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Enhancing Staff Education on Antidepressant Side Effects for Adolescents at Discharge

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Walden University

College of Nursing

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Review Committee

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Walden University
2025

Executive Summary: Staff Education Project
Enhancing Staff Education on Antidepressant Side Effects for Adolescents at Discharge

by
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Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
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Summary

This Doctor of Nursing Practice (DNP) evidence-based staff education project aims to improve adolescent medication education at discharge. The project translates current evidence into structured interventions to strengthen safety and quality outcomes. The practice problem is the lack of consistent, age-appropriate discharge teaching for adolescents and families, which contributes to medication errors, poor adherence, and preventable readmissions (Glick et al., 2017). Nurses, as primary educators, are positioned to close this gap and ensure safer care transitions (Griffey et al., 2015).

The project question, framed with PICO, asks: For adolescents discharged from inpatient or outpatient care, how does a structured medication education program compared with usual teaching affect adherence, safety, and satisfaction? Analytical strategies included a SWOT analysis, appraisal of research and nonresearch evidence, and stakeholder analysis. These methods identified barriers, assessed readiness, and guided evidence-based intervention selection. Major products include a structured protocol using teach-back, caregiver involvement, and multimedia tools. Evidence supports their effectiveness (Talevski et al., 2020; Alvarez et al., 2022), though limitations include staff adoption, resource needs, and cultural adaptation. Recommendations include phased training, EHR integration, and outcome evaluation. Implications for nursing practice include strengthening patient safety and professional accountability. Broader impacts include reducing health disparities and promoting equity through culturally sensitive, developmentally appropriate education that fosters trust and supports positive social change.

Background

Adolescents discharged on antidepressants are at increased risk for adverse effects, including suicidal ideation, particularly during the early stages of treatment (Bridge et al., 2019). The background of this project highlights a critical gap in practice: the lack of consistent, developmentally appropriate, and culturally sensitive discharge medication education for adolescents. Adolescents discharged on medications, particularly antidepressants, face heightened risks such as side effects, nonadherence, and preventable readmissions. Current discharge processes often rely on generalized instructions that fail to meet the cognitive and developmental needs of this population, underscoring the need for a structured, evidence-based approach. The purpose of the project is to improve staff knowledge and confidence in educating adolescents and their families about antidepressant side effects to promote safety, adherence, and early identification of complications. Evidence from systematic reviews and clinical guidelines (Level I–II) supports that structured, nurse-led discharge education significantly improves medication adherence, reduces readmissions, and enhances patient understanding (Talevski et al., 2020; Glick et al., 2017). Implementing a standardized education protocol at discharge can address this critical gap and improve post-discharge outcomes for adolescents prescribed antidepressants.

Staff Education Project Development

The project involved frontline nursing staff from the adolescent behavioral health unit, who were directly responsible for discharge education. Participants received training through a combination of in-person in-service sessions and an optional online recorded video module, allowing flexibility while ensuring consistent information delivery. The

training focused on identifying resources that provide common and serious side effects of antidepressants in adolescents. Evidence was collected using pre- and post-education surveys to assess changes in staff knowledge and confidence. Additional data that can be collected include chart audits to evaluate documentation of antidepressant education at discharge. Analysis involved comparing pre- and post-intervention survey scores and audit results to determine improvements in staff performance and compliance. The evaluation process assessed both qualitative and quantitative outcomes, including staff feedback and completion rates of the training to measure the overall effectiveness and sustainability of the intervention.

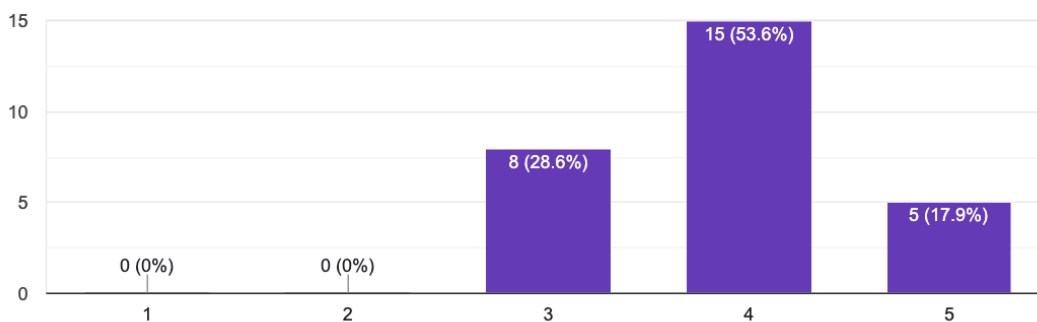
Results

Figure 1

How confident are you in locating resources that provide medication education to adolescent patients and their families at discharge? (1 = not confident, 5 = very confident)

