DNP Scholarship Day

2015 Inaugural DNP Graduating Class

Thursday, April 16, 2015
University of Wyoming
West Yellowstone Ballroom
Wyoming Student Union

Program

9 a.m.  
Distinguished Roy & Fay Whitney Lecturer Presentation
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“Caring Science: Disciplinary Foundation for Nursing”

10 a.m.  
Reception

11 a.m.  
DNP Oral Project Presentations
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Jean Watson
PhD, RN, AHN-BC, FAAN

Distinguished Roy & Fay Whitney Lecturer

Jean Watson is Distinguished Professor & Dean Emerita from the University of Colorado Denver, College of Nursing, Anschutz Medical Center, where she held the nation’s first endowed Chair in Caring Science for 16 years. She is founder of the Center for Human Caring in Colorado and is a Fellow of the American Academy of Nursing. She served as president of the National League for Nursing and was a founding member of the International Association in Human Caring and International Caritas Consortium. She is also founder and director of the non-profit foundation, Watson Caring Science Institute.

Dr. Watson earned undergraduate and graduate degrees in nursing and psychiatric-mental health nursing and holds her PhD in educational psychology and counseling. Watson is a widely-published author and recipient of such awards and honors as: The Fetzer Institute Norman Cousins Award; international Kellogg Fellowship, Australia; Fulbright Research Award, Sweden. She holds ten Honorary Doctoral degrees, including eight International Honorary Doctorates).

Clinical nurses and academic programs throughout the world use Watson’s published works on the philosophy and theory of human caring and the art and science of caring in nursing. Her caring philosophy is used to guide transformative models of caring and healing practices for hospitals, nurses and patients alike, in diverse settings worldwide.

At the University of Colorado, Dr. Watson held the title of Distinguished Professor of Nursing. In 1999 she assumed the Murchinson-Scoville Chair in Caring Science, the nation’s first endowed chair in Caring Science, based at the University of Colorado Denver & Anschutz Medical Center.

Dr. Watson is an author /co-author of over 20 books on caring. Her books have been AJN books of the year awards and seek to bridge paradigms as well as point toward transformative models for this 21st century. In October, 2013 Dr. Watson was inducted as a Living Legend by the American Academy of Nursing, its highest honor.
Lisa Aldrich  
DNP Candidate

Background: The United States Preventative Services Task Force (USPSTF) generates evidence-based preventive health screening recommendations for the general adult population, yet recommendation adherence is often unknown or not assessed by primary care providers.

Aim: This mixed methods study will evaluate a system level improvement at a free primary care clinic. The goal is to utilize non-provider personnel to assess client preventive health screening history, identify needs and to disseminate age and gender specific information regarding routine health screening recommendations.

Method: Participants are volunteers at a local free clinic working in clinic intake, ranging from trained medical personnel to lay people. Participants utilize a form to evaluate what USPSTF screening tests clients have completed and provide information about how to complete necessary screening. Participants are asked about ease in using the screening tool and feasibility of completing the task. Changes are then made to the form and process based upon feedback. Quantitative data are collected from each assessment form to determine if appropriate screening history was collected and information provided.

Results: Preliminary data indicate the main barrier to implementation is perceived lack of time to complete assessment. To date, 19 of 45 clients have been assessed and 18 of 19 forms were completed accurately.

Conclusion: Implementation of the system improvement will result in more complete healthcare provided to clients through assessing and recommending routine preventive health screening. Implications for other clinics will be to utilize non-provider personnel in innovative ways to ease provider burden for assessing routine health screening needs.

Chelsea Carter  
DNP Candidate

Background: Behavior therapy can be effective in promoting weight loss in individuals who are overweight or obese. However, little evidence exists regarding the effect of nurse practitioner-guided behavior change programs on weight loss in individuals in a primary care setting.

Purpose: The objective of this study is to identify the effect of behavior change counseling techniques such as motivational interviewing, goal setting, self-monitoring, and perceived self-efficacy on weight loss in adult clients within primary care.

Methods: Three established clients at a low-income primary care clinic in Laramie, Wyoming are currently enrolled in six 30-minute weight loss counseling sessions led by a Doctor of Nursing Practice Family Nurse Practitioner student. Adults are eligible to participate if: (a) they are over the age of 18; (b) have a body mass index ≥ 25; and (c) are able to speak, read, write, and understand English. Participants’ weights are obtained during each encounter and trends will be evaluated at the end of the study. Additional data are being collected using questionnaires, face-to-face interviews, self-efficacy scales, and self-monitoring results to analyze participants’ weight loss goals, previous attempts with weight control, and perceived barriers to losing weight.

Results: Research is in progress and results will be included in the presentation.

Conclusion: It is expected that evidence from this study will identify whether nurse practitioner-guided behavior change counseling is an effective technique for promoting weight reduction in adult clients within primary care.
Kurtis Crawford
DNP Candidate

Project Title:
A Review of Factors Contributing to Successful Shared Medical Appointments for Patients with Type 2 Diabetes

Background: Type 2 diabetes mellitus (T2DM) is a prevalent and costly disease in the United States. Research has shown that shared medical appointments (SMAs) can improve glycemic values and other health measurements for patients who have T2DM by encouraging lifestyle modifications and self-management skills.

