

2025 DNP Symposium

DNP Project Dissemination

DNP-FNP Class of 2025



Testosterone Therapy for Hypogonadal Men: A Clinical Practice Guideline

Purpose/ Background

The prevalence of primary hypogonadism in men could be estimated to be higher than what the literature has revealed due to underdiagnosing and/or misdiagnosing. This has resulted in a growing need to provide advanced primary care providers proper guidance on the assessment and management of testosterone therapy for hypogonadal men. The purpose of this project is to develop a clinical practice guideline utilizing the AGREE II tool and approved by an expert panel in a rural primary care clinic.

DNP Project

In adult males aged 40-80 years with primary hypogonadism, will a clinical practice guideline on the management of testosterone therapy be approved using the AGREE II tool by an expert panel?

The objective was to promote a standardized approach in assessing, treating, managing men with hypogonadism.

Project Tool



AGREE II Tool



CPG

Results

The AGREE II tool consist of 23 key items organized within 6 domains followed by 2 global items. The overall rating of the CPG utilizing the AGREE II tool was 93%, thus demonstrating a high rating CPG.

A total of 5 experts were given the CPG and the AGREE II tool grading instrument via email. A total of three out of five experts responded, resulting in two no replies/disenrolled appraisers.

At the end of the AGREE II tool appraiser instrument, appraisers were given the opportunity to check "Yes", "Yes with modifications" or "No" regarding recommending the guideline for use. Appraiser two suggested to incorporate the timing in which testosterone serum lab draws should occur from 0800-1000 and fasting preferably. In the notes section, appraiser two also wrote, "It is a great topic. I love it. I think as a PCP; we definitely need this guideline in our practice".

Table 2

Overall Approval of CPG

	Approved	Not Approved	Notes
Appraiser 1	Y		N
Appraiser 2	Y		Y
Appraiser 3	Y		N
Appraiser 4	NR	NR	NR
Appraiser 5	NR	NR	NR

NR= no reply (disenrolled)

Table 1

AGREE II Tool Domain Scores of CPG

DOMAINS	SCORE
1	93%
2	98%
3	88%
4	91%
5	92%
6	94%
TOTAL	93%



Summary

The CPG was unanimously approved for clinical use by the clinical experts with some modifications suggested. The approval of the CPG for clinical use serves as a first line resource for FNP/APPs/PCPs at the rural primary care clinical to improve treatment management for hypogonadal men.

Nursing Implications

Nurse Practitioners (NPs/APPs), in particular family nurse practitioners (FNPs) encompass a large population of clinicians in primary care. Nurse practitioners who are well-trained and well-equipped, can manage cases of hypogonadism requiring replacement therapy independently whether it be in the primary care setting or specialty to optimize health care health care equity for all. This DNP project could be further expanded to an education project encompassing a pre and post test once providers are educated on the use of the CPG.

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Increasing Nutrition Referrals in Oncology Patients Using the Malnutrition Screening Tool

Purpose/ Background

The purpose of this project was to utilize the malnutrition screening tool to provide timely identification of malnutrition in oncology patients to provide early nutritional intervention.

DNP Project

This DNP project was developed with a quality improvement (QI) and process improvement (PI) approach. The project question identified was, "For adult patients actively undergoing chemotherapy, does the malnutrition screening tool (MST) compared to the current standard of care increase referrals to oncology nutrition over the course of thirty days?" UC Davis IRB approval was obtained (#2251093-1).

Project Tool

The project tool selected for this DNP QI/PI initiative was the Malnutrition Screening Tool (MST).

Paper, MST Tool & Resources



Malnutrition Screening Tool (MST)

STEP 1: Screen with the MST

1. Have you recently lost weight without trying?

No 0
Unsure 2

2. If yes, how much weight have you lost?

2-13 lb 1
14-23 lb 2
24-33 lb 3
34 lb or more 4
Unsure 2

Weight loss score: _____

3. Have you been eating poorly because of a decreased appetite?

No 0
Yes 1

Appetite score: _____

Add weight loss and appetite scores

MST SCORE: _____

STEP 2: Score to determine risk

MST = 0 OR 1 NOT AT RISK
Eating well with little or no weight loss

If length of stay exceeds 7 days, then reassess, repeating weight as needed.

MST = 2 OR MORE AT RISK
Eating poorly and/or recent weight loss

Rapidly implement nutrition interventions. Perform nutrition consult within 24-72 hrs, depending on risk.

STEP 3: Intervene with nutritional support for your patients at risk of malnutrition

Notes: _____

Results

- Of 233 visits, 76 patients were eligible for MST screening, but only 21 were eligible for referral and only 12 referrals were made.
- Barriers included chemotherapy status and patient/provider refusal, highlighting the need for increased staff and patient education.
- Some patients refused nutrition referral because of the cost, or they did not feel it was needed
- One provider refused referral on two eligible patients because they did not feel the patient was malnourished since they were "overweight".

Table 1

Referral Results

Total Patients (N)	Participants	%
Clinic Visits (N)	233	100%
Eligible Patients (MST)	76	33%
Screened Ineligible for Referral	55	72%
Eligible for Referral	21	28%
Referrals Completed	12	57%
Referral Refusal	9	43%
Provider Referral Refusal	2	22%

Table 2

MST Scores & Participants (n=76)

MST Tool Overall Score (Appendix A)	Participants (N) 76
0	43
1	12
2	21



Summary

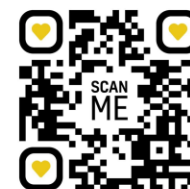
All oncology patients actively receiving chemotherapy at the infusion center were screened for malnutrition using the MST. Lewin's Theory of Change was used as a framework for the DNP project since it aligned with the need to change the process of identify oncology patients at risk for malnutrition. Data was collected over a 30-day period and was reviewed and analyzed using descriptive statistics. The findings of this doctoral study showed that a total of 233 visits occurred over a 30-day period. From that cohort, 76 patients were considered eligible and only 12 patients completed the referral process.

Nursing Implications

MST scores and nutrition referrals should be monitored to determine trends in malnutrition. Providers, healthcare staff, and patients should receive ongoing education regarding prevention and risks of undiagnosed malnutrition in the oncology patients (Education Initiative). Future studies should follow the referral process to see if they identified, referred and met with a nutritionist; this should include any barriers to the referral process (QI Project). Routine use of the MST can promote early identification and intervention for malnutrition, improve oncology patient outcomes, and augment equitable care by increasing access to nutritional counseling and intervention.

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Early Detection of Cognitive Impairment in Older Adults Receiving Home-Based Primary Care: A Clinical Practice Guideline

Purpose/ Background

Purpose: To tailor recommendations for mild cognitive impairment (MCI) screening for older adult patients in the home care setting

Background:

- Growing older adult population in the United States requires MCI screening demand
- There is an increasing prevalence of MCI
- Increased utilization of home-based primary care (HBPC)

DNP Project

Project Question: How can current evidence be applied to provide recommendations for screening older adults at risk for mild cognitive impairment (MCI) receiving home-based primary care?

Approach: Clinical Practice Guideline (CPG) development with scoring using AGREE II tool

Objectives: Utilize alterations in cognitive domains to guide recommendations

Project Tool

The AGREE II Tool was used to evaluate the CPG by a panel of experts. The AGREE II Tool is made up of 23 questions organized into 6 domains. The CPG is then finally evaluated for its overall quality. Panelists can also provide feedback and recommendations for the CPG.



Results

Summary of the CPG's Recommendations:

- No screening is recommended for asymptomatic patients (Level B)
- Use alteration in DSM cognitive domains to guide testing (Level A)
- Rule out reversible causes of cognitive impairment prior to confirming diagnosis of MCI (Level A)
- Use a validated cognitive screening tool that is sensitive and specific for MCI, appropriate for the tester (Level B)
- Consider co-assessing for caregiver burden in the setting of challenging behaviors (Level B)
- Consider risk assessment for environmental safety following cognitive screening (Level A)
- Consider assessment for comorbid mood disorder (Level A)

Major findings:

- Using the AGREE II tool, the CPG was accepted by reviewers as is or with incorporated feedback prior to use
- Each domain had above 75% approval from all reviewers
- All reviewers gave full points for evidence review and recommendations

AGREE II Tool Results

Reviewer	Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6	Overall Quality	Totals
1	20	11	31	15	23	10	6	116
2	21	21	51	21	24	14	6	158
3	21	18	54	21	28	14	7	163
Totals	62	50	136	57	75	38	19	

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.

