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A Staff Education Module for Depression Screening in Acute Care

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Walden University

College of Health Sciences

This is to certify that the doctoral study by

Olufunmilayo Onuoha

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.

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Walden University
2019

Abstract

A Staff Education Module for Depression Screening in Acute Care

by

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MSN, Walden University, 2015

BSN, Chamberlain College of Nursing, 2012

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Depression is one of the most common mental health disorders in the United States. Although it can be treated, it may go unidentified for a long period of time. The World Health Organization (WHO) anticipates that, by 2020, depression will become responsible for more disabilities than a combination of other conditions, excluding heart conditions. The prevalence of depression among the general population is higher in patients who seek emergency healthcare services. The purpose of this project is to develop an evidence-based educational module for nurses to screen for depression in an acute care setting using the PHQ-2 and PHQ-9 depression screening tools. The design and the implementation of this educational module was directed by Bandura's social learning and self-efficacy theories. The research question focused on how a staff training education module can improve nurses' knowledge of depression screening. A total of 10 nurses participated in the educational program and completed the pre and post-test surveys. The results showed a statistically significant difference between pretest score of (36%) with a P- value of < 0.64 and post-test scores of (99%) and a P- value of < 0.001 . This confirms a significant improvement in the nurses' knowledge of using PHQ-2 and PHQ-9 for depression screening. The project outcome facilitated a significant increase in the use of best practices by reducing the prevalence of undiagnosed and untreated depression in acute care clinics. The implementation of the project can affect social change by improving nurses' knowledge towards performing depression screening, decreasing the incidence of undiagnosed and untreated depression among adults, and prevent health-related complications associated with depression.

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Dedication

For this great accomplishment, the greatest honor goes to my Father and Lord, the giver of life and the author and finisher of my faith. I would like to dedicate my work to my husband, my dim, who has constantly believed in my ability and stimulated my desire for educational growth to the doctoral level. Apart from my husband, I would like to extend my appreciation to my three amazing kids who have always understood that Mommy has to do her homework. Furthermore, I would like to dedicate my work to my parents, siblings, and in-laws for their unrelenting, unconditional love and encouragement through all the ordeals, tribulations and successes that I have experienced during my doctoral nursing program. Your support, encouragement, and reassurances strengthened my weaknesses, energized my enthusiasm, and gave me hope to go on despite all my fears and anxieties. I dedicate this with gratitude to all of you.

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Section 1: Nature of the Project

Introduction

Major depressive disorder is a health problem that has consequential effects on the entire human system. It is a leading cause of disability in developed countries, particularly among adults (Centers for Disease Control and Prevention [CDC], 2013a). It has a high mortality rate and is associated with suicide and impaired perception managing other health conditions (Gilman et al., 2017). Depression can greatly impact one's quality of life with additional effects on their family members. Depression is a growing economic burden for the United States, costing the society \$210 billion per year (Greenberg, 2015). Major depression is estimated to affect 350 million people worldwide (WHO, 2012). According to the CDC, 8% of the U.S. population, aged 12 years or older, report current depressive symptoms while approximately 8 million ambulatory care visits result in the diagnosis of major depressive disorder per year (CDC, 2011; 2012).

The U.S. Preventive Services Task Force (USPSTF) has recommended screening all adults regardless of the risk factors for depression (USPSTF, 2016). However, the presence or absence of risk factors alone cannot distinguish patients with depression from those without. Despite all the statistics and guidelines, many providers struggle to implement yearly depression screening in line with the USPSTF guidelines. In the healthcare sector, advanced practice nurses continue to deliver quality care that promotes significant improvement in patient outcomes (Fagerstrom, 2012). This makes training an important tool to ensure safe and competent delivery of such responsibilities. It is therefore of utmost importance to train nurses to enable them to utilize the Patient Health

Questionnaires (PHQ). The PHQ 2 is a tool used to screen for depression, while the PHQ 9 tool is used to screen or diagnose depression, measure the severity of symptoms, and measure a patient's response to treatment. The PHQ 2 and 9 are validated tools which are quick and easy to administer. The PHQ 2 is a preliminary screening tool administered prior to the PHQ 9. If a patient responds "not at all" to both questions on the PHQ 2 (asking if the patient has experienced little interest or pleasure in doing things and/or has felt down, depressed, or hopeless in the previous 2 weeks), then no additional screening or intervention is required, unless otherwise clinically indicated. If a patient responds "yes" to one or both questions on the PHQ 2, the PHQ 9 should be administered and scored to inform treatment planning (Chung & Pietruszewski, 2015). The ability of nurses to use the screening tools could assist in identifying and communicating awareness to potentially depressed patients (Hill, 2013).

With adequate training, nurses can initiate the screening process, after which the advance practitioners can attend to the patients who screen positive. Utilizing the PHQ-9 can promote early detection and prompt management (Hill, 2013). According to The Western Journal of Emergency Medicine (2014), the symptoms of depression are commonly observed in emergency care settings. One in every five emergency departments (ED), patients may be affected by this disorder (Meltzer, Bregman, & Blanchard, 2014). Therefore, screening for depression and referral could help improve patient outcomes and enhance their quality of life. However, more studies need to be conducted to validate the most ideal method for managing depression in patients who seek emergency medical care (Meltzer et al., 2014).

The primary aim of this project was to train nurses to increase their knowledge and aid them in attaining proficiency in terms of screening for depression in acute or emergency settings, utilizing the Patient Health Questionnaires. Until proven otherwise, I would assume that screening would be beneficial to the patients (Hoyer & David, 2012).

Problem Statement

From June to December 2017, only 20% of adult patients were screened for depression in the urgent care clinic where this DNP project was developed (Medical director, personal interview, December 29, 2017). This is the practice problem that will be addressed in this project. The statistic mentioned above falls below the USPSTF recommendation to screen all adults for depression. In other words, a 100% screening of the adult population is the standard requirement for all clinicians (USPSTF, 2016). The variation between the standard recommendation and the compliance rate indicates that clinicians need to be trained to enable them to increase their knowledge and effectively utilize screening tools so that no patient is missed during any encounter. The prevalence of depression is significantly higher in acute care or emergency departments than among the general population, making the ED a potentially important setting to identify depression and initiate appropriate intervention (Meltzer et al., 2014).

The effective treatment of depression depends on the accurate diagnosis of patient symptoms. Thus, the importance of training clinicians to attain competency in utilizing depression screening tools cannot be overemphasized (Abar, Hong, Aaserude, Holub, & DeRienzo, 2016). The low percentage of screening indicates to a DNP student that training needs to be implemented to increase nurses' understanding of depression and

competent utilization of screening tools. The role of nurses in depression screening within an acute care setting includes being an attentive listener and serving as a confidante to patients. These roles positively help in shaping the delivery of mental health services (Van Daele, Vansteenwegen, Hermans, Van den Bergh, & Van Audenhove, 2015). In general, nurses who possess strong relational skills are better at uncovering symptoms and other underlining health conditions with a view of initiating necessary care. Moreover, as the emergency nurse is often the first healthcare professional a depressed patient encounters, it is important that they are able to recognize the presenting symptoms while utilizing depression screening tools. The ability to concisely identify depression symptoms during the very first encounter will help improve patient outcomes. Therefore, it is important to detect depression in the ED. Depression may contribute to clinical presentation via self-harm or somatization. This may be an important focus for post-ED care, and even though its management is not usually the responsibility of the ED, nursing staff can play an important role in informing patients about the nature of their problem and engaging them in appropriate care. Additionally, like all health care sectors, the ED can contribute to the public health task of detecting depression, which is known to be widely under recognized and undertreated (Porter, 2017).

With respect to detecting depression, clinical assessment is a primary step. Screening using validated depression rating scales should be performed, as it is an important complementary method. Recently, researchers revealed that 20% to 30% of patients who present themselves to the ED with medical complaints also meet the criteria for major depressive disorder (Khav, 2013). These researchers further clarified these

findings, revealing that ED patients with complaints of longer than two weeks or patients with three or more ED visits annually have a higher likelihood of meeting criteria for major depression (Khav, 2013). As it seems unreasonable to screen all ED patients for depression, these findings help determine which ED patients should be screened (Khav, 2013). There exists a strong correlation between complaints with symptomatology of two weeks or longer and multiple ED visits in which underlying depression may have contributed to these patients' ED visit (Khav, 2013). Prolonged complaints and frequent ED visits are associated with depression risk (Buttler, 2016).

According to the USPSTF (2016), there is undeniable evidence to suggest that screening plays a vital role in identifying adults with depression. It is important to mention that the USPSTF has found adequate evidence to indicate that the magnitude of harms of screening for depression in adults is small to none (USPSTF, 2016). The ED is uniquely positioned to identify patients with who may be identified in other settings. The ED remains the rallying point for patients who predominantly do not have access to health care (Abar et al., 2017). Thus, every tool should be in place to ensure that patients are screened, and appropriate care is initiated when they are positively screened for depression. A combination of awareness about depression among the adult population who seek emergency care and an evidence-based learning module for screening and referral can help boost nurses' confidence in depression screening and referral rates (Chun, Duffy, & Linakis, 2013).

