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Staff Education to Improve Consistent Utilization of the PHQ-9 Depression Screening Tool

Ekaette Akpabio
Walden University

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Ekaette Akpabio

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Dr. Jonas Nguh, Committee Chairperson, Nursing Faculty

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

Walden University
2026

Executive Summary: Staff Education Project
Staff Education to Improve Consistent Utilization of the PHQ-9 Depression Screening

Tool

by

Ekaette Akpabio

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BS, University of Maryland Global College, 2020

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Summary

This doctor of nursing practice (DNP) project involved a staff education quality improvement initiative aimed at improving the consistency and accuracy of Patient Health Questionnaire-9 (PHQ-9) administration, scoring, interpretation, and documentation within an outpatient behavioral health setting. Inconsistent use of standardized depression screening tools limits accurate assessment of symptom severity, monitoring of treatment response, and evidence-based clinical decision making.

The purpose of this project was to determine whether a structured staff education intervention would improve clinicians' knowledge, confidence, and consistency in utilizing the PHQ-9 within the electronic health record. The practice-focused question examined whether targeted education would improve documentation completeness and clinician confidence related to PHQ-9 scoring and interpretation.

The intervention consisted of a structured educational session addressing the PHQ-9 purpose, standardized scoring, interpretation of severity ranges, safety considerations related to Item 9, and documentation expectations. Evaluation strategies included pre- and post-education knowledge questionnaires and a descriptive review of documentation patterns. Findings demonstrated improvement in documentation consistency and clinician confidence following the intervention.

Background

Depression screening is a critical component of evidence-based mental health care. The PHQ-9 is a validated screening instrument used to assess depression severity and monitor symptom changes over time (Arroll et al., 2010; Stockton et al., 2024).

Despite its strong evidence base, the inconsistent administration and documentation of

the PHQ-9 remain common in outpatient practice settings, limiting its effectiveness in guiding clinical decision-making (Waheed et al., 2024).

Evidence supports the use of targeted education and structured implementation strategies to improve clinician adherence to standardized assessment practices and documentation quality (Blackstone et al., 2022; Wang et al., 2022). Additional literature demonstrates that clinician training programs improve confidence, skill retention, and consistency in assessment-based care delivery (Chow et al., 2025; Girard et al., 2025; Lin et al., 2025).

Staff Education Project Development

In this project, I developed and delivered a structured educational session for behavioral health clinicians practicing in an outpatient setting. This project was guided by the Johns Hopkins Evidence-Based Practice Model, which emphasizes structured problem identification, evidence appraisal, and translation of evidence into clinical practice to support sustainable quality improvement initiatives (Dang et al., 2021).

Educational content focused on the purpose of the PHQ-9, standardized item-level scoring procedures, interpretation of depression severity categories, documentation expectations within the electronic health record, and required follow-up actions related to Item 9 responses.

Project evaluation included pre- and post-education knowledge questionnaires, as well as a descriptive review of early documentation patterns following the intervention. Due to the project's quality improvement nature and the limited post-implementation timeframe, the evaluation focused on descriptive outcomes. Educational materials and evaluation tools developed for this project are provided in the Appendix.

Results

Postimplementation findings demonstrated improvement in clinician knowledge, confidence, and documentation consistency related to PHQ-9 utilization. Baseline review indicated that approximately 30% of clinical encounters included complete PHQ-9 documentation before the staff education intervention. Following the staff education intervention, descriptive review findings indicated improvement across key elements of PHQ-9 documentation. Completion of total PHQ-9 score documentation increased to approximately 85%, documentation of depression severity category increased to approximately 80%, and documentation of appropriate follow-up actions for Item 9 responses increased to approximately 75%.

Self-reported clinician confidence related to PHQ-9 scoring and documentation also improved. Average confidence ratings increased from approximately 5 out of 10 before the intervention to approximately 8 out of 10 after completing the staff education session. Due to the quality improvement nature of the project, short post-implementation timeframe, and limited number of eligible encounters during the evaluation period, findings were analyzed descriptively, and no inferential statistical testing was conducted.

Summary

The findings of this project have important implications for nursing practice, as consistent use of standardized depression screening tools supports accurate symptom assessment, improves clinical decision making, and enhances patient safety. Incorporating structured staff education into routine onboarding and ongoing professional development may strengthen documentation quality and promote sustainable, evidence-based mental health care delivery.

Conclusions

This DNP staff education project demonstrated that targeted education can improve clinician knowledge, confidence, and consistency in PHQ-9 documentation practices. Consistent use of standardized depression screening supports evidence-based care, improves documentation quality, and enhances patient safety. Ongoing education, standardized onboarding processes, routine audits, and structured feedback are recommended to promote sustainability over time.

