedures. Educational interventions improved provider expertise, resulting in higher understanding of patient assessment for ADHD and related aspects of the condition. The findings emphasize the necessity of continuous training to enhance clinician proficiency and dedication in ADHD evaluations and other treatment strategies.

Impact on the Organization

Implementation of the ATRS education program had a central effect on the organization. The standardized implementation of the ATRS tool through staff education enhanced knowledge and supported more accurate, consistent assessment of patients with ADHD. A long-term goal to integrate the tool into the electronic health record will

facilitate a streamlined workflow and ensure consistent use of the assessment tool. Clinicians also noted increased interdisciplinary communication, since the ATRS was a shared language when documenting and referencing behavioral observations among caregivers. The project also created a culture of ongoing learning, with staff members saying they wanted to see ongoing education programs continue. Administrators also saw possible long-term cost savings, since correct diagnosis could enhance prompt intervention.

Limitations

Despite its successes, the program faced several limitations. Two of the main limitations had to do with the small number of participants and the limited number of knowledge questions on the pre-and post-test. This greatly impacted the reliability of the findings. Time was a significant challenge, as busy clinicians struggled to schedule training sessions and follow-up huddles into their agendas. A few staff were hesitant to use the tool due to unfamiliarity, although this was resolved through targeted education and support. Using a single training session might have constrained the amount of knowledge acquired by some participants and required the utilization of cheat sheets and a specific resource person to provide ongoing support. Further, the project was confined to a single clinical environment, which might restrict the generalizability of findings to other settings with varying workflows and patient mixes.

Project Relevance Beyond Project Site

The ATRS educational program has a wider utility than the local environment since it can assist in overcoming endemic deficiencies in ADHD evaluation. Many healthcare centers experience the same type of inconsistent application of diagnostic

tools. By the success of standardized tool application and training, this project can serve as a model for other clinics to pursue greater diagnostic accuracy and patient benefit. Emphasis on interdisciplinary practice and evidence-based care is aligned with broader healthcare goals, making the project applicable to various settings, including mental health centers, pediatric clinics, and schools. Its equity orientation ensures staff have increased skills and knowledge to reduce disparities in assessment and care for children with ADHD.

The experiment by De Los Reyes and Epkins (2023) demonstrated that training doctors on the significance of using multi-informant assessments can substantially improve their knowledge, abilities, and uncover previously undisclosed insights. This strategy motivates providers to seek solutions through collaboration with members, clinicians, and interdisciplinary teams, rather than depending exclusively on a single source or inadequate expertise. Training clinicians in this practice can facilitate communication channels, clarify needs, mitigate bias, and foster a knowledge-conducive working atmosphere. These insights are widely applicable beyond the initial DNP study site, promoting in-service and staff education to empower physicians.

Conclusions

According to the research by McKenna et al. (2024), staff education is recognized as a crucial facilitator in enhancing access to and usage of services for children and adolescents with ADHD. The study emphasizes that when practitioners are adequately informed and trained, they exhibit more confidence in recognizing symptoms and initiating suitable referrals and interventions. A significant aspect of this systematic review is its thorough investigation of many demographics and service environments,

enhancing the generalizability of its conclusions. The research highlights the need for ongoing training for healthcare personnel in mitigating stigma and fostering equitable ADHD care.

The ATRS staff education program significantly enhanced the organization's diagnostic capabilities and clinician confidence. By addressing a critical gap in ADHD assessments, the project improved patient care and streamlined clinical workflows. The successful integration of the ATRS into routine practice underscores the value of targeted education and standardized tools in healthcare settings.

Further Recommendations

To build on the program's success, the following recommendations are proposed:

- Ongoing Training: Implement quarterly refresher sessions to reinforce ATRS use and address new staff.
- To more reliably assess a learning gain, revise the pre- and post-test questionnaire to include at least 15 multiple choice knowledge questions.
- Expanded Tools: Introduce additional assessment tools for comorbid conditions to provide a holistic approach to ADHD care.
- Feedback Mechanism: Establish a system for clinicians to share challenges and suggestions for improving ATRS implementation.
- Broader Dissemination: Share the program's outcomes through conferences or publications to inspire similar initiatives in other settings.