[Copy chart](#)

28 responses



How often do you provide developmentally appropriate medication instructions tailored to adolescents?

[Copy chart](#)

27 responses

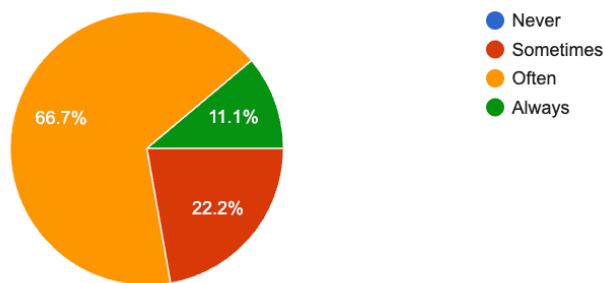


Figure 1

Staff Confidence Pre-Education

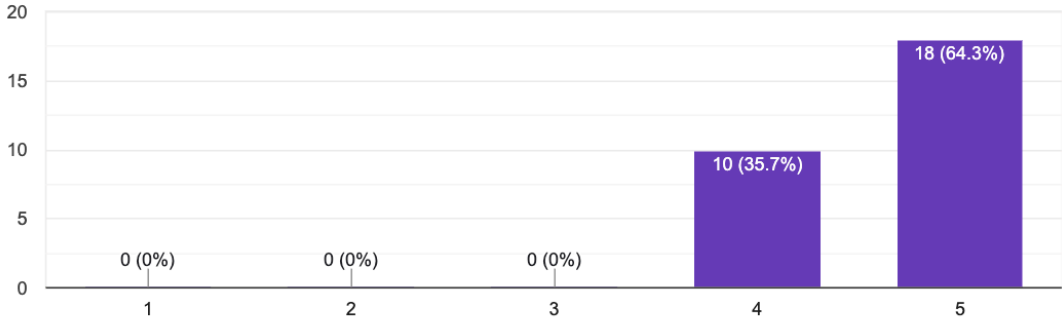
Note. Created by the author for the DNP project (2025).

Figure 2

After in service, how confident do you feel about locating the resources to print out medication instructions? (1 = not confident, 5 = very confident)

[Copy chart](#)

28 responses



Based on your experience, what additional resources, tools, or strategies that help you in practice?

6 responses

- Crisis contacts and family therapy always help my patients after they discharge to help build new ways of communicating and support the entire family
- Almost all of our patients go home with case management programs. And med management.
- More behavior resource
- Micromedex, Clinical references
- None
- Screening tools for depression and abuse

Figure 2

Staff Confidence Post-Education

Note. Created by the author for the DNP project (2025).

Post-Implementation Results

The survey results demonstrate a clear improvement in staff confidence and practice after the educational intervention. Before the intervention, only 17.9% of staff felt “very confident” in locating resources for adolescent medication education at discharge, while post-intervention, 64.3% reported being “very confident,” with the remaining 35.7% “confident.” This indicates that the in-service training significantly strengthened staff resource utilization skills. Additionally, while only 11.1% reported always providing developmentally appropriate instructions pre-intervention, the increased confidence in resource use suggests that post-implementation, staff are more capable of tailoring education to adolescent needs. Open-ended responses reinforced this, with staff identifying useful tools such as crisis contacts, family therapy, case management, Micromedex, and screening tools for depression and abuse, which highlight expanded clinical awareness and resource integration.