Barriers:

- Diversity of care environments and visits for HBPC
- Variety of cognitive assessment tools, clinician familiarity, time to administer, non-English language availability

Summary

- HBPC provides unique opportunities for patient and home safety assessments
- Recommendations provided for screening based on alteration in a cognitive domain, ruling out reversible causes, and assessing for comorbid mood disorder
- CPG approved by an expert panel using the AGREE II tool

Nursing Implications

- Identify MCI early and allow for advanced care planning and safety assessments
- Evidence based and validated recommendations for HBPC providers caring for patients at risk for MCI as evidenced by an alteration in a cognitive domain

Contact Info

Please scan for contact information and references

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The Role of Functional Nutrition in Managing Inflammation During Cancer Treatment

Purpose/ Background

- The purpose of this project is to examine the role of nutrition in cancer care, with a focus on its impact in reducing treatment-related side effects and supporting overall patient well-being.
- Oncology patients frequently face significant challenges following a cancer diagnosis, including managing tests, biopsies, and numerous appointments before initiating treatment. Consequently, nutrition often becomes a lower priority and is insufficiently addressed.
- Cancer and its treatments, particularly chemotherapy, often trigger chronic inflammation, which can lead to a range of side effects, including gastrointestinal distress, fatigue, and impaired immune function. This inflammation not only affects patients' quality of life but can also interfere with treatment tolerance and recovery.
- Up to 80% of patients receiving chemotherapy experience inflammation-related side effects, such as mucositis, fatigue, gastrointestinal distress, and systemic inflammatory responses, which can significantly impact treatment adherence and quality of life.

DNP Project

- Will an education module on integrative nutrition for oncology nurses improve knowledge on how to support alleviation of chemotherapy related side effects and gut health?
- By Integrating evidence-based nutritional strategies into oncology nursing practice, this project aims to enhance treatment tolerance, address gut inflammation, and promote patient-centered, holistic care that improves outcomes and quality of life for individuals undergoing chemotherapy

Project Tool

- A structured multiple-choice questionnaire was used as both a pre- and post-intervention assessment to measure staff knowledge concerning the inflammatory effects of chemotherapy and the application of functional nutrition in mitigating treatment-related side effects. The instrument was developed in alignment with current evidence-based clinical guidelines to support content validity and relevance to practice.



Results

Findings:

- **Significant Knowledge Gain:** Oncology nurses demonstrated a notable increase in knowledge, with post-test scores improving from a pre-test mean of 82% to a post-test mean of 99%, highlighting the effectiveness of the educational intervention.
- **Statistically Significant Results:** Paired samples t-test analysis ($p = 0.01$) confirmed that the improvement in scores was statistically significant, supporting the validity of the education module.
- **Identified Educational Gaps:** Pre-test results revealed existing gaps in staff understanding of the role of functional nutrition and inflammation in chemotherapy care, underscoring the need for continued integrative education in oncology nursing.

Barriers:

- **Limited Awareness and Training:** Many healthcare providers lack formal education in integrative oncology, including functional nutrition and other complementary therapies, which limits their ability to incorporate these approaches into routine cancer care.
- **Systemic and Financial Constraints:** Inconsistent reimbursement policies and the absence of institutional protocols hinder the widespread adoption and sustainability of integrative oncology services within conventional healthcare systems.
- **Lack of Standardized Guidelines:** The absence of diverse universal clinical guidelines for integrative oncology hinders consistent implementation, leading to variability in practice, uncertainty among providers, and limited integration of evidence-based complementary therapies—such as functional nutrition—into conventional cancer care.

Themes:

- **Integration of Functional Nutrition in Oncology Care:** Emphasizes the need for structured, evidence-based nutrition protocols to manage chemotherapy-induced inflammation and improve treatment outcomes.
- **Interdisciplinary Collaboration:** Highlights the importance of defining clear roles for oncology providers, dietitians, and integrative specialists to ensure coordinated, nutrition-informed care.
- **Advocacy for Integrative Oncology:** The project deepened awareness of the value of holistic, evidence-based care, reinforcing the need for integrative approaches within conventional oncology.
- **Transformational Learning and Leadership:** This scholarly experience cultivated advanced research and leadership skills, positioning the DNP graduate to lead future innovations in supportive oncology care.

Challenges:

- **Small Sample Size:** With only 12 participants from a single cancer center, the study's findings may not be generalizable to broader clinical populations or settings.
- **Single-Site Implementation:** Conducting the project at one institution restricts applicability across diverse healthcare environments with varying resources and practices.



Summary

- This DNP project aimed to improve oncology nurses' knowledge of the role of functional nutrition, the microbiome, and inflammation in managing chemotherapy side effects.
- **Intervention & Evaluation:** A brief educational module was delivered, with knowledge assessed using pre- and post-test based on evidence-based guidelines.
- **Results:** Post-test scores significantly improved (from 82% to 99%, $p = 0.01$), supporting the effectiveness of targeted education in enhancing integrative oncology practice.
- **Recommendation:** Integrating routine staff education on functional nutrition and inflammation management into oncology practice may improve patient outcomes and support a more holistic model of care.

Nursing Implications

- **Empowering Nurse Leaders:** This project supports the development of nurse leaders by equipping oncology nurses with evidence-based knowledge to advocate for integrative, patient-centered care strategies.
- **Advancing Health Equity:** By incorporating functional nutrition and inflammation management into standard oncology care, nurses can help reduce treatment-related disparities and improve outcomes for diverse cancer populations.
- **Transforming Care Through Innovation:** The project exemplifies innovative, systems-based thinking by integrating emerging science on the microbiome and nutrition into oncology nursing education and practice.

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Navigation of Care for Pre-Diabetic Patients: A Clinical Practice Guideline

Background

- Pre-diabetes affects over 98 million Americans
- 70% of pre-diabetic patients develop type 2 diabetes
- Research has shown that early intervention in the pre-diabetic phase (A1C of 5.7-6.4%)
- Effective early intervention consists of education surrounding lifestyle interventions: weight loss, healthy diet, consistent physical activity
- Recommendations for care of pre-diabetic patients vary and are not standardized

Purpose

- At the clinic site where this DNP project was conducted, there are not defined standards of care for pre-diabetic patients
- A clinical practice guideline (CPG), outlining evidenced based standards of care for pre-diabetic patients was created and appraised by a panel of experts

References

Scan QR code for references



DNP Project

Practice Problem

- Clinical pharmacy team at this clinic site offers education for patients with pre-diabetes on lifestyle modifications but is under utilized and referrals are not routinely placed for pre-diabetic patients.

Methods

- An extensive literature search was conducted to evaluate best evidence for recommendations of care for pre-diabetic patients.
- Using the most up to date evidence, as CPG was created outlining which patients could be included, how to refer the patient, and how to update the guideline. The guideline also discussed the background evidence.
- The CPG was distributed to a panel of 5 experts and appraised using the AGREE II tool. The data was then collected synthesized.

Results

- The overall guideline assessment was a 72%, with all three reviewers recommending the guideline for use, anything above 60% is considered high quality.

Strengths

- CPG was user friendly, easy to read, and important in standardizing care for pre-diabetic patients at this clinic site.

Limitations

- Only 3 of 5 panelists returned feedback
- Feedback varied between reviewers; limitations identified were not enough background evidence and structural barrier identification

Overall Assessment	Panel Member 1	Panel Member 2	Panel Member 3	Totals
Overall Quality Rating	7	6	3	72% (16)
Recommendation to use guideline	Yes	Yes with modifications	Yes with modifications	
Comments	<ul style="list-style-type: none">• Implementing guideline would be "most effective" approach to prevent the progression of the disease• Guideline is "high applicable"	<ul style="list-style-type: none">• "solid start"• recommends formal presentation to stakeholders• recommends strengthening evidenced supporting CPG	No comments left	

Practice Tools

AGREE II TOOL



CPG

Summary

- The CPG created for this project was able to address the practice problem using an evidenced based approach.
- The CPG was found to be of high quality and something that could be used in practice

Nursing Implications

- Utilizing this CPG at the individual, community, institutional and system level has the potential to improve health outcomes and workflow.
- This DNP project has laid the foundation for future projects at this clinic site and others to expand research for pre-diabetic patient knowledge and outcomes
- Allows for interdisciplinary work with the clinical pharmacy team to provide care based in evidence.

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Improving Kratom Knowledge in First Responders

Background

- Kratom is an easily accessible opioid agonist rising in prevalence across America.
- There are no statewide restrictions on the sale of Kratom in California, it is available for purchase online and in most smoke shops.
- Healthcare workers are largely unfamiliar with Kratom and have limited relevant training on the topic.

DNP Project Question

- Will first responders (EMT's and Paramedics) demonstrate an increase in Kratom knowledge after receiving a multimodal educational module about Kratom?
- Kratom knowledge was measured through scores on a Kratom-centric pretest and posttest.

Project Tools

Powerpoint



Brochure



Test



Results

- 17 of 17 participants received all education modules and completed both pretest and posttest.
- Scores were
- In the pretest 13 participants scored under 70% suggesting a Kratom knowledge deficit.
- 16 of 17 participants demonstrated an increased score in the posttest.
- Mean scores increased by 38% on the posttest.
- After education, all but one participant scored at or above 70%.
- Despite this demonstrated increase in scores, the data did not reach thresholds of statistical significance.
- Frequently missed topics on both pretest and posttest were question 4 (side effects), 5 (long-term adverse effects), and 6 (chronic treatment).
- Variable question formatting could have confused participants, in future studies simplifying test structure could lead to more consistent results.