Purpose Statement

Depression is both complex and dynamic in nature, and its symptoms are directly connected to one another in a network structure (Cramer et al., 2016). Though depression is a common disease, it is not commonly studied in emergency medicine literature. The purpose of this DNP project was to develop an evidence-based depression screening education module for emergency or acute care nurses to increase their knowledge and competency in terms of screening patients for depression, precisely in the context of an urban clinic. The main aim of this training program was to increase the number of patients screened for depression and decrease and mitigate the consequences of under-recognized and under-treated depression in acute or emergency care. The basis of this project was grounded in evidenced-based literature related to depression screening and management during medical emergencies in the clinic setting. This project was intended to provide current EBP clinical approaches to nursing staff, looking to navigate challenges associated with screening for depression in adults who present symptoms of this disorder to a clinic during other medical emergencies.

The research question for this DNP project was determining if a staff training educational module on using PHQ-2 and PHQ-9 depression screening tools, can improve staff's knowledge on screening for depression in the emergency room. This staff education module is aimed at improving both the knowledge and skills necessary for optimal depression screening among adults who visit the clinic for emergency services. Researchers have found that screening for depression is beneficial to patient outcomes (USPSTF, 2016).

Training is important for nurses, as they are responsible for administering the PHQ-2 first and if result is 2 or greater, then a follow up screening with PHQ-9 is initiated as part of the initial assessment of the patient (Van Daele, Vansteenwegen, Hermans, Van den Bergh, & Van Audenhove, 2015). This is followed by the results communicated to the provider who assesses the patient and determines the appropriate level of intervention based on the outcome of the screening. This module demonstrates the educational implications and benefits for the nursing staff, which includes empowering patients to be proactive in screening and managing symptoms once diagnosed. It also emphasized the effectiveness of teaching the nursing staff how to identify the signs and symptoms of depression at a quick glance. It is essential to evaluate the knowledge of the staff with respect to the importance of implementing depression screening and the significance of early identification of symptoms. At the end of the training, the staff demonstrated an understanding of the fundamental practices of effectively using the PHQ-2 and PHQ-9 depression-screening tools. Furthermore, this staff education module enhanced collaboration among the nursing staff and patients. Finally, this project is an effort to align with the USPSTF's recommendation that screening should be implemented on every adult and that when screening is positive, they should be treated with an evidence-based protocol or referred where appropriate care can be initiated (Siu & USPSTF, 2016).

Similar clinical settings have the potential to adopt this training module into their practice, but this cannot be explored until the outcomes can be determined post the

implementation in the original clinic it was designed for at a later date outside the duration of this project.

Nature of the Doctoral Project

The nature of this project is to develop a training module using Walden University's DNP manual on staff education as a guide. The primary purpose is to improve nurse's knowledge and competency in terms of administering PHQ-2 and PHQ-9 in an acute clinic setting. Within my project setting, the lack of formal training continues to be a contributory factor in a handful of patients going undiagnosed even after several emergency consultations. The training was be conducted using a PowerPoint (PPT) learning module. Furthermore, Bandura's self-efficacy and social learning theories was used to guide this project.

Significance of the Project

Depression is one of the leading causes of disability, accounting for \$30–50 billion in lost productivity and direct medical costs annually in the U.S. (AOCG, 2015). Major depression disproportionately affects women with a lifetime prevalence of 21% and a female-to-male ratio of approximately 2:1 (Melville et al. 2014). From 2006 to 2008, roughly 10% of adult women met the criteria for current depression, with a higher incidence during reproductive and menopausal transition years (AOCG, 2015). According to a national survey, about 8% of pregnant women have experienced major depression in the past years, with another 8-19% battling postpartum depression (CDC, 2013). Ultimately, depressed mothers may raise infants with delayed psychological, cognitive, neurologic, and motor development. In general, it is believed that when a

mother's depression is in remission, her child improves both mentally and behaviorally (AOCG, 2015).

Screenings for mental health disorders are imperative and are often the first step in getting help. Depression is a serious medical illness that can lead to suicide and co-occur to complicate other medical issues. Nurses are at the front line of patient care. Therefore, when nurses can acknowledge a patient's symptoms, it helps validate that the patient is worthy of treatment. Depression screening can help more people get the help they need, as only about a third of those suffering from depression seek treatment from a mental health professional (Hoyer, 2012). It is necessary to examine this topic because The U.S. Preventive Services Task Force has a standing recommendation that everyone, beginning from the age of 12 years, be screened for depression (USPSTF, 2016). It is apparent that screening for depression can lead to early identification and treatment. Routine screening is particularly important in the case of patients who may have little or no insight into their condition, particularly in situations where the patient is downplaying the severity of their symptoms in the fear of stigma. Early detection plays a major role in the outcome of any health issue (Porter, 2017).

My project emphasizes the importance of effective communication and teamwork. It is geared towards promoting the use of standardized language. Effective teamwork and communication will enhance an individual's mental model and increase their ability to provide appropriate intervention (Madden, Sinclair, & Wright, 2011). The social implication of depression, though profound, can be easily overlooked and can result in withdrawal and social isolation. These symptoms may also negatively impact the

functional abilities of the members of the patient's family as a unit of society (Finley, Bluml, Bunting, & Kiser, 2011). I envisage that adequate staff training is significant in filling the gap in practice that results from complications arising from undiagnosed and untreated depression in patients. Moreover, effective communication and teamwork generally creates a well-grounded plan for depression screening, diagnosing, referral, and management within the clinical setting. Finally, a better skillset among nurses will help reduce the incidence rate of a missed depression diagnosis in patients who visit emergency clinics.

Summary

Depression is a mood disorder that affects the way a person feels, thinks or behaves, which may impair social or occupational functioning. The onset of depression can be triggered by biological, psychosocial or environmental factors, such as traumatic life events (Finley, Bluml, Bunting, & Kiser, 2011). Those who experience an episode of depression are at an increased risk of experiencing future episodes (Canadian Task Force on Preventive Health Care, (Joffres, Jaramillo, Dickinson, Lewin, Pottie & Tonelli, 2013). The first section of this DNP Staff Education Module project included a description of the importance of training nursing staff to correctly screen adult patients who present themselves to medical emergencies due to depression. It provided an opportunity to align the project with the USPSTF recommendation that screening should be implemented on every adult who presents themselves to medical services (Siu & USPSTF, 2016). The aim of this section included increasing the knowledge and range of

skills of nurses in emergency or acute care settings with the hope of improving patient satisfaction and simultaneously enhancing clinical outcomes.

Section 2 closely examined the project development and design from a theorist framework. Bandura's self-efficacy and social learning theories will be discussed in relation to the development of the staff education module being established. I will delve into analyzing scholarly resources and literatures impacting the outcome of depression screening in acute care and emergency department. To conclude, the next section builds on the foundation of the prior section and continues to emphasize on the importance of implementing an evidence-based staff training module.

Section 2: Background and Context

Introduction

The purpose of this DNP project was to develop a staff training module for nurses to increase their knowledge and competency in terms of screening for depression using the PHQ-2 and PHQ-9 screening tools to identify at-risk adults who present themselves to the emergency setting due to depression. Trained nurses will disseminate and score both screening questionnaires. This collaborative process facilitated participation by all stakeholders in the need for staff training on depression screening and in the development and implementation of the training and screening process. I was particularly interested in this subject because of my mental health background as a registered nurse. Working in the acute care center I discovered that patients are treated only for what brings them to the clinic that day; any other indicator for mental health issues is ignored. The omission of this vital component of patient assessment spurred a quest to train other nurses on how to competently and quickly administer both PHQ questionnaires.

The literature review is geared toward providing readers with an overview of the evidence and the necessary support to discuss guidelines used in depression screening and management. Moreover, a review of literature helps affirm the necessity for new research and the writer's originality in terms of the literature (Polit & Beck, 2012). As discussed earlier, depression is not commonly studied in emergency medicine literature despite its high prevalence (Hoyer & David, 2012). This project aims at implementing the USPSTF recommendation of screening every adult for depression when adequate systems are in place, which refers to having well-trained health professional on ground to

facilitate screening and the management process (Siu & USPSTF, 2016). The literature review highlights the importance of providing adequate training to increase the compliance of healthcare providers to the USPSTF recommendation. Only about a third of those affected by depression seek medical help; thus, this section helps to promote the validity of the PHQ-2 and PHQ-9 depression-screening tool (Porter, 2017).

