

Student Services
Departmental Goals and Assessment Plans 2013-2014

Department Name: Health and Wellness Services

Project (Assessment) Title: Medical Clinic: New Student Patients Depression Screening and Follow-Up Assessment.

Health and Wellness Services Medical Clinic staff screened student patients for depression utilizing well validated depression screening tools, additionally assessed each new patient with the Patient Health Questionnaires 2 (PHQ-2) and 9 (PHQ-9).

College Priority and Objective:

Strategic Priority II – Improve Student Access and Success

Objective II D Improve student participation in advising, learning support and noncurricular activities that are related to student persistence.

Methodology (Plan/Timeline/Method):

The PHQ-2 is a brief screening instrument used to screen for depression in a first step approach. The PHQ-2 asks two simple questions about depressed mood and anhedonia (the inability to experience pleasure from activities usually found enjoyable). The PHQ-2 is asked as part of the Medical History Form. The PHQ-9 is one of the most common instruments used for depression screening. Although it can be used as a screening test or to monitor treatment, it is increasingly administered for confirmation of a positive PHQ-2. The PHQ-9 is valid, takes two to five minutes to complete, and has demonstrated 61 percent sensitivity and 94 percent specificity for mood disorders in adults (See Appendix A for Medical History Form and Appendix C for PHQ-9).

During spring semester, Medical Clinic staff reviewed all new medical student patients' charts for the 2013-2014 academic year, screening for patients scoring a two or above (positive scoring) on the PHQ-2. If staff noted a patient's score of two or above, further investigation was completed to see if a PHQ-9 had been administered. The data was collected and analyzed.

Student Services Outcomes Supporting Student Learning:

Learning Outcome:

4. Think Critically and Creatively.
 - B. Demonstrate effective problem solving.
 - D. Engage in reflective thinking and expression.

- E. Demonstrate higher-order skills such as analysis, synthesis, and evaluation.
- F. Make connections across disciplines/departments or services.

6. Develop the knowledge and skills to work with others in a professional and constructive manner.

- A. Engage with a diverse set of others to produce professional work.

Results/Findings:

A total of 337 new student patient charts were pulled to review the PHQ-2 questions from the Medical History Form. Forty-one percent (139) of patients screened positive on the PHQ-2. From the 139 who screened positive, 11% (38) received the PHQ-9. Thirty percent (101) who screened positive did not receive the PHQ-9. These findings demonstrate a need for better screening of our patients and education among clinic staff.

Other findings included that two (0.6%) did not answer the PHQ-2 screening and three (0.9%) received the PHQ-9 even though they did not meet criteria.

Actions Taken (Use of Results/Improvements):

The Medical Clinic staff was able to identify a main area of weakness in screening. Given that only 11% of patients received the PHQ-9, the Interim Medical Clinic Manager took the opportunity to train staff on the process.

A clinic staff meeting was held on June 11, 2014 to review results of charting analysis. During the meeting, training on performing the PHQ-2 and PHQ-9 screening was provided. In addition, the staff formalized that a score of two or more would determine a positive screen and thus indicating a PHQ-9 assessment. This was essential due to new staff being unfamiliar with the process of screening and evaluation.

Given the morbidity and mortality of depression, accurate identification of patients who have depression is imperative so that appropriate treatment can be initiated. The screening and chart review process is being implemented in the Health & Wellness Policy & Procedure Manual.

In addition, a referral component from the medical clinic to the counseling unit was implemented to ensure students are receiving all available resources to achieve academic success.

Other Notes:

Due to changes in staff this academic year, including the primary investigator, the assessment was modified. The initial goal was to screen and note intervention (if applicable) on 98% of new patients. After identification of those individuals who had screening and an intervention due to a score of ten or over, they were to receive a

follow up survey and repeat PHQ-9. The survey design was to follow a Likert scale model to evaluate interventions and outcome efficacy of those interventions on several questions including student satisfaction, success and retention/persistence. Success was also to be determined by a drop of five points on a repeat PHQ-9 assessment if the original assessment was ten or more points. Results were to be analyzed by both questionnaire and survey outcomes that were to help refine our process of identification, intervention and follow up of depression in the medical clinic.

Appendix A



Medical History Form

Name _____ Age: _____ Best contact number: _____ Today's Date ____/____/____

It is the philosophy of the staff of SLCC Student Health Clinic to provide you with the best care possible. To accomplish this, it is important for us to review significant health issues that might impact your health. **This history form is a confidential document that will be kept in your medical record in the SLCC Student Health Clinic. No information may be released without your written consent, unless required by law.**

Allergies (include medication, foods, and environmental allergies): _____

Have you **EVER** had an intermittent or chronic medical problem: (examples: asthma, high blood pressure/ heart or circulatory disease, lung, kidney, thyroid, depression, etc.): _____

Previous **Illness**/Hospitalizations please include month/year: _____

ANY Surgeries/Procedures or trauma (broken bones, head injury) etc: (year & reason): _____

Please check the following:

Single Lifetime Partner Married Divorced Separated Widow
I live in a(n) house apartment other with _____ alone.

