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Educating Mental Health Staff on Standardized Intake Response and Appointment Scheduling Practices

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College of Nursing

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Mercy Itesa

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the review committee have been made.

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Walden University
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Executive Summary: Staff Education Project

Educating Mental Health Staff on Standardized Intake Response and Appointment

Scheduling Practices

by

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MS, Walden University, 2020

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Executive Summary Submitted in Partial Fulfillment

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Summary

This evidence-based educational project focused on solving two problems at a private mental health clinic: Staff members used different methods to record patient intake information and schedule appointments. The methods staff used to interact with patients resulted in inaccurate documentation and longer response times. The project question was: Does educating staff on standardized intake procedures and appointment scheduling processes lead to better knowledge acquisition, as indicated by pre- and postsurvey results? The analysis, design, development, implementation, and evaluation (ADDIE) instructional design framework and the Johns Hopkins Evidence-Based Practice Models (JHEBP) were used in this educational project. A Walden University librarian assisted me in searching MEDLINE/PubMed, CINAHL Complete (EBSCO), ProQuest, and the Cochrane Library databases, yielding 45 peer-reviewed studies, of which 15 were used for this project. The 10 staff participants received in-person training during the lunch period, conducted in two sessions. They completed pre- and post-tests surveys before and after the training, respectively. Staff members' knowledge improved from 61% at baseline to 97% after the educational sessions, representing a 36-point increase in knowledge. The *t*-test results indicated ($p < .001$). Findings showed that targeted evidence-based training increased staff knowledge, leading to better communication and shorter delays. These processes are significant to nursing practice, as they contribute to faster treatment, precise scheduling, and timely access to care, resulting in more engaged patients and more consistent care. The project works to create social change by providing equal, prompt behavioral health services to all patients while maintaining patient involvement across diverse community groups.

Background

Mental health care delivery faces ongoing scheduling complexities, which remain an obstacle for healthcare providers. The combination of delayed intake responses, broken scheduling systems, and restricted appointment slots leads to extended patient wait times and increased no-show rates in outpatient mental health facilities. Molfenter (2013) reported that scheduling delays affected patient attendance, whereas wait-time reductions decreased no-show rates from 52% to 18%. The existing barriers create significant problems because mental health patients need immediate care, since delayed treatment worsens symptoms and requires more emergency services while reducing their ability to follow treatment plans. Despite the increased need for mental health services, clinics still use unpredictable methods, which create scheduling problems and negative experiences for their patients. The focus for clinics should be on enhancing the availability of mental health services through operational and workflow-based solutions, including standardized intake procedures, centralized scheduling, and staff training programs. Research has indicated that experiencing delays during first contact and confusing appointment scheduling methods tend to make patients abandon their medical care, particularly when they belong to high-risk groups (Molfenter, 2013). Healthcare organizations and professional bodies should focus on developing system-wide approaches to address scheduling complexity because it is a dynamic element that affects mental health service availability, continuity of patient care, and service quality.

The practice site experienced workflow inefficiencies due to inconsistent intake and scheduling processes, resulting in delayed patient access. Staff members managed intake responses using different methods, and the lack of standard procedures led to

redundant tasks and missed follow ups. Research evidence has demonstrated that standardization is vital to enhancing operational efficiency and improving coordination of healthcare delivery as well as that scheduled systems with defined structures lead to better on-time performance, higher patient satisfaction, and greater staff efficiency (Azad et al., 2023; Gupta et al., 2024; Woodcock, 2022). The implementation of digital scheduling, combined with staff education, helps organizations reduce errors while strengthening their quality improvement frameworks (McMahan et al., 2022; Nwagbara et al., 2024). The question that guided this project was: Does educating mental health staff on standardized intake procedures and appointment scheduling lead to improved knowledge acquisition, as indicated by pre- and postsurvey results?

Staff Education Project Development

In this Doctor of Nursing Practice (DNP) educational project, I used the ADDIE and the JHEBP models to guide all project activities. The project received approval from my Walden University DNP committee members, the faculty advisor, and the site preceptor. I followed the scheduled timeline outlined in the *DNP Project Process Guide* and Walden University's (2022) *Staff Education Manual*, which provided a structured implementation from planning to evaluation.

