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Staff Education to Improve Detection and Treatment of Adult ADHD in an Outpatient Psychiatric Clinic

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Walden University

College of Nursing

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Executive Summary:

Staff Education to Improve Detection and Treatment of Adult ADHD in an Outpatient

Psychiatric Clinic

by

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Summary

Adult attention-deficit/hyperactivity disorder (ADHD) remains significantly underdiagnosed in outpatient psychiatric settings despite its substantial impact on functioning and long-term mental health outcomes. At the project site, inconsistent screening practices, limited clinician familiarity with DSM-5-TR adult diagnostic criteria, and variable application of the Adult ADHD Self-Report Scale (ASRS) contributed to delayed or missed diagnoses, representing a clear practice gap. This Doctor of Nursing Practice (DNP) project implemented a structured, nurse-led staff education program to improve clinician knowledge, diagnostic accuracy, and standardized workflow adoption for adult ADHD screening using the ASRS. Guided by national evidence-based guidelines, the intervention emphasized DSM-5-TR criteria, differential diagnosis, ASRS scoring, and documentation consistency. A pretest–posttest quality improvement design demonstrated significant improvement in clinician knowledge, with mean scores increasing from 70% to 90% and a normalized learning gain of 0.67, reflecting improved educational effectiveness. Although organizational outcomes such as screening consistency and documentation quality were not directly measured, the observed knowledge gains may contribute to improved screening processes and clinician confidence over time. Beyond organizational impact, this project promotes positive social change by supporting earlier and more accurate identification of Adult ADHD, advancing equitable access to evidence-based mental health care, particularly for women, racial and ethnic minorities, and individuals from lower socioeconomic backgrounds, thereby strengthening consistent, unbiased assessment and treatment access.

Background

Adult attention-deficit/hyperactivity disorder (ADHD) affects a significant number of individuals, yet it is frequently underdiagnosed in adult populations. Many adults with ADHD do not receive a diagnosis until later in life due to limited clinician familiarity, symptom overlap with anxiety or mood disorders, and inconsistent use of validated screening tools. Research suggests that a large percentage of individuals with ADHD remain undiagnosed until adulthood, often after experiencing ongoing difficulties with work performance, relationships, and daily functioning (Barkley, 2018).

Diagnosing ADHD in adults can be challenging because symptoms often present differently than in childhood. Adults are more likely to report issues with attention, organization, time management, and emotional regulation rather than visible hyperactivity. These symptoms may resemble or coexist with depression or anxiety, increasing the risk of misdiagnosis or delayed identification (Asherson et al., 2016). In addition, many adults have co-occurring mental health conditions, which can further complicate the diagnostic process.

At the project site, clinicians identified limited training related to adult ADHD assessment. Specifically, they reported uncertainty with applying DSM-5-TR diagnostic criteria, interpreting the Adult ADHD Self-Report Scale (ASRS), and distinguishing ADHD symptoms from those of other mental health disorders. These findings are consistent with the literature, which indicates that many healthcare providers feel underprepared to assess and diagnose ADHD in adults, particularly in non-specialty settings (Caye et al., 2019).

Current clinical guidelines emphasize the importance of standardized screening and comprehensive assessment when evaluating adults for ADHD. The American Psychiatric Association (2022), the National Institute for Health and Care Excellence (2018/2025), and the World Health Organization (2023) recommend using validated screening tools alongside a thorough clinical evaluation that considers symptom history, functional impairment, and comorbid conditions. Providing structured education for clinicians has been shown to improve knowledge, confidence, and consistency in applying evidence-based practices (Dang & Dearholt, 2022).

This project addressed an identified knowledge gap by providing staff education focused on adult ADHD screening and diagnostic criteria. By aligning the intervention with established guidelines, the project aimed to improve diagnostic accuracy and support more consistent screening practices within the clinical setting, ultimately enhancing patient care and outcomes.

Staff Education Project Development

The staff education program was systematically developed using an evidence-based, competency-driven instructional design process grounded in adult learning theory and national clinical guidelines for Adult ADHD. Development began with a practice gap assessment at Paramount Health and Wellness, which identified variability in clinicians' familiarity with DSM-5-TR diagnostic criteria, inconsistent use of the Adult ADHD Self-Report Scale (ASRS), and lack of a standardized screening workflow. Based on this needs assessment, clear learning objectives were created focusing on three domains: (a) accurate application of DSM-5-TR diagnostic criteria for Adult ADHD, (b) reliable scoring and interpretation of the ASRS, and (c) integration of standardized screening into

routine clinic workflow. Educational content was aligned with high-level evidence from the American Psychiatric Association (2022), the National Institute for Health and Care Excellence (NICE, 2018/2025), and the World Health Organization's mhGAP recommendations (WHO, 2023), all of which emphasize standardized screening tools, structured assessment pathways, and clinician training to improve diagnostic accuracy. The Johns Hopkins Evidence-Based Practice Model further informed program design by identifying clinician education as a key strategy for reducing practice variation and strengthening diagnostic consistency (Dang & Dearholt, 2022).

