

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 Intervention 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 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 PHQ-9).

During spring semester, Medical Clinic staff reviewed all new medical 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 patient charts were pulled to review the PHQ-2 questions from the Medical History Form. Forty-one percent (139) 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 was implemented to ensure students are receiving all available resources to achieve academic success.

Other Notes:

Due to change in staff, 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

Appendix B Chart Results