Implications for Nursing Practice

The research conducted by Jiménez et al. (2022) emphasized the multiple roles of nurses as assessors and trainees in the management of ADHD. Nurses proficiently

assessed symptoms while concurrently employing a grading and scoring system for assessment tools to document data, which will subsequently be analyzed and recorded. This highlights the essential role of nurses in clinical observation, data gathering, analysis, and as key researchers. The article illustrates that through education and proper assessment, clinicians acquire the necessary knowledge to function effectively in the psychiatric setting. The results substantiate that clinician-led education improves productivity and competencies in primary care environment.

The program emphasizes the nurses' central role as a catalyst for evidence-based tools and educational initiatives. Through the ATRS educational intervention, nurses can improve their assessments, work more collaboratively within the clinical setting, and advocate for policy change to normalize the use of ADHD assessment tool. The program also emphasizes the need for ongoing professional development to improve assessment of children's ADHD and promote nursing excellence.

Implications for Positive Social Change, Diversity, Equity, and Inclusion

The ATRS educational program ensures skilled and consistent assessment for ADHD patients by means of education. This provides clinicians with ample information on assessing, scoring and rating the client and how the disease affects them. Educational sessions enable equity by providing clinicians with skills to produce accurate and timely ADHD diagnosis to all children, regardless of their background. Standardized screening eliminates disparity and unequal treatment, especially for minority groups that might be subjected to the difficulty of getting a diagnosis. The ATRS tool ensures coordination between schools and health care providers to advocate for inclusive practices. It is

therefore pivotal that clinicians know how to correctly utilize the tool to honor the differences in needs of children with ADHD.

Based on the article by Kleve et al. (2022), nurses play a pivotal role in advocating for children and adolescents with ADHD by ensuring culturally responsive care that aligns with principles of diversity, equity, and inclusion. The review highlights the importance of nurses using evidence-based strategies to reduce health disparities, particularly by empowering families from marginalized backgrounds and supporting equal access to ADHD treatment and services. In the long term, this project contributes to societal transformation through enhanced knowledge and skills among care providers and accurate assessment of child ADHD to inform appropriate intervention.

References

De Los Reyes, A., & Epkins, C. C. (2023). Introduction to the special issue. A dozen years of demonstrating that informant discrepancies are more than measurement error: Toward guidelines for integrating data from multi-informant assessments of youth mental health. *Journal of Clinical Child & Adolescent Psychology*, *52*(1), 1–18. https://doi.org/10.1080/15374416.2022.2158843

Jiménez, D. R., Foguet-Boreu, Q., Juvanteny, E. P., & Izquierdo Munuera, E. (2022). Effectiveness of a psychoeducational group intervention developed by primary care nurses on symptom control of pediatric patients with ADHD: ADHD parent study. *Health Psychology and Behavioral Medicine, 10*(1), 1176–1189. https://doi.org/10.1080/21642850.2022.2148672

Kleve, L., Vårdal, L., & Elgen, I. B. (2022). The nurse role in the management of ADHD in children and adolescent: A literature review. *Frontiers in Psychiatry*. 13,676528. https://doi.org/10.3389/fpsyt.2026.676528

McKagan, S., Sayre, E., & Madsen, A. (2022, December 1). *Normalized gain: What is it and when and how should I use it?* PhysPort. https://www.physport.org/recommendations/Entry.cfm?ID=93334

McKenna, K., Wanni Arachchige Dona, S., Gold, L., Dew, A., & Le, H. N. D. (2024). Barriers and enablers of service access and utilization for children and adolescents with attention deficit hyperactivity disorder: A systematic review. *Journal of Attention Disorders*, *28*(3), 259–278. https://doi.org/10.1177/10870547231214002

