



**Kaleidoscope
of Nursing
Scholarship Day**
May 2020

College of Nursing
and Health Sciences

University of Wisconsin
Eau Claire

In memory of
Diane Marcyjanik, PhD, RN
Assistant Professor
College of Nursing and Health Sciences
University of Wisconsin-Eau Claire

“It has been a challenging semester with our loss of social contact and then the loss of our beloved colleague, mentor, and friend, Dr. Diane Marcyjanik. We have been left to grieve alone. Diane loved the profession of nursing and the Delta Phi Chapter of Sigma. Since becoming a member of the UWEC collegiate community, she has been active leader and mentor in the Delta Phi Chapter of Sigma. She was committed to the Kaleidoscope of Nursing Research over the last few years and we as Delta Phi member owe her appreciation for maintaining the high level of rigor and dissemination potential that UWEC Sigma research events have demonstrated over the years. Thank you, Diane. Your enthusiasm and dedication to teaching the next generations of nurses will be missed.”

Jodi Arriola – past and current president of Delta Phi Chapter of Sigma Theta Tau

“I first met Diane Marcyjanik, RN, when I was starting the graduate nursing program at UW-Eau Claire. I could tell from the start that she was an inspiration to others and had a knack for sharing experiences. She had an abundance of energy and rolled up her sleeves and jumped in whenever and wherever she was needed.

While I was serving as president for Delta Phi Chapter of Sigma Theta Tau at UW-Eau Claire Diane was a guest speaker and shared many accounts of what a true leader is and how to become an accomplished leader. She helped whenever there was a need and was not afraid of a little hard work. Diane’s service and dedication to the local chapter was evident and all that knew her will miss her profoundly.”

Kathy German-Olson – past president of Delta Phi Chapter of Sigma Theta Tau

“Diane Marcyjanik, PhD, RN has been a leader in maintaining the Delta Phi chapter of Sigma at UW-Eau Claire. Beginning in 2011, she was a senior counselor, served as the delegate for Biennium on several occasions and became president elect in 2013 when I served as president. Diane took over the president role from 2014 – 2018 and was instrumental in putting together the annual Kaleidoscope of Nursing Research Day during those years. Her leadership, commitment to the profession of excellence in nursing, and sense of fun are deeply missed.”

Norah M.M. Airth-Kindree – past president of Delta Phi Chapter of Sigma Theta Tau

Contents

A Message from Delta Phi Chapter President Jodi Arriola, DNP, RN	5
DNP PROJECTS	6
Blame-free Medical Error Reporting: Promotion by Leadership Endorsement and Education <i>presented by DNP Student: Lee J. Smith, smithl1142@uwec.edu; Project Advisor: Debra Hofmann, DNP, RN, ACNS-BC, CNE, APNP, hofmandk@uwec.edu</i>	6
Evaluating a Collaborative Care Registry for College Students with Mental Health <i>presented by DNP Student: Coral L. Lindberg, bornercl0208@uwec.edu; Project Advisor: Debra Jansen, PhD, RN, jansenda@uwec.edu</i>	7
The Gap: An Organizational Needs Assessment <i>presented by DNP Student: Sari Meska, meskasa9975@uwec.edu; Project Advisor: Amanda Seeley, DNP, RN, APRN, CPNP, seeleya@uwec.edu</i>	8
Healthy Lifestyle Education to Enhance Health Knowledge and Self-Efficacy in Adults with Obesity Prescribed Phentermine <i>presented by DNP Student: Sarah Bangel, bangelsi@uwec.edu; Project Advisor: Mohammad Alasagheirin, PhD, RN, alasagmh@uwec.edu</i>	9
Implementation of Smoke Evacuation in the Operating Room: An Educational Intervention Strategy for Nurses and Surgical Technologists <i>presented by DNP Student: Dana Stuard, stuarddl5864@uwec.edu; Project Advisor: Cheryl Lapp, MPH, RN, lappca@uwec.edu</i>	10
Implementing an Intermittent Auscultation Evidence -Based Protocol for Low Risk Laboring Patients: A Quality Improvement Project <i>presented by DNP Student: Karen Johnson, johnskj@uwec.edu; Project Advisor: Arin VanWormer, PhD, RN vanworag@uwec.edu</i>	11
Improving Medication Administration in Assisted Living Facilities Through Enhanced Nurse-UAP Delegation and Communication <i>presented by DNP Student: Karalyn M. Adam, adamkm2580uwec.edu; Faculty Advisor: Mary Zwuygart-Stauffacher, PhD, RN, GNP/GCNS-BC, FAAN, zwygarmc@uwec.edu</i>	12
Improving Stroke Metrics at one Critical Access Emergency Department Through Implementation of an Educational Quality Improvement Project <i>presented by DNP Student: Jennifer Sperl, sperlj19280@uwec.edu; Project Advisor: Rachel Merkel DNP, RN, CNE, merkelrm@uwec.edu</i>	13
LGBTQ+ Inclusive Preconception Pilot Program at an Urban Community Health Clinic and Selection of an Intrauterine Insemination Clinical Practice Protocol <i>presented by DNP Student: Liesl Wolf, wolfla3573@uwec.edu; Project Advisor: Shelley-Rae Pehler, PhD, RN, pehlers@uwec.edu</i>	14
Quality Improvement Project to Increase Advanced Practice Provider Retention in a Family Practice Primary Care Setting <i>presented by DNP Student: April Nelson, nelsoapr@uwec.edu; Faculty Advisor: Jeannette Olsen, PhD, RN, CNE, olsenjea@uwec.edu</i>	15
Reducing Syphilis Among Men who have Sex with Men in Rural Wisconsin <i>presented by DNP Student: Anthony M. Kunze, kunzea6345@uwec.edu; Project Advisor: Der-Fa Lu, PhD, RN, lud@uwec.edu</i>	16

