

SCHOOL OF NURSING RESEARCH & SCHOLARSHIP DAY



UNIVERSITY
OF WYOMING

College of Health Sciences
Fay W. Whitney
School of Nursing

2021 DNP Graduating Class

Wednesday, April 21, 2021
University of Wyoming
Held Virtually in this Pandemic Year
ZOOM

<https://uwyo.zoom.us/j/91616978409?pwd=T3JCQ1ZlZm9kVmZxT1JZEpkWWc5UT09>

Meeting ID: 916 1697 8409
Passcode: 999403

Events from 8 a.m. to 3 p.m.

Program

- 9:00 a.m. **Welcome**
Sherrill Smith, RN, PhD, CNL, CNE
Dean and Professor
- Speaker Introduction**
Rebecca Carron, PhD, RN, NP-C
Assistant Professor
- 9:15 a.m. **Keynote Address**
Whitney Distinguished Lecturerp. 2
Dr. Janet Rankin, PhD, RN
University of Calgary
Topic: *“Institutional Ethnography: a method to explore slippages between people’s everyday lives and objectified knowledge”*
- 10 a.m. **Questions and Break**
- 10:25 a.m. **Intro to DNP Presentations**
Ann Marie Hart, PhD, FNP-BC
- 10:30 a.m. DNP Student Presentation:
Samantha Baker, Jilaena Freitas, Roland Maldonadop. 3
- 11:00 a.m. DNP Student Presentation:
Lauren Hamilton, Kristin Kapeles, Ryan Russip. 4
- 11:30 a.m. DNP Student Presentation:
Teri Ourada, Laura Richins, Kristin Wilkes.....p. 5
- 12 p.m. **LUNCH BREAK UNTIL 1:00 p.m.**
- 1:00 p.m. Faculty Research Presentation:
Paula Kihn, DNP, RNp. 6
- 1:30 p.m. Faculty Research Presentation:
Esther Gilman-Kehrer, DNP, MS, FNP, CNM.....p. 6
- 2:00 p.m. Faculty Research Presentation:
Nancy McGee, DNP, APRN-BC and
J’Laine Proctor, FNP, PMHNP, DNPp. 6
- 3:00 p.m. **Willow Ceremony**p. 7

Dr. Janet Rankin, PhD, RN



Dr. Janet Rankin currently serves on faculty at the University of Calgary in Canada. Her presentation today is titled: "Institutional Ethnography" (IE)

- *IE* is a critical form of sociological inquiry founded by Dorothy Smith, Canadian feminist sociologist.
- *IE* is an alternative sociology-describing the social world (ontology), the knowledge required to understand our social world (epistemology), and how we go about collecting that knowledge (methodology).
- *IE* key construct: our social world and everyday activities are controlled/coordinated by written texts and the discourse of the institutional or ruling relations of our society. (Adams, Carryer, & Wilkinson, 2015)

About Dr. Rankin

According to the University of Calgary's biography on Janet Rankin, she "has been a member of the Faculty of Nursing at the University of Calgary since January 2008. She has been involved in nursing work since 1975. Her direct practice background is in adult hospital care. She taught undergraduates on Vancouver Island for 19 years and has a keen interest in nursing education. Her research focuses on the impacts of hospital restructuring and health care reforms on nurses and patients. Her book (co-authored with Marie Campbell in 2006) 'Managing to Nurse: Inside Canada's Health Care Reform' chronicles the managerial turn in the organization of nursing services since the 1970s. Using Dorothy Smith's (1987, 2005) institutional ethnography (IE), and drawing on its feminist origins, Rankin is currently formulating a new book that extends the analysis through the years 2000 exploring how gendered forms of knowledge feature in contemporary nursing. The research focuses on nursing and health reform with a particular focus on nurses' work within the developments of the electronic health record and other technologically generated modes of knowledge."

Dr. Rankin has done extensive supervision of graduate students who have used IE across a variety of disciplines (such as nursing, sociology, human geography, community health sciences, and international development). She consults internationally, conducting IE workshops in Canada, Netherlands, New Zealand, Australia, USA, and Qatar.