Concepts, Models, and Theories

The importance of using evidence-based practice models to guide practice cannot be overemphasized (Royse, Thyer, & Padgett, 2015). Adopting evidence into practice keeps nurses abreast of clinical updates. Patient outcomes can be significantly improved when care is based on the best existing evidence (Farrelly, 2012). Bandura's self-efficacy and social learning theories were used to guide this project. Self-efficacy supports the notion that individuals can attain set goals when exposed to the right training (Bandura, 1994). People are generally more motivated and do better when they have been prepared with the skills needed to perform their designated duties (Bandura, 1997). Within the context of this project, this training promoted confidence in nurses as they dispatch their duties. Confidence in job promotes inherent interest in participating in clinical duties (Bandura, 1994).

The theory attributes self-efficacy to strong commitment to set goals, which results in improved performance (Hsu et al., 2007). Self-efficacy can be enhanced with education, skill development, and personal determination. It is expected that this educational module will promote acute care nurse's confidence and improve their competence in screening and managing patients with depression. The second theory is

Bandura's social learning theory, which maintains that individuals learn better by observing behaviors, outlooks, and outcomes, as demonstrated by others (Bandura, & Walters, 1977). This theory has been vastly used in nursing research, especially those that focus on core areas such as competency of nursing skills and education (Bahn, 2001). Techniques for depression screening utilizing the PHQ-2/9 screening tool was taught via demonstrations. According to Bandura's social learning theory, learning can only be documented to have been successful when the skill taught is retained through attention, retention, motivation, and motor reproduction (Bandura, 1977).

Literature Review

My literature search indicated that effective staff training modules can increase nurse's knowledge and competency in screening and referring patient who present in the emergency rooms. Training appear to be effective for improving employee knowledge about mental health, but little is known on how these programs affect the number of actual referrals and screening (Davison, Karantzas, & Mellor, 2013). Nurses in the emergency room are provided with explicit guidelines to screen patients and to refer residents for treatment where appropriate (Hoyer, 2012). In the literature review I also highlighted the importance and impact of educational programs designed to improve depression detection by giving nurses the skills and confidence to integrate depression screening into their daily routine. In one study, nurses queried nurses about their self-confidence in assessing for depressed mood and diminished interest or pleasure in most activities using a 4-point Likert-type scale (1 = very uncertain to 4 = very certain). The nurses were asked to answer the questions, "How certain do you feel you can assess for

depressed mood in the adults? and “How certain do you feel you can assess for diminished interest or pleasure in most activities in the adults? (Brown, Raue, Roo, Sheeran, & Bruce, 2010).

Screening utilizes a systematic approach to identify patients experiencing symptoms of depression. Therefore, outcome can help facilitate treatment planning for many patients whose symptoms would otherwise go unrecognized and thus untreated particularly in emergency settings. (Krist, Phillips, Sabo, Balasubramanian & Heurtin-Roberts, 2014). Despite their values to the quality of clinical care, screens tend to be utilized infrequently. While prior research has identified individual motivational and attitudinal factors contributing to inadequate screening, there are several organizational factors that can affect screening implementation as well (Rodriguez, Glenn, Olmos, Krist, & Shimada, 2014).

To this end, the Veterans Health Administration (VHA) represents an excellent example of a large healthcare system that has successfully implemented standardized annual screening for depression. This implementation involved the mandated use of the Patient Health Questionnaire PHQ-2 and PHQ-9, as the screening measures in a larger implementation of clinical practice guidelines for major depressive disorders (Arroll, Goodyear-Smith, Crengle, Gunn, & Kerse, 2010). The implementation was supported by the integration of behavioral health in primary care and the creation of standardized electronic clinical reminders that functioned to notify primary care staff when a screen is due as well as for follow-up purposes. The use of these electronic clinical reminders has helped greatly in ensuring the implementation of depression screens, as well as guiding

providers through the process of screening, follow-up assessment, and the general intervention process (Funderburk, Crasta, & Maisto, 2016).

Additionally, from 2005-2008 Henry Ford developed, tested, and redefined a system of implementing depression screening and treatment into primary care clinics. The outcome of the pilot study indicated a 23% detection rate for depression (220/974 patients). Initiation of treatment or patient referral was 90%, and 1% of patients refused screening (Henry Ford Health System, 2010). A family nurse practitioner with background in behavioral health served as the coach throughout the implementation processes. Registered nurses performed the initial evaluation and administered screening tests, while the APN reevaluated the results to establish a diagnosis and initiate treatment plans (Henry Ford Health System, 2010). The behavioral health nurse was a resource constantly reinforcing the screening and following guidelines on initiating psychiatric treatment. Two screening tools were integrated by Henry Ford Health System and an evidence-based treatment guideline, into the electronic medical record system for all clinicians (Henry Ford Health System, 2010).

Depression is significantly associated with frequent ED use and overall adult health. The primary care adult Medicaid core measures include screening for depression; however, many Medicaid patients cannot access primary care and use the ED instead (Abar, 2017). A quality improvement study assessed the feasibility and usability of conducting depression screening in the ED using the Patient Health Questionnaires (PHQ-2 and PHQ-9) from November 2014 to February 2015. Screening was conducted on Medicaid patients to identify those with no prior history of depression previously but

screened positive for depression (score ≥ 5). The study further compared rates of reported depression diagnosis and positive depression screening with our state depression rates. Of the 837 Medicaid patients approached, 661 patients (79.0%) agreed to complete the health screening form; 5 patients (0.8%) were omitted secondary to incomplete surveys (Capp, 2016).

The population was an average age of 36.7 years and racially diverse: 33.6% White, 22.9% Hispanic, 36.2% Black, and 2.3% Asian/Pacific Islander. In total, 200 patients (30.3%) reported having a diagnosis of depression. Of the 456 patients who did not report having depression, 98 (21.5%) screened positive using the PHQ-2 first and PHQ-9 with scores ≥ 5 . (Capp, 2016). When accounting for both patients with depression and those who screened positive for depression, the total number of Medicaid patients with depression using the ED was 298 (45.4%, 95% C.I. 42.0-49.0%). This rate was statistically higher than reported Colorado rates for depression (18.2%, 95% C.I. 17.3-19.0%). Outcome of the study revealed that a large proportion of Medicaid patients using the ED have undiagnosed depression (Capp, 2016). Therefore, it may be beneficial to conduct PHQ-2/9 screenings in the ED in order to connect patients with appropriate resources to have their mental health needs addressed (Capp, 2016).

Training is a vital component in today's evolving healthcare system and contributes tremendously to improving patient outcomes and overall quality of care (DeCapua, 2018). To this effect, it becomes very important for nurses to be exposed to adequate training. Currently, there are numerous training styles employed in the healthcare sector for quality improvement. However, patient outcomes are rarely used in

evaluating the effectiveness of the different training methods used, making it difficult to assess true utility (Garzonis, Mann, Wyrzykowska, & Kanellakis, 2015). My extensive literature review also considered methods of training that can effectively impact staff and patient outcomes. By examining what training can be effective at improving both patient and nurse outcomes in a wide range of studies. The literature search also reflects the fact that very few studies report patient outcomes, which should be an important consideration when researching effectiveness in healthcare (Gorecki, Brown, Briggs, Nixon, & 2010).

Relevance to Nursing Practice

The relevance of this topic to nursing practice and healthcare, in general, can be easily determined by the incident rate of depression globally. In the United States today, about 16.2 million adults are affected by depression, and it also tops the list as the primary diagnosis for about 8 million ambulatory care visits to doctors' offices, hospital outpatient clinics, and EDs (National Institute of Mental Health, 2017). Despite the devastating effects of depression, its management is often downplayed (Pratt & Brody, 2014). Depression is a leading cause of disability in relation to the total number of years because of disability. It also places a burden on other health conditions (Savoy & O'Gurek, 2016). A survey conducted in the United Kingdom, which included the participation of 7,000 nurses, revealed that four out of ten patients experience depression (Butler, 2016). This result is concerning because nurses are considered to be frontline workers in patient care and are saddled with the responsibility connecting patients to the right resources.

In 2009, the USPSTF recommended randomly screening adults at the nurse practitioner's discretion and patient request. However, there has been a shift to screening across adult populations with precautions that elaborate that screening should only be executed when a treatment system is in place. Furthermore, the USPSTF encourages providers to allow registered nurses to both conduct depression screening and follow up with patients afterward. The USPSTF has also issued a standard recommendation that encourages all clinicians to undergo regular depression screening education (DeCapua, 2018). The outcome of this module is intended to cause an increase in nurse's knowledge and change the staff's perception of depression screening in emergency settings. Moreover, expanding the staff's knowledge about screening skills will help to seamlessly incorporate the principles of Bandura's self-efficacy and social learning theories into clinical practice.

The involvement of stakeholders is important to promote success in clinical research because their feedback adds value to the research. The stakeholders include nurses and a DNP student. Addressing this local problem will promote professional competency in nurses, which will result from mastering depression-screening skills utilizing the PHQ-2 and PHQ-9 screening tools. This will also translate to early identification and prompt treatment of depression in adult patients who present themselves to a clinic for emergency services.