Analysis

I began this educational project by identifying a gap in practice, resulting in the development of a doctoral project using the JHEBP model's question development tool. The project question guided the design and development as did data from the JHEBP models. To better understand the practice site, I used the organization readiness tool; a strengths, weaknesses, opportunities, and threats analysis; and a stakeholder analysis. A

Walden University librarian provided guidance on conducting a literature search, which I conducted in the MEDLINE/PubMed, CINAHL Complete (EBSCO), ProQuest, and Cochrane Library databases. The following search terms were used: *intake processes*, *appointment scheduling*, *staff education*, and *outpatient mental health settings*. Forty-five peer-reviewed articles were found, and 15 were evaluated using JHEBP research and nonresearch evidence appraisal tools. The research evidence from Levels I through V supported the conclusion that staff education and standardized workflow interventions were effective in improving access to care, reducing waiting times, and enhancing operational performance in outpatient and mental health facilities.

I used the JHEBP organizational readiness tool to assess the practice setting, indicating that the clinic had all the necessary elements to implement the proposed intervention. Stakeholder participation and resource availability were essential to the successful implementation, and the organization leveraged its existing capabilities to manage this transformation while mitigating vulnerabilities and risks.

Design and Development

The JHEBP Translation and Action Planning Tool enabled me to create a specific educational program that focused on educating intake and scheduling staff and providers about the knowledge deficiencies and challenges. The JHEBP framework enabled me to appraise the evidence, leading to the selection of content on standardization, access to care, and prompt response, in line with best practices (see Kallos et al., 2021). The combination of this evidence led to the creation of an educational PowerPoint presentation (Appendix A) to educate participants on maintaining regular scheduling

patterns and the development of a pre- and postintervention survey (Appendix B) to evaluate their changes in knowledge.

The educational presentation and the pre- and post-training surveys were reviewed by two content experts with a background in applying evidence in clinical practice and outpatient services, using the evaluation forms (see Appendix C). The first expert content evaluator is a psychiatric nurse practitioner with 8 years of experience. They participated in searching, reviewing, and updating the educational project. The second expert is a healthcare administrator with 10 years of experience in outpatient systems, who provided valuable information on the outpatient scheduling system. My faculty advisor and the DNP committee approved the development and design of the project as outlined in the *DNP Project Process Guide* (see Walden University, 2022).

Implementation

The education session received ethics and faculty approval. I delivered the educational presentation in two 1-hour sessions during a lunch break so that all participants could attend. The 10 participants comprised two schedulers, two intake coordinators, three nurse practitioners, and three administrative staff members. They received a guarantee before participating that their involvement in the sections was voluntary and confidential, that no personal information would be collected, and that they could choose not to participate at any time during the project without affecting their jobs. They all agreed to these terms.

The project was composed of two primary educational resources: a PowerPoint presentation and the 10-item pre-/post education knowledge survey. I developed the educational resources to focus on staff learning to respond quickly during intake sessions

and maintain regular scheduling practices, which would enhance patient access to medical services. The intervention followed organizational requirements while working to decrease mental health practice delays and patient absences. Staff members completed the presurvey before the session and the post survey immediately after it ended. The participants discussed the intake methods, appointment verification, and documentation methods, and became aware of best practices during the discussion and education session. I documented their attendance.

Evaluation

The final step of the ADDIE model involves analyzing and disseminating the results in accordance with the guidelines in Walden University's (2022) *DNP Project Process Guide* and standardized instructional design principles. The effectiveness of the program was evaluated using various assessment methods to determine whether it improved staff knowledge of standardized responses to intake and appointment scheduling, including descriptive statistics and a chart to show the findings from the pre- and postintervention participant surveys. I also analyzed the significance of the results by using a *t* test to assess the effectiveness of the educational module and compare the mean scores achieved by staff before and after completing the educational program.

Result

The Content Experts

Two content experts evaluated the educational intervention and found it to be evidence-based, comprehensive, and aligned with current standards for standardized intake response and appointment scheduling in mental health settings. The content effectively addressed identified workflow gaps and incorporated relevant access-to-care

data and real-world scenarios. Both experts confirmed that the pre- and post-test assessments were well aligned with the educational material and appropriately measured short-term knowledge gains.

Recommendations included strategies to support sustainability and practice adoption, such as a concise intake and scheduling reference tool, a designated practice champion, and ongoing refresher education. The experts also suggested evaluating staff self-efficacy and adherence to standardized practices to better demonstrate practice change. Additionally, the student leadership was rated highly effective, highlighting strong communication, facilitation of teamwork, and alignment with organizational goals.

Pre- and Posttest Survey

I analyzed the assessment data for the 10 clinical staff member participants using a parametric *t* test. As shown in Tables 1 and 2, participants performed better, with their average scores rising from 6.1 correct responses (61%) to 9.7 (97%) on the postsurvey, representing an overall mean change of 36%.