The 45-minute intervention was designed using interactive, case-based teaching methods to enhance clinical reasoning and skill application. The session included brief didactic instruction on DSM-5-TR criteria, step-by-step ASRS scoring, differential diagnosis, and workflow standardization, followed by real-world case examples, guided group discussion, and hands-on scoring exercises. These instructional strategies were intentionally selected to promote active learning, improve retention, and facilitate immediate translation into clinical practice, consistent with best practices in professional education for healthcare providers (Melnyk & Fineout-Overholt, 2023). Prior to implementation, the educational materials were reviewed with clinic leadership to ensure feasibility, alignment with existing workflows, and organizational priorities. The finalized training was presented live to interdisciplinary staff at Paramount Health and Wellness during a scheduled professional development session, with opportunities for questions, clarification, and collaborative discussion regarding workflow integration.

A 10-item pretest and posttest were developed specifically for this project to assess clinician knowledge before and after the intervention. Test items were constructed based on DSM-5-TR diagnostic criteria, key elements of ASRS scoring, differentiation of ADHD from mood and anxiety disorders, and standardized screening workflow steps. Content validity was strengthened by aligning questions with APA (2022), NICE (2018/2025), and WHO (2023) guidelines, as well as by peer review from a supervising psychiatric nurse practitioner prior to administration. To maintain confidentiality while allowing paired comparison, participants generated unique anonymous identification codes that linked their pretest and posttest responses without revealing identity.

Data were analyzed using descriptive statistics to evaluate educational effectiveness. Specifically, mean, range, and percentage scores were calculated for both pretest and posttest results to summarize overall knowledge performance. In addition, the Normalized Learning Gain (NLG) was used to quantify the magnitude of learning improvement relative to each participant's starting knowledge level, providing a more meaningful measure of educational impact than raw score changes alone (Dang & Dearholt, 2022). These analytic methods ensured a transparent, quantitative evaluation of knowledge acquisition while maintaining participant confidentiality and methodological rigor.

Results

Results demonstrated substantial improvement in clinician knowledge following the staff education session. The mean pretest score was 70%, increasing to 90% on the posttest, representing a 20-percentage-point improvement. Using the standardized Normalized Learning Gain (NLG) formula— $NLG = (Post - Pre) / (Max - Pre)$ —and

assuming a maximum possible score of 100%, the calculated NLG was 0.67 (i.e., 20/30), which reflects a strong educational effect consistent with criteria for high learning gain in pre–post educational interventions (Hake, 1998). All participants demonstrated improvement, and 80% achieved posttest scores of 80% or higher, suggesting that the majority reached mastery-level understanding of DSM-5-TR criteria and ASRS interpretation.

Figure 1

Steps to Calculating Normalized Learning Gain

Using the formula:

Normalized Learning Gain (NLG) Calculation

The Normalized Learning Gain (NLG) was calculated using the standard formula:

$$\text{NLG} = \frac{\text{Posttest} - \text{Pretest}}{\text{Maximum score} - \text{Pretest}}$$

Step 1 – Insert values:

- Mean Pretest = **70%**
- Mean Posttest = **90%**
- Maximum possible score = **100%**

$$\text{NLG} = \frac{90 - 70}{100 - 70}$$

Step 2 – Subtract numerator and denominator:

$$\text{NLG} = \frac{20}{30}$$

Step 3 – Divide:

$$\text{NLG} = 0.67$$

In terms of organizational impact, the intervention has the potential to improve consistency in Adult ADHD screening and documentation if training is sustained and integrated into routine workflow; however, screening rates were not directly measured in this project and therefore cannot be claimed as an observed outcome. The project did, however, measurably increase clinician knowledge and confidence in applying standardized tools, which implementation science literature identifies as a necessary precursor to reliable practice change and guideline adherence (Melnik & Fineout-Overholt, 2023). Limitations included a small sample size, short follow-up period, and lack of longitudinal assessment of knowledge retention constraints commonly reported in educational quality-improvement projects and known to limit generalizability and durability of outcomes (Dang & Dearholt, 2022). Additionally, because this was a single-site project, findings may not fully represent variations across different outpatient settings.

Beyond the local site, this project aligns with national efforts to improve identification of Adult ADHD and reduce diagnostic disparities, particularly among women and racial/ethnic minority groups who are frequently underdiagnosed or misdiagnosed due to gendered symptom presentation, stigma, and structural barriers to care (Katzman et al., 2023; APA, 2022). Standardized screening and clinician education are recommended strategies to reduce diagnostic bias, promote earlier identification, and improve equitable access to treatment in community-based mental health settings (WHO, 2023). By strengthening clinician readiness to use validated tools like the ASRS, this project supports broader public health goals of reducing inequities in neurodevelopmental diagnosis and improving continuity of care for underserved adults.