Local Background and Context

The setting for this doctoral project is an urgent care clinic located on the east coast of the United States. This clinic provides immediate walk-in treatment for acute illnesses and injuries, wellness exams, and employee health services. It also offers primary care services. This urgent care clinic provides high-quality, convenient, and affordable health care. Services offered include emergency services, basic wellness and prevention, and employee health services. The need for this project stems from the fact that depression is often not diagnosed and adequately treated. Even when treated appropriately, more than 75% of patients experience recurrent episodes and 10 to 30% have residual symptoms (Savoy & O’Gurek, 2016). Depression has been associated with poorer outcomes in patients with various medical conditions, such as coronary artery disease, diabetes mellitus, and stroke. Treatment of depression may reduce mortality from these conditions as well as help prevent suicide (Maurer, 2012). Therefore, accurately identifying patients with depression is important to initiate appropriate treatment. Live instruction-based training through a PowerPoint presentation was utilized in the context of this project for implementation. This involved developing a PowerPoint presentation. This education module included a pretest assessment, the training, and a posttest assessment.

Role of the DNP Student

Due to the high prevalence of depression, there is a need to increase the effort in ensuring that patients who need emergency healthcare services are screened for depression. For screening to be correctly performed, it becomes imperative for nurses to

be appropriately trained for utilizing depression-screening tools. The author served as a DNP student and worked closely with a DNP. The author is also a former employee of the project site. My role in this DNP project includes developing an EBP-driven depression-screening staff education module for nurses who work in emergency settings that could increase their knowledge and screening rates of patients who present themselves to the ED due to depression. The DNP student will facilitate various staff training for professional growth and development that would be necessary to ease the implementation of the module prior to graduation.

Role of the Project Team

For any staff education module to be viable, it requires the full support of stakeholders to implement any research evidence (Boaz, Hanney, Borst, O'Shea, & Kok, 2018). The influence of experts in the field also plays a remarkable role in moving evidence-based interventions into clinical practices (Shaw et al., 2012). A group of expert experienced nurses will be invited to review the education module and provide feedback on its content, user-friendliness, and support for adult learners. The module was revised after their feedback has been collected. Nurses, practicing to the fullest extent of their licensure and capability, can use a simple tool during each patient encounter to help identify a possible depressive disorder. Both PHQ-2 and PHQ-9 has demonstrated excellent reliability and validity among various patient populations (Hill, 2013).

Summary

Several independent research studies have indicated that utilizing the PHQ- 9 depression-screening tool after training could promote early diagnosis and prompt

referral and management of depression (Seo & Park, 2015). Timely diagnosis of depression promotes prompt treatment and management, which ultimately improves patient outcomes by decreasing symptoms of depression (Soltani et al., 2014). The literatures reviewed highlighted sustainable evidence to suggest that providing educational training does improve emergency nurses' knowledge and skills to utilize depression-screening tools effectively to identify and refer depressed patients to the appropriate resources where care can be provided. The review also suggests that the lack of staff training interventions is directly linked to poor patient outcomes in depression diagnosis and management among patients who seek emergency services (Hoyer & David, 2012). My project emphasized the importance of teamwork and the staff's responsibility to be competent in utilizing the PHQ-2 and PHQ-9 to screen for depression. This project is grounded in Bandura's self-efficacy and social learning theories for the purpose of improving a nurse's competency in screening for depression.

The next section integrates us with the process of introducing the evidence-based education module, staff training, and guidelines for utilizing the PHQ-2 and PHQ-9. This staff education module for depression screening should be applied to all adult patients who come to a clinic for emergency consultation.

Section 3: Collection and Analysis of Evidence

Introduction

The main problem identified in the selected clinical setting, which is located in the East Coast of the United States, is the need to increase nurses' knowledge and skills to screen patients for depression in emergency settings. Thus, the purpose of this DNP project was to develop a staff education module for nurses to improve their knowledge and skills to enable them to effectively screen patients in the acute care clinic for depression. Depression screening in emergency care settings is imperative. The comorbidity of depression with other chronic diseases has been well documented (CDC, 2012). PHQ-2 and PHQ-9 are valid tools for depression screening that are inexpensive and easy to use (Bhana, Rathod, Selohilwe, Kathree, & Petersen, 2015). The routine screening of depression in patient care centers that are frequently used provides a rich opportunity to identify those patients who are at risk of developing or have depression. The fact that 16.2 million adults in the United States suffer from depression with another 35 million having suffered at some point in their lives was a motivation for this project (USPFTS, 2016). It is important to note that many successful suicides were carried out by patients who consulted health professionals in the week prior to their death in the ED without divulging any information that suggested their suicidal plans (Hoyer & David, 2012).

Several researchers have indicated that the ED is a good location to identify mental illness and initiate a referral for treatment. It was my priority to ensure that nurses who are the first to contact these patients are properly trained to screen for depression.

Thus, this project is targeted at enhancing the knowledge and competency of nurses to correctly utilize the PHQ-2 and PHQ-9 screening tools in the ED or acute care settings by developing and implementing a staff education module. This section contains a practice question and evidence review, supporting the educational module. Furthermore, this section analyzes and synthesizes the provided evidence.

Practice-Focused Question

Depression and other mental health conditions are on the rise globally. A World Health Assembly resolution passed in May 2013 called for a comprehensive, coordinated response to mental disorders at the country level. The aim of this DNP project is to increase nurses' knowledge through training to enhance their competency and increase their range of skills in acute care or emergency settings. To evaluate the key issues related to this study, the learning objectives for an EBP staff education module on depression will be developed. The practice-focused question for this DNP project has been provided as follows:- "Will a staff training educational module on using the PHQ-2 and PHQ-9 improve staff's knowledge on screening for depression in the emergency room"? The target population of this study is nurses working in the emergency and acute care setting, and the proposed intervention is the implementation of the staff education module.

The participating nurses will complete a pre-test and post-test upon completion of training. Furthermore, a summative evaluation will be conducted at the end to determine improvement in their knowledge and competency. The evidence-based project will be implemented prior to the graduation of the DNP student.

Sources of Evidence

The highest level of evidence to search for an answer to clinical questions can be obtained from literature research. Research is the heart and foundation of EBP (Goode & Piedalue, 1999; Goode, 2002; Guyatt et al., 2015; Straus et al., 2011). I conducted a research inquiry of topics relevant to my project topic to determine the extent of work that has been conducted on this subject. The databases searched included PubMed, MEDLINE, CINAHL, EBSCO, and other professional organization websites. The key search terms included the following: depression, depression screening in the ED, types of depression screening, depression-screening guidelines, depression screening recommendation, evidence-based clinical practice for depression, theories, staff education training, and depression module.

My search yielded nearly 94 articles, but after examining them for relevance, the most relevant extracts were obtained from 50 articles. All these articles were published between 2007 and 2017. They selected based on the inclusion and exclusion criteria of this study. These studies were majorly systematic reviews and journal articles. Studies written in indigenous languages were exempted from the selection if they involved children younger than the age of 18 and if they did not align with the USPSTF recommendation. The collated evidence was substantially utilized in developing this project, as it helped to indicate the gap in practice and the urgent need to develop and implement an education module to improve nurses' knowledge and competency in screening patients seeking emergency healthcare services for depression. The literature

review provided an insight into the negative impact of the lack of training on the ability of nurses to perform their delegated duties.

Expert opinions and recommendations were considered in determining the practicability and the relevance of the staff education module in addressing the practice problem. The outcome of the need assessment was used as a yardstick in choosing a quick yet valid and reliable depression screening tool. Research should be the first source of evidence to answer clinically relevant questions. Bandura's self-efficacy and social learning theories were used to guide this project. These theories were suitable for the project objectives and significantly impacted both the planning and implementation of the staff education module. PPT presentation is the focal point of the staff training module, and it emphasizes the impact of staff training in improving nurses' knowledge of depression screening using the PHQ-2 and PHQ-9 screening tools.

Project Expert Panel Questionnaire

The author developed an evaluation questionnaire to obtain feedback from four experts in similar clinical practices. These experts evaluated whether the objectives of this project is in line with Bandura's self-efficacy and social learning theories. The questionnaires will be scored using the following responses: 4 = strongly agree, 3 = agree, 2 = disagree, and 1 = strongly disagree. To ensure the reliability and validity of the results, the experts were kept anonymous in the project survey. A descriptive analysis of the questionnaire's responses was conducted to determine the feasibility of the screening module and create a report, reflecting the results of the survey data and the recommendations to be considered before implementing it in the future. The author will

support the organization throughout the implementation process while requesting that the staff who undergo the training program complete an evaluation on completion.

