

DNP Project Presentations
Spring 2026

Southern Illinois University Edwardsville
School of Nursing

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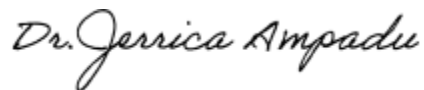
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Welcome

Dear DNP Scholars,

Congratulations on reaching this significant milestone in your doctoral journey! We are proud to celebrate your scholarly achievements during the Spring 2026 DNP Project Presentation Days, taking place virtually on April 30 and in person on May 1. Presentation days are a special opportunity for you to showcase your scholarly projects, engage in meaningful dialogue with faculty and peers, and highlight the real-world impact of your work on nursing practice and patient outcomes. Your commitment to evidence-based practice and advancing health outcomes reflects the highest standards of excellence in the nursing profession.

Best wishes as you prepare for graduation!



Dr. Jerrica V. Ampadu

Assistant Dean for Community Engagement and Academic Innovation

Mission, Vision, and Values

School of Nursing Mission

The Southern Illinois University Edwardsville (SIUE) School of Nursing educates, empowers, and engages learners to achieve excellence in nursing. Our commitment to inclusive excellence in nursing education, practice, service, and scholarship is reflected in our innovative programs, extensive partnerships, and equitable opportunities. We empower learners by fostering a supportive community that celebrates student success with an emphasis on diversity, equity, and inclusion. Our graduates are prepared to lead change and advance health equity of diverse populations.

School of Nursing Vision

The Southern Illinois University Edwardsville (SIUE) School of Nursing aspires to be a premier institution for nursing education, recognized for developing a diverse nursing workforce and advancing health equity in an evolving healthcare landscape.

School of Nursing Values

Compassion, Integrity, Excellence, Inclusivity, Collaboration, and Creativity

Presentation Day Details

Day 1: Virtual Poster Presentations – April 30, 2026

Session 1:

Location: Teams

Time: 8:00 AM CST – 9:30 AM CST

Teams Meeting: <https://teams.microsoft.com/meet/26114969084909?p=1yGfvHdAgk1yaftjd6>

Schedule:

08:00 – Login to Teams

08:15–08:45 – Each student gives a 2–3-minute project overview

08:45–09:15 – Breakout rooms for audience Q&A

09:15–09:30 – General Q&A and close

Presenters:

- Sarah Becker
- Licia Dones
- Shanice Johnson
- Kathryn Pennell
- Lauren McDonnell
- Jodi Morrisey
- Chidinma Oji
- David Malaka

Session 2:

Location: Teams

Time: 9:30 AM CST – 11:00 AM CST

Teams Meeting: <https://teams.microsoft.com/meet/26114969084909?p=1yGfvHdAgk1yaftjd6>

Schedule:

09:30 – Login to Teams

09:45–10:15 – Each student gives a 2–3-minute project overview

10:15–10:45 – Breakout rooms for audience Q&A

10:45–11:00 – General Q&A and close

Presenters:

- Gina Barrett

- Kelly Hall
- Kyle Hardiman
- Ronald Kister
- Toni Pohlman
- Kenzi Schuh
- Dajauna Young

Day 2: In-Person Poster Presentations – May 1, 2026

Location: SIUE MUC, Legacy Room

Check in Location: University Club Room (Second Floor)

Session 1A (09:00 – 10:30 AM)

- Chloe Vitale & Jessica Hammel
- Madeline Schwab & Margaret Mahoney
- Whitney Stitz & Shannon Doyle
- Kevin O’Hara and Justin Reavley
- Jessica Vignone & Dzenita Schultz
- McKynlee Anderson & Carlee Williamson
- Stephanie Weitekamp

Session 1B (10:30 – 12:00 PM)

- Nikki Benedict & Christina Weathers
- Asia Stennis & Camille Ward
- Daniel Brown & Zachary Gardewine
- Nicholas Fosmire
- Jodi Brown & Rachel Sargent
- Stephen Brennan & Nicholas Weber
- Haily Ho & Nicole Ryan
- Merrie Albright & Alberto Mendoza
- Collin Sheehan & Caleb Miller

Session 2A (12:30 – 14:00 PM)

- Tolulope Adetoba
- Perfect Agbai
- Sabrina Gomez
- Josephine Kariuki
- Lauren McBride & Alexandra Jones

- Claire Choi
- Brittney Harper & Christi Teufel
- Courtney Hollis & Kayla Marty
- Rhonda Strobel & Chelsea Smith

Session 2B (14:00 – 15:30 PM)

- Lainey Ogle & Laurence Booker
- Derek Rice
- Kathryn Whitehead
- Angelica Aranda & Whitney Young-Brown
- Heather Snook & Annette Gambrill
- Daniel Murphy

Acknowledgments

We extend our gratitude to:

Project leaders and Mentors

Content experts and Stakeholders

Clinical partners and Community collaborators

Family and friends who supported this journey

Scholar Project & Abstracts (Ordered by Presentation)

1. Sarah Becker

Project Title: Reducing Avoidable Hospitalizations from Long-Term Care Facilities Through Interdisciplinary Team Education

Faculty Lead: Dr. April Schmidt

Content Expert: Dr. Rebecca Luebbert

External Stakeholder: William DeClue

Abstract: Background: Potentially avoidable hospital transfers among long term care (LTC) residents drive delirium, functional decline, and excess costs. Evidence based tools (INTERACT®, STOP & WATCH, SBAR, and advance care planning) target these transfers, yet frontline knowledge and use can be inconsistent.

Purpose: To determine whether a brief, asynchronous, interdisciplinary education delivered via a professional social media network improved knowledge of avoidable transfer drivers, INTERACT®, STOP & WATCH, ACP, and provider to provider transitions of care communication.

Methods: This quality improvement project used a single group pre/post design. Participants completed a six item baseline knowledge assessment, viewed a short educational module, and completed an identical posttest. The organizational setting was a geographically distributed LTC clinician network. Per institutional policy, the project met QI criteria and did not require full IRB review.

Results: The pretest reached 232 respondents (217 complete); the posttest received 15 responses (~6.5%). Baseline knowledge exceeded 90% on five of six items. The composite mean increased from 90.47% to 93.33%. STOP & WATCH early change recognition improved from 62.2% to 66.7%. Given the small posttest sample, item level and composite changes were not statistically significant. Ceiling effects limited measurable gains where baseline knowledge was high.

Conclusions: The intervention sustained very high knowledge and produced a modest composite gain with a small improvement in early change recognition.

Implications for Practice: Priorities include boosting posttest participation, emphasizing scenario based STOP & WATCH practice with SBAR escalation, and adding process/outcome measures linked to monthly avoidable transfer rates.

Keywords: long-term care, avoidable hospitalizations, INTERACT®, STOP & WATCH, SBAR, advance care planning, knowledge translation, quality improvement.

2. Licia Dones

Project Title: Enhancing Early STI Screening among Adolescents in the Emergency

Department: Increasing Utilization of the Adolescent Questionnaire on Sexuality

Faculty Lead: Dr. April Schmidt

Content Expert: Dr. Tracy Cooley

External Stakeholder: Dr. Jody Sims

Abstract: Sexually transmitted infections (STIs) continue to affect a large number of adolescents, and many cases go undetected because of barriers such as stigma, limited access to care, and inconsistent screening practices in emergency departments. For many adolescents, the emergency department may be one of the few places they receive healthcare, making it an important setting for early screening and intervention. This Doctor of Nursing Practice (DNP) quality improvement project focused on improving early identification of STI risk by increasing completion rates of the Adolescent Health Questionnaire (AHQ) among adolescent patients at St. Louis Children's Hospital. The project targeted rooms 3-6 in the emergency department, where adolescents are frequently seen. Initial data showed that completion rates were lower than expected, pointing to missed opportunities to identify risks early. Existing research supports the use of structured, self-administered tools, such as the audio computer-assisted self-interview (ACASI), to make screening more comfortable and effective for adolescents.

To address this gap, a pre- and post-implementation approach was used, combining workflow reinforcement with brief staff education on the importance of consistent AHQ use. Completion rates were tracked through the electronic health record and compared to baseline data, while informal staff feedback helped identify real-world challenges such as time constraints, device availability, and patient appropriateness. After implementation, there was a noticeable improvement in how consistently the questionnaire was used, leading to better identification of psychosocial and sexual health risks. This project demonstrates that simple, practical strategies like staff education and reminders can make a meaningful difference, even in a fast-paced emergency setting. Strengthening routine screening processes not only supports earlier intervention but also improves long-term health outcomes for adolescents and helps reduce the overall burden of STIs.

3. Shanice Johnson

Project Title: Improving Screening Mammograms

Faculty Lead: Dr. April Schmidt

Content Expert: Dr. Ashley Wittler

External Stakeholder: Christina Hibben

Abstract: Breast cancer remains a leading cause of morbidity among women in the United States, and screening mammography is essential for early detection and mortality reduction. This quality improvement project evaluated changes in provider knowledge following an

educational intervention on updated breast cancer screening guidelines and risk assessment tools, as well as trends in mammography ordering practices after implementing same-day mammography. The project was conducted in an internal medicine clinic in a mid-sized metropolitan city in central Iowa, with two participating providers. A pre- and post-survey was used, utilizing part B of the National Survey of Primary Care Physicians' Cancer Screening Recommendations and Practices to assess provider knowledge. A 12-week tally system was also implemented to track patient-selected scheduling methods, including self-scheduling, clinic-scheduled, and same-day mammography. Results demonstrated improvements in provider screening recommendations (+10%) and screening type decisions for average-risk women (+31%), along with reductions in patient and practice barriers. Clinic performance data also improved, with screening rates increasing from 75.1% to 78.8%, surpassing the system benchmark. Statistical analysis indicated a significant difference between pre- and post-survey responses ($p < .001$). These findings suggest that provider education and workflow-based interventions can improve screening adherence and reduce barriers, though larger sample sizes and extended evaluation periods are needed to strengthen outcomes.