Table 1*Survey Results*

	Item and question description	Pretest		Posttest		Change
		10 respondents		10 respondents		
		Correct answers		Correct answers		
		<i>n</i>	%	<i>n</i>	%	
1.	The main reason for the intake process.	6	60.0	10	100	40.0
2.	Steps that staff need to follow when handling intake requests.	5	50.0	9	90.0	40.0
3.	Procedure when two patients want to book the same time slot?	7	70.0	10	100	30.0
4.	Purpose of clinic intake policy.	7	70.0	10	100	30.0
5.	Problems that arise from a lack of standardized scheduling practices.	5	50.0	9	90.0	40.0
6.	Responsibility for verifying proper intake documentation exists.	6	60.0	10	100	40.0
7.	Quality scheduling metrics.	7	70.0	10	100	30.0
8.	What determines the effectiveness of electronic scheduling systems?	5	50.0	9	90.0	40.0
9.	Components of culturally competent intake practices.	7	70.0	10	100	30.0
10.	Outcomes of standardized intake procedures.	6	60.0	10	100	40.0
	<i>M</i>	6.1	61.0	9.7	97.0	36.0

Note. Comparison of the change in knowledge on standardized intake procedures per

question item and mean change.

Table 2*Paired One-Tailed t-Test Result*

Survey	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Pretest	10	61	4.83	22.05	9	<.001
Posttest	10	97	8.76			

Note. Comparing the means of the pre-/post educational knowledge scores.

The most significant improvements were observed in seven questions: Question 1: reason for intake process, Question 3: proper procedures for handling two patient bookings, Question 4: clinic intake policy, Question 6: verification of intake documentation, Question 7: quality metrics, Question 9: culturally competent practice, and Question 10: outcomes of standardized intake procedures. Difficulties were experienced in Question 2: steps for handling intake requests, Question 5: problems resulting from a lack of standardized scheduling practices, and Question 8: determinants of effective electronic scheduling systems, as evidenced by an increase in average scores of the standardized intake procedures.

Paired One-Tailed t-test

As depicted in Table 2, I used a paired one-tailed *t*-test to analyze the results, which demonstrated a statistically significant increase in knowledge scores after the educational intervention. There was a mean score increase, as supported by the *t*-test statistic from presurvey ($M = 61, SD = 4.83$) to post-survey ($M = 97, SD = 8.76$), $t(9) = 22.05, p < 0.001$, indicating an improvement in staff knowledge of standardized intake response and appointment scheduling practices.

The research data showed that staff knowledge improved both statistically and practically after the training program. The post training assessment showed that staff members achieved better results in three areas: correct intake procedures, identification and comprehension of cultural competency standards, and application of scheduling protocols.

Implications and Limitations

The research results from this study provide essential knowledge that helps private mental health clinics enhance their staff's understanding of standardized intake procedures and scheduling protocols. Increasing staff members' understanding of how to perform timely intake procedures and maintain consistent scheduling workflows will help patients access care more efficiently, reduce wait times and appointment cancellations, and protect the quality and continuity of mental health services. The project resulted in positive gains in staff knowledge acquisition after the educational program. However, the study had two main limitations: the limited number of participants and the fact that a comparison group was not included. The research findings validate that specific training programs for staff members are an optimal solution for addressing operational knowledge deficiencies, leading to better practice development.

The educational module will achieve even better results if multiple recommendations are followed to help maintain its effects. I recommend that the practice site organization provide periodic refresher training to maintain standardized intake and scheduling procedures and keep staff members up to date on the best current practices and organizational guidelines. The educational module could be made accessible through an online platform, enabling new employees to join at any time, while existing staff

members could maintain their competencies through continuous training. The maintenance of these initiatives depends on leadership support, which enables the allocation of resources for ongoing quality improvement activities. The educational program succeeded because staff members need ongoing training to learn evidence-based operational methods that support their career growth and enhance their ability to deliver mental health services.

Conclusions

The DNP educational project delivered substantial benefits to practice site staff members by improving their understanding and establishing protocols for intake and scheduling. The evidence-based training system created a more efficient workflow while ensuring patients receive consistent communication. The project demonstrates how DNP-prepared nurses can enhance healthcare quality through evidence-based education, system transformation, and teamwork with other professionals. The maintenance of these results depends on scheduled refresher training sessions, new employee onboarding programs that include these materials, and ongoing tracking of scheduling performance indicators. Nursing practice will benefit from this project through better care coordination, equal service delivery, and ongoing development of improvement practices. The project enables positive social change by ensuring that every patient receives timely, well-organized, culturally appropriate mental health services.