Purpose: The study purpose is to conduct an integrative review of the literature in order to evaluate the factors involved in successful SMAs to formulate a model for future SMAs for patients with T2DM.

Methods: Searches for articles regarding SMAs and T2DM published after 2009 on PubMed, MEDLINE, Cochrane Library, and the University of Wyoming Libraries search engines was conducted by the principal investigator. Articles showing glycemic control improvement were chosen and factors of size of group, setting, title and number of providers at meeting, duration of meetings, number of meetings, and how often meetings were held were examined to formulate a model of a successful SMA.

Results: Preliminary analysis shows an optimal SMA would include <12 patients, in a clinic with multiple providers of different professions attending each meeting for six to twelve weeks.

Conclusions: It is expected that the review results can be used to assist providers in structuring optimal setting, size, and staff for a successful SMA.

Sheriedan Grannan
DNP Candidate

Project Title:
Understanding Patient Perception and Risk for Hepatitis C Screening

Purpose & Background: The objectives are to examine reasons that adults do not want to test for Hepatitis C Viral (HCV) infections and to increase awareness of risk factors and HCV infection. The specific aims are to identify detailed themes and barriers to HCV testing and to determine if testing rates increase when patients self-identify their risk factors and are offered testing. HCV infections pose a significant burden on individual and community health. The Baby Boomer (1945-1965) generation and underserved populations continue to carry the brunt of diagnosed and undiagnosed HCV infections. Providing information about HCV, risk, and offering screening at a Federally Qualified Health Center (FQHC) has the potential to reach these populations.

Methods: This descriptive study uses survey and group-level electronic health record (EHR) data. Adults that speak and write in English or Spanish arriving for care at a FQHC in the Mountain West are being recruited to complete a survey. Descriptive statistics will summarize demographics and responses from the survey. Descriptive analysis will include frequency distribution, measures of central tendency, and measures of dispersion. Zero-order correlations will assess associations between risks and reasons for not testing. A comparison analysis of 2014 monthly testing averages compared against survey period testing average will be done to determine if HCV screening has increased during the survey timeframe.

Conclusions: At study completion, beginning evidence regarding risk perceptions, barrier to testing themes, and rates of HCV testing will be revealed.
**Purpose:** The project purpose is to conduct a systematic review of available research on factors affecting breastfeeding in adolescent mothers. Specifically, this systematic review will evaluate factors supporting the decision of adolescent mothers to initiate breastfeeding, and factors supporting their longevity and success of breastfeeding.

**Background:** Breastfeeding is recognized as the optimal form of nutrition for infants and promoted by many professional health organizations. Due to the importance of breastfeeding on the overall health and development of infants and the health benefits for mothers it is necessary to identify ways to increase breastfeeding initiation and duration with adolescent mothers. The breastfeeding rate of adolescent mothers is significantly less than those 20 years of age and older.

**Methods:** Systematic reviews published between January 2000 and December 2014 were identified through an electronic database search utilizing the following databases: CINAHL, PubMed, Cochrane, and Medline ProQuest. The database search yielded 11 systematic reviews, six were found eligible for inclusion.

**Results:** Study findings were categorized into 7 supporting factors: generalized emotional, esteem, and social network support, mother and partner of the adolescent mother support, expert lactation support, adolescent specific breastfeeding education, early RN support, school-based programs, and preconception care.

**Conclusions:** Interventions need to be multi-faceted programs incorporating emotional, esteem, and social network support. Experts need to be skilled in lactation support and teaching adolescents. Nurse support and the mothers and partners of adolescents play significant role in initiation and duration of breastfeeding. More research in this area is needed.
Background/Purpose: Obesity is a primary and independent risk factor for the development of chronic kidney disease (CKD). The purpose of this integrative literature review is to examine research related to obesity and CKD development and discuss implications concerning to primary care practice.

Methods: Primary studies, review articles, and clinical practice guidelines were analyzed independently and in duplicate using an electronic database. PubMed, CINAHL, MEDLINE, and The Cochrane Library were searched separately using identical search criteria. Studies and articles to be analyzed were published within the past five years - January 1, 2009 through December 31, 2014. Study participants must be 18 years or older, obese (body mass index greater than 30), and in any stage of CKD.

Results: Preliminary results included nine randomized trials and/or observational studies (8,772 participants) that examined the effect of weight loss on kidney function in adults with CKD. Studies consistently demonstrate kidney function improvement with decreased BMI, independent of weight loss method.

Conclusion: The literature review has important implications for primary care providers. Decreasing the severity of obesity greatly improves CKD outcomes in the primary care setting. Obesity and CKD related complications threaten to impact the nation’s health and strain healthcare spending unless providers recognize and effectively intervene in these co-morbid conditions increases. The link between these disease processes has significant implications for primary care practice.