Keywords: breast cancer screening, screening mammography, quality improvement, provider education, risk assessment, screening adherence, primary care, same-day mammography

4. Kathryn Pennell

Project Title: Improving Nurse Well-Being Through A Mindfulness-Based Education Strategy

Faculty Lead: Dr. April Schmidt

Content Expert: Dr. Bernadette Sobczak

External Stakeholder: Melissa Housman

Abstract: Nurses, particularly those working at the bedside, experience significant trauma, stress, and fatigue, placing them at high risk for burnout and compassion fatigue (CF).

Compassion fatigue, defined as a reduced capacity to empathize with patients and families, is associated with increased medication errors, infections, longer hospital stays, and higher patient mortality. Nurses experiencing CF are also more likely to report an intention to leave their positions. In 2021, national nurse turnover reached 27.1%, with each nurse departure costing healthcare organizations an average of \$46,100 and requiring up to six months to replace. Burnout continues to contribute to workforce instability, with approximately one-quarter of healthcare professionals reporting consideration of leaving their roles.

Background/Information: Nurses experiencing CF are also more likely to report an intention to leave their positions. Addressing burnout and compassion fatigue is therefore critical to improving nurse well-being and maintaining a stable healthcare workforce.

Purpose: This project evaluated the effectiveness of a mindfulness-based intervention aimed at improving resilience and reducing burnout among intensive care unit (ICU) nurses at a Level II suburban hospital in northern Illinois.

Methods: Using a non-experimental design, pre- and post-intervention surveys were completed. Burnout and resilience were measured using the Copenhagen Burnout Inventory-Short Scale and the Connor-Davidson Resilience Scale before and after an eight-week mindfulness program. Forty nurses were recruited, with 12 enrolling in the intervention and all 12 completing the post-intervention survey.

Results: Pre-intervention results indicated moderate levels of burnout and minor to moderate resilience. Following the intervention, burnout scores improved or remained stable, while resilience scores increased or remained unchanged. Although the sample size was small, the findings suggest that mindfulness interventions may help ICU nurses better manage stress and burnout.

5. Lauren McDonnell

Project Title: Temporary dialysis catheters: A QI project to examine evidenced-based practices and reduce rates of malfunction

Faculty Lead: Dr. April Schmidt

Content Expert: Dr. Angela Andrews

External Stakeholder: Michael Baram

Abstract: Background Acute kidney injury is a frequent complication in critically ill patients, many of whom require renal replacement therapy. Temporary dialysis catheters are the preferred access in urgent or emergent situations as they can be rapidly placed by critical care clinicians and used almost immediately. While ideal for their ease of placement, these catheters are associated with complications that contribute to nursing burden, workflow disruption, and delays in time-sensitive treatments. Purpose The purpose of this QI project was two-fold: to examine unit practices pertaining to temporary dialysis catheter management in comparison with evidence-based guidelines and to identify potential contributors to catheter malfunction. Findings were intended to guide the development and implementation of an intervention to reduce malfunction rates. Methods Data were collected over several months and examined for deviations from evidence-based practices as well as statistically significant relationships with dialysis catheter malfunction. The absence of citrate instillation immediately following line insertion emerged as both a common practice deviation and a factor associated with increased malfunction. Based on these findings, the unit initiated a trial of routine citrate instillation post-insertion. Results Post-intervention data collection remains ongoing; however, preliminary findings demonstrate a modest reduction in catheter malfunctions and unplanned dialysis machine downtime among patients who received citrate instillation. Line malfunctions

decreased to 31.41% from 38.46%, and unplanned downtime events decreased from 21.74% to 13.09% compared with the non-citrate group. Citrate instillation in temporary dialysis catheters is a feasible evidence-aligned intervention that may reduce rates of catheter malfunction.

Keywords: Dialysis catheter maintenance, dialysis catheter guidelines, dialysis catheter complications

6. Jodi Morrissey

Project Title: A Quality Improvement Project to Decrease the Number of Indwelling Foley Catheter Days in Admitted Patients with Acute Urinary Retention

Faculty Lead: Dr. April Schmidt

Content Expert: Dr. Albertina Perez

External Stakeholder: Michelle Poe

Abstract: Background/Information: Indwelling Foley catheters are associated with increased risk of catheter-associated urinary tract infections (CAUTI). The presence of an indwelling Foley catheter is the most important and modifiable risk factor, increasing the risk of CAUTI by 5% per day. Half of the indwelling catheters placed in the acute care setting are not indicated.

Purpose: The aim of this project was to implement a quality improvement “Fight the Foley” protocol to evaluate and address factors potentially causing urinary retention, implement a clinical pharmacist review of medications, and utilize intermittent catheterization to decrease the number of indwelling Foley catheter days in admitted patients with urinary retention

Methods: This pilot study was conducted on a 21-bed medical-surgical floor before hospital-wide adoption of the new protocol. Components of the checklist addressed factors with known potential to cause urinary retention and prompted a clinical pharmacist review of medications. Data pre- and post-implementation were compared.

Results: The number of days with an indwelling Foley catheter remained unchanged secondary to limitations imposed by two complex patients who required the catheter for an extended period. If excluded, a decrease from 42 days to 28 days would have been observed. Post-implementation, the use of intermittent catheterization increased compared to pre-implementation. The percentage of indwelling Foley catheters for urinary retention indication decreased by 12%. Following the pilot study, the stakeholder adopted the “Fight the Foley” protocol hospital-wide.

7. Chidinma Oji

Project Title: Comparing the effectiveness of telehealth and in- person depression management using PHQ-9 score changes

Faculty Lead: Dr. April Schmidt

Content Expert: Dr. Valerie Griffin

External Stakeholder: Dr. Chiedza Nwakudu

Abstract: Depression is a leading cause of disability among adults and requires accessible, effective treatment models. Telehealth has expanded rapidly; however, its effectiveness compared to traditional in-person care remains an important clinical question. The purpose of this quality improvement project was to evaluate the effectiveness of telehealth versus in-person depression management using changes in Patient Health Questionnaire-9 (PHQ-9) scores over a 12-week period. A quasi-experimental, pre-post design was implemented in an outpatient mental health clinic. A total of 300 adult patients diagnosed with depression were enrolled and assigned to telehealth (n = 150) or in-person care (n = 150). PHQ-9 scores were collected at baseline and follow-up appointments. The participant reduction rate resulted in 50 dropouts (16.7%), yielding a final analytic sample of 250 participants. A brief patient preference survey was also administered to assess satisfaction and modality preference. Both groups demonstrated statistically significant reductions in PHQ-9 scores ($p < .001$), with mean reductions exceeding clinically meaningful result. No statistically significant difference was observed between telehealth and in-person groups indicating comparable effectiveness. Survey findings revealed high satisfaction across both modalities, with telehealth rated higher for convenience. Telehealth is as effective as in-person care for depression management and offers a flexible, patient-centered alternative. Findings support the integration of telehealth into routine outpatient mental health services.

Keywords: depression, telehealth, PHQ-9, mental health, outpatient care, quality improvement

8. David Malaka

Project Title: Nurse-Driven Continuous Telemetry Discontinuation Protocol on a Medical-Surgical Floor

Faculty Lead: Dr. April Schmidt

Content Expert: Dr. Bernadette Sobczak

External Stakeholder: Shera Shannon

Abstract: Despite the American Heart Association (AHA) guidelines on appropriate telemetry use in non-intensive care units (ICUs), Medical-Surgical Telemetry floors continue to experience telemetry misutilization, affecting patient outcomes, diverting nurses' attention to non-actionable alarms, and increasing healthcare costs. This quality improvement (QI) Doctor of Nursing Practice (DNP) project aimed to curb telemetry misuse on an adult acute care 28-bed medical-surgical telemetry floor at an urban hospital by implementing an innovative, evidence-based protocol. Registered nurses (RNs) executed the project for 90 days. This DNP project included only staff floor RNs, excluding travel RNs, float-pool nurses, and licensed practical nurses. A pre-post Five-Point Likert-scale instrument was administered to evaluate comprehension and adherence to the protocol. Results showed significant understanding and

adherence to the new protocol, reduced the likelihood of remaining on telemetry until discharge, identified patients placed on telemetry without physicians' orders, and identified patients with telemetry orders in place but not initiated. This project translated evidence into practice, leading to efficient resource utilization, enhanced quality patient care, empowered nurses, and ensured availability of telemetry beds. Limitations in this project included a small sample size of staff floor RNs due to staff turnover, resulting in the utilization of temporary RNs, such as travel and float-pool RNs, which were excluded from the project. In addition, this QI project was conducted on only one medical-surgical telemetry floor at one hospital, thus limiting generalizability.

Keywords: Cardiac monitoring, telemetry discontinuation protocol, alarm fatigue, clinical alarms, nurse-driven protocol, resource utilization, and medical-surgical telemetry.