Analysis and Synthesis

Once the relevant articles for the literature review are selected, the next step is to establish the project team, identify the outcomes, and develop the education module. An in-depth, versatile, multidisciplinary care plan to help adults with undiagnosed depression has been indicated to be helpful in preventing and reversing many detrimental effects of depression (Foltz et al., 2012). It is imperative to work closely with stakeholders prior to designing and implementing the training module. As a DNP student, I will assume lead roles throughout the development of this project. The objectives will be closely examined by four senior colleagues who reviewed the module content and indicated the need for some alterations. The expert findings will be communicated to the stakeholders and necessary adjustments were made before implementation at the clinic prior to the graduation of the author. Before concluding this study, a request will be submitted to Walden University's Institutional Review Board (IRB) for endorsement to ascertain the ethical integrity of the project while also confirming the absence of human subjects in this study.

Data Analysis

A retrospective review of the data on adult consultations needing emergency services will be conducted. Data collated from the electronic health record was used to calculate the incidence of depression screening. This revealed that only 20% of the patients were screened. This is a strong indication for an evidence-based intervention to

address the problem and boost nurses' knowledge about how to competently perform a screening process for depression. After receiving Walden University's IRB's approval, nurses will be given a pre-test followed by the education training. To conclude, a post-test will be given to the nurses. Both tests will be paper-based. All entries will have identification numbers. The results of the pre-test are expected to provide baseline information about each nurse, whereas the results of the post-test will indicate whether learning was achieved. Both test results will be combined for data analysis.

Data will be collected through a retrospective review of patient consultations using electronic health records. This data are relatively valid. However, this process is time consuming, as one has to log back into the system to access the information from past dates.

Summary

With the evolving healthcare system, many practice standards change over time with the hope of improving the provider's ability to diagnose and treat depression among the adult population. The ED is not an ideal place for patients with depression to seek help, given its waiting time, busy staff, and a greater likelihood of a fleeting interaction with a provider. These factors coincide with the reality that many emergency providers do not receive training for depression screening. As a result, patients don't typically come into the ED saying, "I'm depressed and I need help." Rather, many patients complain of depression symptoms such as having trouble sleeping. If the emergency provider is not familiar with screening for depression, the patient may get an incomplete evaluation and

then be discharged from the ED with a diagnosis that does not fully represent the problems that the patient is experiencing (Hoyer & David, 2012).

The effect of this growing health concern has far-reaching consequences not only for those affected but also their families and loved ones. Therefore, there is a need to initiate a change among healthcare professionals in the emergency sector of the healthcare system. Research in the U.S. indicates that despite various efforts to prevent under recognizing and underdiagnosing depression in most clinical settings, much has not been done in the emergency settings (Hoyer & David, 2012). Advocating for quick, simple depression screening in the ED is very important. In this section, I described the approach to this DNP project and the knowledge acquisition process. I also presented some criteria for meeting project goals. It should be noted that the sources of evidence were well aligned to produce the expected outcomes of the staff education module. I expect that the project evaluation will yield positive outcomes and serve as a platform to educate future nurses in the acute care setting. The next section will include the statistical findings, evaluation, and proposed dissemination plan.

Section 4: Findings and Recommendations

Introduction

The problem addressed in this project results from the growing incidence of undiagnosed and untreated depression among adult patients who visit the ED and acute care centers. It is imperative for nurses in the ED to have assessment skills and be knowledgeable in depression screening in order to curb this growing problem. This project aims to increase the knowledge and competency of nurses in emergency settings through educational training to successfully screen for depression using the PHQ-2 and PHQ-9 tools. Depression is a leading cause of disability globally, costing \$233 billion dollars in the United States alone in 2016 (Williams, Chung, & Muennig, 2017). The economic cost of having depression is enormous, which includes increased medical care use, lower quality of life, and decreased workplace productivity. These factors are among the highest of any disease (Williams et al., 2017). Depression often goes undiagnosed, yet many believe that depression can be treated or prevented altogether. It is estimated that in the United States, around two-thirds of all cases of depression are undiagnosed, and if left undiagnosed, and thus, untreated, depression can worsen and significantly diminish one's quality of life and workplace productivity (Williams et al., 2017).

Lately, there has been a significant initiative in the United States, both nationally and locally, to identify and treat depression and other mental illnesses (Sparer, Muennig, & Brown, 2016). Furthermore, offering routine depression screening provides a unique opportunity of identifying at risk patients who may not be aware of their condition. Various studies refer to the ED as a good place of identifying mental illnesses and

initiating treatment referral (Newton, Soleimani, Kirkland, &, Gokiert, 2017). There is evidence that out of about 136, 000 ED consults, one in every five patients may be battling depression (Hoyer, 2014). Additionally, suicides have been committed by patients who were seen in the ED a week prior to their death, without leaving any trail of their suicidal plans (Hoyer & David, 2012). My priority is ensuring that nurses, as the first patient contacts, are trained to screen for depression. Thus, this project focuses on developing and implementing an educational module to increase nurses' knowledge and competency on using the PHQ-2 and PHQ-9 screening tools (Sparer et al., 2016).

A need assessment was conducted in my project site, and it was established that the target nursing population lacked the basic knowledge, skills, and competency needed to successfully screen patients for depression using the PHQ-2 and PHQ-9 screening tools. To this effect, I have developed a staff educational module to train nurses on how to successfully screen for depression. The goal is to increase nurses' knowledge and competency in delivering best practice. In compliance with Walden's Doctoral Educational Staff Manual, it was determined by the IRB that my project falls within the parameters preapproved for a DNP Staff Education project. Hence, I have formally obtained the approval to conduct my research with the following number # 06-21-19-0401950. Obtaining this approval was significant, and it stipulated all the necessary guidelines needed for the completion of my DNP project. The organization where the project was conducted did not require any IRB approval, as no human subjects were included and there was no risk of exposing patients' contact or health information.

A pre and post-test design was used for this project to assess the staff's knowledge and outcome of the staff education module. Nurses were educated on the subjects of depression screening using the PHQ-2 and PHQ-9 tools during a 45 minutes PPT presentation. The outcome of the education module was measured using a pretest and post-test analysis of nursing knowledge as well as their perceived impact on future studies. A total of 10 nurses in the acute care center participated in the educational program. All 10 nurses completed the surveys, pretests, and post-tests. The results show a statistically significant difference between pretest score of (36%) with a P value of < 0.64 and post-test scores of (99%) and a P value of < 0.001 . Additionally, the pre- test (Appendix B) results reveal that 8 of participants had no prior experience or exposure to any educational training on depression screening in acute care either as a nurse or an undergraduate. Two participants reported having had training on depression screening in acute care clinic and emergency room. Moreover, only one participant reported routine use of the PHQ-2 and PHQ-9 in daily practice. The post-test (Appendix B) results revealed that 9 out of the 10 participants indicated interest in implementing depression screening into daily routine practice as a result of the knowledge gained from the training module. However, 1 participant reported indecisiveness.

The expert panels worked together to validate the educational session (Appendix D). The experts included family and acute care nurse practitioners. They were all in attendance for the PPT and case scenario presentation. After my PPT presentation, the experts evaluated whether the objectives of this project are in line with Bandura's self-efficacy and social learning theories. The questionnaires were scored using the following

responses: 4 = strongly agree, 3 = agree, 2 = disagree, and 1 = strongly disagree.

Collecting data using a questionnaire format is an important part of the study design.

However, if the questionnaire is not well designed, the data collected will not be useful (Setia, 2017).

Findings and Implications

A pretest and post-test design were used for this project to assess the staff's knowledge of the content taught on the PHQ-2 and PHQ-9. The nurses were educated on the subjects of depression screening using the PHQ-2 and PHQ-9 tools during a 45 minutes PPT presentation. The outcome of the education module was measured using a pre and post-test analysis of nursing knowledge as well as their perceived impact on future studies (Appendix B and C). A total of 10 nurses in the acute care clinic participated in the educational program, and all of them completed the surveys. The pre-test results indicated that one out of the ten nurses scored 10%, four nurses scored 30%, two nurses scored 40% and three nurses scored 50% (Table 1). Additionally, the survey results reveal that eight of the participants had no prior experience or exposure, either as a nurse or an undergraduate, to any educational training on depression screening. While two participants reported having had training on depression screening in the general population. The information obtained from the pretest served as a guide to developing the staff training program that focused on increasing the nurses' knowledge on utilizing the PHQ-2 and PHQ-9 screening tool for depression screening in the acute care clinics.

The entire staff training took approximately 2 hours, which included the pretest, the presentation, post-test, assessments, and the surveys (Appendix C and D). The copies

of the presentation were provided to each of the nurses for future reference. On completing the staff training, a post-test on depression screening knowledge was given to the nurses. Of the 10 nurses, only one scored 90% on the posttest while the other nine nurses scored 100% on the post test questions.