Suicide Risk Assessment Toolkit Implementation to Increase Provider’s Perceived Confidence <i>presented by DNP Student: Heather M. Cork, corkhm3904@uwec.edu; Project Advisor: Dalete Mota, PhD, RN, motadd@uwec.edu</i>	17
Utilizing the Centor Criteria to Aid Decision Making for Adult Patients with Pharyngitis to Decrease Unnecessary Testing and Antibiotic Prescription <i>presented by DNP Student: Roxanne Cordova, cordovar9223@uwec.edu; Project Advisor: Arin VanWormer, PhD, RN, vanworag@uwec.edu</i>	18
FACULTY-LED PROJECTS	19
Implementing an Educational Initiative on Electronic-Cigarettes and Vaping <i>presented by Assistant Professor Diane Marcyjanik, PhD, RN; Graduate Student: Lyndsey Strang, RN, stranglv6469@uwec.edu; and Undergraduate BSN Students, Heidi Pardon, pardonhc4657@uwec.edu and Lindsey Boehm, boehmlj3235@uwec.edu</i>	19
Integrative Therapy Use among Registered Nurses in an Acute Care Setting <i>presented by Associate Professor Arin VanWormer, RN, PhD, vanworag@uwec.edu; Kelly Buchholtz, MSN, MBA, RN, buchholtz.kelly@mayo.edu, Mayo Clinic Health System, and Graduate Student Roxanne Cordova, RN, cordovar9223@uwec.edu</i>	20
UNDERGRADUATE STUDENT-LED PROJECTS	21
Developing Professionalism and Communication Through Acute Care Nursing Simulation <i>presented by Undergraduate BSN Student, Chelsea Scholbe, scholbcc2556@uwec.edu; Faculty Advisors: Meg Lagunas, PhD, RN, CCRN lagunamc@uwec.edu and Amanda Seeley, DNP, RN, APRN, CPNP, seeleya@uwec.edu</i>	21
Effectiveness of Social Media on Strength Training Adherence and Confidence Among Novice College Females <i>presented by Undergraduate BSN Students: Halli McCauley, mccaulhv9439@uwec.edu, Alaina Lanser, lanseram1779@uwec.edu, Morgan Pfaff, pfauffmf7635@uwec.edu, Madeline L. Norman, Omid Razmpour, razmpouo8719@uwec.edu, and Karina M. Wait, waitkm6303@uwec.edu; Faculty Advisors: Der-Fa Lu, PHD, RN, LUD@uwec.edu and Saori I. Braun, PhD, BRAUNSI@uwec.edu</i>	22
Lessons Learned when Implementing Electronic Health Record-based Referrals to Diabetes Prevention Program Classes in a Rural County <i>presented by Undergraduate BSN Students: Samantha Peterson, peterssm4186@uwec.edu and Alisyn Stevens, stevenap3524@uwec.edu; Faculty Advisor: Jeanette Olsen, PhD, RN, CNE, olsenjea@uwec.edu</i>	23
Women’s Use of Self-care Interventions to Manage Chronic Pain Caused by Endometriosis <i>presented by Undergraduate BSN Students: Madeline Norman, normanml5849@uwec.edu and Omid Razmpour, razmpouo8719@uwec.edu; Faculty Advisor: Jeanette Olsen, Ph.D. RN CNE, olsenjea@uwec.edu</i>	24
About Sigma Theta Tau	25
Current Officers of Delta Phi Chapter	25
Delta Phi Student Advisory Board (DPSAB)	25

A Message from Delta Phi Chapter President
Jodi Arriola, DNP, RN

On behalf of myself and the current officers of the Delta Phi Chapter of Sigma, thank you for your partnership in advancing nursing care and the nursing profession. As you can see, the 2020 Kaleidoscope of Nursing Scholarship Day has a new format because of the COVID-19 pandemic. We are, however, delighted in sharing with you the research and quality improvement projects developed by nurses and student nurses from the University of Wisconsin-Eau Claire and the surrounding health care communities. The abstracts are organized into three categories: DNP projects, UW-Eau Claire Faculty-led projects, and Undergraduate Nursing Student-led projects. We encourage you to reach out to the authors if you would like to learn more about each abstract shared in this booklet.

Lastly, we invite you to be an active member of our Delta-Phi Chapter. Together, we can do more!

Sincerely,

Jodi Arriola, DNP, RN
President

DNP PROJECTS

Blame-free Medical Error Reporting: Promotion by Leadership Endorsement and Education *presented by DNP Student: Lee J. Smith, smithl1142@uwec.edu; Project Advisor: Debra Hofmann, DNP, RN, ACNS-BC, CNE, APNP, hofmandk@uwec.edu*

Background and Rationale: The Institute for Medicine (IOM) first alerted the nation to the severe incidence of medical error and its contribution to 98,000 deaths per year, with subsequent evidence estimating > 250,000 deaths per year could be attributed to medical error. Current literature identifies common barriers to self-reporting by healthcare professionals as: fear of punishment, reputation of incompetence, fear of legal action, and feelings of failure. Healthcare employees are shown to be more likely to self-report medical errors if they experience the psychological safety to do so.