9. Gina Barrett

Project Title: Clearing the Debris of Implicit Bias with Substance Use Disorder Patients in the Perinatal Setting

Faculty Lead: Dr. Laurie Hopper

Content Expert: Dr. Bernadette Sobczak

External Stakeholder: Dr. Olga Marrero

Abstract: The prevalence of perinatal substance use in the United States continues to rise, presenting significant challenges for antepartum and postpartum care and leading to adverse maternal and neonatal outcomes. Substance use disorder (SUD) among pregnant and postpartum individuals has increased substantially and is associated with preventable maternal morbidity and mortality. Those affected by SUD often encounter stigma, limited access to care, and social or legal repercussions that discourage treatment and engagement. Obstetric nurses play a vital role in caring for this population; however, implicit bias can negatively impact clinical decision-making, pain management, and referral practices. These negative impacts highlight the necessity for greater awareness and understanding among healthcare providers. Findings from post-intervention assessments demonstrated improvements in knowledge regarding facility SUD policies and heightened awareness of the influence of implicit bias on patient engagement and outcomes. These results indicate that targeted online education can empower healthcare professionals and serve as an effective strategy to address implicit bias in obstetric nursing practice. By integrating implicit bias education into professional development, we can enhance referral practices, promote compassionate, evidence-based care, and improve maternal and neonatal health outcomes for perinatal patients with SUD. Keywords: perinatal substance use disorder; implicit bias; obstetric nursing; online education; maternal health equity; referral practices

10. Kelly Hall

Project Title: Transitioning to a New EHR System in a Small Primary Care Practice

Faculty Lead: Dr. Laurie Hopper

Content Expert: Dr. Frank Lyerla

External Stakeholder: Dr. Shelby Guthrie

Abstract: The transition from a legacy electronic health record (EHR) system to a more advanced, interoperable platform represented a significant transformation for a primary care private practice. This project addressed overall operational, usability, and workflow challenges encountered during EHR implementation, with difficulty noted in front-desk billing processes and electronic ordering, despite providers perceiving the change as beneficial and patients finding the system more user-friendly. The primary objective was to evaluate staff and patient usability experiences and identify areas requiring targeted optimization during the early post-implementation period. The project employed the System Usability Scale (SUS), a validated usability assessment tool, administered to four staff members after training but before go-live and again two months post-implementation, with responses collected anonymously to promote candid feedback. Patients completed the SUS during a two-month period while in the office, with 36 patients participating after in-person recruitment, whereas an initial outreach of 10 portal invitations yielded no responses, underscoring the importance of point-of-care engagement. SUS scores, ranging from 0 to 100 with 68 as an average benchmark, were analyzed quantitatively, and open-ended comments were examined thematically to identify patterns in perceived usability, strengths, and pain points, including but not limited to billing workflows and electronic orders, particularly as reported by front office staff. Findings from this project informed iterative configuration changes, workflow redesign, and additional training and demonstrated improvements in communication, billing practices, and overall office flow, including decreased charting times in the outpatient setting. Keywords: electronic medical records, electronic health records, transition, transitioning, primary practice

11. Kyle Hardiman

Project Title: Enhanced Recovery after Surgery for Major Gynecologic Surgery: An education intervention

Faculty Lead: Dr. Laurie Hopper

Content Expert: Dr. Leah Baecht

External Stakeholder: Lori Dart

Abstract: The present study investigated literature regarding the benefits and implementation process of Enhanced Recovery after Surgery (ERAS) protocols in Major Gynecologic surgery.

Further, this study collected data from 24 healthcare clinical staff (test subjects) from the operating department and obstetrics (OB) department at a rural hospital in Illinois. Subject professional demographics included OB nurses (4), Nurse Anesthesiologist Resident (1), Certified Scrub Technologists (3), OR admitting secretary (1), Nurse Anesthesiologists (2), and OR nurses (13). A knowledge test was administered before a PowerPoint education intervention (percent correct). Data also included a pre- and post-PowerPoint education intervention, attitudes and beliefs survey about ERAS, which included ordinal data from a forced Likert scale survey (1-4), and included 10 survey questions. The pre-test was administered just prior to the education intervention, and the post-test was administered the following day. Test subjects experienced an increase in their positive beliefs and attitudes as it related to ERAS implementation, participation, confidence, willingness, and effectiveness. Keywords: Enhanced Recovery after Anesthesia, ERAS, Major Gynecologic Surgery, Hysterectomy.

12. Ronald Kister

Project Title: Implementation of Stay Interviews

Faculty Lead: Dr. Laurie Hopper

Content Expert: Dr. Teri Dudley

External Stakeholder: Dr. Patricia Hendrickson

Abstract: Healthcare leaders play critical roles in developing and retaining team members to deliver high-quality patient care and services. With an increased emphasis on the impact of turnover, especially in the nursing profession, it is critical for leaders to strategically examine and address factors that influence employees' decisions to stay or leave their positions. Identifying pathways for employee professional development and engagement in hospital initiatives, as well as providing supportive leadership and work environments, can impact employee perceptions of their work environment. The concept of stay interviews, or touchpoints, was recognized as a method for supervisors to build relationships with employees, determine factors that enhance satisfaction and engagement, and identify opportunities for improvement to promote retention. In a large, metropolitan healthcare organization in the Midwest, stay touchpoints were implemented as a quality improvement project with 51 interdisciplinary employees and nine supervisors from two departments. Following the implementation of stay touchpoints utilizing Microsoft Power Apps™ to document input, evaluations were conducted with employees and supervisors to assess their experiences and the overall effectiveness of the stay touchpoint implementation. Results revealed statistically significant correlations between stay touchpoint satisfaction, goals, and perceived intent of employees to stay in their positions. Differences were also discovered related to the anticipated influence of stay touchpoints and subsequent outcomes between supervisors and employees, as well as departments. Findings support the utilization of stay touchpoints as an intervention

to positively influence supervisor-employee communication as well as employee engagement and satisfaction.

Keywords: nurse retention, turnover, satisfaction, engagement, stay interview, touchpoint

13. Toni Pohlman

Project Title: Implementation of a Nurse Mentorship Program

Faculty Lead: Dr. Laurie Hopper

Content Expert: Amy Hamilton

External Stakeholder: Debra Turpin

Abstract: Newly hired nurses often experience decreased confidence and job satisfaction during the transition to practice, contributing to burnout and early turnover. A review of the literature supports structured nurse mentorship programs as an effective strategy to enhance professional confidence, satisfaction, and retention among novice nurses. Guided by the Plan-Do-Study-Act (PDSA) framework, this quality improvement project examined the impact of a three-month nurse mentorship program on new nurses' confidence and job satisfaction in a hospital setting. It was theorized that novice nurses who participated in the mentor program would have improved confidence and job satisfaction. Experienced nurses were recruited as volunteer mentors, while new graduate nurses were enrolled as mentees and paired based on clinical alignment. A pre- and post-survey design was utilized with mentees assessing confidence and job satisfaction at baseline and program completion. Mentors also completed a self-assessment survey, and all participants completed a satisfaction survey for further evaluation of the program. Results demonstrated improvements in mentee confidence and job satisfaction scores, along with high levels of satisfaction scores, and complications were reported for the improvement process. Findings suggest that a structured nurse mentorship program can support novice nurses' transition to practice by improving professional confidence and job satisfaction while promoting organizational goals related to nurse engagement and retention.

Keywords: nurse mentorship, novice nurse transition, job satisfaction, confidence development, quality improvement, PDSA

14. Kenzi Schuh

Project Title: Clear the Crib: A Quality Improvement Initiative to Promote Safe Sleep Practices

Faculty Lead: Dr. Laurie Hopper

Content Expert: Dr. Amy Reed

External Stakeholder: Dr. Kaitlyn Schmidt

Abstract: Sleep-related infant deaths remain one of the largest contributors to infant morbidity and mortality. "Clear the Crib" was a quality improvement project that implemented a standard protocol to increase compliance with safe sleep practices in postpartum hospitals. Methods included staff education, simulation-based learning activities, and consistent crib audits. A pre-post design was utilized to measure crib environment compliance and staff knowledge pre and post intervention. Compliance with safe sleep standards increased after intervention with increases noted in empty cribs at bedside and supine positioning of infants. Staff knowledge scores and confidence in educating caregivers increased as well. Safe sleep educational programs within hospitals help standardize safe sleep recommendations, which may lead to a reduction in sleep-related infant mortalities.

Keywords: Infant safe sleep, sleep-related infant death, clear the crib initiative, SIDS, SUID

15. Dajauna Young

Project Title: ACP in the Primary Care Setting

Faculty Lead: Dr. Laurie Hopper

Content Expert: Dr. Kate Traum

External Stakeholder: Dr. Ebonie Williams

Abstract: This quality improvement project evaluated a structured ACP intervention in a small yet fast-paced, urban primary and urgent care clinic serving a predominantly African American population in Chicago. Guided by the CARES framework, the project aimed to improve provider confidence, cultural competence, and patient engagement. All clinical and supportive staff within the clinic (2 physicians, 1 physician assistant, 1 nurse practitioner, 2 registered nurses, 1 medical assistant, 1–2 rotating medical/APRN students) completed a five-week training program on ACP principles, culturally sensitive communication strategies, and optimized electronic medical record (EMR) workflows, including templates, eligibility flags, and reminders. Eligible patients were aged 65 or older or had dementia, terminal illness, or chronic life-limiting conditions. Data were collected two months before and after the intervention. Likert scale surveys revealed that provider confidence in initiating ACP increased from moderate to high, while cultural competence ratings improved by one level across staff. Patient responses shifted from neutral to agree or strongly agree regarding ACP clarity, usefulness, and trust in providers. Additionally, there were increases in documented ACP discussions, increases in ACP specific CPT code usage, and increases in educational material distribution. Findings suggest that combining structured training, EMR optimization, and culturally responsive care can substantially enhance ACP delivery and patient-provider communication in primary care settings, offering a replicable model for diverse communities. Keywords: Advance Care Planning, primary care, cultural competence, patient engagement, quality improvement

16. Chloe Vitale and Jessica Hammel

Project Title: Prophylactic Administration of Tranexamic Acid in Parturients Undergoing Cesarean Section

Faculty Lead: Dr. Leah Baecht

Content Expert: Dr. Leah Baecht

External Stakeholder: Dr. Leah Baecht

Abstract: Background: Postpartum hemorrhage is the leading cause of maternal morbidity and mortality worldwide. Tranexamic acid (TXA) is an antifibrinolytic agent that stabilizes fibrin clots. It is recommended once postpartum hemorrhage (PPH) is established. However, there is no recognized protocol standardizing the timing or prophylactic use during cesarean delivery.

Purpose: This project aimed to evaluate TXA administration patterns and assess its prophylactic efficacy for reducing PPH in medium- to high-risk cesarean deliveries. The results will allow obstetric providers to observe the outcomes of current practices and guide decisions on prophylactic TXA use.

Methods: After an Institutional Review Board exemption, a retrospective and concurrent quantitative study was conducted evaluating 393 medium to high-risk cesarean deliveries for incidence of PPH. Patients were categorized based on TXA timing: prophylactically, reactively, or no TXA. Data was analyzed using a Chi-Square Test of Independence in IBM SPSS Statistics version 29.