References

- Arroll, B., Goodyear-Smith, F., Crengle, S., Gunn, J., Kerse, N., Fishman, T., Falloon, K., & Hatcher, S. (2010). Validation of PHQ-2 and PHQ-9 to screen for major depression in the primary care population. *Annals of Family Medicine*, 8(4), 348–353. <https://doi.org/10.1370/afm.1139>
- Blackstone, S. R., Sebring, A. N., Allen, C., Tan, J. S., & Compton, R. (2022). Improving depression screening in primary care: A quality improvement initiative. *Journal of Community Health*, 47(3), 400–407. <https://doi.org/10.1007/s10900-022-01068-6>
- Chow, D., Lu, S. H. X., Kwek, T., Miller, S. D., Jones, A., Hubble, M. A., & Tan, G. C. Y. (2025). Improving responses to challenging scenarios in therapy: A randomized controlled trial of a deliberate practice training program. *Training and Education in Professional Psychology*, 19(1), 1–13. <https://doi.org/10.1037/tep0000493>
- Dang, D., Dearholt, S. L., Bissett, K., Ascenzi, J., & Whalen, M. (2021). *Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines* (4th ed.). Sigma Theta Tau International.
- Girard, A., Roberge, P., Hudon, C., Chouinard, M.-C., Berbiche, D., & Carrier, J. (2025). Evaluation of a training program prototype to promote the adoption of clinical mental health assessment best practices among primary care nurses: A research protocol. *Science of Nursing and Health Practices*, 8(1). <https://doi.org/10.62212/snahp.139>
- Khoo, O. K. C., Arora, P. G., Caindec, D. D. G., Rajan, S., & Huang, C. Y. (2025).

Youth mental health first aid for educators of immigrant-origin youth: A mixed-method evaluation of the virtual delivery approach. *School Psychology, 40*(6), 680–696. <https://doi.org/10.1037/spq0000687>

Lin, T., Anderson, T., Antebi-Lerman, E., Bate, J., & Aafjes-van Doorn, K. (2025).

Efficacy of facilitative interpersonal and relational skills training for teletherapy: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 93*(2), 83–95. <https://doi.org/10.1037/ccp0000934>

Stockton, M. A., Joska, J. A., Tomlinson, M., Van Cutsem, G., Scherer, E. A., & Barnett,

W. (2024). Validation of screening instruments for common mental disorders and suicide risk in South African primary care settings. *Journal of Affective Disorders, 362*, 161–168. <https://doi.org/10.1016/j.jad.2024.06.071>

Waheed, A., Afridi, A. K., Rana, M., Arif, M., Barrera, T., Patel, F., Khan, M. N., &

Azhar, E. (2024). Knowledge and behavior of primary care physicians regarding utilization of standardized tools in screening and assessment of anxiety, depression, and mood disorders at a large integrated health system. *Journal of Primary Care & Community Health, 15*, Article 21501319231224711.

<https://doi.org/10.1177/21501319231224711>

Wang, T.-H., Lee, I. H.-T., Hu, R.-H., & Chen, C.-H. (2022). Evaluation of psychological

training for nurses and midwives to optimise care for women with perinatal depression: A systematic review and meta-analysis. *Midwifery, 104*, 103160.

<https://doi.org/10.1016/j.midw.2021.103160>

Appendix A: Pre-Education PHQ-9 Knowledge Questionnaire

Role (optional): RN APRN/NP Therapist Counselor Other: _____

1. The primary purpose of the PHQ-9 is to: Screen/monitor depression severity

Screen for anxiety Screen for psychosis Diagnose bipolar disorder

2. The PHQ-9 asks about symptoms over the past: 7 days 14 days 30 days 6

months

3. Each PHQ-9 item is scored from: 0–2 0–3 1–4 0–5

4. Total PHQ-9 score is calculated by: Summing all 9 items Averaging scores

Summing items 1–2 only Summing items 1–8 only

5. Item 9 assesses: Sleep disturbance Appetite changes Thoughts of self-

harm/death Concentration

6. If item 9 is endorsed (>0), the best next step is: No action if total is mild Follow

clinic suicide risk protocol and document actions Document only Re-administer

next visit

7. Case scoring: A patient answers ‘More than half the days’ on 6 items and ‘Several

days’ on 3 items. What is the total score? _____

8. Documentation should include (check all that apply): Total score Severity

category Item 9 follow-up actions if indicated Date administered

9. True/False: The PHQ-9 can be used to monitor treatment response over time when

administered consistently. True False

10. Confidence (0–10): How confident are you in scoring and documenting the PHQ-9 correctly? _____

Appendix B: Post-Education PHQ-9 Knowledge Questionnaire

Role (optional): RN APRN/NP Therapist Counselor Other: _____

1. The PHQ-9 asks about symptoms over the past: 7 days 14 days 30 days 6 months

2. Each PHQ-9 item is scored from: 0–3 1–4 0–2 0–5

3. Total PHQ-9 score is obtained by: Summing all 9 items Averaging scores

Summing items 1–2 only Summing items 1–8 only

4. If item 9 is endorsed (>0), the required action is: Re-check next visit only Clinic suicide risk protocol + documentation No action if total < 10 Referral only if total > 20

5. Case scoring: Patient responses: 0,1,2,1,3,1,2,0,1. Total score = _____

6. Severity category based on total score (circle one): Minimal / Mild / Moderate / Moderately severe / Severe

7. Documentation should include (check all that apply): Total score Severity category Clinical plan based on score Item 9 follow-up if indicated Date/time

8. Confidence (0–10): How confident are you in scoring and documenting the PHQ-9 correctly? _____

9. Most helpful part of the education (1–2 sentences):

10. Support needed to sustain PHQ-9 consistency (1–2 sentences):

Appendix C: PHQ-9 Staff Education Materials

The staff education intervention was delivered using structured educational materials developed by the project lead. Educational content focused on improving clinician knowledge and consistency in the administration, scoring, interpretation, and documentation of the Patient Health Questionnaire-9 (PHQ-9).