Florida State University, College of Nursing educates clinicians, leaders, scholars, and advanced practitioners who can enhance the quality of life for people of all cultures, economic levels, and geographic locations. The CON integrates the liberal arts and sciences with the knowledge, skills, and attitudes essential for lifelong learning, personal responsibility, and sustained achievement in the nursing profession and the communities in which our graduates reside.
FSU College of Nursing
DNP Project Presentation Spring 2021

DNP Project Presentation ....................Callie Burch
Initiatives to Promote Aging-in-Place in Local Communities: An Evidence-Based Toolkit

DNP Project Presentation .................Nicole Parrish
The Impact of an Educational Intervention on Florida’s Healthcare Provider’s Knowledge and Confidence to Identify and Manage Victims of Human Trafficking

DNP Project Presentation ...................Kaitlyn Rich
Skin Lesion Education in the Primary Care Setting Recognizing Normal Versus Abnormal: A Video Intervention
The FSU College of Nursing is proud to features the Doctor of Nursing Practice projects of 2021 graduating Doctor of Nursing Practice students. These students have completed a rigorous program of study designed to prepare them for the highest level of nursing practice. As reflected in their capstone projects these nurses are prepared to generate and use evidence to strengthen nursing practice and improve patient outcomes. I am so proud of these students and their accomplishments and I am excited by the difference they will make in healthcare.

Laurie Grubbs, PhD, APRN
Interim Dean
Florida State University College of Nursing
About the DNP Program

The conceptual model of the graduate program consists of three major parts: the core circle, elliptical inner orbits, and the outer orbits. The graduate program is built upon core professional nursing values and life-long learning. An undergraduate baccalaureate degree in nursing is a mandatory criterion for entering the graduate program. The center of the model depicts the lifelong learning in a culturally sensitive environment encircling Benner’s Model of Novice to Expert, depicting students’ progression through the program and beyond graduation. Additionally, the core is based on evidence-based practice representing the knowledge content required for mastering, applying, and fine-tuning the concepts and processes students master as they move through the curriculum.

The orbits on the second layer indicate the three majors or roles students may choose as a focus of their studies: family nurse practitioner, psychiatric mental health nurse practitioner, and acute care nurse practitioner which include the various healthcare providers certificate programs. The outer orbit depicts the major expected roles students will evidence as they move from novice to expert. These roles are expected of students in all of the curriculum tracks in the graduate program.
Our 2020 Doctor of Nursing Practice Graduates

Gail L. Adkins
Elizabeth Borja
Callie Burch
Jerri Stone Edwards
Brandy Fischer
Kayla Fornal
Krystal Hemingway
Megan Whitaker Herring
Brittany Johnson
Eudeum Lee Kim
Abiodun O. Ogunremi
Nicole Parrish
Annie Reynolds
Kaitlyn Rich
Amanda Riley
Amy Rodriguez
Jaimie Snipes
Michelle L. Taylor
Cary Usher
Starr Young
Interprofessional Collaboration: Perceptions and Practice in Healthcare Providers

**Purpose:** This project explored the current perception and level of interprofessional collaboration (IPC) among healthcare providers in the sample population. It also investigated if a change in perception (or knowledge of definition) occurred after viewing a brief education intervention, measured the baseline level of IPC, and baseline comparisons of the variables.

**Methods:** The Assessment of Interprofessional Team Collaboration Scale for Practitioners (AITCS-II) was used to measure level of IPC, and a questionnaire was developed to evaluate current perception (or knowledge of definition) of IPC before and after viewing the educational intervention. The level of IPC among those participants with “correct” perceptions of IPC was compared. Independent samples t-tests and cross tabulation was applied to evaluate and summarize relationships between the variables.

**Results:** Nineteen respondents participated in the project. 52.6% indicated a favorable pre-intervention perception (or knowledge of definition) of IPC, with a post-intervention increase of 10%. Overall AITCS-II measure of level of IPC indicated movement toward collaboration. Comparison of level of IPC measurements with correct definition of perception (or knowledge of definition) of IPC reported a mean score (82.2) versus those with an incorrect perception (96.5).

**Discussion:** These results, albeit small, may indicate positive movement toward authentic IPC, though inference is strongly cautioned. Consistent lower mean levels of IPC among respondents with ‘correct’ perception may be attributed to a greater understanding of the authentic concept of IPC, signaling a lesser level of IPC may be occurring in earnest in these practice settings. AITCS-II subcategory analyses also indicated potential incongruencies related to leadership.