Results: Tranexamic acid was given prophylactically in 18.6% of cases, reactively in 23.2%, and not given in 58.3%. In total, 38.9% of patients experienced hemorrhage. Statistical analysis showed a significant link between TXA timing and hemorrhage occurrence: $X^2(2, N = 393) = 11.68, p = 0.003$, with a small-to-moderate effect size (Cramer's $V = 0.172$). Results matched the current literature supporting early pre-incisional TXA to reduce blood loss and transfusion requirements.

Conclusion: When used prophylactically, TXA helps prevent postpartum hemorrhage (PPH) in cesarean deliveries. Earlier and more consistent use of TXA may reduce practice variability, improve maternal outcomes, and strengthen hemorrhage prevention in obstetric anesthesia.

17. Madeline Schwab and Margaret Mahoney

Project Title: Development of an Educational Program for Student Registered Nurse Anesthetists: Personal and Professional Consequences of Fatigue

Faculty Lead: Dr. Leah Baecht

Content Expert: Dr. Wesley Gallagher

External Stakeholder: Dr. Leah Baecht

Abstract: Doctorate-level Nurse Anesthesia Educational Programs (NAEP) are known for rigorous didactic coursework and demanding clinical hours. This project aims to develop an

educational module for graduate nursing students enrolled in the NAEP at Southern Illinois University Edwardsville (SIUE) focused on the impacts of fatigue on personal well-being, cognitive function, and clinical performance. The literature review highlights the significant impact of fatigue on anesthesia providers' professional performance and personal well-being. The evidence supports that fatigue, resulting from long hours, unpredictable schedules, and sleep deprivation, is a significant issue in anesthesia. The design of this project was non-experimental with a pretest and posttest comparison to evaluate the effectiveness of the educational module. Results were analyzed from 32 pretest surveys and 35 posttest surveys. Overall, Likert Scores improved after the educational program. Based on the pretest, the SRNAs' largest knowledge gap prior to the program was employing fatigue avoidance and countermeasures. Only 59% of SRNAs reported feeling comfortable employing fatigue-avoidance and fatigue-countermeasure strategies for their practice prior to the program. This increased to 97% after the educational program. Also, prior to the program, 88% of SRNAs agreed that they are vulnerable to fatigue-related consequences, and after the program, this increased to 100%. Based on the study's results, the researchers concluded that the educational module was beneficial in increasing knowledge of sleep physiology and fatigue consequences, as well as effective strategies to avoid and mitigate fatigue.

Keywords: Sleep, fatigue, anesthesia, nurse anesthesia educational programs (NAEP)

18. Whitney Stitz and Shannon Doyle

Project Title: Comparison of Single-Use Laryngoscopes Versus Reusable Laryngoscopes and the Environmental Impact

Faculty Lead: Dr. Leah Baecht

Content Expert: Dr. Leah Baecht

External Stakeholder: Dr. Matthew Bednarchik

Abstract: The use of single-use medical equipment has become increasingly common in healthcare due to concerns about infection transmission and patient safety. Laryngoscope blades, once reusable, have shifted to mainly single-use devices in many healthcare facilities. Although single-use devices are generally considered best practice, their environmental and financial impacts have raised concerns in hospitals. This literature review aimed to examine the environmental impact of single-use laryngoscope blades (SUBs) compared to reusable laryngoscope blades (RUBs) and to place these findings within anesthesia practice. We searched databases including CINAHL Plus with Full Text, MEDLINE Complete, and Cochrane Library for literature published between 2018 and 2024. Studies included randomized controlled trials, meta-analyses, and quantitative research assessing environmental impact, infection risk, cost, and clinical performance.

The literature indicated that SUBs produce significantly more waste and carbon emissions throughout their life cycles than RUBs. Despite requiring sterilization and reprocessing, reusable

blades have statistically lower overall carbon emissions and a reduced environmental impact. Additionally, RUBs are more cost-effective over the long term and in life-cycle cost analysis. Current evidence also shows no documented increase in infection transmission when appropriate sterilization procedures are implemented. Clinical outcomes between SUBs and RUBs were significantly comparable, although some studies reported higher intubation success rates with RUBs. Overall, the literature suggests that reintroducing reusable laryngoscope blades may reduce environmental impact and healthcare costs without compromising patient safety.

19. Kevin O'Hara and Justin Reavley

Project Title: Prevention of Acute Kidney Injury in Patients Requiring Cardiopulmonary Bypass

Faculty Lead: Dr. Whitney Heischmidt

Content Expert: Dr. Rebecca Collier

External Stakeholder: Randy Held

Abstract: Acute kidney injury (AKI) is a postoperative complication that can prolong hospitalization and increase costs for the patient and hospital. Procedures requiring cardiopulmonary bypass (CPB) put excessive strain on the kidneys, leaving patients at a significant risk of developing postoperative AKI. The goal of this project was to provide updated guidelines and education on AKI prevention for patients requiring CPB at a tertiary care facility in central Illinois. A literature review was conducted to examine current research on effective strategies for minimizing AKI before, during, and after CPB. Some common preventive measures implemented at the host facility were found to be ineffective and outdated. After the literature review, a PowerPoint presentation and protocol reference were created. These documents were presented to the cardiac surgical team, which included cardiac anesthesiologists, CRNAs, and perfusionists. After the presentation, participants completed a voluntary survey to assess knowledge gained and staff willingness to use the protocol in clinical practice. The survey showed an improvement in the staff's ability to recognize high-risk patients and implement appropriate interventions to decrease the risk of developing AKI. The overall acceptance of the protocol and updated guidelines has the potential to decrease post-CPB AKI rates and provide a means to advocate for advanced equipment and tools for hemodynamic management at this facility.

20. Jessica Vignone and Dzenita Schultz

Project Title: Developing a Protocol for Gastric Volume Assessment using Point-of-Care-Ultrasound in Patients with Questionable NPO Status

Faculty Lead: Dr. Whitney Heischmidt

Content Expert: Dr. Matthew Bednarchik

External Stakeholder: Dr. Sadie Turner

Abstract: Pulmonary aspiration is a rare but serious complication of anesthesia. While NPO guidelines help mitigate this risk, NPO status is highly dependent on patient-reported fasting times. NPO status may be unreliable in patients with comorbidities such as obesity, pregnancy, diabetes, trauma, and more. Gastric point-of-care ultrasound (POCUS) is an easily accessible diagnostic tool used to assess gastric content. Gastric POCUS can improve the safety and quality of anesthesia by allowing providers to objectively determine gastric volume status and formulate an appropriate anesthetic plan, thereby potentially reducing aspiration risk. The purpose of this quality improvement project was to educate anesthesia providers through a lecture and a hands-on learning session focused on gastric POCUS, and to increase anesthesia providers' confidence in using this tool to make informed decisions regarding the anesthetic plan. A Likert-style survey administered after a POCUS training session demonstrated improved knowledge and a willingness to use this tool in appropriate settings, which may reduce the risk of aspiration events and costs associated with delayed or canceled procedures.

21. McKynlee Anderson and Carlee Williamson

Project Title: Development of a Treatment Protocol for Post-Dural Puncture Headache

Faculty Lead: Dr. Whitney Heischmidt

Content Expert: Dr. Rebecca Collier

External Stakeholder: Dr. Rebecca Collier

Abstract: Post-dural puncture headache (PDPH) is a common complication of neuraxial anesthesia resulting from cerebrospinal fluid leakage (CSF) and subsequent intracranial hypotension. In obstetric patients, PDPH contributes to increased morbidity, prolonged hospitalization, and decreased patient satisfaction. At a Level III Perinatal Center in central Illinois, neuraxial anesthesia is frequently utilized; however, no standardized management protocol for PDPH existed, resulting in practice variability. This quality improvement project aimed to develop and implement an evidence-based treatment algorithm to standardize care and improve provider knowledge and confidence in managing PDPH. An educational session was delivered to anesthesia providers, followed by a 10-item electronic survey evaluating preparedness, confidence, and perceived functionality of the protocol. Participants reported increased understanding of evidence-based management strategies and strong support for algorithm adoption. Implementation of a standardized, stepwise protocol may reduce treatment variability and promote consistent, evidence-based care. Future evaluation should assess objective clinical outcomes and long-term sustainability.

22. Stephanie Weitekamp

Project Title: Anesthesia department cybersecurity: Creation of a downtime protocol

Faculty Lead: Dr. Whitney Heischmidt

Content Expert: Dianne Tattitch

External Stakeholder: Dr. Rebecca Collier

Abstract: Cyberattacks on healthcare systems have increased frequency and severity over the past several years, threatening patient safety and disrupting essential clinical operations. When Electronic Health Records (EHRs) and network-connected medical devices are compromised, anesthesia providers face significant challenges in providing safe intraoperative care. Despite these risks, most anesthesia providers receive little training in cyberattack recognition or response. A tertiary care facility in central Illinois experienced a cyberattack in August 2023 that resulted in prolonged downtime and significant workflow disruption, underscoring the need for specialty-specific preparedness. This project developed and introduced an anesthesia-specific intraoperative safety protocol to guide providers during suspected or confirmed cyberattacks. An educational presentation was delivered to anesthesia providers at the host facility covering cyberattack identification, intraoperative management, recovery processes, and the proposed protocol. Participants completed a questionnaire evaluating pre- and post-presentation knowledge, perceived preparedness, and potential barriers to implementing the protocol within the department. Participants demonstrated strong learning outcomes, with high accuracy on content questions and marked improvement in self-rated preparedness. Reported barriers were minimal, limited to concerns about staff engagement and financial considerations. In conclusion, the intervention enhanced provider awareness, confidence, and readiness to respond to intraoperative cyberattacks and demonstrated feasibility for integrating an anesthesia-specific protocol into departmental practice. Future efforts should focus on expanding participation, incorporating training into routine departmental education, and refining the protocol as cybersecurity threats evolve.