SHARED PRESENTATION

Project Title

Improving
Warm-Handoffs
in an
Integrated Care
Setting:
A Quality
Improvement
Initiative

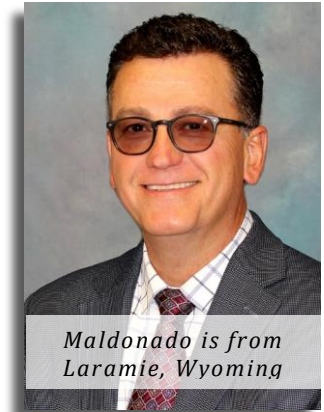
Samantha Baker
DNP-PMHNP Candidate



Jilaena Freitas
DNP-PMHNP Candidate



Roland Maldonado
DNP-PMHNP Candidate



Introduction: Implementing integrated models requires understanding how a clinic may change and an openness to creating new processes. Integrated care approaches using Warm-Hand Offs (WHOs) are an innovative way of improving behavioral health outcomes in primary care settings. The WHO process allows primary care providers to introduce patients to behavioral health providers at the time of the medical visit. An initial face-to-face contact between the patient and the behavioral clinician is important for establishing rapport. Our project aimed to target provider understanding of the WHO process and increase an organization's web-based information on their behavioral health integration (BHI) services.

Methods: A literature review was completed to identify the process and barriers of WHO referrals in integrated care settings. A pilot overview of the WHO process at the clinical agency was then completed where barriers were noted for consistency of adherence to the stepwise process and inclusion of coding for reimbursement. This observation was conveyed and resulted in the clinic evaluating who and how persons were being referred to the BHI program and subsequent development of the BHI instruction sheet, otherwise known as the "blue-sheet". Two plan-do-study act (PDSA) cycles were then completed. The first PDSA cycle focused on measuring provider understanding of the stepwise WHO process. The second PDSA cycle attempted to increase patient knowledge about BHI services by updating the clinic website.

Results: The first PDSA cycle revealed staff generally appreciated the WHO process as continually evolving, a desire for more guidance on reimbursement, and a need for increased web-based access to BHI services. The second PDSA cycle revealed the updated website was not helpful to providers or patients.

Conclusions: Integrated care and WHO referrals improve patient outcomes and satisfaction. For WHOs to be successful, barriers of implementation must be addressed. Important barriers include but are not limited to ensuring clinical operations relate to the organizations mission and values, having a key leader(s), and staff buy-in on creating new processes.

SHARED PRESENTATION

Project Title

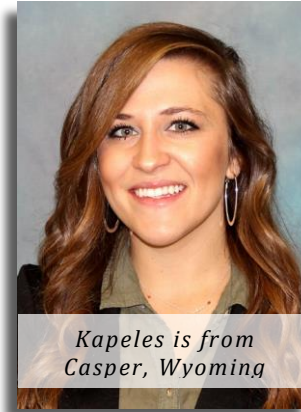
Reducing Teenage
Pregnancy:

A Quality
Improvement
Project
in
A Rural
Title X Clinic

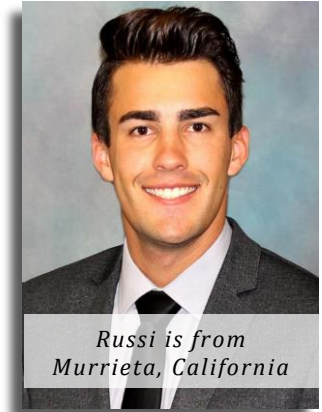
Lauren Hamilton
DNP-FNP Candidate



Kristin Kapeles
DNP-FNP Candidate



Ryan Russi
DNP-FNP Candidate



Introduction: Teenage pregnancy continues to be a global challenge, which requires ongoing evaluation and implementation of evidence-based interventions. Comprehensive education initiatives aimed at contraceptive counseling, sexually transmitted infection (STI) prevention, and healthy relationships have proven to be an essential component in positive adolescent reproductive health and teenage pregnancy prevention (TPP). Preventing teenage pregnancy decreases high school drop-out rates, decreases number of teenage mothers in poverty, and improves teenage prosperity. The purpose of this project was to implement a TPP program that would improve reproductive knowledge, increase comfortability with sexual health, and aid in community outreach.