Background: Suicide is a significant public health concern and primary care providers (PCPs) are an important part of the national strategy for reducing suicide rates. Current recommendations from the United States Preventative Services Task Force (USPSTF) state that depression screening in primary care is only beneficial if mental health resources are available to assist with management. However, there is no guidance for PCPs who lack mental health resources, such as in rural or underserved areas.

Purpose: The project purpose is to conduct an integrative literature review on depression screening in primary care. The review will explore the impact availability and utilization of support services has on screening and ascertain what factors prompt PCPs to screen for depression.

Methods: Databases include CINAHL with full text, PubMed, the Cochrane Library, and PsycInfo. Any studies focusing on factors associated with depression screening, provider attitudes about barriers and facilitators of screening, availability and use of support resources, or rates of screening in primary care and published in English will be included.

Results: Study is ongoing at present and results will be available for the presentation.

Conclusions: It is expected that the study will bring awareness to the importance of depression screening and management in primary care and the need for adaptation of support services for rural or underserved area.
Background: Depression in adolescents is a major public health concern with approximately 11% of adolescents being diagnosed with depression before the age of 18. Depression can have a significant impact on the quality of life for adolescents in terms of comorbidities, complications, and somatic manifestations. Treatment of depression in adolescents can be expensive and adherence can be poor. Physical activity is a low cost, low side effect option for patients and parents looking for alternative treatment options, thus the purpose of this integrative literature review was to identify the role physical activity plays in the treatment and prevention of depression to prevent more cases of depression and associated adverse effects.

Methods: Journal articles, original research, and reviews from the last 10 years came from in-depth searches from the following data bases: PUBMED, CINHAL, PychInfo, Cochrane, and EBSCOHOST.

Results: A total of 68 publications were initially identified and 13 studies met the inclusion criteria. The studies demonstrated an inverse relationship between physical activity and depression in adolescents. However, the significance of the relationship varied depending on confounding factors. Thus the exact role of physical activity remains unknown.

Conclusion: Few randomized control studies have been completed on the effects of physical activity and the treatment and prevention of depression in adolescents. The studies indicate that physical activity can help in the treatment of depression and with overall psychological and social health. Randomized control studies are needed to help determine the role physical activity and/or sports participation has in adolescent depression.
Background: Diabetes mellitus is a chronic medical condition placing significant financial burden on the prison healthcare system. Changing demographics in prisons have challenged facilities to develop innovative disease management approaches to enhance outcomes while decreasing expenditures. Programs focused on self-management strategies have demonstrated efficacy through enhanced glycemic control, prevention of adverse outcomes, and reductions in associated healthcare costs.

Purpose: This study aims to analyze one prison’s approach to diabetes management by examining qualitative data regarding observed health outcomes. The program incorporates diabetes education, nutritional counseling, self-monitoring techniques, lifestyle modification, and incentives for active participation to encourage an active role in health and wellness.

Methods: Data were collected through personal interviews with members of the healthcare team overseeing those inmates participating in the program. A standard questionnaire was utilized to evaluate staff’s perceptions and observed outcomes associated with this approach. Data collected are being examined using content analysis to assess for trends or variations in participant responses, allowing for inferences to be made regarding program efficacy.

Results: Data analysis is ongoing; however, preliminary analyses indicate positive health outcomes associated with the described approach. Staff report direct benefits including enhanced glycemic control, weight loss, and reductions in pharmacotherapy requirements resulting in decreased financial burden. Indirect benefits include improved inmate behavior, increased self-esteem, and enhanced inmate confidence regarding their abilities to self-manage.

Conclusions: Final results and conclusions will be available at the time of presentation and should provide additional insight into the efficacy and potential implications of this approach to diabetes management.

Background: A woman’s experience during childbirth should be positive and meaningful, yet a large body of literature reports maternal dissatisfaction with labor and childbirth experiences.

Purpose: The purpose of this descriptive, comparative study is to explore the effects of a brief, targeted educational intervention on childbirth satisfaction, using a family medicine setting. The aims of this project are to: test the feasibility of implementing a brief (1/2 hour), targeted educational intervention with women in their 3rd trimester of pregnancy as an added service to a routinely scheduled office visit; compare postpartum childbirth satisfaction (two weeks postpartum) of obstetrical patients who receive the brief, targeted educational session in their third trimester of care to a group of similar patients who receive routine obstetrical care.

Participants: Pregnant women (a) in their third trimester of pregnancy (b) have not taken childbirth preparation classes during this pregnancy, (c) not receiving additional specialty care because of high risk, (d) 18-34 years old, (e) first time or previous pregnancy, and (f) able to understand and read English. Intervention group (n=>10), comparison group (n=10).

Methods: Participants for the intervention group will receive a brief, targeted education session in their third trimester of pregnancy and complete a childbirth satisfaction survey at two weeks postpartum. Participants for the comparison group (usual care only) will only complete a childbirth satisfaction survey at two weeks postpartum. Analysis will be descriptive statistics and t-tests.

Results: Findings will be recorded in the presentation.