Kratom Test Results

Participant	Pretest (%)	Posttest (%)
A	80	100
B	80	80
C	30	100
D	40	60
E	50	100
F	60	80
G	50	90
H	50	80
I	30	90
J	30	100
K	40	100
L	60	100
M	20	90
N	70	100
O	60	70
P	90	100
Q	50	90

t-Test: Paired Two Sample for Means

	Pretest	Posttest
Mean	52	90
Participants (n= 17)	17	17
P value (p > 0.05)		4.17

Summary

- Healthcare professionals, in the absence of standardized Kratom education, are lacking in Kratom knowledge.
- Kratom usage rates are rising across all demographics nationwide with a healthcare workforce underprepared to care for patients who use it.
- A Kratom education program has the potential to correct healthcare provider knowledge deficits, fixing this identified gap-in-practice.
- While the results from this project were not statistically significant, the near uniform increase in scores suggests that Kratom knowledge was gained to some degree.
- Future projects can refine education and testing materials and could also be disseminated to other healthcare specialties.
- Understanding the newly prominent usage of Kratom helps healthcare workers better connect with patients and facilitate improved public health.

Contact Info



Poster



Improving Timely Removal of ERCP Stents: Implementing a Tracking and Follow-up System

Purpose/ Background

Plastic biliary stents are commonly used during ERCP procedures. Their timely removal is necessary to prevent complications such as occlusion, cholangitis, or sepsis. The Chronic Care Model served as a guide for the project, which focuses on proactive care for all patients.

The purpose of this project:

- Address a 35.3% removal delay
- Implement a tracking and follow-up process
- Improve patient outcomes through timely removals

DNP Project

Nursing-led *quality improvement* project to address the gap in care from a lack of a structured tracking process.

Implemented a structured tracking and follow-up system for:

- Monitoring stent placements
- Monitoring stent removals

Process features:

- De-identified data entry into a new database (Airtable)
- Weekly review
- Provider alerts for stents nearing the 8-week mark and not scheduled

Results

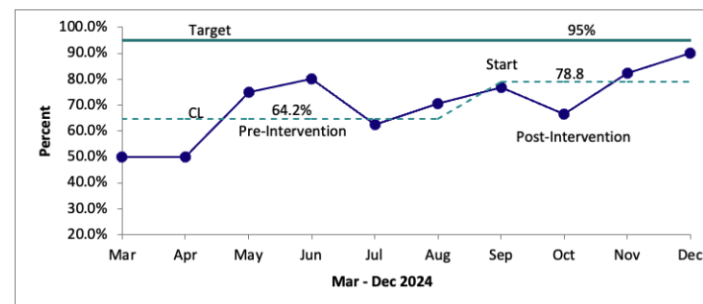
Major Findings

- Improvement of stent removals from 64.7% to 79% over 4 months after implementation
- Results were statistically significant $p = 0.043$
- This represents an absolute improvement in timely removals of 14.3%

Barriers Identified

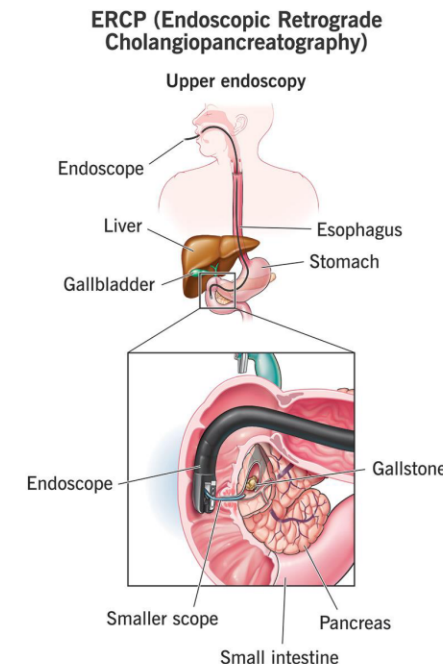
- Inconsistent data entry by circulating nurses at the time of the procedure
- Patients not responding to outreach attempts

Monthly Percentage of Timely Removals



Guiding Question

In adult patients who undergo ERCP and receive plastic biliary stents, does implementation of a stent tracking system and follow-up, compared to current practice without, improve the timely removal of stents by 12 weeks?



Summary

This DNP project helped to address a gap in the tracking and follow-up of plastic biliary stents placed during ERCP. The percentage of timely stent removals rose from 64.7% to 79% over four months with weekly monitoring and provider alerts.

Nursing Implications

Nursing has always played a pivotal role in improving patient outcomes. This DNP project aligns with UC Davis's mission and values through leadership, innovative solutions, and collaboration. It demonstrates that a structured, nurse-managed tracking system can enhance follow-up, promote proactive care, close care gaps, and improve patient outcomes. This is especially true for vulnerable populations. This project can be scaled across facilities and specialties, further supporting nursing-led quality improvement efforts.

Contact Info

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Evaluating the Impact of a Web-Based Sexual Violence Prevention Training Program for College Students in Nepal: A Pre-Test and Post-Test Analysis of Knowledge and Awareness

Background

- Sexual violence is a global public health issue with severe physical, psychological, and social consequences.
- Affects 1 in 3 women globally and 1 in 3 men in the U.S.
- In Nepal, up to 7 women/girls are raped daily, with most perpetrators known to victims.
- Even with these statistics, underreporting remains a concern, indicating the actual incidence of sexual violence is likely much higher.

Objectives and Methods

Objectives:

- To evaluate the impact of a Web-based Sexual Violence prevention training program (WSVPTP)
- To improve knowledge and awareness on sexual violence prevention.
- To increase confidence to recognize, respond, prevent sexual violence, and support survivors.

Methods:

- Design:** Pre-post test design
- Setting:** Shree College of Technology, Chitwan, Nepal
- Sample:** 30 first-year undergraduate nursing students (aged 18+)
- Intervention:** Implemented "Consent & Respect" web-based sexual violence prevention training program (developed by 3rd Millennium Classrooms), culturally adapted to Nepalese context with input from local experts and researchers, incorporating 8 modules on sexual violence prevention, guided by the Knowledge-to-Action (KTA) framework.

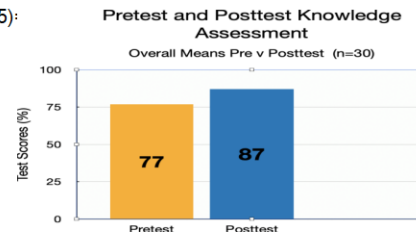


"Consent & Respect"
Resources

Results

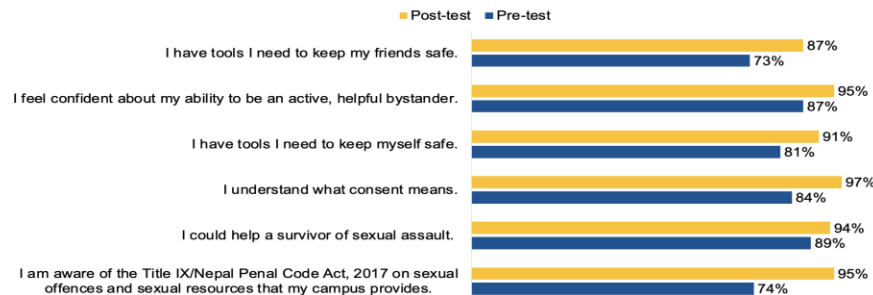
Pretest & Post-test Knowledge Analysis

- P value (< 0.05): 0.0000165



Nepal

Pretest & Post-test Confidence Analysis



Course Satisfaction Analysis



Discussion

- Effectiveness of Web-Based Programs:** Significant improvement in knowledge and awareness in resource-limited settings.
- Increased Confidence:** Enhanced confidence in identifying, preventing, and responding to sexual violence and supporting survivors.
- High Satisfaction:** Program received high satisfaction ratings from participants indicating its relevance, cultural appropriateness and overall effectiveness of the training program.

Conclusion

- This project provided the "Consent & Respect" WSVPTP, significantly increasing nursing students' knowledge, awareness, and confidence in preventing, and addressing sexual violence, as well as supporting survivors.
- Adapting the program to the cultural context of Nepal through an interdisciplinary and innovative approach enhanced its effectiveness, student's acceptability, and overall satisfaction, with strong support for its continuation and expansion in educational settings.
- Implications for Institutional and National Change: The project highlights the need for integrating sexual violence prevention into curricula and the development of institutional policies, with potential for broader impact through national policy reforms.
- Future Directions: Further research is needed to evaluate long-term impact, generalizability in the broader population, and potential economic advantages.

Contact Author
&
References



Assessing Clinical Researchers' Readiness to Incorporate Social Determinants of Health (SDOH) in Biotechnology and Pharmaceutical Clinical Trials

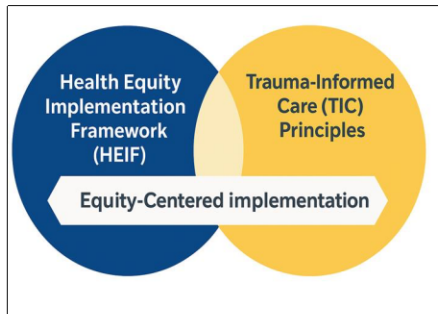
Purpose/ Background

- Health disparities in clinical research persist due to limited integration of social determinants of health (SDOH) into study design.
- Many biotechnology and pharmaceutical researchers lack formal SDOH training, contributing to underrepresentation of diverse populations in clinical trials.
- This underrepresentation limits the generalizability of findings and exacerbates inequities in access to emerging therapies.
- Diseases such as multiple myeloma, which disproportionately affect African Americans, underscore the need for equity-centered approaches in research.
- This Doctor of Nursing Practice (DNP) project evaluated whether a structured, nurse-led SDOH training module could improve researchers' knowledge, confidence, and readiness to incorporate SDOH into clinical trial development.