Parkin, R., Mc Nicholas, F., & Hayden, J. C. (2022). A systematic review of interventions to enhance adherence and persistence with ADHD pharmacotherapy. *Journal of Psychiatric Research*, 152, 201–218. https://www.sciencedirect.com/science/article/pii/S0022395622002977

Poh, X. W. W., Lim, S. S. Y., Chew, Y. Y., Lim-Ashworth, N. S. J., & Lim, C. G. (2024). Exploring correlations between Conners' Continuous Performance Test and subjective measures of attention deficit hyperactivity disorder symptoms in a pediatric clinical sample. *Singapore Medical Journal, 65*(10), 558–563. https://doi.org/10.4103/singaporemedj.SMJ-2024-132

Staff, A. I., Oosterlaan, J., van der Oord, S., Hoekstra, P. J., Vertessen, K., de Vries, R., van den Hoofdakker, B. J., & Luman, M. (2021). The validity of teacher rating scales for the assessment of ADHD symptoms in the classroom: A systematic review and meta-analysis. *Journal of Attention Disorders*, *25*(11), 1578–1593. https://doi.org/10.1177/1087054720916839

Ward, R. J., Bristow, S. J., Kovshoff, H., Cortese, S., & Kreppner, J. (2022). The effects of ADHD teachers training programs on teachers and pupils: A systematic review and meta-analysis. *Journal of Attention Disorder, 26*(2), 225–244. https://doi.org/10.1177/1087054720972801

Zheng, X., Shen, L., Jiang, L., Shen, X., Xu, Y., Yu, G., & Wang, Y. (2020). Parent and teacher training increases medication adherence for primary school children with attention-deficit/hyperactivity disorder. *Frontiers in Pediatrics, 8*, 486353. https://doi.org/10.3389/fped.2020.486353

Appendix A: Curricular Plan

Learning Objectives:
1. Participants will be able to describe the purpose of the ATRS./TRS
2. Participants will be able to recognize and articulate domains of the ATRS
3. Participants will be able to identify obstacles and mitigate bias
4. Participants will be able to interpret results and apply them in treatment planning

References

1. Bhandari. S. (2025, January 15). Conners Scale for ADHD Assessment. https://www.webmd.com/add-adhd/childhood-adhd/conners-rating-scale
2. Conner's (1969). Conner's Abbreviated Teacher Rating Scale (10 Items). *American Psychiatric Association*. https://www.pathgroupatl.com/resources/conners_scale.pdf
3. Parker, J. D. A., Sitarenios, G., & Conners, C. K. (1996). Abbreviated Conners' Rating Scales revisited: A confirmatory factor analytic study. *Journal of Attention Disorders*, *1*(1), 55-62. https://www.researchgate.net/profile/James-Parker/publication/240285671_Abbreviated_Conners%27_Rating_Scales_revisited_A_confirmatory_factor_analytic_study/links/553ee4fc0cf294deef718f82/Abbreviated-Conners-Rating-Scales-revisited-A-confirmatory-factor-analytic-study.pdf
4. Staff, A. I., Oosterlaan, J., van der Oord, S., Hoekstra, P. J., Vertessen, K., de Vries, R., van den Hoofdakker, B. J., & Luman, M. (2021). The validity of teacher rating scales for the assessment of ADHD symptoms in the classroom: A systematic review and meta-analysis. *Journal of Attention Disorders*, *25*(11), 1578–1593. https://doi.org/10.1177/1087054720916839
5. Miyasaka, M., Kajimura, S., & Nomura, M. (2018). Biases in understanding attention deficit hyperactivity disorder and autism spectrum disorder in Japan. *Frontiers in Psychology*, *9*, 244. https://doi.org/10.3389/fpsyg.2018.00244
6. Urlando. S. (2024, January 16). ADHD Stigma: Effects on Diagnosis and Treatment. https://creyos.com/blog/adhd-stigma