Aim: Clinical question: Does leadership endorsed education regarding blame-free error reporting increase the frequency of self-reporting of medical errors by healthcare professionals?

Design and Methodology: 32 Nurses and emergency room technicians whom staff a rural emergency department were targeted for promotion of self-reporting medical errors with a combination of education and leadership endorsement of practicing in a blame-free environment. Efficacy of intervention was planned to be measured three ways: pretest-posttest, qualitative interviews, and department error reporting frequency.

Results: Educational intervention via video suggest high rates of staff reachability. Pretest-posttest results demonstrated a mean seven-percentage point increase, however lacking statistical significance. Two outcome measurements became casualties of COVID-19 pandemic.

Conclusion: Duplicate quality improvement studies under routine department operations are needed to better understand leadership endorsed blame-free error reporting and its influence on clinical staff's psychological safety. Blame-free error reporting, endorsed by leadership, contributes to just culture in healthcare, leading to improved patient outcomes.

Evaluating a Collaborative Care Registry for College Students with Mental Health

presented by DNP Student: Coral L. Lindberg, bornercl0208@uwec.edu; Project Advisor: Debra Jansen, PhD, RN, jansenda@uwec.edu

Background and Rationale: Suicide is the second leading cause of death among college-aged students. Rates of on-campus mental health treatment are growing, and multidisciplinary collaboration is key to meeting the mental health needs of students. At one midwestern university, collaboration between the university's student health service (SHS) and on-campus counseling service (OCCS) was identified as needing improvement by each service's providers. A Collaborative Care Registry (CCR) has been in use at this university for two years and providers desire data on its effectiveness.

Aim: The purposes of this quality improvement (QI) project are to determine if the current CCR process is effective at improving the mental health of the students and to support process improvements as needed.

Design and Methodology: An evaluation of the effectiveness of the CCR in supporting collaboration between SHS and OCCS and in improving the mental health of the students is being conducted through the use of surveys administered to the SHS and OCCS providers, a provider focus group, and interviews with the support staff. Additionally, CCR and chart data are being audited from one year prior to and two years following CCR implementation to assess for possible improvements in depression and anxiety scores and referral follow-up. Feedback from the survey, focus group, and support staff, the CCR data analyses, and the literature are being utilized to create improvement recommendations related to the CCR and SHS-OCCS collaboration.

Results: It is hoped the findings will provide recommendations that can be implemented to enhance collaboration among SHS and OCCS to support college student mental health.

The Gap: An Organizational Needs Assessment presented by DNP Student: Sari Meska, meskasa9975@uwec.edu; Project Advisor: Amanda Seeley, DNP, RN, APRN, CPNP, seeleya@uwec.edu

Background and Rationale: One organization has identified a need to decrease medical errors involving the medication chlorthalidone and to improve provider efficiency. The proposed evidence-based solution is to develop and implement an order set within the current electronic health record. To improve the likelihood of successful implementation, the focus of this project is an organizational needs assessment to identify the factors that influence this organization's readiness and willingness for process-improvement such that future process-improvement interventions may be tailored to successfully address these areas.

Aim: To develop specific recommendations that address system and organizational level facilitators and barriers to improve the likelihood of successful implementation of a process improvement project.

Design and Methodology: Utilizing observational methods, email correspondence and anecdotal interviews with key stakeholders coupled with literature synthesis, several themes emerged when completing an organizational needs assessment.

Results: Evaluation of system and organizational level factors and team dynamics revealed three distinct areas the organization should focus efforts. Detailed recommendations for project implementation using effective evidence-based practice are discussed and provided on the topics of leadership, transparency, and delegation.

Conclusion: The best evidence-based interventions can be thwarted by poor implementation. Nurses must complete thorough organizational needs assessments such that they may tailor interventions to increase the likelihood of successful implementation of process-improvement projects.

Healthy Lifestyle Education to Enhance Health Knowledge and Self-Efficacy in Adults with Obesity Prescribed Phentermine *presented by DNP Student: Sarah Bangel, bangelsi@uwec.edu; Project Advisor: Mohammad Alasagheirin, PhD, RN, alasagmh@uwec.edu*

Background and Rationale: Obesity has been deemed a national epidemic affecting more than 40% of adults. Many patients with adulthood obesity seek prescription medication to lose weight from primary care providers (PCP). Current practices within a family medicine (FM) clinic does not incorporate healthy lifestyle education for patients prescribed phentermine. Best evidence indicates that patients are more successful with weight loss efforts when combined with healthy lifestyle interventions that include diet, exercise, and behavior modification.

Aim: This project's aim is to implement healthy lifestyle education to enhance patient health knowledge and self-efficacy in adults with obesity taking phentermine within a FM clinic.

Design and Methodology: Sample includes patients with adulthood obesity prescribed phentermine in one FM clinic in west central Wisconsin within a large not-for-profit healthcare organization. An anonymous pre-intervention and post-intervention survey measuring patient health knowledge and self-efficacy will be used to collect data and descriptive statistics.

Results: This QIP is in progress. The pre-intervention questionnaire evaluating patient health knowledge and self-efficacy had an 88% response rate.

Conclusions: Patients with adulthood obesity are seen in FM frequently for medication management, but healthy lifestyle education is not consistently provided. This project looks to improve patient health knowledge and self-efficacy to empower them to implement healthy lifestyle practices that will improve weight loss.

Implementation of Smoke Evacuation in the Operating Room: An Educational Intervention Strategy for Nurses and Surgical Technologists *presented by DNP Student: Dana Stuard, stuarddl5864@uwec.edu; Project Advisor: Cheryl Lapp, MPH, RN, lappca@uwec.edu*

Background and Rationale: Surgical smoke is comprised of visible and microscopic particles created by thermal destruction of human tissue by electrocautery devices (Addley & Quinn, 2019; Bree et al., 2017). This smoke is known to contain harmful and potentially harmful chemicals such as benzene, formaldehyde, hydrocarbons, and can be a vector for viruses, bacteria, and malignant cells (Dalal & McLennan, 2016; Liu, Song, Hu, Yan, & Zhu, 2019). Inhalation of these particles can cause unpleasant symptoms and long-term respiratory complications.

Aim: The purpose of this project was to evaluate the impact of an educational intervention designed for nurses and surgical technologists by measuring their pre and post intervention knowledge about surgical smoke and smoke evacuation practices. The anticipated secondary goal of this project was to estimate the degree of readiness to implement smoke evacuation measures. Kotter's 8-step Change Model was considered in creating a climate of readiness for change (Kotter, n.d.).

Design and Methodology: This project consisted of a PowerPoint presentation and distributed information during a surgical services symposium as well as the opportunity to observe and manipulate newer and safer surgical smoke evacuation devices. The educational intervention included a pre and post educational intervention survey.

Results: There was an overall increase in knowledge and readiness for nurses and surgical technologists after receiving the education.

Conclusions: The results of this project showed promise in helping guide future plans for surgical smoke evacuation and sets a precedence for successful educational models for future quality improvement projects.

Implementing an Intermittent Auscultation Evidence -Based Protocol for Low Risk Laboring Patients: A Quality Improvement Project *presented by DNP Student: Karen Johnson, johnskj@uwec.edu; Project Advisor: Arin VanWormer, PhD, RN vanworag@uwec.edu*

Background and Rationale: Intermittent auscultation (IA) is the recommended method for intrapartum fetal surveillance for healthy patients without complicated pregnancies. Despite recommendations from professional women's health organizations, IA is underutilized in acute care settings.

Aim: The purpose of this quality improvement project was to increase the awareness, availability and use of IA among low risk laboring patients by implementing basic IA education and an evidence-based protocol in two labor and delivery units.

Design and Methodology: A cross-sectional online survey was administered to a sample of labor and delivery nurses to determine baseline attitudes of nurses' confidence towards IA. Following the survey, an educational module that provided information regarding the use of an IA evidence-based protocol for low risk laboring patients was implemented. The same group of nurses were asked to complete the survey to review the attitudes and beliefs towards intermittent auscultation after receiving initial basic education.

Results: Thirty-two nurses responded to the pre-education survey from a total of 39 invited (82% response) and eight nurses responded to the post-education survey (21% response). After the education module, there was a modest increase in confidence to use IA and clarification of hospital guidelines for the use of intermittent auscultation, but most attitudes remained stable.

Conclusion: Sample response at post-implementation was likely diminished following staffing changes due to the current healthcare environment. Therefore, more intense education may be needed to more strongly influence practice changes and increase the use of intermittent auscultation when caring for low risk laboring patients.

Improving Medication Administration in Assisted Living Facilities Through Enhanced Nurse-UAP Delegation and Communication *presented by DNP Student: Karalyn M. Adam, adamkm2580uwec.edu; Faculty Advisor: Mary Zwygart-Stauffacher, PhD, RN, GNP/GCNS-BC, FAAN, zwygarmc@uwec.edu*

Background and Rationale: Assisted living facilities (ALF) are one of the fastest growing healthcare segments. Staffing challenges and cost-containment measures have shifted medication administration duties, traditionally performed by licensed nurses, to unlicensed assistive personnel (UAP). Confusing regulations, inconsistent training and competency requirements, and little RN oversight creates a high propensity for medication errors, posing a major health risk to our most vulnerable populations.

Aim: The project purpose was to address the problem of medication errors in ALFs through improved nurse-UAP communication.

Design and Methodology: Medication passers in two rural Midwestern ALFs were offered semi-structured surveys pre- and post-intervention on their medication-related duties. The intervention entailed an educational handout outlining delegation principles, communication strategies, and state regulations. Participants were asked to read the handout and apply the concepts immediately. Non-administered medication tracking worksheets were collected over eight weeks to estimate medication errors due to the current lack of incident reporting. The project leader (PL) conducted weekly visits for status updates and troubleshooting support. Fifty employees were solicited with 11 pre- and 13 post-intervention surveys returned. Comparison of respondent means and qualitative themes from the surveys will be shared.

Results: Despite inconsistent participant completion of tracking worksheets, knowledge of reasons for non-administered medication and staff efforts for follow-up were examined. The final project evaluation surveys were unable to be collected due to COVID-19. Project results inform recommendations for best practice and provide suggestions for future quality improvement projects.

Improving Stroke Metrics at one Critical Access Emergency Department Through Implementation of an Educational Quality Improvement Project *presented by DNP Student: Jennifer Sperl, sperlj19280@uwec.edu; Project Advisor: Rachel Merkel DNP, RN, CNE, merkelrm@uwec.edu*

Background and Rationale: Stroke incidence continues to rise in the United States, contributing to significant long-term disability and even death. Timely diagnosis, treatment, and transfer of stroke patients are the cornerstones of evidence-based quality care and can significantly improve patient outcomes. In rural critical access hospitals, achieving Acute Stroke Ready Hospital certification to facilitate timely treatment and access is dependent on meeting recommended stroke metrics.

Aim: The purpose of this QI project was to evaluate whether implementing 4-hours of metric specific staff education for emergency department personnel, could improve the rate the metric is achieved.

Design and Methodology: The Plan-Do-Study-Act framework guided the planning, development, implementation, and evaluation of the QI project. Changes to the project 2-hour in-person education were made by the agency due to financial and time restriction; therefore, education was provided to staff through four posters delivered to the agency.

Results/Conclusion: Results for the project have been mixed. Data found completion of dysphagia screening improved from 33% to 50% during the study period; however, NIHSS documentation completion decreased from 77% to 66.7%. Data for IV alteplase administration at 60 minutes and 4.5 hours were not available for comparison because no patients were eligible to receive alteplase. Interpreting results of this project should be done cautiously. Limited time of project implementation, current COVID-19 pandemic, and limited data available for comparison, makes it difficult to draw a significant conclusion whether education has improved stroke benchmarks. Continued research is needed to evaluate the effectiveness of specific stroke metric education to emergency department staff.

LGBTQ+ Inclusive Preconception Pilot Program at an Urban Community Health Clinic and Selection of an Intrauterine Insemination Clinical Practice Protocol *presented by DNP Student: Liesl Wolf, wolfla3573@uwec.edu; Project Advisor: Shelley-Rae Pehler, PhD, RN, pehlers@uwec.edu*

Background and Rationale: Among the lesbian, gay, bisexual, transgender, queer (LGBTQ+) population, increased preconception risk factors and lack of preconception care exist that can impact health outcomes. Lesbian, bisexual, and queer cisgender women are more likely to have additional stressors compared to the general population. Among transgender populations, structural barriers in accessing reproductive health care are vast, and the preconception period was identified to be the most distressing and with the least health care involvement.

Aim: The aim of this evidence-based practice (EBP) project was to increase access to LGBTQ+ inclusive preconception care through implementation and evaluation of preconception classes and creation of an intrauterine insemination (IUI) protocol.

Design and Methodology: Utilizing health promotion theory, the classes covered preconception health, including folic acid intake, dietary needs, tobacco cessation. LGBTQ+ specific needs were also included, like sperm and insemination options and LGBTQ+ resources. The UpStart Parent Survey and a separate demographic questionnaire were distributed to class attendees for program evaluation. The IUI protocol was developed through a literature review, critique of two clinical practice guidelines with the AGREE II tool, and collaboration with clinic leadership.

Results: Results of this EBP project are still in progress and will be completed by the time of the presentation.

Conclusions: Findings from the UpStart Parent Survey and demographic questionnaire will provide feedback, guide any changes to be made, and inform next steps in expanding preconception services at this clinic. The IUI protocol will be completed at the end of this EBP project and will be available for implementation when the clinic is ready.

Quality Improvement Project to Increase Advanced Practice Provider Retention in a Family Practice Primary Care Setting *presented by DNP Student: April Nelson, nelsoapr@uwec.edu; Faculty Advisor: Jeannette Olsen, PhD, RN, CNE, olsenjea@uwec.edu*

Background and Rationale: Advance Practice Providers (APPs) are essential for filling the growing primary care provider shortfall, yet position turnover rates exceeding 12.6% have been reported. Research suggests successful integration increases APP job satisfaction and retention. Five elements have been identified as essential to integration: advance planning, role definition, collaboration, support, and models of care. Since 2013, a Family Medicine Clinic within a large health system has experienced fifty-percent turnover of APPs, generating need for a project to promote retention.

Aim: This purpose of the quality improvement (QI) project is to develop a set of recommendations to improve APP integration and work satisfaction with the long-term goal of increasing retention.

Design and Methodology: This project involves a two-part survey process. In part one, APPs received education on integration and provided perspectives on department integration strengths and needs through open-ended survey questions. Responses will be analyzed for themes. In part two, an electronic survey was used to measure job satisfaction and integration using the Misener Nurse Practitioner Job Satisfaction Survey and the Barrett and Wright Key Elements of APP Integration Survey, respectively. Total and subscale means will be calculated.

Results: This project will generate theory-based integration recommendations for department leadership to inform the next phase of the initiative to improve APP retention. Additionally, baseline measures of APP job satisfaction and integration will be calculated.

Conclusion: The results of this project may assist with improving the Family Medicine Clinic integration process. Project findings also may inform efforts to reduce APP turnover in other departments.

*Reducing Syphilis Among Men who have Sex with Men in Rural Wisconsin presented by
DNP Student: Anthony M. Kunze, kunzea6345@uwec.edu; Project Advisor: Der-Fa Lu,
PhD, RN, lud@uwec.edu*

Background and Rationale: The incidence of syphilis is rising throughout the United States and is especially prevalent among men who have sex with men (MSM). Further, there is overall limited research among rural MSM with most studies being conducted in urban and suburban localities.

Aim: The aim of this study is to demonstrate that an individual in-person education-based intervention provided can increase knowledge and behaviors that can contribute to decreased transmission of syphilis in rural MSM.

Design and Methodology: Participants were recruited using a public health agency. Behavior variables compared at pretest and follow-up include the following: 1) condom use with new sexual partners increasing by 13%; 2) completing and intent to complete syphilis testing increasing by 46%, sexually transmitted infection discussions with sexual partners increasing by 23%; 3) sexual health discussions with healthcare providers increasing by 26%; 4) syphilis knowledge possessed increasing by 48% (posttest) and retaining at 43% (follow-up). Knowledge variables were compared at pretest, posttest, and one-month follow-up.

Results: Open-ended discussions revealed barriers to healthcare utilization as follow: healthcare providers not having knowledge specific to MSM, providers being judgmental, providers promoting heteronormative values, MSM avoiding sexual health discussions, and travelling great distances to obtain relevant healthcare.

Conclusions: The project demonstrates the intervention is effective in increasing participants' knowledge and behaviors relating to syphilis, and the collaborating health agency is considering including this intervention as a standard of care for MSM.

Suicide Risk Assessment Toolkit Implementation to Increase Provider's Perceived Confidence *presented by DNP Student: Heather M. Cork, corkhm3904@uwec.edu; Project Advisor: Dalete Mota, PhD, RN, motadd@uwec.edu*

Background and Rationale: Suicide is a major health concern and the tenth leading cause of death for all ages in the United States. Approximately 45% of patients had contact with a Primary Care Provider (PCP) within one month of suicide completion. Barriers that hinder PCP's Suicide Risk Assessment (SRA) practice include not having the necessary information at point of care and lack of perceived confidence in completing SRAs. Best evidence reinforces that PCPs need accessible point-of-care resources to help guide their assessment and plan of care for patients at increased risk for suicide.

Aim: This project's aim is to increase PCP's perceived confidence level of conducting SRAs on adult patients within a Family Medicine (FM) unit by implementing a point-of-care SRA Toolkit.

Design and methodology: This quality improvement project looks to improve PCPs' perceived confidence when conducting an SRA using a SRA Toolkit. The SRA Toolkit will be implemented at a FM unit in west central Wisconsin within a large not-for-profit healthcare organization. An anonymous pre-intervention and post-intervention evaluation will be used to collect data and descriptive statistics.

Results: This quality improvement project is in progress. The pre-intervention questionnaire evaluating perceived confidence had a 95% response rate.

Conclusions: PCPs see acutely suicidal patients in their practice, yet SRAs are not consistently completed. This project looks to improve patient care and access to care as mental health care can be difficult to access. A SRA toolkit may lead to more completed SRAs and immediate intervention for acutely suicidal patients.

Utilizing the Centor Criteria to Aid Decision Making for Adult Patients with Pharyngitis to Decrease Unnecessary Testing and Antibiotic Prescription *presented by DNP Student: Roxanne Cordova, cordovar9223@uwec.edu; Project Advisor: Arin VanWormer, PhD, RN, vanworag@uwec.edu*

Background and Rationale: Outpatient antibiotic overuse is a primary driver of antibiotic resistance. Up to 78% of adults presenting to primary care with complaints of pharyngitis received an antibiotic prescription despite only a small proportion of pharyngitis in adults being caused by *Group A Streptococcus* (GAS), the only common indication for antibiotic therapy. With over seven million adults presenting to providers with pharyngitis annually, improving diagnostic precision to better inform the decision-making on whether or not to prescribe antibiotics presents a significant and meaningful opportunity for improvement of antibiotic stewardship.

Aim: This quality improvement project aimed to determine the effect use of the Modified Centor Criteria (MCC), a validated clinical prediction rule (CPR) in an urgent care would have on rates of streptococcal testing and antibiotic prescription in adult patients.

Design and Methodology: Providers were surveyed pre- and post- intervention on attitudes and knowledge of the MCC. The intervention consisted of utilizing the MCC for all adults who presented to the urgent care with complaints of sore throat for six weeks. Data was compared to data from 2019 for rates of testing and antibiotic prescription.

Results: Rates of testing for GAS decreased 15%. Antibiotic prescription without GAS testing decreased 28%. Overall antibiotic prescription rates for pharyngitis decreased 18%. On post-intervention survey providers were more likely to report that CPR's aid in diagnosis, following clinical guidelines, and assessing severity of a condition.

Conclusions: Project results are being used to create an Adult Pharyngitis Pathway for use organization-wide, presenting a significant opportunity to improve antibiotic stewardship and decrease the threat of antibiotic resistance.

FACULTY-LED PROJECTS

Implementing an Educational Initiative on Electronic-Cigarettes and Vaping *presented by Assistant Professor Diane Marcyjanik, PhD, RN; Graduate Student: Lyndsey Strang, RN, stranglv6469@uwec.edu; and Undergraduate BSN Students, Heidi Pardon, pardonhc4657@uwec.edu and Lindsey Boehm, boehmlj3235@uwec.edu*

Background and Rationale: The U.S. Surgeon General reported that the use of electronic cigarettes (e-cigarettes) is on the rise among adolescents and continues to be a public health concern. Teachers and other educational professionals spend a large amount of time with their students and can influence the conversation on the dangers of e-cigarettes and vaping. Adolescents are extremely susceptible to peer-pressure and pressure from social media, and as a result, they do not always look at warning signs before using products like these. According to the Centers for Disease Control, there is evidence that adolescents who use e-cigarettes are more likely to smoke regular cigarettes in the future. When educational professionals become knowledgeable about the dangers of vaping, and in turn, educate their students it could help stop this dangerous trend from progressing. This presentation will help start the important and necessary conversation to increase knowledge about e-cigarettes and vaping along with providing resources that could be used in the classroom.

Aim: The purpose of the study is to determine K-12 teachers' perceptions and knowledge about vaping and e-cigarettes and if they will implement the educational training in their classroom.

Design and Methodology: A quasi-experimental research inquiry will be used to investigate the effect of an educational initiative on cigarettes and vaping for educational professionals in a southern Midwest school district. A pre-test/post-test design was used to identify the effect of an evidence-based presentation surrounding e-cigarettes and vaping.

Results: Data collection has been completed. Data analysis is being conducted. Descriptive statistics on the population and independent sample t-test will be used to analyze the pre and post test data.

Conclusions: Conclusions will be forthcoming as data analysis is completed. This research is unique to most of the research that currently exists about vaping, as it is solely aimed at evaluating the effectiveness of an educational initiative about vaping, rather studying the health effects in individuals who have vaped. This project continues to evolve as vaping use increases and public health professionals remain vigilant to educate the public.

Integrative Therapy Use among Registered Nurses in an Acute Care Setting presented by Associate Professor Arin VanWormer, RN, PhD, vanworag@uwec.edu; Kelly Buchholtz, MSN, MBA, RN, buchholtz.kelly@mayo.edu, Mayo Clinic Health System, and Graduate Student Roxanne Cordova, RN, cordovar9223@uwec.edu

Background and Rationale: Alternatives are needed to help patients manage pain and discomfort in acute care settings. Integrative therapies (IT) involve complementary/alternative medicine practices assimilated into conventional care. The degree to which Registered Nurses (RNs) use IT remains unclear.

Aim: The purpose of this study was to characterize knowledge, barriers, and intent to use IT among RNs in an acute care setting. The following research questions were addressed: (1) How frequently do acute care RNs use IT techniques?, (2) What barriers exist when implementing IT in clinical settings?, and (3) Do RNs intend to use IT in future patient care?

Design and Methodology: A cross-sectional online survey was conducted with RNs in a western Wisconsin hospital. Nurse Managers emailed invitations to study-eligible RNs.

Results: One hundred and sixty-four nurses responded from a total of 463 invited (35% response). In the past six months, 79% reported use of IT with their patients. The most common practices were relaxed breathing, music therapy, essential oils, massage, and aromatherapy. Years of experience influenced IT use, but other factors such as age, gender, or nursing degree type had limited influence on IT use.

Conclusion: Overall, the use of IT was generally high in this sample of hospital RNs, particularly among those trained more recently. This could lead to future research with nursing led IT interventions.

UNDERGRADUATE STUDENT-LED PROJECTS

Developing Professionalism and Communication Through Acute Care Nursing Simulation

presented by Undergraduate BSN Student, Chelsea Scholbe, scholbcc2556@uwec.edu;

Faculty Advisors: Meg Lagunas, PhD, RN, CCRN lagunamc@uwec.edu and Amanda Seeley, DNP, RN, APRN, CPNP, seeleya@uwec.edu

Background and rationale: The educational value of simulation has been demonstrated in areas such as standardized student practice, student confidence, and psychomotor skills (Cantrell, Franklin, Leighton, & Carlson, 2017). However, little is known about how simulation can be used to improve and develop other areas of student learning necessary for a successful career such as communication and professionalism.

Aim: This study aims to explore if simulation provides effective and realistic opportunities to practice professionalism by measuring if; 1) students can provide family centered care, 2) students can participate in effective interprofessional communication, 3) students can critically reflect on the professional concepts being practiced, 4) students value practicing professionalism concepts in simulation.

Design and Methodology: University of Wisconsin-Eau Claire nursing students participated in the simulation during their senior pediatric clinical. The simulation is designed for two students to participate at a time: one student cares for the child until he is brought into surgery and the other student cares for the child post-operatively. Both students observe through a two-way mirror and write feedback to their peer when they are not caring for the child.

Results: Preliminary results suggest that simulation is an effective and realistic method to practice professionalism and communication. Additionally, students report the simulation increased their confidence with caring for a pediatric patient.

Effectiveness of Social Media on Strength Training Adherence and Confidence Among Novice College Females presented by Undergraduate BSN Students: Halli McCauley, mccaulehv9439@uwec.edu, Alaina Lanser, lanseram1779@uwec.edu, Morgan Pfaff, pfaffmf7635@uwec.edu, Madeline L. Norman, Omid Razmpour, razmpouo8719@uwec.edu, and Karina M. Wait, waitkm6303@uwec.edu; Faculty Advisors: Der-Fa Lu, PHD, RN, LUD@uwec.edu and Saori I. Braun, PhD, BRAUNSI@uwec.edu

Aim: To examine the effectiveness of a closed social media discussion board on strength training adherence and confidence among college females.

Design and Methodology: Twenty-five female undergraduate students in the nursing program volunteered to participate in the study. Participants were randomly assigned to either: Web-based ($n=13$) or Non-web based ($n=12$) groups. Participants in the Web-based group were placed into closed online chat group and engaged in weekly postings that included discussions related to perceived barriers to strength training and individual strategies to potentially overcome those identified barriers over an 18-week intervention period. All participants completed a weekly online survey at the beginning of each week reporting their confidence level in strength training and number of days they engaged in strength training during the previous week.

Results: Three participants were excluded from the analyses due to weekly report rate being <40%. At baseline, independent samples t tests indicated no significant differences in adherence and confidence between groups ($p>.05$). At weeks 2 and 17, Web-based group had significantly greater confidence as compared to Non-Web group, $t(19)=2.09$, $p=.050$ and $t(18)=2.15$, $p=.046$, respectively. There was no difference in adherence between groups at each Weeks 1, 2, 9, and 17. Paired samples t tests indicated, for Web-based group, confidence to strength trained significantly increased from baseline to Week 2 and from baseline to Week 17, $t(9)=2.37$, $p=.042$ and $t(9)=3.14$, $p=.012$.

Conclusion: Findings of the current study suggest social media may have a positive impact on confidence to strength train among novice female college students.

Supported by McNair Scholars Program and UWEC Office of Foundations

Lessons Learned when Implementing Electronic Health Record-based Referrals to Diabetes Prevention Program Classes in a Rural County *presented by Undergraduate BSN Students: Samantha Peterson, peterssm4186@uwec.edu and Alisyn Stevens, stevnap3524@uwec.edu; Faculty Advisor: Jeanette Olsen, PhD, RN, CNE, olsenjea@uwec.edu*

Background and Rationale.: One in three Americans has prediabetes, yet 90% are unaware they have this condition and are at risk of developing type 2 diabetes. In rural areas, prevalence of diabetes is higher than in urban settings. The National Diabetes Prevention Program (DPP) is a lifestyle change intervention that can delay or prevent progression from prediabetes to type 2 diabetes. Since 2016, healthcare organizations in a rural Wisconsin county have been working to implement electronic health record (EHR)-based programs for identifying patients with prediabetes and referring them to DPP classes.

Aim: The purpose of this study was to identify barriers, best practices, and lessons learned in two rural healthcare organizations involved in this project.

Design and Methodology: A qualitative design was used to conduct this program evaluation study. Participants were purposively selected staff members involved with program implementation. Data were collected using open-ended questions in an electronic survey format. Results will be analyzed for themes within and across the two diverse healthcare organizations.

Results: Findings will illuminate challenges and success strategies for implementing EHR-based DPP referral programs, as well as how they may differ based on organizational size and structure.

Conclusion: This work may support program improvement in the participating healthcare organizations and could be used to inform efforts to implement EHR-based DPP referral programs in other settings.

Women's Use of Self-care Interventions to Manage Chronic Pain Caused by Endometriosis presented by Undergraduate BSN Students: Madeline Norman, normanml5849@uwec.edu and Omid Razmpour, razmpouo8719@uwec.edu; Faculty Advisor: Jeanette Olsen, Ph.D. RN CNE, olsenjea@uwec.edu

Background and Rationale: Women with endometriosis commonly experience chronic pain and diminished quality of life. Medical interventions are not always effective. This leads many women to seek alternative pain-relief strategies. However, the frequency of use and effectiveness of such strategies are poorly understood.

Aim: To increase understanding of self-care strategies used by women to manage chronic endometriosis pain.

Design and Methodology: This is a mixed methods study. Survey data were collected from a convenience sample of 98 American women with endometriosis recruited through Facebook support groups. Quantitative measures included demographic variables, frequency and perceived effectiveness of self-care strategies, and the Endometriosis Health Profile-30. Adverse effects and additional perspectives were captured through open-ended questions.

Results: Upon completion of data analysis, results will include the frequency of use and perceived effectiveness of self-care strategies women use to manage endometriosis pain, correlations between the most frequently used self-care strategies and endometriosis-related pain and quality of life, and themes regarding adverse effects.

Conclusions: Findings will inform teaching and counseling interventions healthcare providers can use to promote safe, effective self-management of endometriosis-related pain and illuminate will areas for future research.

About Sigma Theta Tau

In 1922, six nurses founded Sigma Theta Tau International Honor Society of Nursing, today known as Sigma, at the Indiana University Training School for Nurses, which is now the Indiana University School of Nursing, in Indianapolis, Indiana. The founders chose the name from the Greek words storgé, tharsos, and timé, meaning love, courage, and honor. Sigma became incorporated in 1985 and is a nonprofit organization.

The Delta Phi Chapter was chartered by Sigma Theta Tau International, Nursing Honor Society in 1980 and the Delta Phi Chapter Student Advisory Board was commissioned by UW-Eau Claire March, 2014.

Qualifications for membership in the Sigma Theta Tau International, Nursing Honor Society-Delta Phi Student Chapter, include:

- Nursing students who have met the scholarship and leadership eligibility requirements set forth by Sigma Theta Tau International, have accepted invitation to membership, and who have been duly initiated according to the provisions and guidelines in the Delta Phi bylaws.
- UW-Eau Claire students who have met the scholarship and leadership eligibility requirements set forth by Sigma Theta Tau International make up a minimum of three-fourths of the organization's membership.
- Honorary members from the community who are Registered Nurses are eligible to be selected for membership according to the eligibility requirements set forth by Sigma Theta Tau International.

Current Officers of Delta Phi Chapter

President: *Jodi Arriola, DNP, RN*

President Elect: *Dalete Mota, PhD, RN*

Vice President: *Kari Stinson, RN*

Secretary: *Debra Jansen, PhD, RN*

Treasurer: *Der-Fa Lu, PhD, RN*

Counselor: *Heather Iverson, MSN, RN*

Leadership Succession Committee:

Chair: Michael Jaeb, RN

Norah Airth-Kindree, DNP, RN

Denette Williams, RN

Governance Committee:

Der-Fa Lu, PhD, RN

Delta Phi Student Advisory Board (DPSAB)

President: *Maddy Norman*

Vice President: *Omid Razmpour*

Treasurer: *Megan Jacobson*

Secretary: *Jensen Hagen*

Webmaster: *Chelsea Scholbe*

At Large Executive Board Member: *Megan Pearson*