DNP Project Question

Will a training module on social determinants of health (SDOH) enhance clinical researchers' understanding of methods for integrating SDOH into clinical trials?

Project Tool & Methods



Educational Intervention

A PowerPoint training covering SDOH concepts, barriers to inclusive trial design, ethical considerations, and case-based application in multiple myeloma.

Frameworks

- Health Equity Implementation Framework (HEIF)
- Trauma-Informed Care (TIC) Principles

Evaluation Tools

- Pre- and post-training surveys (9-item Likert scale + knowledge questions)
- Administered via QR code-linked Google Forms
- Statistical Analysis: Data were analyzed using a paired samples *t*-test in Microsoft Excel

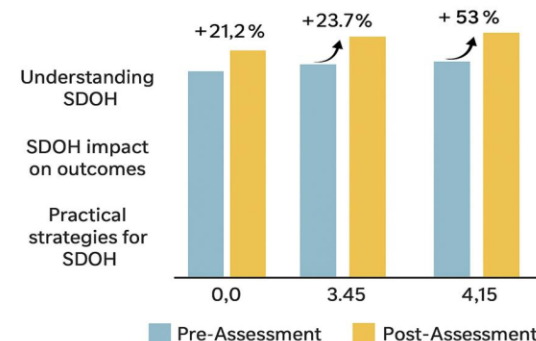
Results

Participants: 15 researchers invited; 13 completed both surveys

Pre-training Mean Score: 3.02

Post-training Mean Score: 4.04

Statistical Significance: $p = 0.0009$



All participants improved and moved out of the lowest scoring range post-training. Participants reported increased clarity, strategic awareness, and ethical sensitivity regarding inclusive research practices.

Summary

- A brief, targeted, nurse-led training module significantly improved clinical researchers' knowledge and confidence in integrating SDOH into trial design.
- The training was grounded in equity-focused frameworks and demonstrated measurable post-intervention knowledge gains.
- Results support the scalability and relevance of SDOH education across the biotech and pharmaceutical sectors.
- Embedding SDOH into standard research practices is a critical step toward advancing health equity and participant diversity in clinical trials.

Nursing Implications

Health Equity Leadership: DNP-prepared nurses are uniquely positioned to lead organizational change by embedding SDOH principles in research policy, protocol development, and implementation strategies.

Interdisciplinary Translation: As clinicians and educators, nurses can bridge the gap between patient-centered care and scientific inquiry, ensuring that research design reflects the lived realities of diverse populations.

Education and Policy Integration: These findings support the incorporation of SDOH training in advanced nursing education and continuing professional development, reinforcing nursing's role in promoting equity across healthcare and research ecosystems.

Contact
Info/Tools/
References



Improving Digital Health Literacy Through Nursing Education Workshop

Purpose/ Background

Low health literacy (HL) is a significant issue in the U.S., affecting one-third to one-half of adults and leading to poorer health outcomes, higher hospitalization rates, and reduced life expectancy, especially in vulnerable populations. With the rise of digital health resources and utilization, there is an urgent need to improve digital health literacy awareness among all U.S. This doctoral project addresses the gap in digital health literacy education by enhancing nurses' ability to evaluate patient DHL levels, evaluate online resources, and educate about online health accuracy ensuring better patient care and decision-making.

DNP Project

Question: Among nurses, does an educational intervention on digital health literacy (DHL) compared to their prior familiarity improve DHL knowledge?

Intervention: Nurses completed a PowerPoint with voiceover audio educating participants about DHL, a tool for evaluating DHL, and a case study. They were then evaluated with a test.

Objectives:

- Increase awareness of digital health literacy burden on US patients in nurses
- Improve knowledge in using reliable online resources
- Offer an additional education module to bring health literacy education up to the 21st century needs

Project Tools

The project tool utilized for this Project is the eHEALS Tool which is a validated and reliable tool for evaluation and identification of Digital Health Literacy (DHL).

Item	FactorLoading	Mean Item-Total Correlation
Q1: I know how to find helpful health resources on the Internet	.77	.68
Q2: I know how to use the Internet to answer my health questions	.79	.70
Q3: I know what health resources are available on the Internet	.77	.68
Q4: I know where to find helpful health resources on the Internet	.84	.76
Q5: I know how to use the health information I find on the Internet to help me	.81	.73
Q6: I have the skills I need to evaluate the health resources I find on the Internet	.72	.63
Q7: I can tell high quality from low quality health resources on the Internet	.65	.55
Q8: I feel confident in using information from the Internet to make health decisions	.60	.51
Variance accounted for = 56%		
Coefficient alpha = .88		

Results

Findings:

- The mean pretest score was 80% while the posttest score was 94%, which shows 14% increase from the pretest score. The p value of the two-tailed t-Test was 0.02, which is clinically significant (p value <0.5).
- These findings demonstrate that the educational workshop improved knowledge of DHL among participating nurses and that the proposed outcomes of the education workshop were met.
- There is still a gap in knowledge among nurses on how to critically appraise health websites

Barriers:

- Two of the participants who completed the pretest did not complete the posttest, they were treated as outliers and not included in the Paired Sample t-Test
- Question wording may have interfered with assessment of learning
- Due to the choice of online platform, confirmation of the completion of the online module could not be ascertained

t-Test: Paired Two Sample for Means		
	Pretest	Posttest
Mean	80	94
Participants (n=12)	12	10
P Value (< 0.05)	0.02	

Project Topics

- Digital Health Literacy: Digital health literacy, a subtype of HL, is the ability to find, evaluate, integrate, and utilize information gathered from the internet
- Generative AI
- Dangers of poor DHL in today's healthcare system
- Ways to optimize patients' DHL
- eHEALS Tool for screening DHL
- Analyzing online resources for accuracy

Summary

This project implements an online educational workshop to determine if educating nurses improves their knowledge of digital health literacy. A pretest was administered to participating nurses, then they reviewed a 30-minute PowerPoint, and then completed a posttest. The topics of the online project included general health literacy, digital health literacy, an assessment tool, tips for online literacy and generative AI. The findings were evaluated with a t-test, comparing pre and posttest scores, for statistical significance (p<0.05).

Nursing Implications

- Highlights inequity in poor digital health literacy and general health literacy among Latinos and provides ways to address this barrier
- Engages nurses in considering barriers to current methods of healthcare implementation and connection
- Provides an example of using online platforms to spread education broadly across multiple states
- Increases awareness to national health issues and initiatives even in areas of sparse educational updates

Contact Info

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Improving Emergent Asthma Response in Childcare Settings Through Targeted Education

Background

Asthma is one of the most common chronic conditions in children. In the United States, approximately 53 million children spend over six hours a day in school or daycare settings, where staff often serve as primary caregivers during medical emergencies.

Despite the prevalence of asthma, formal training in emergency asthma care is not consistently provided to childcare providers. Prompt and effective treatment can prevent long-term injury, improve recovery, and in some cases, save lives.

This project explored the following question:

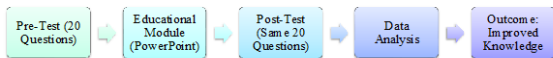
In preschool daycare providers, how does a staff education module on emergent asthma therapies impact their knowledge of providing care during asthma attacks?

DNP Project

The goal of this quality improvement project was to bridge a critical practice gap by equipping childcare providers with essential asthma emergency response knowledge. By improving their knowledge, the intervention aimed to enhance safety and outcomes for children experiencing asthma symptoms while in care.

Method

A 20-question multiple choice test was administered before and after a PowerPoint (PPT) Presentation based educational session.



Results

- Pre-test mean score: 85%
- Post-test mean score: 99%
- This significant increase demonstrates the effectiveness of the education module in improving knowledge and preparedness among childcare staff

Key areas of improvement included:

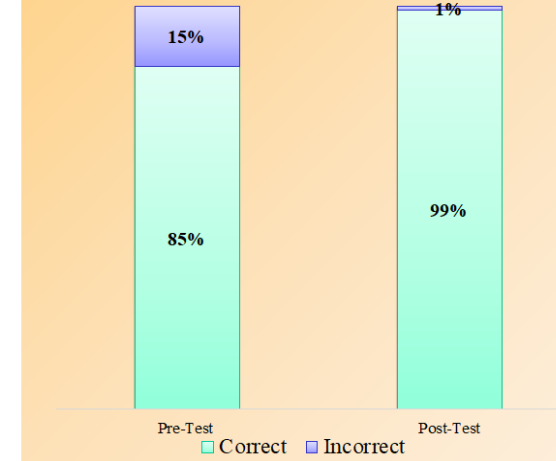
- 🌿 Identification of asthma triggers
- 👤 Correct use and purpose of rescue inhalers
- 🚑 First-line treatments for acute asthma episodes
- 🏃 Activity recommendations during high-risk periods
- 💊 Understanding corticosteroid use
- ⚠️ Deficits identified: 1st line treatments for moderate-severe and acute asthma attacks

PROJECT IMPACT: The intervention demonstrated how even a brief focused training can significantly enhance emergency preparedness for asthma care in early childhood settings.