Learning Objective	Detailed Content Outlined	Method of Presentation	Method of Evaluation	Source of Evidence
1. Participants will be able to describe the purpose of the ATRS/TRS	1. Overview of ADHD assessment 2. The purpose of ATRS/TRS: Role in clinical	Interactive lecture with PowerPoint slides Case-based discussion	Pretest questions 1, 2, 3, and 4 Q&A sessions after the session	1, 4

	versus school settings 3. How to use the tool		Post test questions 1 and 3	
2. Participants will be able to recognize and articulate domains of the ATRS	1. Detailed breakdown of domains, which are inattention, hyperactivity, and impulsivity 2. Sample items and scoring rubric	PowerPoint Hands-on review of sample ATRS forms Group discussion	Post test question 2	4
3. Participants will be able to identify obstacles and mitigate bias	1. Common clinician biases 2. Factors that affect inter-rater reliability 3. Strategies for objective scoring	Role-playing biased versus neutral scoring Short video demonstrations Clarification	Case-based scenarios with open-ended questions Post-test questions 4, 5, and 6	4, 5, 6
4. Participants will be able to interpret results and apply them in treatment planning	1. Reading ATRS results (mean scores, subscale trends) 2. Linking the results to treatment planning	Case simulations Decision-making algorithms Clarification	Case study analysis Post-test questions 7 and 8	1, 3

Teaching Plan

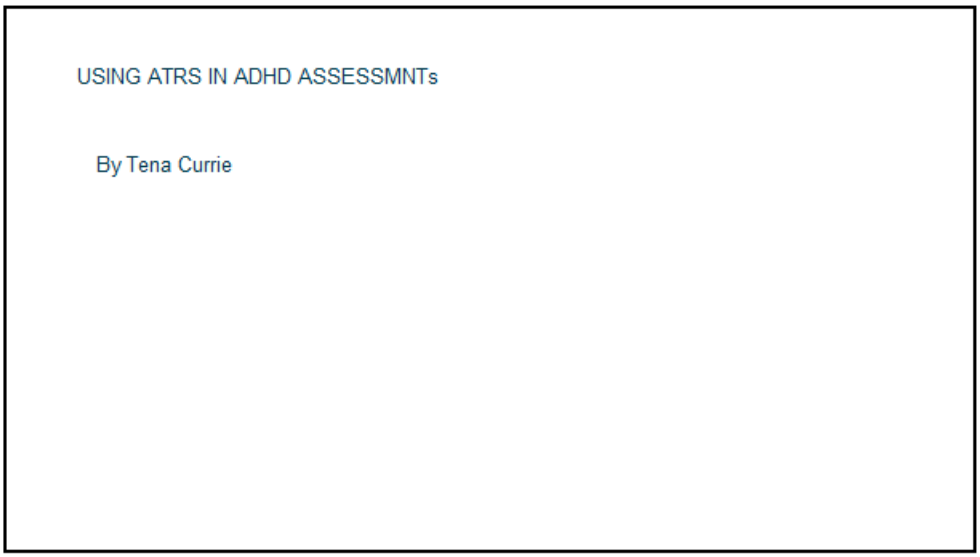
Title: Accurate and Consistent Application of the ATRS (Abbreviated Teacher's Rating Scale) or TRS (Teacher's Rating Scale) among Nurses