Table 1

Comparison of Pretest and Post-Test results (N = 10)

Questions	Pretest average scores	Posttest average scores
8	40%	100%
9	10%	90%
10	40%	100%
11	30%	100%
12	30%	100%
13	30%	100%
14	30%	100%
15	50%	100%
16	50%	100%
17	50%	100%
Overall average	36%	99%

The results show a statistically significant difference between pretest score of (36%) with a P value of < 0.64 and post-test scores of (99%) and a P value of < 0.001. Table 1 there is a breakdown of the average scores on the pre and posttest assessments. The staff education module showed significant improvement in the staff knowledge on using PHQ-2 and PHQ-9 for depression screening. Following the PPT presentation, a hard copy of the educational module was presented to the panel. All members of the panel in unison strongly agreed that the subject matter and the content was well addressed within the context of the module (Appendix D). The experts remained anonymous throughout the survey to ensure reliability and validity of results. Furthermore, all

members of the panel shared the opinion that the materials presented addressed the lapse in depression screening among nurses within the organization.

Educating nurses on depression screening increased their level of knowledge on how to successfully administer both PHQ-2 and PHQ-9 screening tool. I believe that this and similar educational programs are effective ways to increase the knowledge and awareness of nurses regarding depression in acute care settings and to improve their attitudes toward performing the screening of the same. Additionally, this educational program has fostered a significant increase in the use of best practices. The primary outcome of this project was increased nurses' knowledge and assessment skills in identifying signs and symptoms of depression in the acute care setting. The findings of this project also signify that staff education is extremely practical in nature and can facilitate occupational task and greater mastery of professional skills among nurses (Chaghari, Saffari, Ebadi, & Ameryoun, 2017).

Implication to Positive Social Change

The evidence-based education module has the potential to promote knowledge and enhance skills competency while also incorporating evidence-based practice knowledge to screen adults for depression in acute care settings. With all the positive feedbacks and statistically significant results, this doctoral evidence-based project immensely contributes to the advancement of nursing excellence and quality patient outcomes. Additionally, this project will influence social change for the nursing profession by reducing the incidence of undiagnosed and untreated depression among patients who use emergency services. This will invariably reduce the financial burden of

depression on the economy of countries (Kessler, 2012). Lastly, this project will influence social change through its application into clinical practice by the nurses.

Recommendation

This project is an outright confirmation that staff training can facilitate occupational task and achieve greater mastery of professional skills among the nurses (Chaghari, Saffari, Ebadi, & Ameryoun, 2017). Implementing this staff training module is beneficial not only to the nurses but also to the organization, which will benefit from increased depression screenings, and the patients, who will experience improved health outcomes (NIMH, 2016). In view of the response from the questionnaire, several recommendations were made for future projects to address the gaps in research resulting from the growing and profound burden of depression among patients who frequent the emergency room. Unfortunately, emergency medicine (EM) is saddled with the responsibility of providing both primary and acute mental health care (Unützer & Park, 2012). Hence, the time constraints and conflicting demands in these clinical settings are a major challenge to effectively screen patients who presents to the clinical setting for depression (Unützer & Park, 2012). An important recommendation is to institute a care continuum in depression, and the first step to receiving care is screening. This will help to curb the problem of under recognition or lack of active diagnosis resulting from implementing screening protocols in clinical settings in general.

Additionally, undiagnosed and untreated depression has potentially devastating consequences, and evidence shows that screening alone can have clinical benefits. For such screening to be effective, it is of utmost importance to have systems in place in

order to ensure follow-up for diagnosis and treatment (USPSTF, 2016). The results of this project recommend that patients should be screened for depression at least on a yearly basis by using a validated instrument. It is recommended that all care providers complete a depression screening for every patient in the acute care setting. Furthermore, the result of this project indicates that implementing a training module to increase nurses' knowledge on the screening process is the first line of action to ensure that patients are screened for depression in acute care settings. Additionally, future studies are needed to scrutinize the reliability of similar programs using bigger organizations.

The expert panel recommended that clinicians should ensure that their education keeps up with the evolving trend in the U.S. healthcare system (Qalehsari, Khaghanizadeh, & Ebadi, 2017). Nursing is one of the many professions that experience frequent changes in terms of clinical updates and technological advancements, which creates an expectation and culture of lifelong learning for nurses. Lifelong learning has been recognized as a necessity for the nursing profession. According to the result of this study, lifelong learning leads to increased quality of education, development of nursing competency, and increased quality of patient care, which are all the goals of this DNP project. Today, an ongoing investment is needed to attain current evidence-based knowledge that ensures that appropriate provision of quality contemporary health care is considered a fundamental ethical obligation for all nurses (Ross, Barr, & Stevens, 2013). I plan to expand the DNP project beyond the development of a staff education module in order to share the training module to other satellite health care organizations.

Contribution of the Project Team

For any research evidence to be viable, it requires the full support of stakeholder for effective implementation (Boaz, Hanney, Borst, O'Shea, & Kok, 2018). Additionally, the involvement of experts contributed immensely to the establishment of evidenced based practice (Shaw et al., 2012). This project team was headed by the DNP student. A group of experienced nurses reviewed the module and provided feedback on the content and ease of comprehension. Certain revisions were made following the feedback. The project team is committed to increasing the knowledge and competency of nurses to promote depression screening in acute care clinics. The use of an expert team of nurses helped to promote the attainment of the educational goal, improve outcomes, and add to patient and employee satisfaction (Epstein, 2014).

Strength and Limitations of the Project

Training presents a prime opportunity to expand the knowledge base of all employees. Despite the potential drawbacks, training and development provides both the organization as a whole and the individual employees with benefits that make the process a worthwhile venture. Nowadays, training is an essential factor that contributes to the greater efficiency of the staff and organizations and a vital investment that will lead to internal promotion, staff development, and success of organizational plans (Chaghari, Saffari, Ebadi, & Ameryoun, 2017). The prevalence of depression among patients seeking emergency healthcare services is alarming (Hoyer, 2014). The overarching aim of this project is to develop an evidence-based educational module for nurses that will help them screen for depression in acute care settings using the PHQ-2 and PHQ-9 depression screening tools. For this purpose, nurses will be trained to increase their

knowledge and competency in terms of depression screening in adult patients. In addition to increasing knowledge and competency, the project also aims at addressing the gap created as a result of undiagnosed and untreated depression that is common among patients who present to the emergency room (Hoyer, 2014). Numerous studies refer to depression as a silent illness, which relies on the health care provider to uncover, as many patients live in denial, while others have no insight into the seriousness of their health condition (Porter, 2017).

Implementing change is no doubt a difficult challenge, and the nurses were not all embracing to the training initially. Substituting the current practice with an evidence-based replacement required organizational culture change with effective leadership (Gesme & Wiseman, 2010). Overcoming this challenge will involve active participation of the nurses who are the end users to stimulate motivation and cooperation. The strength of this project is that it provides guidelines for depression screening and goes further to equip nurses with the required knowledge to carry out the task. The use of case scenarios incorporated into the module strengthens the nurses to comprehend the materials presented and makes the application of the skill easy to carry out. The setting encouraged interaction among the nurses and promoted inter-professional communication. The doctoral project was designed in the form of a PowerPoint presentation, which was beneficial for stimulating the participants to be attentive, thereby fostering clinical curiosity, which advances nursing practice (Latif, 2014). Another strength of this project is the impact of the experts who worked in close conjunction to validate the educational module on depression screening. Additionally, the stakeholders played key roles to

strengthen the project. Lastly, the project worked to strengthen the nurses' skills, aiding them to obtain a higher level of skill and knowledge. The training may also be responsible for building nurses' confidence, resulting from having better understanding of their job. Furthermore, this project also helped the participating nurses to obtain job satisfaction.

Summary and Conclusion

Due to the practical nature of staff education modules, they facilitate occupational tasks and thereby improve professional skills and competency among nurses. However, poor organizational structure may deter successful implementation. To avoid this major roadblock, it is expedient to get everyone on board through participation from the onset of planning through implementation (Chaghari, Saffari, Ebadi, & Ameryoun, 2017). This module was designed to help nurses integrate knowledge, quality, and safety competencies into practice. Nurses providing emergency services are uniquely positioned to provide sensitive care that is unique to the individual need of the patients. The EBP staff education module on depression screening in acute care offers relevant information and resources to reduce the incidence of undiagnosed and untreated depression among patients who present in ED due to the lack of knowledge and competency of nurses in utilizing validated tools to screen for depression.

This session discussed the method used in developing the project to ensure both credibility and feasibility of the staff education module. The findings reflect a descriptive analysis of the data collated, which were based on the learning objectives for the staff education module. Overall, the EBP staff education module on depression screening was

presented as a PowerPoint presentation, with pretest and post-test questionnaires delivered to the nurses. It is expected that when implemented with the necessary support in place, this will boost nurses' knowledge and competency in screening for depression among patients who visit the acute care centers. I plan to expand the DNP project beyond the development of a staff education module that will contribute to lifelong learning. The future project will create a learning progression module of vertically sequenced steps so that acute care nurses could become proficient in knowledge and skills related to depression screening.