23. Nikki Benedict and Christina Weathers

Project Title: Enhanced Recovery After Bariatric Surgery

Faculty Lead: Dr. Linda Sharpless

Content Expert: Dr. Beth McCoy

External Stakeholder: Dr. Beth McCoy

Abstract: In the United States and across the globe, obesity remains a significant health care crisis, with over 40% of U.S adults being affected, leading to increased healthcare costs. Bariatric surgery remains one of the most effective treatments for those suffering from obesity and its associated comorbidities. As surgical demand continues to increase, optimizing perioperative care is essential to improve patient outcomes, reduce complications, enhance recovery, and control healthcare-associated costs. Enhanced Recovery after Surgery (ERAS) protocols provide evidence-based, multidisciplinary perioperative strategies that standardize care to improve patient outcomes, while containing costs. Despite

the convincing evidence, ERAS protocols for bariatric surgery have not been adopted by the medical community. The literature review evaluated current research on ERAS in bariatric surgery, identifying, synthesizing, and evaluating its implementation. A search of peer-reviewed literature in the English language published from 2016 onward yielded 6,528 articles. Of these, 255 met the inclusion criteria. From this evidence, ERAS protocols demonstrated significantly reduced length of stay (LOS) around 50%, overall costs by about 20%, opioid consumption, and postoperative nausea and vomiting (PONV). Readmission rates did not significantly change. Key ERAS interventions included reducing fasting time, goal-directed fluid therapy (GDFT), carbohydrate loading for the patient, multimodal analgesia and antiemetic strategies, and early enteral nutrition and mobility. When a patient consumed a high-carbohydrate drink two hours preoperatively, metabolic stability increased without increasing aspiration risk. Adoption of a multimodal antiemetic strategy reduced PONV by up to 60% when coupled with an opioid sparing analgesic regimen. This also demonstrated lowered pain scores and narcotic requirements. GDFT improved overall tissue oxygenation and reduced the overall risk of ileus development in the postoperative period and contributes to a reduction in LOS.

24. Asia Stennis and Camille Ward

Project Title: General Anesthesia vs. Spinal Anesthesia for Total Knee Arthroplasty

Faculty Lead: Dr. Linda Sharpless

Content Expert: Dr. Linda Sharpless

External Stakeholders: Dr. Beth McCoy and Dr. Sadie Turner

Abstract: Total knee arthroplasty (TKA) is a surgical procedure to replace a damaged knee, with general anesthesia (GA) being the primary anesthetic choice for TKA because of perceived operating room delays associated with the time required to perform a subarachnoid block (SAB) (Chandler et al., 2021). However, the literature is inconclusive regarding the advantages and disadvantages of GA and SAB. The objective of this project is to provide evidence-based guidelines to create an algorithm to support decision-making about the anesthetic choice for TKAs. To promote these guidelines, a comparative analysis of anesthesia techniques was conducted among a small group of anesthesia staff (eight) following a brief, informative PowerPoint presentation. A printed handout of the algorithm was also provided. Pre- and post-surveys were distributed to providers to assess their current knowledge of the two anesthetic options. Comparatively, although some individual questions showed significant improvement, the overall variation was too high to demonstrate significant group-level improvement. Although this project was intended to educate anesthesia providers on recent evidence-based research regarding neuraxial anesthesia in the context of TKAs, the findings indicated no statistically significant difference between the pre- and post-test scores, suggesting that the presentation was not beneficial. However, the post-test included a question about the

likelihood of using the algorithm in decision-making between neuraxial anesthesia and general anesthesia. Three participants indicated they would be “likely” to use the algorithm, while the remaining five indicated they would be “highly likely” to use it, though buy-in from surgeons may be the biggest barrier.

25. Daniel Brown and Zachary Gardewine

Project Title: Review and Update of a Pediatric Clinical Resource Guide

Faculty Lead: Dr. Linda Sharpless

Content Expert: Dr. Linda Sharpless

External Stakeholder: Dr. Rebecca Collier

Abstract: The practice of anesthesia requires accuracy and safety in every action taken by an anesthesia provider to ensure patient safety during surgery and to promote a successful recovery. The training and education that anesthesia providers receive are critical to ensure a culture of safety in the future of anesthesia practice. Through the standardization of care and the creation of policies and resources to guide practice, patients can receive expert-level anesthetic care across a variety of procedures and surgeries. Clinical Resource Guides are among these tools, used in clinical practice to promote safety and standardize care. This DNP Project sought to evaluate the need for updated Clinical Resource Guides in practice and implement a refreshed and expanded Pediatric Anesthesia Clinical Resource Guide at Hospital Sisters Health System (HS) St. John’s Children’s Hospital. Both student registered nurse anesthetists and licensed anesthesia providers can utilize this tool to reference during case preparation or during critical events under anesthesia. Providing pediatric anesthesia requires precise, weight-based practice in medication dosing and equipment utilization to ensure patient safety. The Pediatric Anesthesia Clinical Resource Guide supplements foundational anesthetic training with evidence-based practice recommendations.

26. Nicholas Fosmire

Project Title: Social Determinants of Health and Anesthesia Outcomes

Faculty Lead: Dr. Linda Sharpless

Content Expert: Dr. Linda Sharpless

External Stakeholder: Dr. Kevin Stein

Abstract: Healthcare disparities in surgical and anesthesia outcomes cannot be explained by medical factors alone. Social determinants of health (SDoH), the conditions in which individuals are born, live, work, and age, have been identified as key contributors to these inequities. This quasi-experimental project was designed to evaluate the effectiveness of an educational intervention in increasing healthcare practitioners’ awareness and knowledge of SDoH. A PowerPoint presentation summarizing current literature on SDoH and their effects on

anesthesia outcomes was delivered to twenty-one members of the operating room staff at Herrin Hospital in Illinois. The participants completed a pre-survey before the presentation and a post-survey after the presentation. Mean survey scores increased from 2.47 (SD = 0.62) pre-intervention to 2.64 (SD = 0.62) post-intervention, representing a statistically significant improvement ($p = 0.019$). Overall, results indicate a modest increase in most areas, with the greatest gain observed in question two. 90% of participants agreed that their awareness of SDoH had increased following the presentation. The findings suggest that a brief, targeted educational intervention can increase awareness of SDoH.

27. Jodi Brown and Rachel Sargent

Project Title: Amniotic Fluid Embolism: Implementation of A-OK Protocol

Faculty Lead: Dr. Linda Sharpless

Content Expert: Dr. Leah Baecht

External Stakeholder: Dr. Charlotte Hutsell

Abstract: Amniotic fluid embolism (AFE) is a rare but life-threatening obstetric emergency associated with significant maternal morbidity and mortality, requiring rapid recognition and coordinated multidisciplinary intervention. At OSF St. Francis Medical Center, variability in provider recognition and management of AFE, along with limited familiarity with the Atropine-Ondansetron-Ketorolac (AOK) protocol, identified a need for a standardized response approach. This quality improvement project aimed to improve provider awareness, promote early identification, and standardize management of AFE through implementation of an evidence-based AFE/AOK response toolkit and targeted educational intervention. A pretest/posttest design was used with interdisciplinary obstetric team members, including anesthesia providers, nurses, and surgical personnel. Educational materials included a step-by-step algorithm, cognitive aids, and a structured presentation outlining AFE recognition and management. Evaluation methods consisted of Likert-scale surveys assessing provider knowledge, confidence, and familiarity before and after the intervention. Results demonstrated improved provider awareness, increased confidence in recognizing AFE, and greater readiness to initiate the AOK protocol. Participants also reported enhanced understanding of clinical presentation and improved interdisciplinary coordination. Although limited by small sample size and the rarity of AFE events, findings suggest that structured education and standardized cognitive aids can improve provider preparedness. Continued integration into clinical practice and simulation training may further enhance maternal safety outcomes.

28. Stephen Brennan and Nicholas Weber

Project Title: Perioperative Warming and Surgical Site Infection Prevention: Development and Implementation of a Perioperative Warming Protocol

Faculty Lead: Dr. Mary Zerlan

Content Expert: Dr. Lauren Douglass

External Stakeholder: Dr. Sadie Turner

Abstract: Perioperative hypothermia remains a common yet preventable complication of surgical care and is strongly associated with increased surgical site infections (SSIs), delayed recovery, coagulopathy, and higher healthcare costs. A core temperature below 36°C impairs immune function and reduces tissue oxygenation, thereby increasing the risk of postoperative complications in surgical patients. Despite well-established evidence and national guidelines, inconsistent warming practices persist in the perioperative setting. The purpose of this quality improvement project was to develop and implement a comprehensive, evidence-based perioperative warming protocol at a community hospital in central Illinois. The goal was to enhance anesthesia provider knowledge, increase confidence in temperature management, and promote consistent application of multimodal warming strategies. A descriptive pre- and post-survey design was used to evaluate the impact of an educational intervention delivered to CRNAs. The presentation reviewed the physiology of thermoregulation, the consequences of hypothermia, and practical warming interventions across the preoperative, intraoperative, and postoperative phases. Twelve providers participated. Baseline results revealed variability in knowledge, particularly related to risk factors and mechanisms of heat loss. Post-intervention findings demonstrated meaningful improvements in knowledge, confidence, and intent to integrate the protocol into daily practice. This project highlights the value of structured education and standardized protocols in strengthening perioperative temperature management and supporting safer surgical outcomes.