Total Time: 2 hours 15 minutes

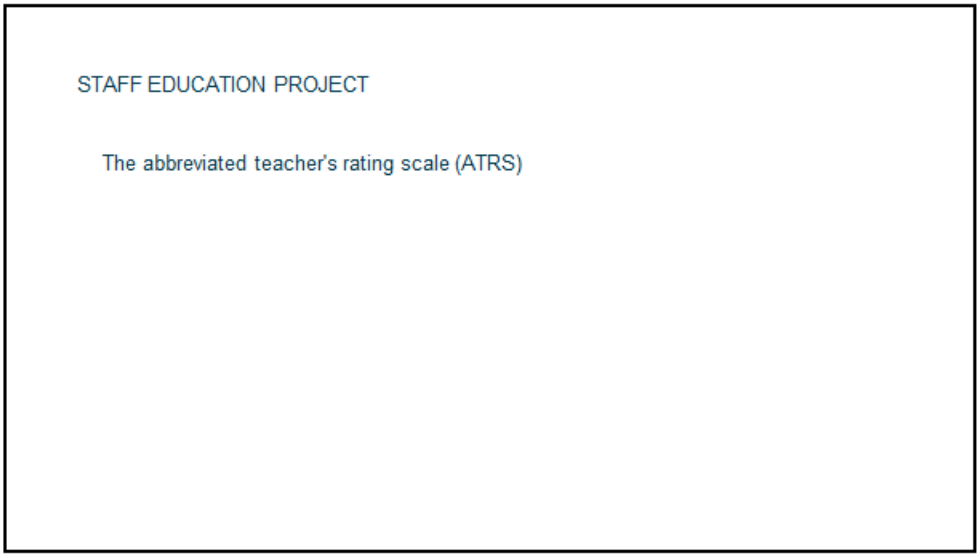
Objective	**Content**	**Time**	**Teaching Method**	**Method of Evaluation**
Explain the aim and the use of the ATRS/TRS	1. Overview of ADHD assessment 2. The purpose of ATRS/TRS: Role in clinical versus school settings 3. How to use the tool	45 min	Interactive lecture with PowerPoint slides Case-based discussion	Pretest questions 1, 2, 3, and 4 Q&A sessions after the session Post test questions 1 and 3

Objective	Content	Time	Teaching Method	Method of Evaluation
Describe the domains of the ATRS	1. Detailed breakdown of domains (such as inattention, hyperactivity, impulsivity) 2. Sample items and scoring rubric	30 min	PowerPoint Hands-on review of sample ATRS forms Group discussion	Post test question 2
Identify obstacles and mitigate bias	1. Common clinician biases 2. Factors that affect inter-rater reliability 3. Strategies for objective scoring	30 min	Role-playing biased versus neutral scoring Short video demonstrations Clarification	Case-based scenarios with open-ended questions Post-test questions 4, 5, and 6
Interpret results and apply them in treatment planning	1. Reading ATRS results (mean scores, subscale trends) 2. Linking the results to treatment planning	30 min	Case simulations Decision-making algorithms Clarification	Case study analysis Post-test questions 7 and 8

Appendix B: Education Materials



1



2

Learning objectives

- Briefly explain what the ATRS is
- Recall the structure and purpose of the ATRS
- List 3 questions found on the ATRS tool
- Interpret the ATRS using simple data
- Paraphrase 3 questions found on the ATRS
- Generate a practice for integrating the ATRS in all assessments
- List 2 ways to encourage use of the tool for all assessments

3

ATRS overview

- A succinct list of questions with the most predictive symptoms consistent with ADHD
- Tool is derived from the Conner's Teaching Rating Scale
- Easy to understand questions
- List never exceeds 10 questions
- Reliable and has a comprehensible key/scale
- Burden time for completion, less than 10 minutes
- Assess impulsivity, hyperactivity and inattentiveness

4

PURPOSE OF PROJECT

KNOWLEDGE IS POWER

TO FACILITATE HEALTHCARE PROVIDERS WITH SKILLS AND KNOWLEDGE about the ATRS scale in the clinical settings.

EXPECTED OUTCOME- TO IMPROVE KNOWLEDGE AND SKILLS

THE INTEND OF STAFF EDUCATION IS TO INCREASE THE KNOWLEDGE OF THE ATRS AND INPLEMENT CONSISTENT USE IN THE PRECTICE. EDUCATION WILL BE THE MAINSTAY AND THE RESULTS WILL BE MEASURED AT THE END OF THE PROJECT.

5

Educational design

The blooms Taxonomy framework is highly effective and will be modeled in the project

Create – Assessing the gap in the practice.

Evaluate – Reassessing and for a change.

Analyze – Implementing practice based on validating the necessity evidence-based literature.