Impact on the Organization

The intervention strengthened the organization’s ability to deliver safe, effective, and patient-centered care for adolescents. Improved staff confidence ensures that medication education is consistent, evidence-based, and developmentally appropriate, reducing the likelihood of misunderstandings, non-adherence, or adverse outcomes. The organizational culture benefits as staff feel more equipped and supported, which fosters greater job satisfaction, reduces burnout, and enhances teamwork. Moreover, implementing structured discharge education improves continuity of care, aligns with accreditation standards, and supports better patient and family satisfaction, which can positively influence organizational reputation and outcomes. The project strengthened the

organization's capacity to provide safe, high-quality care during care transitions.

Improved discharge education has the potential to reduce medication errors, readmissions, and patient dissatisfaction, aligning with organizational goals for safety, quality, and patient-centered care (Alvarez et al., 2022).

Limitations and Impact on Results

Despite these strengths, several limitations may have influenced the results. The relatively small sample size ($n = 28$) limits generalizability, and the reliance on self-reported survey data raises the possibility of response bias, as participants may have overstated their confidence or adherence to best practices. The short timeframe for evaluation did not allow for assessment of long-term retention of knowledge or sustainability of changes in practice. Additionally, the limited number of qualitative responses constrained the depth of understanding regarding resource needs, and the single-site design means that findings may not fully apply to other organizations with different workflows, populations, or resources.

Importance Beyond the Local Site

Nevertheless, this project carries importance beyond the local setting. It provides evidence that targeted educational interventions can strengthen provider competence, improve discharge processes, and enhance patient safety in adolescent populations, a critical need across healthcare systems. By emphasizing developmentally appropriate and family-centered care, the project contributes to broader goals of reducing readmissions, promoting medication adherence, and advancing health equity in mental health care. The findings highlight a replicable, evidence-based strategy that can inform best practices in

diverse healthcare environments, demonstrating that relatively small-scale educational efforts can yield meaningful impacts on both staff performance and patient outcomes.

Conclusions

The project positively impacted the organization by strengthening the consistency and quality of discharge medication education for adolescents, increasing staff confidence, and aligning care transitions with organizational goals for safety and patient-centered care. To sustain these gains, recommendations include ongoing staff training, integration of standardized tools into the electronic health record, and the development of culturally adapted resources to meet diverse patient needs. For nursing practice, the project highlights the critical role of nurses as frontline educators who ensure safe transitions and foster adherence through evidence-based methods. Beyond the local site, the project contributes to positive social change by addressing disparities in adolescent education, embedding diversity, equity, and inclusion principles, and ensuring that interventions are developmentally appropriate, culturally sensitive, and accessible, thereby advancing equitable outcomes and strengthening trust in healthcare delivery.

References

- Alvarez, C., Phillips, A., Fidler, N., & Kuster, S. (2022). Development, implementation, and evaluation of Teach Back training for community health workers: A pilot quality improvement project. *Frontiers in Medicine, 9*, 918686. <https://doi.org/10.3389/fmed.2022.918686>
- Bridge, J. A., Horowitz, L. M., Fontanella, C. A., Sheftall, A. H., Greenhouse, J. B., Kelleher, K. J., & Campo, J. V. (2019). Age-related racial disparity in suicide rates among US youths from 2001 through 2015. *JAMA Pediatrics, 173*(7), e191114. <https://doi.org/10.1001/jamapediatrics.2019.1114>
- Glick, A. F., Farkas, J. S., Nicholson, J., Dreyer, B. P., Fears, M., & Mendelsohn, A. L. (2017). Parental management of discharge instructions: A systematic review. *Pediatrics, 139*(4), e20164165. <https://doi.org/10.1542/peds.2016-4165>
- Griffey, R. T., Shin, N., Jones, S., Aginam, N., Gross, M., & Kinsella, Y. (2015). The impact of teach-back on comprehension of discharge instructions and satisfaction among emergency patients with limited health literacy: A randomized, controlled study. *Journal of Communication in Healthcare, 8*(1), 10–19. <https://doi.org/10.1179/1753807615Y.0000000001>
- Talevski, J., Wong Shee, A., Rasmussen, B., Kemp, G., & Beauchamp, A. (2020). Teach back: A systematic review of implementation and impacts. *PLOS ONE, 15*(4), e0231350. <https://doi.org/10.1371/journal.pone.0231350>