29. Haily Ho and Nicole Ryan

Project Title: Self-Paced Interactive Respiratory Modules on The Anatomage Table for Nurse Anesthesia Students

Faculty Lead: Dr. Mary Zerlan

Content Expert: Dr. Chaya Gopalan

External Stakeholder: Dr. Lauren Douglass

Abstract: A comprehensive understanding of respiratory anatomy and physiology is essential for student registered nurse anesthetists (SRNAs) to manage airways and perform critical respiratory interventions safely. Advances in technology, including the Anatomage Table and self-paced, learning modules, may offer an advantage over traditional educational methods. The purpose of this project was to develop and implement self-paced, interactive respiratory modules using the Anatomage Table and to evaluate their effectiveness in improving confidence in respiratory anatomy, respiratory physiology, and airway management among first-year SRNAs before clinical practice. The self-paced, interactive respiratory modules and Anatomage Table instruction were implemented for first-year SRNAs enrolled in an

introductory anesthesia course. Pre- and post-implementation surveys were used to evaluate changes in student confidence in respiratory anatomy and physiology, airway assessment, airway management, and use of the Anatomage Table. The results demonstrated statistically significant improvements in confidence across most airway-related learning domains, including confidence in using the Anatomage Table, airway-related knowledge, intubation-related confidence, and airway complication recognition. Overall, the findings support integrating the self-paced, interactive respiratory modules, combined with the Anatomage Table, as a supplemental educational tool to reinforce airway concepts in first-year SRNAs before entering the clinical environment.

30. Merrie Albright and Alberto Mendoza

Project Title: Emotional Intelligence and SRNA Success Utilizing a Virtual Simulation

Experience

Faculty Lead: Dr. Mary Zerlan

Content Expert: Dr. Catherine Daus

External Stakeholder: Dr. Kevin Stein

Abstract: Emotional intelligence (EI) is a critical competency for anesthesia providers who frequently navigate high-stress interpersonal dynamics in the operating room. Student Registered Nurse Anesthetists often enter clinical training with limited preparation in emotional regulation, communication, and conflict management. This project implemented a structured EI curriculum and a high-fidelity virtual simulation within a midwestern university's nurse anesthesia program to strengthen these competencies prior to clinical immersion. First-year students completed five EI training sessions based on the Mayer and Salovey four-branch model. During the second year, students then participated in a virtual simulation that required real-time emotional regulation and communication with a challenging preceptor avatar operated by a live actor. Evaluation included an eight-item Likert scale survey, qualitative reflections, and planned comparison of preadmission and postintervention Mayer Salovey Caruso Emotional Intelligence Test (MSCEIT) scores. All postintervention MSCEIT assessment data were lost due to the retirement of the external testing platform. The survey results from all second-year participants (N = 38) demonstrated strong perceived gains in emotional awareness, emotional regulation, interpersonal confidence, and preparedness for difficult conversations. Participants emphasized the realism of the scenario and the value of structured debriefing, while also identifying opportunities to enhance immersion and extend reflection time. Findings indicate that virtual EI simulation is a feasible and well-received strategy for preparing anesthesia students for the emotional demands of clinical practice, though continued faculty support, improved simulation realism, and reliable long-term assessment methods will be needed for sustained implementation.

31. Collin Sheehan and Caleb Miller

Project Title: Improving Malignant Hyperthermia Crisis Readiness: Effectiveness of Interdisciplinary Emergency Drills

Faculty Lead: Dr. Mary Zerlan

Content Expert: Dr. Nick Collier

External Stakeholder: Dr. Rebecca Collier

Abstract: Background: Malignant hyperthermia (MH) is a rare, life-threatening pharmacogenetic disorder precipitated by volatile anesthetics and succinylcholine. Despite its low incidence, delayed recognition and intervention significantly increase morbidity and mortality, underscoring the necessity of sustained competency validation and system-level preparedness. Purpose: The purpose of this Doctor of Nursing Practice project was to strengthen staff knowledge, clinical confidence, and preparedness for the recognition and management of an MH crisis within the cardiac catheterization laboratory at a central Illinois hospital. Methods: Following an Institutional Review Board-exempt determination, an evidence-based educational intervention comprising a didactic presentation and a high-fidelity mock simulation was implemented in October 2025 for cardiac catheterization laboratory nurses. Concurrent revisions to the MH protocol and cart contents were completed to align with current best-practice recommendations. An anonymous 11-item post-intervention survey utilizing a Net Promoter scale measured perceived knowledge acquisition and readiness. Results: Eleven participants completed the evaluation. Findings demonstrated increased self-reported competence in early recognition of MH, adherence to the crisis management algorithm, and implementation of appropriate resuscitative measures. Conclusion: Structured simulation-based education, coupled with protocol standardization, enhanced perceived interdisciplinary readiness for a rare, high-acuity event and supports the integration of ongoing mock drills to promote optimal patient safety outcomes.

32. Tolulope Adetoba

Project Title: Reducing Mechanical Restraint Use in Acute Mental Health Settings through Trauma-Informed Care Intervention: A Quality Improvement Project

Faculty Lead: Dr. Jerrica Ampadu

Content Expert: Dr. Tracy Cooley

External Stakeholder: Ashley Carroll

Abstract: Introduction: The use of mechanical restraints has been shown to be harmful to patients, as it can lead to physical, psychological, and emotional harm; however, they continue to be used in some healthcare settings.

Purpose: To determine the effectiveness of a trauma-informed care (TIC) training program for nurses in reducing the use of mechanical restraints.

Methods: This quality improvement project was guided by the Plan-Do-Study-Act (PDSA) framework. Nurses in an inpatient acute adult mental health setting were trained on TIC principles, de-escalation strategies, and grounding techniques. Mechanical restraint use was documented for a 12-week period during implementation for adult patients between the ages of 18 and 59 who were exhibiting agitation or aggression. Process outcomes include documenting staff compliance with de-escalating. Pre- and post-implementation data were analyzed using descriptive statistics.

Results: Prior to implementation of the trauma-informed care (TIC) intervention, 203 patients were admitted, 3 (1.48) requiring mechanical restraints. Post-implementation, 212 patients were admitted, and 68 agitation/aggression events were recorded (32.08%). Only 2 events (0.94%) resulted in mechanical restraint, which is 2.94% of the agitation/aggression events. The reduction (from 1.48% to 0.94%) represents a 0.54 percentage point difference, or approximately a 36.49% decrease in restraint use.

Conclusion: The implementation of the TIC training was associated with a reduction in mechanical restraint use in an inpatient acute adult mental health setting. Nurses also reported increased confidence in using de-escalation and grounding techniques.

Keywords: Mechanical restraints, Inpatient acute mental health setting, Safety, Staff education, Trauma-informed care

33. Perfect Agbai

Project Title: Enhancing Medication Adherence through Psychoeducation among Individuals Receiving Long-Term Psychiatric Care.

Faculty Lead: Dr. Jerrica Ampadu

Content Expert: Dr. Tracy Cooley

External Stakeholder: Dovber Emanuel

Abstract: Background: Nonadherence to psychotropic medication is a major issue in psychiatric long-term care facilities, leading to poor health outcomes, worsening psychiatric symptoms, and higher hospitalization rates among residents with mental health conditions. Nonadherence has been attributed to resident-related factors, including negative attitudes, inadequate knowledge, and a lack of insight into one's disease process.

Purpose: This DNP project explores psychoeducation as an evidence-based approach to improve psychotropic medication adherence among residents in long-term nursing facilities.

PICOT Question: In adults diagnosed with mental health disorders who are nonadherent to psychotropic medications living in a long-term nursing facility (P), how does the use of

psychoeducation (I) compared to standard practice (C) improve medication adherence (O) over a period of 10 weeks (T).

Methodology: This quality improvement project was conducted over 3 months in a 128-bed long-term nursing facility. Using the Plan-Do-Study-Act (PDSA) cycles, group and individual psychoeducation sessions were conducted with residents. Residents completed pre- and post-tests to evaluate the impact of psychoeducation on medication adherence.

Results: Post-implementation, 8 out of the 10 residents who were previously nonadherent became compliant, representing 80% of the target group.

Conclusion: Incorporating structured, patient-centered psychoeducation tailored to the population's needs significantly improved medication adherence and satisfaction among residents, thereby enhancing overall mental health outcomes.

Keywords: medication adherence, psychoeducation, long-term care facilities, nursing home residents, psychotropic medications.

34. Sabrina Gomez

Project Title: Universal Depression Screening in Primary Care

Faculty Lead: Dr. Jerrica Ampadu

Content Expert: Dr. Rebecca Luebbert

External Stakeholder: Dr. Jessica Foote

Abstract: Depressive disorders are a leading cause of morbidity and contribute to poor health outcomes and increased healthcare utilization. Current literature supports early identification, diagnosis, and management of depression as critical components of quality patient care; however, challenges persist, including inconsistent screening practices, resource limitations, and concerns regarding overdiagnosis. Universal depression screening within primary care settings can be a promising strategy to address these gaps, particularly when integrated into collaborative care frameworks such as the Chronic Care Model. This quality improvement project aimed to implement universal depression screening in an adult primary care clinic using the Patient Health Questionnaire–2 (PHQ-2), followed by the Patient Health Questionnaire–9 (PHQ-9) when applicable, and to evaluate its impact on depression screening rates. The project employed a pre–post design over two months. Baseline data were collected using a provider survey assessing existing depression screening practices. Physicians, nurse practitioners, medical assistants, and nursing staff then received education on standardized administration and documentation of the PHQ-2 and PHQ-9. Following implementation, providers completed a post-intervention survey identical to the baseline survey. A retrospective manual chart review of randomly selected adult patients presenting for routine wellness visits was conducted for one month before and one month after implementation. Data included PHQ-2, PHQ-9 scores, and a provider survey on screening compliance. Implementation of universal depression screening demonstrated improved screening consistency. These findings suggest that

standardized screening protocols may reduce variability in practice and support equitable mental health care delivery within primary care settings.

35. Josephine Kariuki

Project Title: Comprehensive Discharge Planning to Reduce 30-day Psychiatric Readmission Rates

Faculty Lead: Dr. Jerrica Ampadu

Content Expert: Dr. Tracy Cooley

External Stakeholder: Tiffany Taylor

Abstract: Background

Thirty-day psychiatric readmissions remain a critical quality indicator in behavioral health and contribute to avoidable healthcare costs. Many readmissions are associated with modifiable system and patient-level factors, including fragmented discharge planning, inadequate follow-up, unmet social needs, and poor care coordination. Evidence supports structured transitional care interventions as an effective strategy to improve outcomes during vulnerable post-discharge periods.