**Conclusion:** Progressive shifts towards IPC may be underway. Ongoing appraisal and education are suggested for its continued successful integration.
An Educational Intervention to Improve Nurse Knowledge and the Use of Validated Pain Scales and Non-Pharmacologic Interventions in Pediatric Patients at a Non-Children’s Hospital Emergency Department

**Purpose:** Pain in pediatric patients may be poorly managed in non-pediatric emergency departments (ED). The purpose of this project was to develop, test, and evaluate an online educational program regarding pediatric pain assessment and management and determine the effect on registered nurses (RNs) knowledge and practices.

**Methods:** This project used a quasi-experimental, one-group, pretest-posttest design. Eligible participants included RNs who work in the ED and provide nursing care to pediatric patients at a central Florida hospital. The self-paced educational program included peer-reviewed information regarding pediatric pain assessment and management. Evaluation of nurse knowledge and practices were examined using the Knowledge and Attitudes Survey Regarding Pain tool and four investigator-created survey questions. Descriptive statistics were used to analyze results.

**Results:** Four participants completed the educational program and pre-, post-, and 2-month surveys. The mean score decreased immediately after completing the educational program, yet increased at the 2-month time point (pre-M=91.83 vs. post-M=88.31 vs 2-month M=96.65). Higher scores indicate greater knowledge and attitudes regarding pediatric pain. At 2-months, four nurses reported using three or fewer validated pain scales, and one nurse reported using one new pain scale. At 2-months, all four nurses reported using four or more validated interventions, while one began using a new intervention from the program.

**Discussion:** This project speaks to the nurse knowledge gaps regarding pediatric pain scales and non-pharmacologic interventions, although there were several limitations to the project’s evaluation.

**Conclusion:** Due to the small sample size, this project cannot conclude that an educational program positively impacts nurse knowledge and practices of pediatric pain assessment and management. Further research of nurse knowledge and practices after administering an educational program could help determine whether an educational program may be an effective intervention for health organizations to improve nurse knowledge and practices regarding pediatric pain scales and non-pharmacologic interventions.

**MAJOR PROFESSOR**
Jessica Bahorski,
PhD, APRN, PPCNP-BC, WHNP-BC
Initiatives to Promote Aging-in-Place in Local Communities: An Evidence-Based Toolkit

**Purpose:** The purpose of this project was to create an evidence-based toolkit to guide local community leaders in the planning process of establishing Aging-in-Place initiatives. The toolkit highlights best practices for key components of Aging-in-Place infrastructures that provide sufficient support to allow older adults to remain in their homes as they age.

**Methods:** Toolkit development was based on an integrative literature review, interviews with research experts and community leaders of aging-in-place initiatives in the U.S., organizational resources on healthy aging and aging-in-place initiatives, and identified needs of local older adults.

**Results:** Major themes in the literature were skilled healthcare professionals, modifications to the home environment, the importance of social engagement, and sustainability of aging-in-place initiatives. Similar themes were identified in the interviews but were more focused on the structure and characteristics of successful aging-in-place programs, including funding, community support and partnerships, leadership, program services and sustainability.

**Discussion:** This toolkit can be utilized by aging-in-place leaders in Tallahassee to develop and maintain a program to provide support that allows to older adults to remain in their homes as they age. This will not only decrease the strain on the local healthcare system but improve the quality of life of elderly residents by allowing them to remain independent and maintain meaningful social relationships in their community.

**Conclusion:** A growing demand for innovative ideas to address the expanding utilization of healthcare services exists due to consequences of aging such as the development of chronic disease and decreased physical mobility. The fact that Florida ranks last in the country in providing long-term care services and support for older adults should spark immediate action by state government officials (AARP, 2020). Research has demonstrated that aging-in-place programs are cost-effective, provide superior outcomes, as well as improve the quality of life of older adults.
Equipping Nurses to Better Manage Mental Health Issues in Florida Schools

**Purpose:** The purpose of this study was to develop and test an educational toolkit to increase the confidence levels of school health nurses in Florida in assessing for and identifying mental health issues. A secondary purpose is to assess and describe associated perceived barriers.

**Methods:** This study utilized a quasi-experimental design. A paired sample t-test was done to compare the pretest and posttest results. The study also had a quality improvement component. Questions were included in the tests to identify perceived barriers of addressing mental health in schools and level of school nurse involvement with school district mental health plans.

**Results:** Results indicated that there was only a 5% increase in knowledge regarding monitoring recommendations for students with diagnosed mental health conditions. This increase is not significant enough to support our hypothesis that an educational intervention can increase nurses’ confidence in knowledge and address mental health issues in school age children.