Methods: A literature review was conducted to identify evidence-based TPP programs. The Plan Do Study Act (PDSA) model was utilized for this quality improvement project which involved the implementation of Healthy U modules at a rural Title X clinic for all its adolescent patients. The Healthy U educational modules, originally implemented at a juvenile detention center, cover seven topics: puberty, birth control, teen pregnancy, STIs, HIV, healthy relationships, and condom negotiation. These evidence-based modules were tailored to the adolescent patient with the intent of improving reproductive knowledge and enhancing informed decision-making skills. After completion of the assigned modules, data were collected through a survey assessing comfortability, comprehension, and willingness to share information with peers. Two PDSA cycles were completed. The first cycle initiated the Healthy U modules in the clinic with QR code surveys, and the second cycle was revised based on nursing and clinic feedback in which paper surveys were utilized.

Results and Conclusion: This project is still in progress and the results will be shared during the presentation.

SHARED PRESENTATION

Project Title

Decreasing
“No Show” Rates
in an
Integrated Care
Setting:

A Quality
Improvement
Initiative

Teri Ourada
DNP-FNP Candidate



Laura Richins
DNP-FNP Candidate



Kristin Wilkes
DNP-FNP Candidate



Introduction: Missed appointments, or "no shows," are recognized as a systemic problem affecting health care. “No shows” prevent patients from receiving timely care and are associated with preventable overutilization of emergency departments. Missed appointments result in lost revenue and can have a financial strain on practices. The purpose of this project was to present the Albany Community Health Clinic in Laramie, Wyoming with evidence-based practices shown to reduce these rates and also propose an intervention which could increase their appointment utilization. Mondays were identified as high “no show” days, and the selected intervention was the use of strategically timed phone call reminders. The quality improvement team theorized that automated phone reminders on Sundays prevented patients from making timely cancellations which would consequently allow the staff to rebook the appointment times.

Methods: A literature review was conducted to identify common causes associated with “no show” rates. Patients who had not shown for their appointments at the clinic were called by the Quality Improvement team to identify commonalities consistent with the literature review findings. Data were presented to the clinic staff and Plan-Do-Study-Act (PDSA) cycle was implemented with office staff calling the patients of two clinicians on the Thursdays prior to their Monday appointments. The following PDSA cycle included all clinicians. Patients were called for a total of three weeks.

Results: Timed phone call reminders increased the utilization of appointments visits. Altering the day of notification allowed for ample time to rebook patients and to fill vacancies.

Conclusion: To be presented during the presentation.

**FACULTY
PRESENTATIONS**

Paula
Kihn



Title of presentation:
*AACN Outcomes: Meet Once, Not
Twice - Now What?*

Kihn teaches primarily in the BSN
Completion program.

Esther
Gilman-Kehrer



Title of presentation:
*Examining the Effectiveness of
Teaching Sensitive Examinations
and Sexual Health History Taking
with Trained Teaching Assistants
in an Inter-professional Student
Setting*

Gilman-Kehrer teaches primarily
in the DNP Program.

Nancy McGee &
J'Laine Proctor



Title of presentation:
*Behavioral Health Integration:
A Holistic Approach to
Healthcare*

McGee and Proctor teach
primarily in the DNP-PMHNP
Program concentration.

WILLOW CEREMONY



About the Willow Ceremony:

The Willow Ceremony encourages Doctor of Nursing Practice (DNP) students as they continue to prepare for their chosen Family Nurse Practitioner (FNP) or Psychiatric Mental Health Nurse Practitioner (PMHNP) career.

Awards also presented at this ceremony include:

- DNP Program Community Partner of the Year Award.....Cheyenne Regional Medical Center
- Excellence in Advanced Practice Nursing Award Amy Robohm, MS, APRN, FNP-BC
- Peter K. Simpson “Advanced Practice Nursing Fan” Award Jasper Chen, MD