Purpose

The purpose of this quality improvement project was to reduce 30-day psychiatric readmission rates by implementing evidence-based discharge planning and transition-of-care interventions on an inpatient behavioral health unit.

Methods

The Plan-Do-Study-Act (PDSA) framework and the Transitional Care Model were utilized to guide this QI project at a metropolitan hospital. Interventions included staff education, a standardized discharge checklist, medication reconciliation with a 30-day supply, screening for social determinants of health, and follow-up telephone calls within 24-72 hours of post-discharge. Outcome measures included 30-day readmission rates, staff knowledge and perceptions, and patient satisfaction.

Results

Following implementation, the 30-day readmission rate decreased from 17.5% to 7.1%, representing a 10.4% reduction. Staff demonstrated improved understanding of readmission prevention, and most supported sustained use of the discharge checklist. Patients reported satisfaction with discharge processes and valued post-discharge follow-up outreach.

Conclusion

This QI project demonstrates that evidence-based, patient-centered discharge planning coupled with structured transitions of care can significantly reduce psychiatric readmissions. Integrating these interventions into routine practice supports improved patient outcomes, which aligns with national quality benchmarks.

Keywords

Mental health, Psychiatric readmissions, social determinants of health, comprehensive discharge planning, care coordination, transition of care.

36. Lauren McBride and Alexandra Jones

Project Title: Using a Standardized PHQ-9 Screening Workflow to Improve Depression Identification and Behavioral Health Treatment in Primary Care: A Quality Improvement Project

Faculty Lead: Dr. Jerrica Ampadu

Content Expert: Dr. Tracy Pacini

External Stakeholder: Sarah Crawford

Abstract: Depression remains prevalent and under-treated in primary care, particularly in rural settings. This quality improvement (QI) initiative evaluated the effects of the implementation of a standardized Patient Health Questionnaire-9 (PHQ-9) screening process and treatment protocol across two rural primary care clinics serving adults aged 18 years and older. The PHQ-9 was administered during new patient, annual, and pain management visits, with follow-up documentation of behavioral health interventions for positive screens.

Baseline data showed high screening compliance (96.8%); however, only 8.0% of patients with positive PHQ-9 scores (16.1%) had documented interventions, revealing a significant care gap.

The primary aim was to increase documented behavioral health interventions-including antidepressant initiation, referral to counseling or psychiatry, or other evidence-based treatments-from 8.0% to 75% over a twelve-week implementation period. Implementation was guided by the Plan-Do-Study-Act (PDSA) framework, enabling iterative workflow improvements and development of a treatment recommendation guide.

Primary outcomes included PHQ-9 completion rates, depression identification, and documentation of interventions. Post-implementation results showed sustained high screening compliance (89.7%), increased depression identification (16.1% to 34.4%), and improved documented interventions (8.0% to 43.9%).

Keywords: Quality improvement, Score-based intervention, Standardized workflow, Depression screening, Mental health, Primary care

37. Claire Choi

Project Title: Improving Comprehensive Diabetes Care in a Primary Care Clinic

Faculty Lead: Dr. Annie Imboden

Content Expert: Dr. Danielle Loftus

External Stakeholder: Dr. Myjal Garner

Abstract: Diabetes mellitus is a chronic condition associated with significant morbidity and mortality in the United States. Routine screening and ongoing monitoring can substantially

improve glycemic control and reduce long-term complications. The main goal of this project was to improve diabetes management in a low-income area. This project utilized a diabetes checklist to increase provider adherence to diabetes management guidelines. The checklist also aimed to facilitate patient behavioral modification, focusing on self-management education and long-term healthy lifestyle habits for optimal glucose control. The checklist prompted the providers to order diabetes-specific labs (e.g. A1c, lipids, etc.) and exams (eye and foot) based on recommendations from the American Diabetes Association. The intervention was implemented between June and August 2025. Outcomes were evaluated by comparing pre-intervention to post-intervention data using chart audits and staff surveys. Overall, there were significant improvements. Diabetes education increased from 67% to 9%, foot exams from 0% to 89%, eye exams from 5.55% to 96%, lipid panel completion from 44% to 69%, BUN/Cr from 55% to 72%, and scheduled follow-up appointments from 28% to 93%. A1C glycemic control did not improve due to the short intervention period. Staff post-surveys expressed a strong interest in continuing use of diabetes checklists, but they also identified a lack of electronic health record integration as a major limitation. Overall, this project demonstrated that a structured checklist approach can enhance the documentation of diabetes care. Future efforts should focus on EHR integration to improve glycemic control and achieve better outcomes for patients with diabetes.

38. Brittney Harper and Christi Teufel

Project Title: Increasing Patient Appointment Adherence at the WE CARE Clinic

Faculty Lead: Dr. Annie Imboden

Content Expert: Dr. Danielle Loftus

External Stakeholder: Dr. Myjal Garner

Abstract: The WE CARE Clinic is a grant-funded primary care clinic in East St. Louis, IL that serves an underprivileged population. Many of the patients are non-English speaking, do not have reliable transportation, are underinsured, and impoverished, making it difficult to attend scheduled office visits. The purpose of our project was to create a patient appointment adherence program that provided beneficial health incentives to decrease the no-show rate. The program allowed patients to receive a punch card on their first visit, and the patients received a punch for any scheduled in-person chronic health visit conducted at the scheduled time (same-day and telehealth visits were excluded). Once the patients received 3-5 punches, the card was redeemed for items such as gas cards, grocery cards, blood pressure cuffs, pulse oximeters, air fryers, and activity monitors. The WE CARE Clinic's pre-intervention no-show rate from March-May 2025 was 20.3%. After the intervention began, June-September 2025, the no-show rate decreased to 16%. These incentives encouraged patients to attend visits, helped them to monitor their conditions, and assisted in providing basic needs. Keywords: clinic incentive program, appointment adherence, no-shows

39. Courtney Hollis and Kayla Marty

Project Title: Implementation of a Standardized Diabetic Foot Examination Protocol in Correctional Healthcare

Faculty Lead: Dr. Annie Imboden

Content Expert: Dr. Jerrica Ampadu

External Stakeholder: Dawn DeFraties

Abstract: Diabetes mellitus is a highly prevalent chronic condition and is associated with an increased risk of preventable complications, including diabetic foot ulcers and lower-extremity amputations. The literature shows that incarcerated individuals experience higher rates of diabetes-related complications, while preventive services such as routine diabetic foot examinations may be inconsistently performed within the correctional system. Although national and international guidelines recommend regular comprehensive foot exams to reduce complications, barriers such as outdated policies, limited resources, and a lack of standardized workflows contribute to gaps in care. The purpose of this project was to implement a standardized process for diabetic foot examinations among patients with diabetes within a Midwestern correctional system. The intervention, conducted in collaboration with the Office of Correctional Medicine, included provider and nursing education, instructional videos, updated intake forms, standardized workflows, and patient education materials. The project population included both the incarcerated individuals and the healthcare providers who care for them. Pre-and post-intervention surveys assessed staff knowledge and confidence. Foot exam completion increased from 6% (13/216) pre-intervention to 10% (20/191) post-intervention, representing a 74% relative increase. Staff knowledge improved across 8 of 9 survey items, and confidence increased in all domains, particularly in performing full foot exams and monofilament testing. These results suggest improved care quality for incarcerated diabetic patients. This project is significant because it proves that standardized, evidence-based preventive care interventions are possible within correctional settings and can improve diabetes management.

Keywords: Diabetes mellitus; diabetic foot examination; correctional health care; incarcerated populations; quality improvement; preventive care

40. Rhonda Strobel and Chelsea Smith

Project Title: White Saviorism in Guatemala/Costa Rica and Measuring Cultural Competence

Faculty Lead: Dr. Annie Imboden

Content Expert: Dr. Rebecca Sarabia

External Stakeholders: Paul Byrd and Dr. Sheri Compton McBride

Abstract: International mission trips often lack structured preparation to address cultural humility and the ethical implications of saviorism complex, increasing the risk of unintended harm to host communities. There are considerable challenges associated with paternalism, cultural misunderstandings, and the unintended sidelining of local perspectives. To counter these issues, we developed a culturally responsive training module grounded in principles of cultural humility, emphasizing ethical engagement, self-reflection, and respect for local expertise. This project explores the impact of a pre-departure training program on the cultural competence and awareness of saviorism complex among volunteers traveling to Guatemala and Costa Rica. A mixed-method, pretest-posttest design was utilized. Twenty-three participants completed the pre-training survey, while eighteen participants completed the post-training survey assessing cultural awareness, emotional preparedness, and understanding of saviorism complex. The quantitative analysis of 17 Likert-scale items demonstrated increased agreement across all domains following the intervention. Post-training descriptive statistics revealed 100% total agreement in cultural self-awareness, communication strategies, and ethical practices. Qualitative thematic analysis of open-ended responses identified key themes of growth, ethical insights, and heightened awareness of the potential harms associated with saviorism complex.