LIMITATIONS:

- Small sample size (n = 19)
- Conducted at a single site
- Time: further quality improvement (QI) projects and follow-up is needed to evaluate long-term retention and outcomes

Knowledge Improvement After Training



Summary

Research and experience have identified a significant gap in the knowledge required to manage asthma effectively in childcare settings.

This project revealed a clear need for structured asthma education in childcare environments. A single, targeted training session produced substantial gains in knowledge, supporting the integration of such modules into ongoing staff development programs.

My project demonstrated how targeted educational interventions can improve safety and health outcomes for children with asthma.

Recommendations

- ❑ Implement annual training on asthma and other common pediatric conditions in childcare settings.
- ❑ Offer education through self-paced online modules or in-person staff development days.
- ❑ Any medical condition that caregivers are expected to handle should be covered through annual education to assess knowledge and address any gaps.
- ❑ Expand research to include larger and more diverse participant groups to validate findings.

Contact Information & Paper

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Increasing Cultural Humility and Suicidal Ideation Recognition Among Black Youth: A Clinical Practice Guideline for Healthcare Professionals

Background

The prevalence of suicidal ideation among Black adolescents is increasing, showing a disproportionately high incidence of suicide and suicidal thoughts compared to other ethnic groups. The nursing practice issue pertains to the inadequate quality of mental health care for Black youth, stemming from healthcare professionals' inability to effectively identify depression and suicidality within this population.

Purpose

The purpose is to provide healthcare professionals with a comprehensive understanding of culturally humility approaches and the identification of suicidal ideation in Black adolescents by creating a Clinical Practice Guideline (CPG) that has been evaluated by a panel of experts using the AGREE II tool.

Methods

- Extensive literature review of current best practice of suicidal ideation recognition among Black adolescents was conducted to aid creation of CPG.
- Expert panels evaluated the CPG using the AGREE II instrument with six domains.

Results

AGREE II Tool Domains	Appraiser 1	Appraiser 2	Appraiser 3	Appraiser 4	Total
1 Scope & Purpose	19	21	21	16	79 90%
2 Stakeholder Involvement	19	21	20	14	74 86%
3 Rigor of Development	43	56	48	31	178 76%
4 Clarity of Presentation	18	21	21	3	63 71%
5 Applicability	13	25	28	21	87 74%
6 Editorial Independence	14	14	14	11	53 94%
Overall Assessment					
Rating of the overall quality of this guideline	5	7	6	5	23 82%
Total	131 78%	163 97%	158 94%	101 60%	83%

Evaluation of CPG was completed by four panel experts in professional fields such as, Doctor of Nursing Practice (DNP)-Family Nurse Practice (FNP), Psychiatric Mental Health Nurse Practitioner (PMHNP), board-certified pediatric Medical Doctor (MD), and Doctor of Education Psychology.

- **Strengths:** The total domain score for this CPG was 83% which is considered a high-quality guideline, reliable tool, and relatively significant.
- **Limitations:** The project's limitations were attributed to a lack of literature on the subject and a last-minute withdrawal of an evaluator for the CPG.



Scan to access Clinical Practice Guideline, Agree II Tool, Doctoral Paper, and References

Summary

This project focused on developing a CPG for healthcare professionals regarding the identification, assessment, screening, and management of suicidal Black adolescents. The CPG achieved an overall approval after review by the four appraisers.

Nursing Implications

The approval of this CPG will promote cultural humility within healthcare professionals and assist in improving their understanding of the context of this subject. This project serves as a catalyst for recognition of this alarming issue and thus promote social change.

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Improving Risk Estimates of CVD in Primary Care Using the PREVENT Risk Calculator

Background

Cardiovascular disease is the number one cause of death and disability worldwide, despite being a preventable chronic disease. Prevention of CVD in primary care is vital to decrease disease burden on patients and the healthcare system. The PREVENT risk calculator created by the AHA provides an equitable and all-encompassing risk assessment of CVD.



Purpose

- Develop a clinical practice guideline (CPG) utilizing the PREVENT risk calculator.
- Evaluate CPG by clinical expert team using the AGREE II tool
- Improve CVD risk assessment in primary care.

DNP Project

Project Question: Will a clinical practice guideline on the PREVENT risk calculator to assess CVD risk be approved for use in a primary care clinic by an expert panel by using the AGREE II Tool?

Objective: The CPG is intended to support clinicians in assessing CVD risk in their patients to help guide clinical management.

Methods: A systematic review of the literature was completed to determine the best recommendation for CVD risk assessment in primary care. The AGREE II instrument supported the guideline development process and was the selected appraisal tool. An expert panel of 5 health care professionals used the AGREE II instrument to review and approve the guideline.

Results

- Overall quality rating score of 91%
- CPG is reliable, high quality, and applicable
- Unanimous 'yes' to recommend implementation of the CPG

Expert Review Panel Overall Results

	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Total
Overall Quality	7	5	6	7	7	91%
Recommendation	Yes	Yes with modifications	Yes with modifications	Yes	Yes	Yes

Strengths:

- Greater and more diverse applicability of the calculator
- Sex-specific and race-free prediction that can estimate both short-and long-term CVD risk
- Ability to illustrate the patient data to promote shared decision making

Limitations:

- To include views from clinicians to determine preference
- Implementing staff education, promoting practice change, and monitoring staff compliance
- Not embedded into EMR

Full CPG, AGREE II Tool & Results



CPG CVD Risk Calculator Formula



Summary

The PREVENT risk calculator is recommended for use in primary care clinics. The calculator provides a more accurate assessment of CVD risk in patients, with hopes to promote early intervention and decrease negative outcomes such as disability, morbidity, and mortality. Improved risk estimates will allow patients and providers to collaborate on appropriate management to mitigate CVD progression, hopefully leading to healthier patients and improved quality of life.

Nursing Implications

This DNP project promotes advancement in healthcare, positive social change and healthy equity in alignment with UC Davis mission and values. The use of the PREVENT risk calculator eliminates discrimination when predicting risk and includes social determinants of health to factor in health equity.

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Project Lead

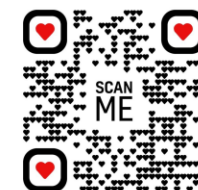
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FULL POSTER



Increasing Knowledge of Health Providers and Staff Regarding the Relationship between Menstruation Irregularities and CV Health in Women of Reproductive Age

Purpose/ Background

Women of reproductive age face unique cardiovascular risks linked to conditions such as premenstrual syndrome (PMS), dysmenorrhea, and menorrhagia, which are often overlooked in clinical practice. National healthcare organizations (AHA, NIH, ESC) have called for increased provider education on sex and gender-specific health (SGSH).

DNP Project

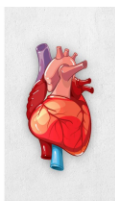
To evaluate the effectiveness of a web-based educational module in improving health providers' knowledge of the relationship between menstrual health and risks for hypertension (HTN) and cardiovascular disease (CVD) in women of reproductive age.

- Theoretical Framework for Project:
 - Framework of the Study of Access (Aday & Anderson, 1974)
 - Adapted to include Primary Care Domains Unique to Women (Zephyrin et al., 2020)
- Theoretical Framework for Web Module:
 - Sex & Gender Health Education Tenets (Kling et al., 2022)

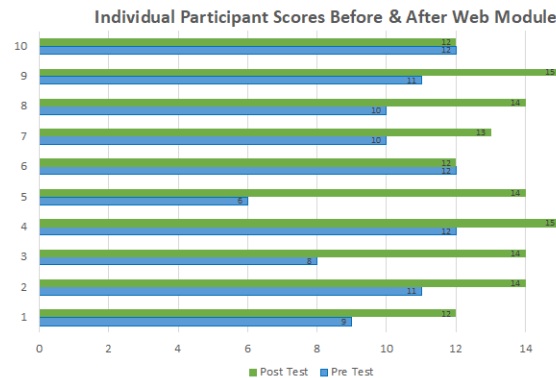
Project Tool

Relationship
Between Menstrual
Irregularities and CV
Health

Cristina Noriega, MSN
DNP Student
Betty Irene Moore School of Nursing, UC Davis



Results



t-Test: Paired Two
Sample for Means

Mean score
• Pretest: 10.1 (67%)
• Post test: 13.5 (90%)

Mean core improvement: +3.4 points
Statistically Significant
($p < 0.001$, $N = 10$)

Improved recognition of the following:

- PMS as a risk factor for HTN
- Dysmenorrhea's link to ischemic stroke and heart disease
- Menorrhagia's correlation with midlife HTN
- Sex-based differences in BP regulation