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Appendix A: Learning Module

Educating Staff on Standardized intake Response and appointment Scheduling Practices

Improving Knowledge in a Private Mental Health Clinic

Mercy Itesa, DNP Student

10/03/2025

Introduction

- Purpose: Evaluate staff education on intake and scheduling
- Setting: Private Mental Health Clinic
- Measurement: pre- and post surveys

Importance of Standardized Intake

- Ensures consistency and accuracy in patient information
- Supports comprehensive psychosocial history collection
- Reduce barriers to care and anxiety for patient (Siddiqui et al., 2023)

Patient Communication Best Practices

- Prompt response with clear directions on next steps and timelines
- Appointments confirmed in writing (text message, email, portal)
- Patient Trust and engagement enhanced (Albright et al., 2022)

Scheduling Accuracy

- Benefits: Documentation accuracy, reduced no shows, continuity of care.
- Correct Protocol: Offer appointment slot to first patient, suggest alternatives to patient

Policies and Procedures

- Standardize care and reduce risk
- Key intake scripts: Welcome statement and clinic introduction
- Provides consistent first impression

Barriers and Risks

- Inconsistent Scheduling, missed appointment, poor follow up
- Common barrier: Lack of standardized training
- Education improved efficiency

Professional Roles

- Responsibility: completion of documentation by intake staff and clinical team
- Escalation: Call attention to clinician if safety concerns are noted

Quality Improvement Metrics

- Standardized scheduling reduces inconsistencies in patient flow
- Key Metric: Timing from intake request to first appointment
- Supports outcome for the organization (Moura & Pinho, 2025)

Technology in Intake and Scheduling

- Electronic scheduling systems: Success with consistent, accurate data
- Secure messaging: Confirmations and reminders of appointments

Cultural Competency

- Provider interpretation/translator services as needed
- Respect patient preferences, culture/religion practices, and availability
- Strengthen patient-centered care

Patient Engagement

- Standardized intake promotes trust and reduces uncertainty
- Clear scheduling communication reduces cancellations and improves attendance
- Reinforces therapeutic alliance

Summary

- Education improves staff knowledge on intake and scheduling
- Leads to consistency, better patient engagement, and reduces risk
- Improvement measured through pre and post surveys

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Appendix B: Pretest/Posttest Survey

General Knowledge of Intake Processes

1. A standardized intake process exists for what main reason?
 - A. The process aims to maintain both precise and uniform patient data collection.
 - B. The process exists solely to decrease staff work responsibilities.
 - C. The process aims to decrease the duration of all scheduled appointments.
 - D. The process exists to prevent documentation obligations.

Patient Communication

2. Staff members need to follow these steps when handling intake requests:
 - A. Staff members need to explain the following steps and time requirements to patients.
 - B. Staff members should direct patients to outside medical services right away.
 - C. Staff members should delay their response until providers become available.
 - D. Staff members should refrain from gathering any information until the scheduled appointment time arrives.

Scheduling Accuracy

3. The proper procedure when two patients want to book the same time slot should be:
 - A. The provider will make the final decision about scheduling both patients.
 - B. The first patient receives the appointment time, while the second patient gets alternative booking options.
 - C. The system should cancel one appointment without giving any warning to the affected patient.
 - D. The practice should make a purposeful decision to schedule more patients than available time slots.

Policies and Procedures

4. The purpose of clinic intake policies is to:
 - A. Standardize care and reduce risk
 - B. Limit staff autonomy only
 - C. Increase provider workload
 - D. Replace patient rights

Barriers and Risks

5. The following problems occur when scheduling practices are not standardized:
 - A. Missed appointments and poor follow-up
 - B. Improved staff flexibility
 - C. Fewer provider complaints
 - D. No significant impact

Professional Roles

6. Who bears the duty to verify that all necessary intake documentation exists?
- A. Intake staff and clinical team
 - B. Only the patient
 - C. Only the provider
 - D. The billing department

Quality Improvement

7. The following option represents a scheduling quality metric.
- A. Time from intake request to first appointment
 - B. Provider satisfaction only
 - C. Total clinic revenue
 - D. Number of intake forms printed

Technology Use

8. The effectiveness of electronic scheduling systems depends on:
- A. Staff members need to provide precise and complete information through regular entries.
 - B. Used only by providers
 - C. Staff members should disregard all alert notifications.
 - D. Patients are not informed

Cultural Competency

9. Culturally competent practices during intake consist of:
- A. The provision of translation or interpretation services becomes necessary for patients who require them.
 - B. The process of saving time requires staff to disregard patients cultural backgrounds.
 - C. The use of clinical jargon represents the only acceptable communication method.
 - D. Staff members should refrain from asking patients about their cultural background.