Apply – Using scientific evidence to calculate and appraise interventions. *(Measuring)*

Understand – Re-evaluating & confirming measured data to validate. *(translation)*

Remember- Highest operational level. Leading with a change in behavior.

6

The genesis

Assess the need for intervention. *(gaps in the practice, inconsistent use of ATRS scale).*
Evaluate the need for education about the ATRS.
Assess clinicians learning style.
Create five questions on clinicians' prior knowledge of ATRS.
Create five questions about what clinicians want to know about the ATRS.
Create a list of questions clinicians can ask each other – *knowledge stimulation.*
Ask clinicians to list preferred way to integrate ATRS in their workflow.
Assess if clinician have ever used a form of ATRS tool?
Assess through feedback the need for staff education Re: ATRS tool.

7

Evaluate

Assess clinician opinions of using ATRS consistently.
Ask clinicians to list how staff education impact patient care
List 2 advantages of staff education
List 2 disadvantages of not having in services
Discuss how education improves skills
List interventions that allows educational and staff interaction e.g. huddles and weekly newsletter.
Discuss comprehensibility of tools and ways to improve the tool

8

Analyzing

Discuss and highlight the key role of education
List two outcome of staff education
Research one scholarly article about staff education
List three positive take-away
List two roadblock in staff education
Describe two ways to avert pitfalls in staff education
State 2 correlation between staff education & improved patient outcomes.

9

Apply

List 2 resources person or object in the clinical site
How do you communicate or ascertain help if unsure
State the best time for huddles and an appropriate duration.
List 3 ways to improve communication among clinicians.
Are there any grey-areas on the ATRS tool?
List 3 behaviors that the ATRS assesses?
How do you measure responses from the ATRS tool?
List 2 components of the Likert scale

10

understand

Clarify how often should the ATRS tool be used.
Provide examples of appropriate use of the ATRS.
List 2 components of the ATRS tool and how to measure them.
Describe 2 questions focused on impulsivity & how they are measured?
Describe 2 questions focused on distractibility & how they are measured?
Describe 2 questions based on hyperactivity & how they are measured?
State the purpose of the ATRS tool.

11

Remember

What is learning ?
What is the ATRS and its implications?
Describe a correlation between education, ATRS and patient outcomes?
What is the significance of staff education?
List the key domains of the ATRS .
Remember always utilize your resources person/non-person when in doubt.
Remember always use the ATRS in all assessment

12

Thank you

This concludes our presentation thank-you for listening. Please feel free to share feedback, comments or concerns.

I Appreciate your time !!

13

Appendix C: Pre- Post Test Assessment Teaching Questions

1.What is your current understanding of the purpose of the ATRS?
A. To diagnose learning disabilities through academic testing
B. To gather structured observations of a child's behavior related to ADHD symptoms
C. To assess physical health and developmental milestones
D. To determine eligibility for gifted education programs

2. Have you used the ATRS/TRS in clinical settings before? If yes, how often?
A. No, I have never used the ATRS/TRS
B. Yes, but only once or twice
C. Yes, occasionally (a few times per year)
D. Yes, regularly (monthly or more often)

3. What components or domains do you think the ATRS/TRS evaluates?
A. Social skills, emotional regulation, and physical health
B. Attention, hyperactivity, and impulsivity
C. Language development, motor skills, and creativity
D. Academic knowledge, test-taking strategies, and memory

4. How do you determine whether a child is improving based on a behavioral rating scale?
A. By comparing the child's ratings over time to see if symptom scores decrease
B. By relying solely on the child's self-report during sessions
C. By observing the child only during one classroom visit
D. By focusing on academic test scores rather than behavior ratings

5. What challenges do you face when using behavioral rating tools?
A. Difficulty understanding rating scale instructions and criteria
B. Inconsistent observations due to limited time with the child
C. Personal biases affecting the accuracy of ratings
D. All the above

6. How confident are you in interpreting ATRS/TRS results?
A. Very confident – I can accurately interpret results and apply them to treatment planning
B. Somewhat confident – I understand the basics but sometimes need assistance
C. Not very confident – I find interpreting the results challenging
D. Not confident at all – I do not feel prepared to interpret the results