**Discussion:** There are several possible reasons which may have had an impact on why there was not a notable increase in the pre and posttest surveys. The pretest survey asked very basic, opinion-based questions to determine nurses’ current knowledge and confidence level regarding mental health. The questions were solely asking nurses how confident they felt about several management strategies surrounding mental health including therapeutic management and addressing situations that may arise. Nurses were not asked specific questions that would test their knowledge and therefore show non opinion-based answers and reflect more accurate pre and posttest results. In the future, specific test questions should be developed to provide adequate pre and posttest determination of the usefulness of a mental health educational intervention tool for increasing nurses’ confidence in addressing mental health issues in school age children. It is beneficial to ask how nurses feel when addressing these issues within their schools and 97% of participants stated they were willing to participate in further mental health trainings. It is also important to note that 70% did not feel they were involved in their school districts’ development of mental health policies and procedures.

**Conclusion:** While the testing did not show a significant increase in knowledge, this study did reveal nurses’ perceptions related to their involvement and barriers they face when addressing mental health issues within schools and those are important things for the Florida Department of Education and Florida Department of Health to consider when working together to improve the delivery of services to school age children in Florida.
Barriers to and Increasing Domestic Violence Screening in Nursing

**Purpose:** Our aim was to explore knowledge, rates, and consistency of bedside registered nurses’ (RN) screening practices for domestic violence (DV) in acute care settings.

**Methods:** A cross-sectional survey was used to understand screening practices of bedside RNs. A convenience sample of RNs, licensed in Florida, were recruited through the state Board of Nursing. They were emailed the purpose, consent, and modified PREMIS (Physician Readiness to Manage Intimate Partner Violence Survey) survey.

**Results:** Out of 176,000 emailed, 808 bedside RNs responded. Results indicated that 25.7% had over 11 hours of DV training and 60.9% felt moderately to well prepared to screen for DV. Conversely, 57.7% reported that they knew none, to moderate number of appropriate screening questions, and 34.2% believed victims could not make appropriate decisions. Moreover, few RNs knew Joint Commission standards (35.7%), believed they had sufficient resources (39.1%), received enough training (20.9%), and screened patients regularly (45%). Finally, RNs reported significant barriers to DV screening, like, lack of time (66.6%), private locations (21.5%), no protocols (60.6%), and unfamiliarity with protocols (55.7%).

**Discussion:** Registered nurses are lacking in consistency and frequency of screening for DV. Their knowledge of DV screening, resources, and signs of abuse are also deficient. An effective screening tool and implementation, and adherence to workplace policies are needed in acute care settings to improve screening consistency, rates, and knowledge, and remove perceived barriers.

**Conclusion:** Workplaces should provide employees with expectations, training, and effective screening methods for DV. These are essential to improve DV screening by bedside RNs.
Current Practice, Knowledge, Beliefs, and Confidence Level of Nurse Practitioners in the State of Florida on Tongue and Lip Ties Before and After an Educational Module

Purpose: Tongue and/or lip ties (TT/LT) occur in 2-11% of infants and contribute to breastfeeding difficulties, speech delays, and dental conditions. The purpose of this project was to identify the current practice, knowledge, beliefs, and confidence level of nurse practitioners (APRNs) in Florida who care for infants regarding identification, symptoms, and treatment options for TT/LT; and to examine how these constructs change after completing an educational module on TT/LT.

Methods: A descriptive, cross-sectional project was employed, with a self-selected nonprobability sample. APRNs who care for infants in Florida were recruited via online sources. An educational module was developed with a pre/post survey measuring APRN practice, knowledge, beliefs, and confidence levels regarding TT/LT. Descriptive statistics were used to analyze data.

Results: Forty-six APRNs completed the pre-survey. Most participants (78.1%) report inadequacies in education regarding TT/LT and 82.6% of participants agree that TT/LT are associated with breastfeeding difficulties. Most participants diagnose TT/LT, but 91% do not perform release procedures. Less than 35% of participants follow any guidelines regarding the management of tongue and lip ties. All participants found the educational module beneficial.

Discussion: Findings from this project are consistent with the literature; increased awareness of TT/LT is needed. The lack of education reported by APRNs in this sample confirm that an educational module may meet this knowledge gap. Limitations to this study, such as a low number of post-module survey responses, limited the ability to evaluate benefit of the educational module.

Conclusion: APRNs in this study recognize the importance of identifying TT/LT to prevent breastfeeding difficulties, however, lack of education in assessing and managing TT/LT was evident. Future research should identify how to implement an educational module in larger sample and validate benefit by examining change in APRN practice, knowledge, beliefs, and confidence in assessing and managing TT/LT.
Medical Marijuana in Florida: The Knowledge, Practices, and Attitudes of Providers

**Purpose:** To describe the knowledge, practices, and attitudes of Florida Medical Doctors (MDs), Doctors of Osteopathic Medicine (DOs), Physician Assistants (PAs), and Advanced Practice Registered Nurses (APRNs) regarding medical marijuana (MM).