Patient Engagement

10. The implementation of standardized intake procedures leads to better patient involvement through:
- A. The process becomes more understandable, which builds trust between patients and healthcare providers.
 - B. The system restricts the amount of information that patients receive.
 - C. The system concentrates exclusively on processing medical claims.
 - D. The system shortens all sessions to the same duration without considering individual patient requirements.

Appendix C: Content Expert Evaluation

- I. This was an educational project to improve the clinical and administrative staff's knowledge of standardized intake response and appointment scheduling practices.

A. Content expert Reflection.

First Content Expert	Second Content Expert
<p>The content expert position I held made me more certain about the project's importance and its expected results. The educational content provides complete evidence-based information that solves the recognized problems with standardized intake response and appointment scheduling systems. The material presents modern healthcare standards for patient access to medical services and for optimizing clinical processes, making it suitable for real hospital environments.</p>	<p>The educational intervention has strong research backing because it incorporates current access-to-care statistics and a real-world scenario. From a content expert perspective, I evaluate the material as complete and directly supporting the project goal of enhancing intake and scheduling operations through greater consistency and efficiency. The content is appropriate for staff education, which should take place in mental health practice settings.</p>

B. Area of improvement.

First Content Expert	Second Content Expert

<p>A brief "cheat sheet" containing essential intake-response and scheduling information would improve system usability and help users remember their daily workflow procedures.</p>	<p>The clinic will need to select a specific champion to maintain continuous dialogue on standardized intake and scheduling practices to ensure their continued use.</p>
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II. Pre/ Post-Test

C. Pre- and post-tests Evaluation.

First Content Expert	Second Content Expert
<p>The pre- and post-test questions were directly related to the educational material that taught staff about standardized intake response and appointment scheduling methods. The assessment correctly evaluated participants' comprehension of the essential information taught in the academic program.</p>	<p>The educational content aligned perfectly with the pre- and post-test questions, indicating that the project developer created an effective educational program. The assessments successfully measured specific knowledge improvements that staff demonstrated about standardized intake responses and appointment management procedures, thus fulfilling the project evaluation requirements.</p>

D. Suggested Project Modifications to the project.

First Content Expert	Second Content Expert
<p>The project successfully measured short-term knowledge acquisition regarding</p>	<p>The case study demonstrated practical knowledge application, but the project</p>

<p>standardized intake responses and appointment scheduling, yet it should have included specific strategies to sustain these gains over time. The Project should have included strategies to maintain standardized intake and scheduling practices after the first education phase, through staff refresher sessions and integration of orientation materials.</p>	<p>would benefit from an additional evaluation section that measures staff members' willingness to use standardized intake response and appointment scheduling methods in their regular work activities. The inclusion of a post-survey item assessing their self-efficacy in maintaining standardized intake schedules and scheduling protocols would demonstrate how well they apply what they have learned.</p>
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III. The role of the student as a team leader

E. Effectiveness in Directing the Team and Meeting Organizational Objectives.

First Content Expert	Second Content Expert
<p>The student demonstrated excellent leadership skills during the project by working closely with clinical and administrative staff who handled standardized intake responses and appointment scheduling. She kept the lines of communication open while maintaining regular contact with all parties, and she ensured that project work remained focused on organizational goals aimed at enhancing both the speed of mental health service delivery and operational procedures.</p>	<p>The students demonstrated excellent leadership skills through their project team leadership, demonstrating strong initiative and professional conduct. She established project objectives to enhance standardized intake response and appointment scheduling operations, track schedule progress, and promote teamwork among team members. Her leadership enabled educational intervention to succeed by aligning with organizational priorities and practice requirements.</p>

IV. Suggestions for improvement.

First Content Expert	Second Content Expert
<p>The student demonstrated that her learning activities and project results aligned with both the course learning goals and the institution's requirements. She used academic principles to create an educational program that taught mental health clinic staff about standardized intake procedures and appointment scheduling methods.</p>	<p>The project delivered successful knowledge transfer about standardized intake response and appointment scheduling, but it needs improvement to show how educational content leads to actual practice modifications. The evaluation of actual implementation would improve through strategies that include practitioner self-assessment of practice modifications and scheduled checks of their adherence to established intake and scheduling protocols.</p>