Key Question Findings	Pretest	Post test
Participants who correctly chose the best answer to explain how hormone activity increases BP fluctuations in women during menstrual cycle and during PMS	50%	80%
Participants who correctly identified lower baroreceptor reflex sensitivity in the autonomic nervous system as a biological variable affecting BP regulation in women	50%	80%
Participants who correctly identified age bracket in which studies have shown an increase in incidence of stroke in young women (18-35) vs men	10%	80%
100 % of participants recognized the value of 1) obtaining a menstruation history and 2) screening for PMS in primary care		

Methodological Limitations

Small sample size, limits generalizability of findings: Recruitment barriers due to institutional approval processes for health provider and staff participation that were out of alignment with this project's timeframe

Purposive sampling (not random): Selective criteria was necessary for participant recruitment

Summary

This project demonstrated that an educational intervention can significantly improve provider awareness of the following:

- CV risks associated with menstrual disorders
 - PMS as a risk factor for HTN
 - Dysmenorrhea's link to ischemic stroke and heart disease
 - Menorrhagia's correlation with midlife HTN
 - Sex-based differences in BP regulation
- Discussing menstrual health with patients offers the following key benefits:
 - Enhances primary and secondary disease prevention strategies for CV health
 - Strengthens patient-provider trust

Nursing Implications

Nurse practitioners can best address the health needs of women in reproductive age by:

- Facilitating early identification of women at risk for CVD
- Educate patients about their menstrual health
- Collecting menstruation data as part of a complete health history
- Assess patients for PMS with a validated screening tool such as the Daily Record of Severity of Problems (DRSP) questionnaire

Addressing these risks promotes lifespan health equity for women and empowers health providers to be agents of change

Contact Info

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Committee Member: Charleen Singh, PhD., MBA, MSN, APRN, FNP-BC, CWOCNF, CNE

Assessing Healthcare Prescriber Knowledge and Confidence in the Use of GLP-1RAs for Weight Management

Purpose/ Background

Current clinical practice for GLP-1RAs differs markedly among healthcare professionals. Although these medications are well-known for their effectiveness in managing weight and type 2 diabetes, their uptake is still inconsistent due to knowledge gaps, uncertainty regarding prescribing guidelines, and concerns related to side effects.

DNP Project

Practice Questions: How does an educational intervention affect healthcare providers' knowledge and confidence regarding the use of GLP-1RAs for weight management?

Objectives:

- Assess baseline knowledge and confidence levels regarding GLP-1RAs
- Deliver an evidence-based educational session
- Evaluate pre- and post-intervention knowledge and confidence
- Analyze change using quantitative data (Likert scale and t-test score)

Project Tool

Educational intervention	Evidence based slide presentation on GLP1RAs
Knowledge Assessment	Pretest/Posttest Multiple Choice Questions (MCQ)

Results

The effectiveness of this practice change was validated through a pre-post test assessment measuring provider knowledge and confidence in prescribing GLP-1RAs. The evidence supporting this intervention is derived from clinical guidelines, literature on the underutilization of GP-1RAs and studies demonstrating the impact of targeted educational programs on prescribing behaviors. Research indicates that structured education enhances provider confidence, leading to improved clinical decision-making and patient outcomes.

Result of the Pre-test and post-test knowledge evaluation

Participant (n=10)	Pre-test	Post-test	Differences
Means	75%	90%	21%

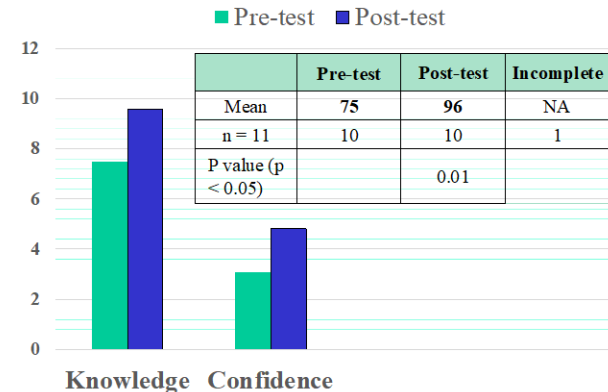
Result of the pre-test and post-test knowledge evaluation

	Pre-test Likert Scale	Post-test Likert Scale
Average	3.16	4.85
Areas identified	<ul style="list-style-type: none">• Mechanism of action• Identifying different GLP-1RAs• Patient Selection	<ul style="list-style-type: none">• Overall understanding of GLP-1RAs

Barriers

- Small sample size due to low response from healthcare providers, which may limit generalizability.
- Study measures short-term memory vs long-term retention
- Bias such as prior experience of GLP-1RAs relating to expense, demand vs supply, generic vs brand name.

Bar chart result for Pre and Post Knowledge and confidence level



Summary

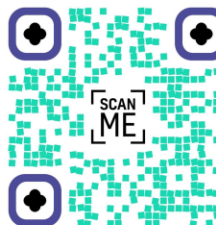
The Increasing prevalence of obesity has highlighted the need for effective weight management. GLP-1RAs have shown evidence-based results, but their use in clinical settings depends on the knowledge and confidence level of healthcare providers. Using the concept of diffusion theory to understand provider adoption patterns can guide educational interventions to enhance knowledge and implementation of best practices.

Nursing Implications

- It highlights the role of APRN in translating research into practice to enhance patient care in weight management.
- As obesity cases rise, NPs can stay informed about evidence-based pharmacological interventions and integrate them into comprehensive weight management strategies.
- Through educational interventions, healthcare providers are well equipped to utilize GLP-1RAs appropriately and effectively in clinical settings.

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Improving Hypertension Outcomes in Latino Farmworkers: A Culturally Tailored Approach

Purpose/ Background

- Hypertension affects 42–45% of Latino farmworkers in rural California.
- Barriers:** language, low health literacy, limited access to culturally relevant care.
- Result:** Poor blood pressure control and higher cardiovascular risk.

DNP Project

- Can the implementation of culturally and linguistically appropriate visual education materials improve hypertension outcomes in Latino farmworkers?
- Utilizing cognitive-behavioral theory and American Heart Association guidelines, I designed low-literacy, visually engaging educational materials. An expert panel evaluated their quality using the Patient Education Materials Assessment Tool (PEMAT).

Project Tool

- Patient Education Materials Assessment Tool (PEMAT)
- Hypertension English/Spanish Pamphlet

**** Scan QRC Code for materials ****

Results

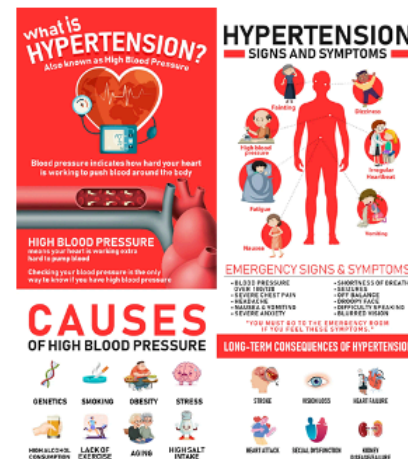
Major findings

- Expert panelists scored the educational materials 100% for both understandability and actionability using the Patient Education Materials Assessment Tool (PEMAT).
- Materials can empower Latino farmworkers to understand hypertension better, improve medication adherence, and adopt healthier lifestyles.
- Experts recommended minor edits to enhance clarity, linguistic accuracy, and cultural appropriateness.

Barriers

- Translating content for low-literacy populations was complex, involving repeated collaboration with translators and design specialists to ensure clarity and cultural relevance.
- Panel response rate was 50%, reflecting logistical constraints during the evaluation period.

English Pamphlet



Spanish Pamphlet



Summary

- Developed and validated pictorial, culturally tailored Spanish materials to improve hypertension management for low-literacy Latino farmworkers in rural California.
- Addressed language and health literacy barriers.
- Expert panel rated materials 100% for understandability and actionability.
- Project promotes health equity and culturally competent nursing care.

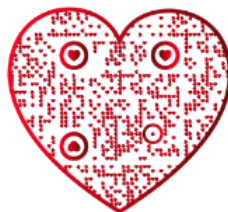
Nursing Implications

- Culturally responsive education improves outcomes by closing health literacy gaps.
- Supports integration into patient education protocols and provider training.
- Aligns with UC Davis's mission to advance health equity.

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Chair: Dr. Jody Minnick
Program Director:
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Increasing HPV Vaccination Awareness through Healthcare Staff Education

Background

- HPV is a sexually transmitted disease spread through skin-to-skin contact
- Per the CDC, more than 13 million Americans become infected each year
- Early prevention, through the vaccine, can lower the chances of a person contracting HPV and subsequently lower their risks of associated cancers
- In California and specifically the central valley, HPV vaccination rates are lower than the national average at only 50% of adolescents (age 13-17yrs) with completed vaccination series per California Department of Public Health

Purpose

The purpose of this project was to equip healthcare staff with knowledge about HPV prevention and the importance of routine HPV vaccinations, enabling them to effectively educate others and assess understanding of the vaccine's benefits

DNP Project

Project question: In healthcare staff within a primary care setting, does participation in an educational intervention on HPV prevention and routine HPV vaccination increase knowledge in patient education compared to baseline levels, as measured by pre- and post-intervention assessments?