7. What training have you received regarding standardized ADHD assessment tools?
A. None – I have not received any formal training
B. Basic orientation or overview training

C. In-depth training including hands-on practice and case studies
D. Advanced certification or specialized workshops on ADHD assessments

8. In your view, how does a rating scale impact treatment planning for ADHD?
A. It provides objective data to tailor interventions to the child's specific behaviors
B. It serves only as a formality and does not influence treatment decisions
C. It replaces the need for clinical interviews and observations
D. It mainly helps in diagnosing learning disabilities, not ADHD

9 How would the nurse respond if you noticed his or her ratings varied significantly from a colleague's?
A. Ignore the discrepancy, as rating differences are expected and unimportant
B. Immediately choose the colleague's ratings as more accurate
C. Discuss the differences with the colleague to understand context and clarify observations
D. Discard both sets of ratings and start a new assessment from scratch

10. How confident do you feel now in using the ATRS/TRS correctly and consistently?
A. Very confident – I understand the tool and feel prepared to use it accurately
B. Somewhat confident – I understand the basics but may need more practice
C. Not very confident – I still have questions and need further guidance
D. Not confident at all – I do not feel prepared to use the tool effectively

11. How can clinicians improve scoring consistency when utilizing the ATRS/TRS?
A. By relying solely on their clinical judgment instead of standardized tools
B. By conducting the assessment in different classrooms on different days
C. By providing clear instructions and training to raters on how to complete the scales
D. By adjusting scores to match expected developmental norms

12. How can ATRS results inform treatment planning for children with ADHD?
A. By identifying the child's preferred learning style and classroom seating preference
B. By pinpointing specific ADHD-related behaviors that need to be targeted in intervention
C. By determining the child's IQ and academic grade level
D. By evaluating the effectiveness of medication through brain imaging

13. How can clinicians improve scoring consistency when utilizing the ATRS/TRS?
A. By relying solely on their clinical judgment instead of standardized tools
B. By conducting the assessment in different classrooms on different days
C. By providing clear instructions and training to raters on how to complete the scales
D. By adjusting scores to match expected developmental norms

14. What strategies can nurses use to ensure accurate and reliable ratings?
A. Complete the rating scales based on memory rather than direct observation
B. Consult multiple sources and observe the child in various settings before rating

C. Only rate the child after speaking to their parents
D. Fill out the scale as quickly as possible to avoid overthinking

15. Was the educational session on the use of ATRS coherent and comprehensive?
    A. Yes
    B. No

Appendix D: Program Evaluation Form

Your responses and comments will help improve future educational programs. Please circle your rating on each item below:

Strongly Disagree (SD), Disagree (D), Undecided (U), Agree (A), Strongly Agree (SA)

Criteria	SD	D	U	A	SA
Program objectives were clearly defined.	**1**	**2**	**3**	**4**	**5**
All of the program objectives were met.	**1**	**2**	**3**	**4**	**5**
The materials were the right level of complexity for my background.	**1**	**2**	**3**	**4**	**5**
The course materials helped to support the program objectives.	**1**	**2**	**3**	**4**	**5**
The content was relevant to my needs.	**1**	**2**	**3**	**4**	**5**
The facilitator demonstrated a good understanding of the program materials.	**1**	**2**	**3**	**4**	**5**
The facilitator encouraged questions.	**1**	**2**	**3**	**4**	**5**
The facilitator made the subject understandable.	**1**	**2**	**3**	**4**	**5**
The presentation slides were clear.	**1**	**2**	**3**	**4**	**5**
The program content was presented clearly.	**1**	**2**	**3**	**4**	**5**
The time allowed for this program was right.	**1**	**2**	**3**	**4**	**5**
The setting was conducive to my learning.	**1**	**2**	**3**	**4**	**5**

Please complete the following

The most useful part of the education program was
:

The least useful part of the education program was:

The session could have been improved by: