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## Staff Education to Improve Mental Health Access for Underserved Populations through Telehealth

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# Walden University

College of Nursing

This is to certify that the doctoral study by

Kafayat Oluwole

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

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Dr. Diane Whitehead, Committee Member, Nursing Faculty

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

Walden University  
2026

Executive Summary: Staff Education Project  
Staff Education to Improve Mental Health Access for Underserved Populations through  
Telehealth

by  
Kafayat Oluwole

BSN, Grand Canyon University, 2019

ADN, Truman College, 2006

Executive Summary Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

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## Summary

This staff education doctoral project was aimed at improving the knowledge of mental health nurses in delivering telehealth services to underserved populations and strategies to help navigate the difficulties of underserved populations in getting access to quality and timely mental health care. The gap in practice was that many psychiatric nurses lack formal training to provide safe, culturally responsive, and effective telehealth services. The following practice problem question was examined: Does educating mental health nurses on strategies to improve telehealth communication improve knowledge as measured by the pre- and posttest? The ADDIE model and John Hopkins model were used to design the model, which involved the analysis of learning needs, design of a curriculum outline, development of interactive training content, implementation, and evaluation. Thirty articles were retrieved, and 20 met the inclusion criteria for psychiatric nursing, telehealth, and care for underserved communities. The evidence substantiated the necessity for standardized education to improve nurses' knowledge and cultural responsiveness in virtual care settings. Two content experts helped with the development and design of the education and pre- and postsurveys. Twenty-five psychiatric nurses who attended a lunch and learn in the clinic's conference room. The pretest results were 62.8%, the posttest results were 77.4%, and the mean percentage point change in knowledge was 14.6%. The paired  $t$  test ( $p < .05$ ) indicated a statistically significant improvement. The project improved psychiatric nurses' knowledge and potentially their preparedness to deliver culturally responsive telehealth services, particularly for underserved populations. By enhancing nurses' telehealth skills, the project supports evidence-based practice, workforce readiness, and equitable access to mental health care.

## **Background**

Psychiatric access is a significant issue for underserved groups in the United States, such as rural, low-income, and minority groups. Barriers have also affected these groups, and they have comprised transport services, stigmas, inaccessibility of technology, and insufficiency of mental health providers (Omiyefa, 2025). Telehealth has become a feasible form of care access and retention, yet many psychiatric nurses have not been trained in telehealth care provision. The absence of standardized education in virtual communication, the utilization of the Health Insurance Portability and Accountability Act (HIPAA)-compatible technology, and sensitivity to the culture limit the quality of provided service and engagements with patients, especially those who are already prone to systemic disparities (Rettinger & Kuhn, 2023).

The urgency of my project came from identified gaps at the selected clinical site because the psychiatric nurses stated that they had low knowledge and confidence in the idea of offering virtual mental health services. Their competencies in telehealth delivery were largely acquired informally, resulting in inconsistencies in care delivery, challenges related to therapeutic communication, cultural and language barriers, and limited experience managing psychiatric conditions in a virtual setting (Galvin, 2025). Although some information still confirms that telehealth is effective in treating depression, anxiety, and substance use disorders, telehealth requires the provider to provide ethical, competent, and patient-centered care in a virtual setting (Jongsma et al., 2021). Even the most equipped telehealth systems cannot produce the best results without special training. These gaps in knowledge and practice at the site are what saw the growth of this educational project. The problem question for this project was Does educating mental

health nurses on strategies to improve telehealth communication improve knowledge as measured by the pre- and posttest?

### **Staff Education Project Development**

The development and implementation of this staff education project were carried out on a general instructional structure often referred to as the ADDIE model and the John Hopkins model because they addressed the need for a systematic and effective intervention during the development and implementation of the learning process (see Adeoye et al.). The ADDIE model has five stages: analysis, design, development, implementation, and evaluation (Rusdi et al., 2022). The construction of a telehealth education program for psychiatric nurses working with underserved patients was designed following each step of this model.

#### **Analysis**

Analysis started with a thorough needs analysis to establish the gaps in the knowledge and skills of psychiatric nurses concerning telehealth. Early survey results and informal interviews showed that more than 70% of the 25 surveyed nurses never had formal training on telehealth. They had trained most of them to provide virtual care based on ad hoc learning or peer observation, so most had not provided consistent delivery, documentation, and engagement strategies. Moreover, the self-assessment exercise results indicated that nurses, due to a lack of knowledge, did not feel confident in offering culturally competent care during telehealth sessions. The problem question was supported by a specific literature review, up to a structured training program based on the scope of practice and the daily issues nurse's encounter. These findings revealed that a structured

need should have been identified and necessitated an organizational readiness assessment process, alignment of stakeholders and SWOT analysis.

### **Design and Development**

At the design and development stages, the literature was synthesized, and education objectives were designed, aiming at best practices and adult learning theories. I used my action planning tool to plan, organize the design development and gave a presentation of the project and the entire action plan to the faculty and site's stakeholders in a scheduled kick-off meeting as part of the implementation process. This meeting established the objectives of the project, curriculum, teaching method, and evaluation plan. The timelines, responsibilities, and expectations of the education program were briefed to the stakeholders. The kickoff meeting facilitated a common understanding of the project workflow on the part of the team members, who again aided in a consistent delivery of the curriculum. My Doctor of Nursing Practice (DNP) committee approved my project. Educational pamphlets were distributed to mental health nurses participating in the staff education program (Appendix A). The education materials and presentation of the material were reviewed by content experts, who gave specific feedback to make each model accurate and relevant (Appendix B). All participants signed an informed consent and completed a pretest survey (Appendix C) through SurveyMonkey. The design of instructional materials was interactive and flexible, and every teaching format was included to meet the needs of various learners (Appendix D). These included interactive webinars, real-life case simulations, hands-on demonstrations, and scenario-based group discussions (see Farokhi et al., 2023). Then, a posttest survey (Appendix C) was completed to measure the knowledge at the end of the educational modules.

## **Implementation**

Prior to implementation, I received ethics approval to ensure compliance with institutional and ethical standards. The implementation phase of this Doctor of Nursing Practice (DNP) educational project focused on delivering a structured telehealth education program for psychiatric nurses serving underserved populations. A total of 25 mental health nurses were asked to participate, and due to varying work schedule and the presence of both full-time and part-time staff, the education was conducted across four small-group sessions, each including approximately six to seven participants. Participants informed consent was collected.

Changes were not made to the content between sessions to avoid adding outliers that could make the results less reliable, and each session lasted approximately 45 minutes. The sessions were conducted in the clinic's staff conference room during lunch hours. I worked with the project preceptor to set dates and times that worked with the clinic's schedules and the participants' availability. Lunch was provided to participants during the session to promote engagement and minimize disruption.

The pretest survey was completed electronically via SurveyMonkey, and completion was tracked using assigned participant numbers to ensure anonymity and accurate pre- and postsurvey matching. After the educational presentation and discussion, the post-test survey was completed. The final data analysis includes only participants who completed both the pre- and postsurveys. To minimize data loss, surveys were distributed and collected immediately before and after the educational intervention. A small appreciation gift was provided to participants who completed both surveys, acknowledging their contribution to the project. There was also a feedback survey where

learners were asked about the relevance, understandability, and value of what they received.

### **Evaluation**

The last part of the ADDIE model was the evaluation. The evaluation plan was aimed at understanding how the data would be assessed and establishing whether the educational objectives have been attained. To analyze the pre- and postsurvey, descriptive statistics were used, and to determine the significance of the project, a paired *t* test was used. The program effectiveness was assessed using pre- and postintervention knowledge assessment. The training was validated by content experts regarding the statement that the program solved the needed practice gaps and relevant clinical education standards. This assessment plan was the basis of reporting findings in the following section, which shows how the educational intervention affected the preparation of the psychiatric nurses to provide telehealth services.

### **Results**

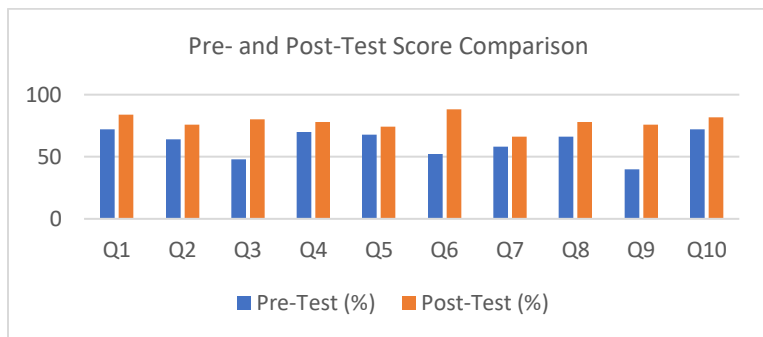
Telehealth education programs for psychiatric nurses have provided considerable and quantifiable positive effects on knowledge, confidence, and self-assessed readiness in virtual mental health services to underserved communities. The 2-day training resulted in the preparation of 25 psychiatric nurses, who underwent the pre- and postintervention knowledge tests and satisfaction questionnaire completion. As the findings show, the training was effective, and it was possible to derive meaningful information about how well-designed education can assist in making telehealth more integrated into mental health nursing.

## **Content Expert Findings**

Content experts reviewed the educational material to assess their alignment with identified practice gaps with present telehealth standards in psychiatric nursing. In general, the content experts agreed that the educational materials were correct, based on evidence, and good for psychiatric nurses who provide telehealth services to people in underserved areas. The curriculum was found to cover important parts of telehealth practice well. These include therapeutic communication, ethical and the Health Insurance Portability and Accountability Act (HIPAA)-compliant care, cultural competence, community resource integration, and how to handle psychiatric issues in virtual settings. Content experts also mentioned that the learning goals were clear and aligned with the lessons and tests. Minor suggestions included making some instructional prompts clearer and using case-based examples to show how to use the material in real life; these suggestions were considered before putting the plan into action. Experts said that the educational intervention was ready to be put into action and could help fill the gaps in practice in telehealth delivery.

## **Pre- and Postintervention Knowledge Assessment Results**

A pre/postknowledge test of 10 items was administered to assess baseline knowledge and improvement in knowledge. Figure 1 shows an increase in mean knowledge scores following the educational intervention, indicating improved participant understanding of telehealth-related content.

**Figure 1***Pre- and Posttest Score Comparison*

The highest posttest accuracy improvement was seen with the Health Insurance Portability and Accountability Act (HIPAA) compliance questions (Q3), culturally competent care questions (Q6), and crisis response questions in virtual environments (Q9), with a percentage change of the post-test accuracy increasing by 48-80%, 52-88%, and 40-76%, respectively, after the intervention. Table 1 shows the pretest and posttest scores for each item, as well as the percentage change for each area of knowledge. Q1 was the question participants most answered correctly on the pretest, with a baseline accuracy of 72%, which means that the person taking the test was probably more familiar with this topic. The question with the lowest number of correct responses on the pretest was Q3, which had the lowest baseline accuracy (48%). This data shows that there is a big knowledge gap when it comes to the Health Insurance Portability and Accountability Act (HIPAA) compliance in telehealth practice. Overall, participants demonstrated increased knowledge across all domains assessed after completion of the training program.

**Table 1***Pre- and Postintervention Knowledge Assessment Scores Item*

| Item   | Pretest (%) | Posttest (%) | Change (%) |
|--|-------------|--------------|------------|
| Q1: What is the major advantage of telehealth applications in psychiatric nursing?   | 72          | 84           | +12        |
| Q2: What is the most fundamental element of telehealth regarding culturally competent care?  | 64          | 76           | +12        |
| Q3: What is a significant legal factor when telehealth services are performed?   | 48          | 80           | +32        |
| Q4: What is the best definition of synchronous telehealth communication?   | 70          | 78           | +8         |
| Q5: How should a patient be engaged further in virtual mental health care?   | 68          | 74           | +6         |
| Q6: In which of the following circumstances would a nurse have a duty to report a telehealth confidentiality breach?               | 52          | 88           | +36        |
| Q7: Which is one of the typical hindrances to the utilization of telehealth in underserved groups?                                 | 58          | 66           | +8         |
| Q8: What is practiced with telehealth practice documentation?  | 66          | 78           | +12        |
| Q9: What can the psychiatric nurses do to eliminate the connotations of stigma about tele-mental health services in the community? | 40          | 76           | +36        |
| Q10: Why does community outreach matter in planning telehealth programs?   | 72          | 82           | +10        |
| Mean   | 62.8        | 77.4         | +14.6      |

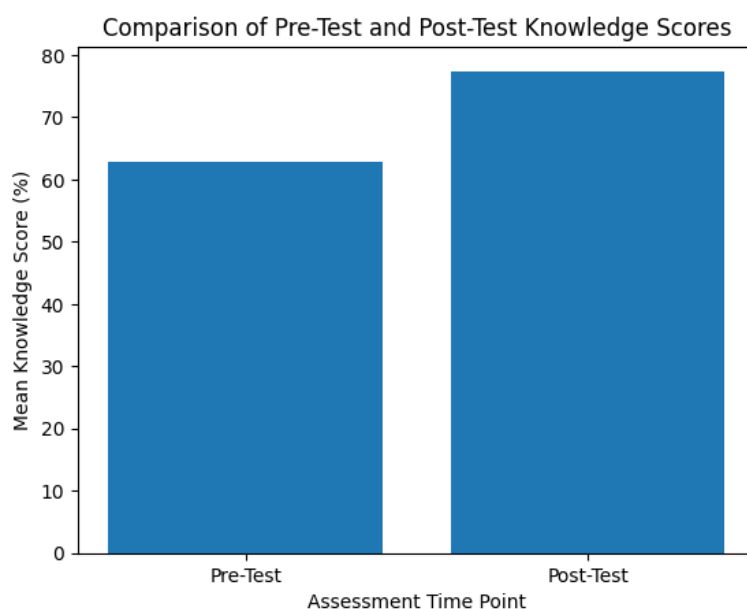
***t*-Test Results**

A paired-samples *t* test was conducted to compare participants' preintervention and postintervention knowledge scores. The mean pretest score was 62.8% ( $SD = 10.3$ ), while the mean post-test score increased to 77.4% ( $SD = 9.1$ ), which was also statistically significant ( $p < .05$ ). This is a mean increase in knowledge of 14.6%. These findings demonstrate that the educational intervention was effective in improving participants'

knowledge and achieving the project's learning objectives. Figure 2 displays mean knowledge scores before and after the educational intervention. Posttest scores demonstrate a statistically significant improvement compared to pretest scores ( $p < .05$ ).

**Figure 2**

*Comparison of the Pretest and Posttest Knowledge Scores*



### **Strengths and Limitations**

A key strength of this project was the use of the ADDIE instructional design model, which provided a systematic framework for developing, implementing, and evaluating the educational intervention. The inclusion of interactive, case-based learning and technology simulations enhanced learner engagement and promoted application to real-world psychiatric practice. Additionally, implementation within a clinical setting increased the practical relevance of the training for participating psychiatric nurses. Despite these strengths, several limitations should be acknowledged. The project was

conducted at a single clinical site with a relatively small sample size, which may limit the generalizability of the findings. The evaluation period was short and did not include long-term follow-up to assess sustained knowledge retention or changes in clinical practice. In addition, reliance on self-reported measures may introduce response bias.

### **Conclusion**

In conclusion, this educational project could strengthen the telehealth skills of psychiatric nurses, providing them with knowledge and self-confidence that is imperative to provide culturally competent virtual mental health care to underserved populations. The effectiveness of the structured training based on the ADDIE model is observed in the significant rise of the post-test scores and self-reported performance of the confidence level. Nurses are better equipped to work on telehealth platforms, guaranteeing compliance with the Health Insurance Portability and Accountability Act (HIPAA) standards and connecting with different communities. The project reaffirms the importance of continuous learning in adjusting to changing care delivery models and establishing health equity. With telehealth as a new normal in psychiatry, this training can be incorporated into standard staff development to maintain high-quality, accessible mental care in diverse care environments.

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## Appendix A: Flyer

### Psychiatric Nursing Telehealth Education Program

**Data & Time:**

- 1st Session: 09/29/2025 at 12:00 pm CST
- 2nd Session: 09/30/2025 at 12:00 pm CST
- 3rd Session: 10/01/2025 at 12:00 pm CST
- 4th Session: 10/02/2025 at 12:00 pm CST

**Location:**

- Staff conference room
- Six to seven psychiatric nurse per training session

**Refreshments will be served**

**Presenter:**

Kafayat Oluwole, RN, BSN  
DNP-PMHNP Student

**Project Focus:**

Staff education on improving mental health nurses' knowledge in providing telehealth services to underserved populations.

## Appendix B: Content Expert Evaluation Form

### Content Expert Evaluation Form

DNP Project Title: Improving Psychiatric Nurses' Readiness for Telehealth Delivery for Underserved Populations Through Targeted Education

Program: DNP – Psychiatric Mental Health Nurse Practitioner

#### Purpose of the Evaluation

The purpose of this evaluation is to assess the content validity, relevance, clarity, cultural appropriateness, and applicability of the educational materials developed to improve psychiatric nurses' readiness for telehealth delivery to underserved populations. This completed evaluation reflects expert review of the educational materials.

#### Section A: Content Relevance and Accuracy

The content aligns with current evidence-based practice in psychiatric mental health nursing.

Rating: 5 – Strongly Agree

The educational content accurately reflects best practices in telehealth delivery.

Rating: 5 – Strongly Agree

The content is appropriate for psychiatric nurses serving underserved populations.

Rating: 5 – Strongly Agree

The information provided is up-to-date and clinically relevant.

Rating: 5 – Strongly Agree

#### Section B: Clarity and Organization

Learning objectives are clearly stated and measurable.

Rating: 5 – Strongly Agree

Content is logically organized and easy to follow.

Rating: 5 – Strongly Agree

Terminology used is appropriate for the intended audience.

Rating: 5 – Strongly Agree

Visual aids and examples enhance understanding of the material.

Rating: 4 – Agree

#### Section C: Cultural Competence and Equity

The content promotes culturally competent mental health care.

Rating: 5 – Strongly Agree

The material addresses barriers faced by underserved populations.

Rating: 5 – Strongly Agree

Examples and case scenarios are culturally appropriate and inclusive.

Rating: 4 – Agree

The content encourages equity and ethical considerations in telehealth delivery.

Rating: 5 – Strongly Agree

#### **Section D: Educational Design (ADDIE Model)**

The educational content aligns with the Analysis phase of the ADDIE model.

Rating: 5 – Strongly Agree

Instructional strategies support adult learning principles.

Rating: 5 – Strongly Agree

The materials effectively support knowledge acquisition and skill development.

Rating: 5 – Strongly Agree

The evaluation methods are appropriate for measuring learning outcomes.

Rating: 4 – Agree

#### **Section E: Overall Effectiveness**

The educational intervention is likely to improve nurses' readiness for telehealth delivery.

Rating: 5 – Strongly Agree

The content is feasible to implement in a clinical setting.

Rating: 5 – Strongly Agree

The materials meet the goals of the DNP project.

Rating: 5 – Strongly Agree

#### **Section F: Open-Ended Feedback**

Strengths of the educational content:

The educational materials are evidence-based, clearly organized, and directly aligned with current telehealth standards in psychiatric mental health nursing. The integration of cultural competence and community-based considerations strengthens applicability to underserved populations.

Areas requiring improvement or clarification:

Additional real-world telehealth case examples could further enhance application of concepts. Minor expansion of evaluation strategies may strengthen outcome measurement.

Recommendations to enhance cultural relevance or clinical applicability:

Incorporating region-specific examples and local resource considerations would further improve cultural relevance, particularly for diverse and underserved communities.

**Additional comments:**

**Overall, the educational intervention is well-designed and appropriate for implementation within psychiatric nursing practice. No major revisions are required prior to implementation.**

## Appendix C: Pre/Posttest Survey

### Pre/Post Test Survey

Instructions:

Please find the answers to this question by choosing the one that best fits. You are requested to give one answer to a question only. Your answers will allow you to evaluate your knowledge of telehealth practices in psychiatric nursing before and after training.

**1. What is the major advantage of telehealth applications in psychiatric nursing?**

- A. Minimizes the drug requirements of patients.
- B. Enables 24-hour patient access to emergency rooms
- C. Increases access to care for underserved populations
- D. eliminates the need for psychiatric drugs

**2. What is the most fundamental element of tele-health regarding culturally competent care?**

- A. Talking to all patients in technical terms of medicine
- B. The need not to ask questions concerning the cultural beliefs
- C. The folk values, culture, and communication honor and respect for patients
- D. Talking in a slow and loud manner, regardless of the culture

**3. What is a significant legal factor when telehealth services are performed?**

- A. Utilizing email as an alternative to video consultation
- B. Compliance with the HIPAA rules
- C. Scheduling sessions with less than 15 minutes duration
- D. They only see patients in hospital conditions

**4. What is the best definition of synchronous telehealth communication?**

- A. Patient pre-recorded mental videos
- B. Real-life video or audio calls with the patients
- C. Digital appointment reminder
- D. Mental health apps based on text

**5. How should a patient be engaged further in virtual mental health care?**

- A. Do not address the patient by their name in sessions

- B. Have eye contact and give emotional affirmation
- C. Keep patient questions to a minimum
- D. Concentrate on lists of symptoms

**6. In what of the following circumstances would a nurse have a duty to report a telehealth confidentiality breach?**

- A. A patient talking about the family dispute
- B. A nurse who leaves the video running and forgets to close a session
- C. A request made by a patient to postpone a session
- D. Time lag in the chat communication

**7. Which is one of the typical hindrances to the utilization of telehealth in underserved groups?**

- A. Advanced degrees of digital literacy
- B. Over supply of services
- C. Access to the internet or device limitation
- D. Excessive privacy in the sessions

**8. What is practised with telehealth practice documentation?**

- A. Save time with the help of summary notes
- B. Do not take down the communication mode
- C. Record in detail, like in a real-life interaction
- D. Write abbreviations that are only familiar to employees

**9. What can the psychiatric nurses do to eliminate the connotations of stigma about tele-mental health services in the community?**

- A. Patients should not be encouraged to tell their stories
- B. Become mentally aware and learn virtual alternatives
- C. Restrict marketing to the clinical personnel only
- D. Do not talk about telehealth in the community context

**10. Why does community outreach matter in planning telehealth programs?**

- A. To ensure that face-to-face therapy is eradicated completely
- B. In order to reduce the workload of nurses

- C. In order to enhance acceptance and utilization of mental health services
- D. In order to train technology personnel exclusively

**Answer Key**

1. C.
2. C.
3. B.
4. B.
5. B.
6. B.
7. C.
8. C.
9. B.
10. C.

**Appendix D: PowerPoint Slide Deck**

## Improving Access to Mental Health Care Through Telehealth

Staff Education Project  
Kafayat Oluwole, BSN, RN  
DNP Student – Walden University  
Clinic Staff Education Presentation



## Purpose of Presentation

- Introduce the telehealth staff education project (American Psychiatric Nurses Association, 2022)
- Explain why this project is important to our clinic and patients
- Review what the training included
- Share outcomes and next steps for staff

## Significance of the Program

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- Improved nurses' telehealth knowledge and confidence (World Health Organization, 2022)
  - Enhanced readiness to serve underserved populations
  - Supports equitable access to mental health care
  - Aligns with evidence-based nursing practice (Jelinek et al., 2022)

## What This Means for You

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- Improved confidence in telehealth delivery
  - Clearer understanding of legal and ethical responsibilities
  - Better tools for engaging patients virtually
  - Stronger support for underserved patients (National Institute of Mental Health, 2023)

## Type of Project: Education Project

### Purpose of the Project:

- To improve mental health nurses' knowledge in providing telehealth services to underserved populations (American Psychiatric Nurses Association, 2022).

## Program Objectives

- Describe best practices for telehealth in psychiatric nursing (Harris et al., 2021)
  - Apply HIPAA-compliant telehealth communication strategies (U.S. Department of Health & Human Services, 2023)
  - Utilize culturally competent approaches during virtual care
  - Identify strategies to engage underserved populations in telehealth
  - Recognize and respond to psychiatric concerns in virtual settings

## Program Agenda

- Overview of telehealth in mental health care (Harris et al., 2021)
  - Practice gap and problem identification
  - Telehealth best practices (Melnyk et al., 2019)
  - Cultural competence and community outreach (Venkataramu et al., 2020)
  - Evaluation results
  - Questions and discussion

## Why This Project Matters

- Many patients face barriers to in-person mental health care
  - Underserved populations often struggle with access, stigma, and transportation
  - Telehealth helps bridge these gaps (Harris et al., 2021)
  - Effective telehealth requires proper training and confidence

## Identified Gap in Practice

- Most psychiatric nurses had no formal telehealth training (Harris et al., 2021)
  - Telehealth skills were learned informally or on the job
  - Inconsistent confidence in HIPAA compliance and virtual communication
  - Limited preparation for culturally responsive virtual care



## Initial EBP Question

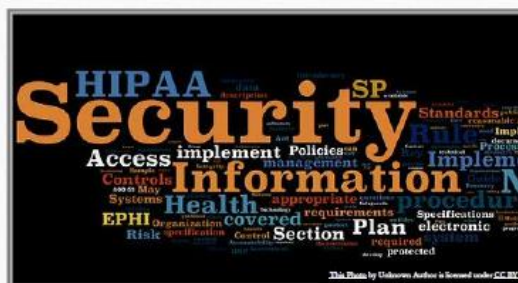
- Does providing telehealth and community outreach training to mental health nurses improve their knowledge to deliver care to underserved populations compared to current practice?

## Project Goal

- To improve psychiatric nurses' knowledge and readiness to deliver telehealth care (Harris et al., 2021)
  - Focus on safe, ethical, and culturally responsive virtual mental health services
  - Support staff in confidently caring for underserved populations

## What the Training Covered

- Telehealth technology navigation and documentation
  - HIPAA-compliant virtual communication (U.S. Department of Health & Human Services, 2023)
  - Culturally competent care in telehealth
  - Community outreach strategies
  - Managing psychiatric crises in virtual settings



## How the Project Was Designed

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- Used the ADDIE educational model
  - Analysis of staff learning needs
  - Design and development of targeted training content
  - Implementation through small group sessions
  - Evaluation using pre- and post-tests

## How the Training Was Delivered

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- Small group sessions during lunch hours
  - Approximately 45 minutes per session
  - Interactive discussion and real-world examples
  - Pre- and post-training knowledge assessments

## Who Participated

- 25 psychiatric nurses
  - Mix of full-time and part-time staff
  - Direct care providers serving underserved populations



## Program Evaluation

- Pre- and post-intervention knowledge assessments (Hung et al., 2025)
  - 10-question survey aligned with training objectives
  - Matched surveys to ensure accuracy
  - Paired-samples t-test used for analysis
  - Evaluation focused on knowledge improvement

## Benefits to Our Patients

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- Improved access to mental health services
  - More consistent and culturally responsive care
  - Better communication during virtual visits
  - Increased trust and engagement

## Project Limitations

- Conducted at one clinic site
  - Short-term evaluation only
  - Long-term outcomes still need to be assessed

## Recommendations Moving Forward

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- Integrate telehealth training into new staff onboarding
  - Offer annual refresher sessions
  - Continue building telehealth confidence through practice (World Health Organization, 2022)
  - Consider expanding training to other clinic sites

## Next Steps

- Use learned strategies in daily telehealth practice
  - Share feedback and suggestions
  - Support ongoing improvement in virtual care delivery



Any Question?

Thank You

- Thank you for your time and participation
  - Your engagement improves patient care
  - Questions or comments?

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