This DNP project is intended to be implemented by the partnering health care organization prior to graduation of the DNP student to the nursing staff. Nursing is a discipline that is committed to lifelong training. Additionally, this DNP project has demonstrated the need and the effectiveness in increasing the application of an evidence-based best practice in clinical setting.

Section 5: Dissemination Plan

Nurses have a professional and ethical obligation to share the best practices in order to advance their nursing knowledge and create better outcomes for patients. Practice-based evidence is as important to advancing evidence-based practice as original research (Milner, 2016). Furthermore, disseminating research is the initial step toward knowledge translation and practice change (Edwards, 2015). Problems arise in health due to research-practice gap, which is mostly caused by the failure to disseminate new knowledge from research and translate this into practice (Turale, 2011).

I chose to disseminate my research using a PowerPoint presentation and case studies in order to enhance a more rapid distribution and easy comprehension of the research finding. Although the audience was not large, this somewhat affected the extent of information provided. Disseminating research evidence into clinical practice promotes safe, transparent, effective, and efficient healthcare (Curtis, 2017). Despite its importance, translating research into clinical practice is challenging. The success of research implementation in health care is dependent on clinicians' and consumers' ability to embrace behavior change (Curtis, Fry, Shaban, & Considine, 2017).

The importance of this project cannot be over emphasized in nursing because many healthcare organizations continue to struggle with developing and implementing depression screening policies (Siu & USPSTF, 2016). Partly due to the gap created by nurses' lack of knowledge required to carry out the screenings. Therefore, presenting this information to nurse's during in service training across many other healthcare system would be beneficial to nurses, patients and the healthcare organizations as a whole.

Analysis of Self

The doctoral project afforded me the opportunity to identify a lapse in my clinical setting, create a plan to educate the nurses with a view of increasing their knowledge base on rightly screening patients for depression even in a fast-paced clinical environment. Working with expert nurses in my specialty enhanced my professional advancement. As a nurse, I continue to strive both professionally and ethically to share the best practices to advance nursing knowledge and create better patient experience and outcomes. I feel equipped to educate new nurses, lobby for nursing policy, and implement evidence into practice. Furthermore, I have a better understanding of historical aspects of nursing that have led us to our current state.

The DNP project enabled me to assume a leadership role. Through the entire process, reference to the core competencies of DNP AACN Essentials positively influenced my success. These essentials helped me to focus on providing training to improve the nurses' knowledge base on utilizing the PHQ-2 and PHQ-9 to screen for depression in acute care settings (American Association of Colleges of Nursing, 2006). The success of this project was directly linked to the working relationships and the collaborative efforts of the nurses and the project team. In general, the experience walked me through the process of making my current research become a reality.

The DNP degree offers an in-depth study in research methods and the history and philosophy of nursing science. It is intended to prepare graduates to be both clinical and educational leaders (Ketefian & Redman, 2015). The goal of this program is to prepare graduates to serve as experts with the knowledge of a skilled professional. The Doctor of

Nursing Practice (DNP) degree also prepares graduates for advanced nursing roles, which includes clinical practice and leadership. The individuals are positioned to meet the Institute of Medicine's recommendation for nurses to combine their individuality with the interprofessional efforts of improving health care (Institute of Medicine, 2010).

This DNP project is the culmination of the educational process where core competencies and the clinical scholarship of the graduate become evident. Completing the DNP will enlist me among the nurses who make significant impact on the quality, efficiencies, and effectiveness of health care systems through their contributions in clinical practice, advocacy in health policy, implementation and evaluation of evidence-based practice, and contribution to nursing education (Edwards, Coddington, Erler, & Kirkpatrick, 2018). The success of this project was directly linked to the working relationships and the collaborative efforts of the nurses and the project team. This experience, in general, walked me through the process of making my current research become a reality.

Summary

Depression screening in the acute care setting presents numerous challenges for providers. Moreover, there is growing evidence that shows that ED patients present with high rates of depression (Hoyer, 2012). This project offers training that enables ED nurses to quickly screen patients for depression. It is important to note that successfully implementing depression screening is solely dependent on having an adequate system in place to appropriately evaluate, refer, or treat a diagnosis of depression (USPSTF, 2016). Furthermore, utilizing a screening tool that requires the shortest time to seamlessly

complete the present workflow is very important. The educational program described above for nurses has the potential to enhance knowledge on depression screening using a validated screening tool.

In short, disseminating the evidence from the DNP project fostered my professional advancement as a scholar practitioner. It was of great significance to choose the most appropriate method of dissemination for my audience in order to increase the reach of evidence. As a nursing scholar, I know that sharing my knowledge is vital for the nursing profession because when nurses stay abreast of new evidence in their field, they can spread that information to others in order to ensure that the highest quality and most effective care is being delivered to patients. The use of this educational module not only enhances nurses' knowledge and competency in depression screening but also improves patient outcomes. The project furnishes the learners with the ability to complete depression screening in the shortest timeframe in acute care clinics. The doctoral project was focused on not only increasing knowledge and strengthening professional growth for the targeted nurse population in the acute care clinic inside the organization but also aligning with the DNP AACN Essentials.

In conclusion, the project question asked how a staff- training module would improve nurses' depression screening knowledge in the acute care clinic. The result of the doctoral educational program adequately answered the question with the positive outcome from the study. The project increases nurses' knowledge and may reduce the economic costs of having depression, which is among the highest of any disease. Although it is often possible for depression to go undiagnosed, with screening, many

believe that depression can be treated or prevented altogether (Williams, Chung, & Muennig, 2017).

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Appendix A: PowerPoint

[Depression Screening in Acute Care: A Staff Education Module

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INTRODUCTION

- ▶ 300 million people around the world have depression according to the World Health Organization.
- ▶ 16.2 million adults in the United States—equaling 6.7% of all adults in the country—have experienced a major depressive episode in the past year (Morin, 2018).
- ▶ 10.3 million U.S. adults experienced an episode that resulted in severe impairment in the past year (Morin, 2018).
- ▶ Guidelines state depression screening is not effective without resources in place for treatment and follow up (USPSTF, 2009).
- ▶ It is associated with high societal cost (Kessler, 2012).
- ▶ By 2020, it is expected that depression will account for more disabilities than all other conditions put together, with the exception of heart disease (WHO, 2012).

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PROBLEM

- ▶ There is a high prevalence of depression in the general population with a higher incidence among patients seeking emergency care.
- ▶ The emergency department remains the rallying point for patients who predominantly do not have access to health care.
- ▶ About a 130 million patients use emergency care services annually, and studies show that one in every five patients seeking emergency care may be depressed (Hoyer, 2014).
- ▶ There is a need for increased awareness of depression among the adult population who seek emergency healthcare services (Chun, Duffy, & Linakis, 2013).
- ▶ The USPSTF recommends screening in all adults regardless of risk factors (USPSTF, 2012).
- ▶ Despite all the statistics and guidelines, many providers struggle to implement depression screening.
- ▶ Nurses' proficiency in utilizing the PHQ-9 could lead to early detection, an appropriate treatment plan, follow-up care, and improve overall patient outcome.

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PURPOSE

- ▶ Develop a staff education module for depression screening in Acute/ Emergency service settings.
- ▶ Improve nurses knowledge on depression screening in acute or emergency department
- ▶ Train nurses to attain proficiency in screening for depression in acute or emergency department utilizing the PHQ-9 screening tool.
- ▶ Evaluate impact of support resource availability on screening and treatment
- ▶ Determine if training improves nurses knowledge by comparing outcome of pre and post test evaluation.

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SIGNIFICANCE

- ▶ Depression screening is the first step to getting help.
- ▶ Offering patient's depression screening can help more people get the help they need, because only about a third of those suffering from depression seek treatment from a mental health professional.
- ▶ Routine screening is important for patients who might not have insight into their depressive symptoms (Porter, 2017).
- ▶ It is expected that adequate staff training on screening will avert the problems created by undiagnosed and untreated depressed patients.
- ▶ Improve patient outcome and nurses proficiency in depression screening
- ▶ Promote positive social change by encouraging trained nurses to transfer the skills and the knowledge acquired to their colleagues within the clinical setting.

PROJECT QUESTION(S)

The project question is: How will a staff training educational module improve nurses' depression screening knowledge?