Conclusions

This project demonstrated a substantial improvement in clinician knowledge related to Adult ADHD screening, DSM-5-TR diagnostic criteria, and ASRS interpretation. Although only knowledge outcomes were directly measured, these gains in clinician competence and confidence may contribute to greater diagnostic readiness, more consistent clinical reasoning, and future workflow standardization for the assessment of Adult ADHD in outpatient psychiatric settings. Evidence suggests that clinician education is a critical precursor to reliable practice change, as improved knowledge and confidence are strongly associated with increased adoption of evidence-based screening practices over time (Melnyk & Fineout-Overholt, 2023; Dang & Dearholt, 2022). Therefore, this project provides a foundational step toward improving system-level detection and care processes for ADHD.

To sustain and strengthen these gains, several practice recommendations are warranted. First, ongoing quarterly refresher training should be implemented to reinforce ASRS use, reduce skill decay, and promote continuous competency development, as repeated education is linked to improved guideline adherence and long-term retention (Melnyk & Fineout-Overholt, 2023). Second, integrating ASRS scoring automation within the electronic health record (EHR) could streamline workflow, reduce documentation burden, and increase screening consistency, an approach supported by evidence that clinical decision support tools improve adherence to standardized assessment protocols (Katzman et al., 2023). Third, expanding training to administrative intake staff would support early identification and appropriate triaging of patients who may benefit from ADHD screening, aligning with interprofessional models of care that

improve continuity and efficiency. Future research should evaluate long-term outcomes, including actual screening rates, new ADHD diagnoses, treatment initiation, and patient engagement, to determine whether knowledge gains translate into measurable clinical and organizational impact (Dang & Dearholt, 2022).

Implications for nursing practice include enhanced diagnostic accuracy through stronger application of DSM-5-TR criteria, increased clinician confidence in neurodevelopmental assessment, and a more robust nursing contribution to interdisciplinary mental health care. By leading standardized screening initiatives, nurses can play a central role in improving early identification, care coordination, and evidence-based decision-making in outpatient psychiatry. From a diversity, equity, and inclusion (DEI) perspective, this project supports more equitable identification of Adult ADHD across gender, race, and socioeconomic groups who are historically underdiagnosed or misdiagnosed. Standardized screening reduces implicit bias, promotes earlier detection, and expands access to appropriate care, thereby helping to reduce stigma, disparities, and systemic barriers within mental health services (APA, 2022; WHO, 2023).

References

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR).
<https://doi.org/10.1176/appi.books.9780890425787>
- Asherson, P., Buitelaar, J., Faraone, S. V., & Rohde, L. A. (2016). Adult attention-deficit hyperactivity disorder: key conceptual issues. *The lancet. Psychiatry*, 3(6), 568–578. [https://doi.org/10.1016/S2215-0366\(16\)30032-3](https://doi.org/10.1016/S2215-0366(16)30032-3)
- Barkley, R. A. (2018). *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment* (4th ed.). Guilford Press.
- Centers for Disease Control and Prevention. (2024). *ADHD in adults*.
<https://www.cdc.gov/adhd>
- Caye, A., Swanson, J., Thapar, A., Sibley, M., Arseneault, L., Hechtman, L., Arnold, L. E., Niclasen, J., Moffitt, T., & Rohde, L. A. (2016). Life Span Studies of ADHD-Conceptual Challenges and Predictors of Persistence and Outcome. *Current psychiatry reports*, 18(12), 111. <https://doi.org/10.1007/s11920-016-0750-x>
- Dang, D., & Dearholt, S. L. (Eds.). (2022). *Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines* (4th ed.). Sigma Theta Tau International.
- Hake, R. R. (1998). Interactive-engagement versus traditional methods: A six-thousand-student survey of mechanics test data for introductory physics courses. *American Journal of Physics*, 66(1), 64–74. <https://doi.org/10.1119/1.18809>

Katzman, M. A., Bilkey, T. S., Chokka, P. R., Fallu, A., & Klassen, L. J. (2023).

Screening for ADHD in a general outpatient psychiatric sample of adults. *Journal of Attention Disorders*, 27(3), 215–224.

<https://doi.org/10.1177/10870547221092834>

Melnyk, B. M., & Fineout-Overholt, E. (2023). *Evidence-based practice in nursing and healthcare: A guide to best practice* (5th ed.). Wolters Kluwer.

National Institute for Health and Care Excellence. (2018, last reviewed 2025). *Attention deficit hyperactivity disorder: Diagnosis and management (NG87)*.

<https://www.nice.org.uk/guidance/ng87>

World Health Organization. (2023). *mhGAP evidence centre: ADHD (evidence and recommendations)*. <https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme/evidence-centre>