The findings highlight the importance of structured pre-departure education to support ethical, culturally responsive volunteer engagement. By equipping volunteers with the skills required to navigate cultural complexities and by fostering authentic partnerships, this project offers a replicable framework for academic programs and organizations. Implementation of this training may enhance volunteer preparedness and contribute to more ethical and culturally responsive global health initiatives. **Keywords:** saviorism complex, cultural humility, international volunteerism, pre-departure training, cultural competence

41. Lainey Ogle and Laurence Booker

Project Title: Effect of an Online Educational Module on Healthcare Provider and Volunteer Preparedness for Water Filter Implementation in Guatemala

Faculty Lead: Dr. Ashley Wittler

Content Expert: Dr. Annie Imboden

External Stakeholder: Dr. Bernadette Sobczak

Abstract: The water crisis in Guatemala and developing countries is a multifactorial problem that has led to gastrointestinal illness, malnutrition, and poor outcomes among the country's residents. Clean water is key to improving overall community health and reducing morbidity and mortality risk. While clean water is a fundamental right, many areas of Guatemala still rely on untreated water due to poor regulation, infrastructure, and wastewater management. The purpose of this quality improvement project was to design and distribute an online educational module to enhance health care providers' and volunteers' knowledge of Guatemalan water

quality, WASH (water, sanitation, hygiene) practices, and the VF100 water filter. Participants completed a pre- and post-survey regarding the module material. Pre-survey results demonstrated poor knowledge and understanding, with 35.7% to 87.5% of participants reporting neutral or disagree to survey knowledge statements. After module completion, nearly 100% of participants strongly agreed with survey knowledge statements. Pre-survey means ranged from 1.38 to 3.5, while post-survey means ranged from 4.88 or above, demonstrating more consistent knowledge after module completion. The project demonstrated that a short, focused, and easily accessible online educational module can be an effective tool and can enhance individuals' understanding of health issues in developing countries such as Guatemala. Water filters reduce the risk of contamination, allowing communities to turn non-potable water from various sources into safe drinking water. By educating healthcare providers and volunteers, we aim to ensure that individuals can properly implement water filters in the communities and help assemble, troubleshoot, and properly support these devices. Keywords: Guatemalan water sources, waterborne disease, point-of-use water filtration systems, barriers to health changes, diarrheal disease, malnutrition, community-based participatory research

42. Derek Rice

Project Title: Prostate Cancer Screening for IDOC

Faculty Lead: Dr. Ashley Wittler

Content Expert: Dr. Kate Traum

External Stakeholder: Dawn DeFraties

Abstract: Establishing evidenced-based guidelines for cancer screening in incarcerated individuals results in higher detection rates, improved access for treatment, and better outcomes. Inadequate screening leads to delay in diagnosis and treatment, and poorer outcomes. There were two purposes of this project. First to establish evidence-based prostate cancer screenings within the Illinois Department of Corrections, by piloting a screening algorithm at a medium security Illinois State Prison. Additionally, assessing provider knowledge change before and after implementing a evidence-based practice change. Following a thorough literature review, an evidence-based algorithm was created based on minimum standards of care and evidence-based practice guidelines, bearing in mind barriers for screening in a correctional institution. A modified Likert-style survey was used to evaluate pre- and post-adjustment knowledge, attitudes, and practices of providers who could conduct prostate cancer screenings. Throughout the intervention, the number of completed prostate cancer screenings was tracked and interpreted. Results demonstrated a potential two-fold increase in the use of serum PSA tests to screen for prostate cancer within the 3-month timeframe of intervention compared to the past 2 years. Post survey scoring demonstrated a positive change in the attitudes and practices of the providers surveyed. Limitations included limited staff

availability, delayed intervention initiation, and a change in healthcare vendors. This project helped demonstrate the benefits of a screening algorithm for prostate cancer for a vulnerable population like incarcerated individuals.

Keywords: Prostate cancer, Prostate Cancer Screening, Prisoners, Inmates, Incarcerate, prostate specific antigen

43. Kathryn Whitehead

Project Title: Implementation Of Validated Mental Health Screenings in a Rural Primary Care Clinic in Guatemala

Faculty Lead: Dr. Ashley Wittler

Content Expert: Dr. Tracy Pacini

External Stakeholder: Dr. Greg Jennings

Abstract: Depression and anxiety are leading causes of disability worldwide, yet more than seventy-five percent of individuals living in low and middle-income countries receive no mental health treatment. Rural Guatemala experiences significant structural and sociocultural barriers, including poverty, geographic isolation, low literacy, and limited workforce capacity, which together hinder early detection of mental health concerns. Before this project, the participating rural clinic in Escuintla lacked a standardized process for screening or discussing mental health needs. This Doctor of Nursing Practice quality improvement project implemented validated mental health screening tools, specifically the Patient Health Questionnaire 9 and the Generalized Anxiety Disorder 7, within an Advancing Research and Clinical Practice Through Close Collaboration (ARCC) framework to strengthen provider readiness, confidence, and use of evidence-based practice. A telehealth-based training session was provided to volunteer providers, followed by four clinic days in which screenings were verbally proctored in Spanish to ensure cultural and linguistic accessibility. Forty screenings were completed, and 14 individuals with moderate to severe symptoms were identified and received counseling or referral support. Survey results before and after showed consistent mental health literacy levels, but participants' comments revealed they felt more comfortable, culturally aware, and willing to address mental health issues. The intervention established a sustainable workflow that normalized mental health conversations, strengthened interdisciplinary collaboration, and expanded comprehensive primary care services in a low-resource environment. Findings support the feasibility and value of integrating validated mental health screenings into rural primary care to improve early identification. Keywords: mental health screening, PHQ 9, GAD 7, ARCC model, rural Guatemala, primary care, global health equity

44. Angelica Aranda and Whitney Young-Brown

Project Title: Establishing Effective Mentor-Mentee Relationships in the DNP Mentorship Program

Faculty Lead: Dr. Ashley Wittler

Content Expert: Dr. Bernadette Sobczak

External Stakeholder: Dr. Valerie Griffin

Abstract: Mentorship is widely endorsed by national nursing organizations as a strategy to support nurse practitioner (NP) role transition, professional identity formation, and workforce retention. However, structured mentorship models are not consistently integrated into Doctor of Nursing Practice (DNP) programs. Second-year DNP Family Nurse Practitioner (FNP) students often encounter academic and professional transition challenges without formalized mentorship support. This quality improvement project implemented and evaluated a structured, semester-long mentorship program within a DNP FNP program at a mid-sized university in Southern Illinois during Fall 2025. Using a previously developed mentor-mentee matching tool, students were paired with alumni NP mentors based on specialty interests, personality traits, demographic characteristics, and geographic location. The 12-week intervention incorporated scheduled communications at Weeks 1, 4, 8, and 12. Guided discussion prompts, professional development resources, and utilization of the American Association of Colleges of Nursing (AACN) Mentoring Toolkit were used to support goal setting and relationship development. Program outcomes were assessed through post-intervention surveys adapted from the AACN toolkit. Of 28 participants, 11 completed surveys (39.3% response rate). All respondents reported clear expectations and strong liaison support. Most mentees (83%) and mentors (80%) felt appropriately matched; two-thirds of mentees met their learning goals, and all mentors expressed willingness to participate again. Communication variability was the primary barrier to engagement. Findings demonstrate that a structured mentorship model is feasible and associated with high satisfaction and perceived professional benefit in DNP education.

45. Heather Snook and Annette Gambrill

Project Title: Enhancing Fall Risk Screening and Education: A Quality Improvement Initiative for At-Risk Populations

Faculty Lead: Dr. Ashley Wittler

Content Expert: Dr. Greg Jennings

External Stakeholder: Sarah Poirot

Abstract: Older adults often experience increased healthcare visits due to a higher prevalence of chronic comorbidities, making comprehensive risk assessment and preventive education essential. The implementation of an enhanced fall risk screening algorithm can help providers identify at-risk patients and reduce severe morbidity and mortality. This study sought to

examine the effectiveness of fall risk screening and education on the attitudes and knowledge of healthcare providers in primary care. The literature showed that falls remain a major cause of morbidity and mortality among older adults. Personalized education that aligns with a patient's risk perception and readiness to act can significantly improve adherence and outcomes, and clinicians face time constraints, competing priorities, and reimbursement challenges, which reduce the focus of providers on fall risk during visits. Methods included education aimed at increasing the provider's knowledge of what puts patients at increased risk of falling. Providers then utilized a fall risk screening tool to identify patients at increased risk of falling. If a patient was identified as high risk, an algorithm was followed. The results of the pre- and post-intervention surveys demonstrate a clear trend toward improvement in both knowledge and confidence related to fall risk assessment and management. Notably, the proportion of respondents reporting "Very Good" knowledge of fall risk patients increased from 33% to 66%, and confidence in consulting a fall risk algorithm improved significantly, with 66% of respondents rating their confidence as "Very Good" post-intervention compared to only 33% pre-intervention. The descriptive data strongly support the effectiveness of the intervention, even though statistical significance was not achieved. While the project used 3 participants, a larger number, such as 15-30 may yield better results.

Keywords: Fall risk screening, fall risk education, fall risk in primary care, fall risk assessment in primary care

46. Daniel Murphy

Project Title: Increasing Access to Medication-Assisted Treatment at a Rural Health Clinic: Implementation of a Standardized Substance Use Screening Tool

Faculty Lead: Dr. Tracy Cooley

Content Expert: Dr. Cody Palmer

External Stakeholder: Amanda Stowers

Abstract: Access to medication-assisted treatment (MAT) for opioid use disorder (OUD) remains limited in rural communities due to stigma, limited clinician education, and a shortage of qualified prescribers. Primary care providers (PCPs) are strategically positioned to improve access to MAT by identifying and managing OUD in rural settings.

Purpose

The purpose of this quality improvement (QI) project was to enhance access to MAT at a Rural Health Clinic (RHC) through staff education and implementation of a standardized substance use screening tool.

Methods

A non-experimental pre-post design was used. Clinical staff completed a questionnaire assessing knowledge and confidence related to OUD assessment and treatment before and after an educational intervention. The Tobacco, Alcohol, Prescription Medication, and other

Substance Use (TAPS) screening tool was implemented in the practices of two PCPs. The number of patients screening positive for OUD was recorded following implementation.

Results

Results indicated improved staff knowledge and confidence in assessing, identifying, and managing OUD. Additionally, 5% of screened patients were identified as having OUD and were offered treatment options, including MAT.

Conclusion

These findings suggest that targeted education and standardized screening improve identification of OUD and support increased access to MAT in rural primary care settings. This project highlights the critical role of PCPs in addressing treatment gaps and improving outcomes for patients with OUD in underserved populations.

Keywords: medication-assisted treatment, opioid use disorder, TAPS, rural health, primary care

Instructions for Reviewers

Thank you for serving as an evaluator for the Spring 2026 DNP Project Presentation Day. Your feedback is essential in supporting scholarly development and evaluating each student's application of evidence-based practice.

Please use the QR code below to assess each scholar's presentation:

https://siue.co1.qualtrics.com/jfe/form/SV_1HUVzOoRqyskCSa