Is English your primary language? Y N List _____

Ethnicity: _____ School Major: _____

Current or past work occupation(s): _____

Are you still or were you ever in the military? Yes No

Confidential sexual history:

Have you **ever** had sexual contact or sexual intercourse? Y N

if yes, how many total partners have you had in your **lifetime**? _____

How many partners in the last 90 days? _____

Have your sexual partners been: Men Women Both

of pregnancies? _____ #Live Births _____

Ages of children _____

Pregnancy/Delivery Probs? _____

Are you presently using a birth control or method? Yes No

What type? _____

Do you wish to become pregnant or are you actively trying to conceive? Yes No

Do you drink alcohol? Y N if yes: _____ /day/week
Do you use pot/meth/cocaine/other? Y N if yes: _____ /day/week
Have you ever had an addiction or are you currently recovering from alcohol or drug use? Y N If so, please list when: _____
Tobacco: Current use: Y N type: _____ frequency: _____
Past use: Y N List quitting month/year ☺: _____

Please rate your activity/exercise level above your normal daily routine:

Very Active Active Mildly active No additional exercise

Please rate your perception of your diet and nutrition level taking into account amount of calories, types of calories, eating frequency, fast food, etc:

Poor Fair Good Very Good

Please answer the following questions regarding prevention activities:
-How often do you brush your teeth per day? _____

Do you...

Always wear a seatbelt while riding in a vehicle? Y N N/A

Always wear a helmet if you ride a bike/motorbike? Y N N/A

Use designated drivers/call a taxi if drinking alcohol? Y N N/A

Perform a monthly breast self exam? Y N N/A

Perform a monthly testicular self exam? Y N N/A

Over the past two weeks, how often have you been bothered by any of the following problems:

1. Little interest or pleasure in doing things (circle):

Not at all Several Days Over half the days Nearly every day

2. Feeling down, depressed or hopeless (circle):

Not at all Several Days Over half the days Nearly every day

Check the box if you have had the following screening tests/exams & indicate year. Please indicate "never" if you haven't had that exam.

Dental exam: <input type="checkbox"/>	Eye exam: <input type="checkbox"/>
STD testing (if <25): <input type="checkbox"/>	Pelvic Exam/Pap: <input type="checkbox"/>
Mammogram: <input type="checkbox"/>	Prostate Test/exam: <input type="checkbox"/>
Cholesterol test: <input type="checkbox"/>	Colonoscopy/Sigmoid: <input type="checkbox"/>
Tuberculosis skin test: <input type="checkbox"/>	
Have you traveled >2 mo. outside the U.S.? <input type="checkbox"/>	

Did you receive immunizations in childhood? Yes No UNK

Please check off any of the following immunizations you recall receiving including an estimate of year:

Tetanus: Year of last shot:	<5 years	<10 years	>10 years
Hepatitis B: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd			
MMR: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd			
HPV vaccine: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd			
Pneumonia (pneumovax):	Flu:		
Shingles/Herpes Zoster:	Other:		

Family History:

- | | |
|---|---|
| <input type="checkbox"/> Heart disease or disorder
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Cholesterol (family history)
<input type="checkbox"/> Hypertension/High Blood Pressure
<input type="checkbox"/> Anemia
<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Autoimmune diseases
<input type="checkbox"/> Depression/Anxiety
<input type="checkbox"/> Substance abuse | <input type="checkbox"/> Severe allergy
<input type="checkbox"/> Liver disease/Hepatitis
<input type="checkbox"/> TB (Tuberculosis)
<input type="checkbox"/> Kidney disease
<input type="checkbox"/> Cancer: Type: _____
<input type="checkbox"/> Thyroid disease/disorder
<input type="checkbox"/> Other
<input type="checkbox"/> Unknown |
|---|---|

Appendix B

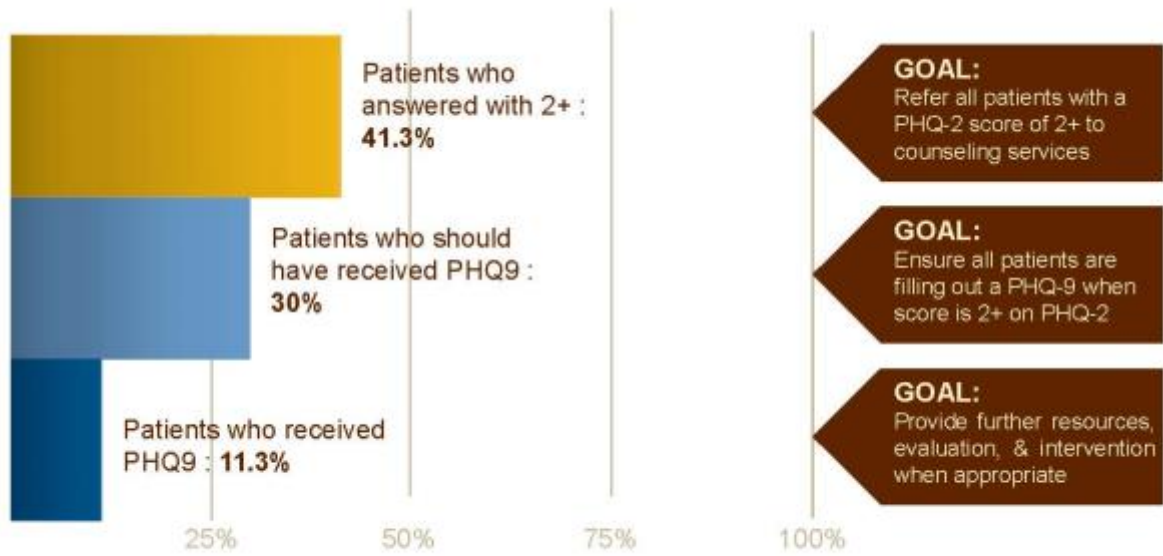


Chart reflects 337 medical history forms from 5 August 2013 to 23 May 2014

Appendix C

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns: + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
please refer to accompanying scoring card.)

<p>10. If you checked off <i>any</i> problems, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p>	<p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p>
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PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rs8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.