Project Tools

- The assessment tool used for the project was the 13-item Human Papillomavirus Knowledge Questionnaire (HPV-KQ)
- Education module (PPT) with measurement of demonstrated knowledge change using pre and post assessment test (multiple choice)
- Excel paired-samples t-Test

**** Scan QRC for full DNP project tools ****

Results

- A total of 11 participants were invited, but only 10 completed the pretest, presentation and posttest fully
- A barrier faced during the implementation was 1 participant dropped out after completing a pretest due to patient care, and was unable to attend the rest of the presentation
- The results show a knowledge improvement when comparing means from 79.2% to 93.7%. A growth of 14.5%. The p value was < 0.05 demonstrating statistical significance.
- Topics commonly missed on the quiz include location of HPV affected areas, transmission methods, incidence of contraction of HPV and inclusion criteria for HPV vaccines.

Human Papillomavirus Knowledge Questionnaire (HPV-KQ)

Directions: For each statement below, please select "True", "False", or "Don't know". If you have never heard of HPV, please select "Don't know" for the statements below.

	True	False	Don't Know
1. Only women can get infected with HPV.	T	F	DK
2. HPV can cause cervical cancer in women	T	F	DK
3. HPV can cause cancer in areas such as the head and neck	T	F	DK
4. HPV causes cancer in women only.	T	F	DK
5. HPV can cause genital warts	T	F	DK
6. A person could have HPV for many years without knowing it	T	F	DK
7. HPV is transmitted through sex	T	F	DK
8. Most people infected with HPV have visible signs or symptoms of the infection.	T	F	DK
9. A person's chances of getting HPV increase with the number of sexual partners they have	T	F	DK
10. Nearly all sexually active people will contract HPV at some point	T	F	DK
11. The HPV vaccine is only recommended for girls.	T	F	DK
12. Full protection against HPV requires more than 1 dose of the vaccine	T	F	DK
13. The HPV vaccine is most effective if given to people who have not yet started having sex	T	F	DK

Pre and Post Test Analysis

t-Test: Paired Two Sample for Means		
	Pretest	Posttest
Mean	79.2	93.7
N (participants)	10	10
P value (<0.05)	0.0066257	

Summary

- Project consisted of a pre and post test with a presentation education module to assess a knowledge increase
- Even with a small sample size, the data was statistically significant
- Results showed the significance and value of implementing this module into facility staff education requirements.

Nursing Implications

- This DNP project emphasizes healthcare staff (nurses & provider) led initiatives to increase vaccination rates through initiating better informed discussions about the vaccine.
- This project is easily implemented into various health care facility employee education modules and can be adapted for any vaccine.



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Committee Members:

Chair: Dr. Amy Nichols EdD, RN, CNS, CHSE, ANEF
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Contact Info & Full
DNP Paper/
Materials



SCAN ME

Sensory Modifications in Urgent Cares for Autistics

Purpose & Background

The goal of this project is to formulate a CPG based on evidence-based and clinically significant data that will assist in determining and defining what sensory modifications can be made for autistic patients in the urgent care clinics across the central valley. The goal is to better accommodate the needs of autistic patients and provide a more comfortable environment, while maximizing history taking and physical assessment.

DNP Project

The project question: "In an urgent care clinic, will a clinical practice guideline (CPG) for sensory modifications for autistic patients be approved by an expert panel using the Agree II Instrument?"

Project Tool

The panelists targeted for the evaluation of the CPG included five expert appraisers who used the AGREE II Instrument to evaluate and validate the CPG. The panelist's responses were analyzed using proportional statistical analysis.

Results

The CPG was distributed to the selected expert panel with a copy of the AGREE II Instrument via email with CPG, instructions, and consent. The scaled domain score is calculated by the following equations obtained from the Agree II Instrument manual.

Example:
If 4 appraisers give the following scores for Domain 1 (Scope & Purpose):

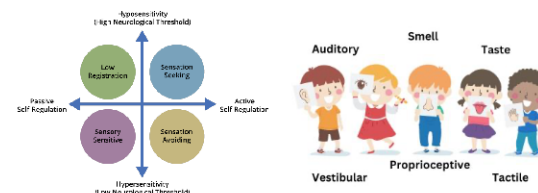
	Item 1	Item 2	Item 3	Total
Appraiser 1	5	6	6	17
Appraiser 2	6	6	7	19
Appraiser 3	2	4	3	9
Appraiser 4	3	3	2	8
Total	16	19	18	53

Maximum possible score = 7 (strongly agree) x 3 (items) x 4 (appraisers) = 84
Minimum possible score = 1 (strongly disagree) x 3 (items) x 4 (appraisers) = 12

The scaled domain score will be:

$$\frac{\text{Obtained score} - \text{Minimum possible score}}{\text{Maximum possible score} - \text{Minimum possible score}} \times 100 = \frac{53 - 12}{84 - 12} \times 100 = \frac{41}{72} \times 100 = 0.5694 \times 100 = 57\%$$

All domain scores were 87.5% or higher. The lowest scaled domain score was domain three at 87.5%. Given that the other domains are 98.6% and 100%, this tool can be considered a reliable tool to use as a guideline for implementation. Other support for feasibility is that the overall guideline recommendation was 100% and all appraisers indicated that they would recommend the guideline for use.



Appraiser 1 gave scores of 6 out of 7 on questions 4 and 11-14, which refer to Domain 2 and Domain 3, respectively. As Appraiser 1 did not provide feedback for these domains, any general feedback, but indicated that they would recommend the use of the guideline, the results of Appraiser 1's scoring could possibly be viewed as an outlier and not representative of any specific improvements needed for the guideline to be implemented. A potential way to determine that this is in fact an outlier, requesting two more appraisers to complete the Agree II Instrument with comments could allow for a clearer view of the guideline's feasibility.

Domain Scores & Results:

Domain 1: Scope and Purpose	Scaled Domain Score: 100%
Domain 2: Stakeholder Involvement	Scaled Domain Score: 98.6%
Domain 3: Rigor of Development	Scaled Domain Score: 87.5%
Domain 4: Clarity of Presentation	Scaled Domain Score: 100%
Domain 5: Applicability	Scaled Domain Score: 100%
Domain 6: Editorial Independence	Scaled Domain Score: 100%
Overall guideline assessment	Score of 100%
Overall recommendation of guideline for use	Yes
Feedback from Appraiser 2	Great Job!
Feedback from Appraiser 4	The objective of the guideline was very well described and informative.

Summary

The urgent care environment is not conducive to an autistic atypical response to sensory stimuli, causing decreased patient and provider interaction and decreasing ability to perform history taking and physical assessment. Creating a CPG for modification of the urgent care setting to adjust for the sensory changes of autistic patients can maximize patient interaction and increase positive care outcomes.

Nursing Implications

Positive social change among the autistic patient population aligns with the School of Nursing's commitment to health equity by improving care for underserved communities. Sensory modifications and more comfortable visits for autistics with the use of the CPG can allow more opportunities to increase care access and decrease recurrent visits among autistics.

Contact Information & References QR Codes



A Clinical Practice Guideline for Weight Management for Primary Care Providers

Purpose/ Background

- Weight management is a growing problem for population health
- Primary Care Providers (PCPs) need an evidence-based tool to identify, assess, and manage overweight/obese patients

DNP Project

- The purpose of this project was to standardize the identification and treatment of weight management through a clinical practice guideline (CPG).
- A CPG will assist PCPs with care planning for patients who meet diagnostic criteria.

Project Tool



CPG



AGREE II
Instrument

Results

- The AGREE II Instrument is a tool used to evaluate the validity of CPGs
- It helps assess the rigor and transparency of the development of CPGs
- The Instrument consists of 23- items that are organized into 6 domains
- An expert panel (n=4) reviewed the proposed CPG using the AGREE II Instrument to evaluate and approve its implementation into practice
- The overall score of the CPG was 98% (Table 1) and was approved by the panel (Table 2).

DOMAINS	SCORE
1	100%
2	97%
3	96%
4	97%
5	98%
6	100%
TOTAL	98%

	Approved	Score	Not Approved	Notes
Appraiser 1	Yes	6		No
Appraiser 2	Yes	7		Yes, with modifications
Appraiser 3	NR	NR	NR	NR
Appraiser 4	Yes	7		Yes
Appraiser 5	Yes	7		Yes

KEY: NR = no response

Summary

- A CPG for weight management was created to address the clinical criteria for diagnoses of being overweight or obese
- It describes various treatment modalities such as nutrition, exercise, and pharmacological options
- The CPG was reviewed and appraised by an expert panel (n=4) using the AGREE II Instrument
- The expert panel determined it was suitable for implementation into practice. The overall score of the clinical practice guideline was 98%

Nursing Implications

- This project holds significance to the field of nursing because it will help identify patients who are overweight or obese and provide an evidence-based guideline for their treatment and management.
- The long-term significance this project brings to the field is reduction of weight related disease diagnoses such as CVD and T2DM.
- Along with a reduction in diagnoses, there will be a positive economic impact associated with the implementation of a CPG for weight management

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Committee Member: Dr. Joanne Minnick, DNP, APRN, ACNP-BC, FNP-BC

Assessing Acute Care Nurses' Knowledge of Early Palliative Care Initiation in Hospital Settings

Purpose/ Background

The doctoral project focuses on an educational module for early identification and referral of palliative care.