CONCEPTUAL FRAMEWORK

- ▶ The theoretical models that were used to guide this evidence-based project are Bandura's self-efficacy theory and the social learning theory.
- ▶ These theories developed in 1977 by Albert Bandura
- ▶ The social learning theory posits that people learn from one another via observation, imitation, and modeling. The theory has often been called a bridge between behaviorist and cognitive learning theories because it encompasses attention, memory, and motivation.
- ▶ Self-efficacy is one's belief in one's ability to succeed in specific situations or accomplish a task to generate a designated level of performance to achieve set goals (Bandura, 1994).
- ▶ In relation to the project, this theory will promote a strong sense of proficiency needed to provide skilled depression screening by offering a platform that sustains strong commitment and heightens efforts toward accomplishing a task (Hsu et al., 2007).

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ROLES

Role of the DNP student:

- ▶ To increase effort by ensuring that patients who need emergency healthcare service are screened for depression.
- ▶ Develop an EBP-driven depression screening staff education module for nurses who work in emergency settings that could lead to improvements in the screening rates of patients who present themselves in the emergency department due to depression with a view of also improving patient outcomes.
- ▶ Facilitate staff development and professional growth by providing guidance, support, and EBP educational resources.

Role of the project team:

- ▶ Review the objectives for the training module and evaluate and provide recommendations

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SOURCES OF EVIDENCE

- ▶ The literature review focused on reading, processing, analyzing, synthesizing and summarizing information to efficiently determine the relevance of the reviewed materials (Polit & Beck, 2012).
- ▶ The databases searched included CINAHL, Cochrane Library, PubMed, Google Scholar, and Medline.
- ▶ Within these databases, the searched keywords included the following: depression screening, depression screening tools, adult with depression, depression-screening protocol, evidence-based clinical practice for depression; and theory, model, and education.
- ▶ Any study type focusing on barriers and/or facilitators of screening, availability and use of support resources, use of screening tools, and rates of screening were examined.
- ▶ Various studies suggest that the ED is an important location for identifying mental illness and referral for treatment
- ▶ Experts have provided a formative review of the staff education module content before implementation.

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NATURE OF THE PROJECT

- ▶ **Method /design:** The DNP project will utilize a quasi-experimental research design.
- ▶ **Participants:** The target population in this project is the nurses in the acute or emergency department in a local urgent care clinic.
- ▶ **Permission** will be requested and obtained from Walden University's Institutional Review Board (IRB) to endorse and ensure the ethical integrity of this project and to confirm that no human subjects were included in this study.
- ▶ **The baseline knowledge and depression screening knowledge** will be determined through the pre-test before the beginning of the program, and improved knowledge scores and increased screening knowledge at the end of the program will indicate the effectiveness of this program.
- ▶ **Implementation** is proposed prior to graduation.

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Case study 1

Case Study

T.K. is a 40-year-old woman who presents herself to an acute care clinic with a request to refill her antihypertensive medication, as her primary care provider is out of town and she has run out of medication. She reports no problems; her blood pressure is well controlled on her current medication regimen, and her physical examination is unremarkable.

Case Study Question:

In which of the following situations would the U.S. Preventive Services Task Force (USPSTF) recommend that T.K. be screened for depression?

- A. She has a strong social support network of family and friends.
- B. She has access to a nurse on staff who can conduct a follow-up assessment.
- C. She has access to a local suicide prevention hotline.
- D. She has access to a clinician on staff who can provide cognitive behavior therapy.

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Case study 2

Jane A is a 19-year-old Caucasian female who has been in a monogamous relationship for three years. She presents to the clinic complaints of feeling worthless after being dumped by her boyfriend for her best friend five months ago. She denies any suicidal ideation. She is a healthy young lady with no remarkable medical history. She also reports recent weight loss of 15 LBS, resulting from loss of appetite after her break up

Case study question:

Based on the USPSTF's guideline, does Jane meet the requirement for depression screening?

- A. Yes
- B. No

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Summary

- Depression is one of the leading causes of disabilities, accounting for \$30–50 billion in lost productivity and direct medical costs annually in the U.S. (AOCC, 2015).
- Depression a serious medical illness that can lead to suicide and co-occur to complicate other medical issues.
- Screenings for mental health disorders is imperative and is often the first step in getting help.
- Nurses are at the front line of patient care, so an educational module is essential to increase their knowledge of depression screening.
- Depression screening can help more people get the help they need, as only about a third of those suffering from depression seek treatment from a mental health professional.
- It is apparent that screening for depression can lead to early identification and treatment.

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Appendix B: Pre-Post Assessment

- 1) Gender: (a) Male (b) Female
- 2) Your current position: (a) Physician (b) Nurse Practitioner (c) Physician's Assistant (d) Nurse (e) Medical assistant
- 3) Years of experience in Nursing
- 4) How much experience do you have with using the PHQ-2 and PHQ-9?
(a) No experience (b) Little experience (c) Some experience (d) A lot of experience (e) I use it all the time
- 5) Confidence level in terms of depression screening in your clinical setting:
(a) Not confident at all (b) Somewhat confident (c) Reasonably confident (d) Very confident
- 6) Does your current position concern screening patients for depression in an acute care setting?
- 7) What are the barriers to screening patients for depression in acute care settings?
- 8) Any previous training on depression screening?
(a) Yes (b) No
- 9) What percentage of patients are identified as needing further screening for depression in acute care? (a) < 30% (b) > 60% (c) < 50% (d) < 40%
- 10) What is the rate of co-morbid diagnoses in patients with depression? (a) 50% (b) 90% (c) 60% (d) 80%
- 11) It is recommended that anyone over the age of 12 should be screened for depression

- in clinical practices that have an integrated management system. (a) True (b) False
- 12) The most widely recommended depression screening tool recommended for use in clinical care settings is the PHQ-9. (a) True (b) False
- 13) The PHQ-9 monitors symptoms of depression that have been present for: (a) 1 month (b) 1 week (c) 2 months (d) 2 weeks
- 14) Who is responsible for administering the PHQ-9 in your clinical setting? (a) Nurse or medical assistant (b) Receptionist (c) Physician (d) Nurse practitioner
- 15) Who is responsible for interpreting and responding to PHQ-9 scores? (a) The provider (b) Nurse or medical assistant (c) Receptionist (d) Behavioral health
- 16) Who is responsible for documenting PHQ-9 scores? (a) Nurse or medical assistant (b) Receptionist (c) Physician (d) Nurse practitioner
- 17) Patients who are screened for depression have better outcomes. (a) True (b) False

Appendix C: Project Survey

This survey pertains to the educational session you attended regarding depression screening. Please answer the following questions to the best of your ability.

1. The educational program provided new information regarding depression screening.

Strongly Disagree Strongly Agree 1 2 3 4 5

2. The educational program provided new information regarding the need for depression screening programs in acute care health clinics.

Strongly Disagree Strongly Agree 1 2 3 4 5

3. I found the educational program to be beneficial.

Strongly Disagree Strongly Agree 1 2 3 4 5

4. The educational program increased my awareness of current depression screening practices at the designated clinic setting.

Strongly Disagree Strongly Agree 1 2 3 4 5

5. The information received from the educational program made me think about the way I practice.

Strongly Disagree Strongly Agree 1 2 3 4 5

6. The information provided motivated me to screen patients for depression.

Strongly Disagree Strongly Agree 1 2 3 4 5

7. Will you incorporate depression screening to your daily routine?

Strongly Disagree Strongly Agree 1 2 3 4 5

What are two factors that are currently preventing depression screening at CAYD?

1.

2.

Appendix D: Expert Panel Validation Form

Depression Screening in an Acute Care Clinic

Please complete the form below and place your best answer by choosing the number that best describes your answer pertaining to the staff educational module just completed

1. Do you think an educational module is necessary to improve a nurse's knowledge of depression screening in an acute care clinic?

1. Strongly disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly agree

Comments:

2. Did the educational module enhance the nurse's competency in depression screening using the PHQ-9 tool?

1. Strongly disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly agree

Comments:

3. Do you think that the staff educational module will reduce the incidence of underdiagnosing and undertreating depressed patients in an acute care clinic?

1. Strongly disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly agree

Comments:

4. Do you think the educational module will promote confidence among nurses?

1. Strongly disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly agree

Comments:

5. Does the educational module address the gap in depression screening knowledge among nurses in an acute care clinic?

1. Strongly disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly agree

Comments:

6. Is the educational module adequate to increase knowledge, as supported by evidence-based practice?

1. Strongly disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly agree

Comments:

7. Is the educational module presented in a clear and concise manner for easy comprehension by adult learners?

1. Strongly disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly agree

Comments:

8. After undergoing the educational module, can I correctly apply the knowledge acquired from the training in a clinical setting?

1. Strongly disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly agree

Comments:

9. Is there a possibility for continued application of the educational module in my clinical setting?

1. Strongly disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly agree

Comments:

10. Is adherence to the knowledge acquired from the educational module important?

1. Strongly disagree
2. Disagree
3. Undecided
4. Agree
5. Strongly agree

Comments:

Thank you for your time and feedback.