- The project aims to improve the implementation of palliative care in acute care settings.
- It targets nurses' awareness of when and why to apply palliative care to patients with complex chronic conditions

DNP Project

The insufficient application and recommendation of palliative care referrals is the core issue of assuring the comfortable and effective management of patients with complex, chronic, and life-threatening illnesses. Palliative care is necessary anytime a patient has a complex, chronic disease or requires frequent management (AAHPM, 2025).

Methods

- A PowerPoint (PPT), and a 10-question knowledge assessment to assess baseline knowledge and post-education knowledge changes was developed and administered
- The pre-test/post-test was created and based on evidence-base practice and best practice guidelines related to palliative care.

Results

The acute care nurses that participated in this project had varying years of experience:

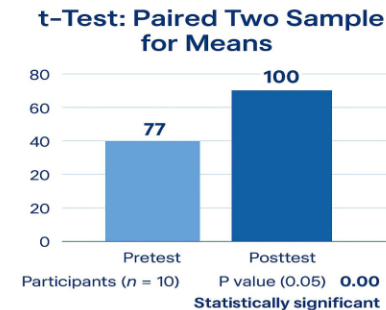
- Six nurses had 5 years or more
- Three had less than 3 years
- One had less than one year

Project Results:

- 23% increase in scores (PRE v POSTTEST Scores)
- Statistical significance met $p < 0.05$

The limitations of this project were:

- Concern that the pre-test and post-test questions weren't challenging enough
- The pre-test and post-test were only ten questions, could be developed to include case scenarios



Triggers for Early Palliative Care Activation

Trigger	Clinical Description	Rationale for Activation
Multiple hospitalizations within 6 months	≥2 unplanned admissions for the same condition (e.g., CHF, COPD)	Indicates disease progression and potential for unmet palliative needs
ICU admission with advanced illness	Critically ill patients with advanced-stage chronic or terminal diseases	High risk of mortality and intensive interventions; early goals-of-care needed
Rapid functional or cognitive decline	New or worsening limitations in ADLs, increased frailty, or dementia progression	Signifies decline in quality of life and decision-making capacity
Serious illness + unclear goals of care	Lack of advance directives or inconsistent family understanding	Early clarification helps align treatment with patient values
Advanced-stage cancer or end-stage organ failure	Stage IV malignancies or conditions like ESRD, CHF, or cirrhosis	Associated with high symptom burden and limited prognosis

Summary

- This project provided an educational module for early palliative care identification and referral.
- Aims to improve palliative care integration in acute care settings.
- In conclusion, palliative care is an important underutilized and under-referred resource. The gap in practice was acute care nurses knowledge.
- A 2022 study showed most palliative care referrals come too late. It showed:
 - Patients with dementia, heart failure, or COPD were referred only 10–14 days before death.
 - Delayed referrals limit the benefits patients receive from palliative care.

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Committee

Chair: Dr. Amy Nichols, Assoc Dean
Second Member: Dr. Jody Minnick



Screening and Assessment for Sexual Health and Dysfunction in Oncology Survivors

Purpose/ Background

- The gap in practice is the lack in sexual health care for oncology patients leading to poor outcomes and poor patient satisfaction.
- Oncology patients are at higher risk for sexual health problems and dysfunction, thus sexual health should be a focus for patient-centered care and improving overall health.
- Up to **80%** of people with cancer report sexual problems, and more than **60%** of people treated for cancer experience long-term sexual dysfunction.
- Fewer than **25%** of adult patients are offered treatment for sexual problems, and patients rate sexual challenges among their top unmet needs

DNP Project

- Practice question:** “Does the creation of an evidence-based clinical practice guideline assist providers caring for oncology survivors in health care related to sexual health and wellness?”
- This project aims to provide clear guidelines for sexual health in oncology survivors that providers can utilize readily at clinic visits, optimizing patient satisfaction, outcomes, and overall quality of life.
- The primary barrier to promoting sexual health among patients is initiating the topic discussion between providers and patients. The project strives to establish explicit guidelines when conducting sexual healthcare for oncology patients that providers can utilize to help assist with initiating the conversation with patients, decreasing the barrier of communication.

SEXUAL HEALTH IN ONCOLOGY PATIENTS

Why It Matters

- > 80% of cancer patients report changes in sexual function
- > Often unaddressed due to discomfort, time constraints, lack of training
- > Sexual side effects impact adherence, body image, relationships



Project Tools

- CPG
- The AGREE II tool was used as an evaluation tool for expert panelists to score the validity and reliability of the CPG to be used in clinical practice. The evaluation of expert panelists results from grading the CPG was completed and a finalized CPG was formulated to include feedback suggestions from panelists.
- Excel Version 16.95.1



Results

Major findings

- The CPG also had an appraisal score of **100%** from the expert panelists
- CPG a high-quality result via the AGREE II Tool
- All expert panelists recommended the guideline for use

Barriers

- An unexpected barrier to the CPG was the lack of universally accepted guidelines and recommendations for screening sexual health in oncology patients.
- Comfort level by providers and clinic staff may delay or prohibit screening
- Providers may not be inclined to use the CPG in oncology clinics with their patients due to sensitivity of subject
- Providers may lack adequate time to review patient questionnaires on sexual health and discuss the findings and possible interventions with patients during clinic visits were other care topics need to be discussed as well.

Themes

- Expert panelist consensus that the guideline was clear, could be easily used in practice, and concise.
- All experts agreed that the CPG was adaptable to various oncology clinics for use and implementation into patient care.
- Recommendation that the CPG be used as guidance or a framework for providers to implement competent sexual health care to oncology survivors.
- Importance of determining a patient's baseline satisfaction with their sexual health and general functioning status prior to cancer in measuring progress and what is needed in follow-up after interventions. A feasible goal for improving sexual health in oncology patients includes knowing where they started prior to oncology-related sexual dysfunctions.

Challenges during the project

- 3 out of the 5 selected experts completed the project
- Challenges included incomplete AGREE II tools
- 1 panelist provided feedback with no scores

Summary

- The nursing practice problem and purpose identified as the focus of this project is creating a clinical practice guideline (CPG) designed to assist providers in screening patients to identify patient need, assess symptoms, treatment recommendations, and follow-up care or referrals that are recommended.
- A CPG was created and the population targeted for evaluation of the clinical practice guideline included three expert panelists who utilized the AGREE II Tool to appraise the clinical practice guideline.
- The results of the clinical practice guideline evaluation was unanimously approved with a score of 100% overall, which is considered a high-quality result.
- The recommendation is that this clinical practice guideline should be implemented in oncology clinics and used as a guide for oncology survivor sexual health.

CPG Agree II Domain Assessment

Agree II Components	Participant 1	Participant 2	Participant 3	Total
Domain 1: Scope & Purpose Domain 2: Stakeholder Involvement Domain 3: Rigour of Development Domain 4: Clarity of Presentation Domain 5: Applicability Domain 6: Editorial Independence	7	7	7	100%
Overall Guideline Assessment	7	7	7	100%
Total	100%	100%	100%	100%

CPG Overall Assessment AGREE II

Agree II Components	Participant 1	Participant 2	Participant 3
Recommend guideline for use: Yes, No, or Yes with modifications	Yes	Yes	Yes
Notes left by Appraiser	-Recommend assessing baseline sexual health prior to diagnosis with patients to see what the quality of sexual health was prior to cancer	-Narrow to specifics when reviewing questionnaire with the patients including asking how the treatment or diagnosis has directly impacted their sexual health	

Nursing Implications

- Positive social change implications align with UC Davis Betty Irene Moore School of Nursing's mission to ignite bold change and transform healthcare by changing the way sexual health is routinely ignored in care aspects for patients.
- The CPG addresses a major gap in patient care in oncology, demanding prioritization for overall wellness and sexual wellbeing of patients.
- Addressing sexual health will help to improve patient outcomes, avoid long-term sexual health complications, and improve the overall cancer-related care of the oncology population.
- The guideline holds significance for the field of nursing and oncology practice to help lead screening, identification, and sexual dysfunction treatment methodologies for patients who require intervention.

BEFORE / DURING / AFTER CANCER

“We ask all our patients about sexual health because it's a vital part of your well-being.”



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In Closing



- Each poster presented today reflects a commitment to evidence-based practice, clinical innovation, and the advancement of nursing science. Together, these projects aim to improve patient outcomes, empower healthcare teams, and reduce practice gaps.

Acknowledgments

- Thank you to faculty, preceptors, stakeholders, and community partners who supported this work.

"Earning a DNP is not just a milestone in education—it's a commitment to lead, heal, and elevate the future of nursing through evidence, compassion, and courage."

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BETTY IRENE MOORE
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