**Methods:** We utilized a descriptive Web-based cross-sectional quantitative survey based on stratified random sampling to yield representation within each group. The survey questionnaire was adapted from a Washington State instrument to reflect Florida Statutes. A link to this questionnaire was sent to 10,540 providers in Florida through Qualtrics®. After evaluating the response rate, a second sample with 10,540 providers was selected based on the same distribution.

**Results:** A total of 561 providers completed the survey (242 MDs, 39 DOs, 221 APRNs, 59 PAs). Almost two-thirds (63.2%) of respondents were not familiar with Florida Statutes, particularly the conditions that qualify patients for MM. One-third (31.7%) have completed continuing education about MM. Many providers (86.8%) in Florida reported a lack of access to the MM registry. Provider attitudes included concern about lack of evidence-based practice. Only 8.3% (n =40) were qualified providers in the state. Of those qualified to provide authorizations, 57.5% (n =23) had provided a MM authorization. Of those who were not qualified to provide an authorization, 23.5% (n=132) had recommended a patient consult with a qualified MM provider.

**Discussion:** This is the first study to report a knowledge deficit of Florida providers regarding MM. This finding is significant as it suggests limited access to MM authorizations for patients who qualify and might benefit from MM use.

**Conclusion:** Despite legalization of MM in Florida, this research indicates providers have not educated themselves on its use nor are many offering MM authorizations. Future research could investigate whether receiving MM training influences provider practices and patient access. Florida policy makers should consider revisions to law making MM more accessible such as adding APRNs as qualified providers.
Assessing the Impact of an Educational Intervention on Florida Healthcare Providers

**Purpose:** This project assessed the impact of an educational intervention among Florida healthcare providers on hypertensive disease management while promoting lifestyle wellness strategies and evaluating for knowledge gaps after an educational intervention.

**Methods:** This quasi-experimental pre, immediate, and follow-up post survey utilized a repeated measures design. An introductory email consisting of a pre-survey, educational intervention, and immediate post-survey was delivered via Qualtrics survey software to 29,944 Florida healthcare providers. A PI developed survey tool was used to capture the data.

**Results:** The total number of providers that responded to the survey was 478 out of 29,944 sent for a 1% response rate. However, only 451 participants answered the demographics survey. Out of 451 participants, five were excluded due to inclusion criteria, leaving 446 participants. The demographics for those 446 participants showed that most participants were white (80.7%), female (70.9%), ARNP’s (68.6%) between the ages of 31-40 (25.6%) and have been practicing for over ten years (51.3%). Of those 446 participants, 327 completed the pre-survey and 212 providers completed the immediate post-follow-up survey after the educational intervention. Only 113 providers completed the eight weeks follow-up post-survey. Overall the provider knowledge was increased after the educational intervention.

**Discussion:** The purpose of this project explored Florida healthcare providers’ familiarity with all proper hypertension disease management elements to promote a lifestyle wellness strategy for individuals, which will result in positive health outcomes. This project looked at provider knowledge regarding lifestyle management strategies and hypertension, barriers in providing the most up-to-date information on nutrition and lifestyle management plans and providing education to providers to best serve their population.

**Conclusion:** This study showed an increase in provider knowledge after the educational intervention. It helped identify knowledge gaps in practice, assess time spent on educating patients, and assess providers’ barriers. This study emphasized patient education and promoted healthy lifestyle management strategies. However, further research must be done to provide the best care and help patients adhere to a lifestyle management plan.

**MAJOR PROFESSOR**
LeeAnn Barfield, DNP, AG-ACNP-BC, MSN
Purpose: The purpose of this Quality Improvement (QI) project was to compare perceptions of unit quietness and sleep quality in patients who received a unit-based sleep intervention to perceptions in patients who did not receive it and evaluate its acceptability in nursing staff.

Methods: This QI project used a retrospective comparative design. Sleep and Rest Survey scores in patients who participated in the intervention were compared to survey scores in patients who did not participate in the intervention. The intervention consisted in limiting staff interruptions between 0000 and 0500. This study took place at The Mayo Clinic (Jacksonville, Florida) on a unit specializing in Abdominal Organ Transplants. A convenience sample of 7 participants meeting specific inclusion/exclusion criteria was recruited.

Results: Five out of seven patients rated their sleep as worse than prior to hospitalization. Two patients stated their sleep as the same as prior to hospitalization. None of the patients surveyed rated their sleep as better than prior to hospitalization. Moreover, although some patients expressed some satisfaction toward the intervention, the majority reported the occurrence of similar barriers that patients who did not receive the intervention. Of the twelve nursing staff members that were surveyed, all but one ranked this intervention as effective to very much effective in improving sleep and rest quality patient perceptions and 8 answered that they would be very to very much willing to comply with it.

Discussion: Although some patients did not perceive worse sleep while hospitalized and expressed potential benefits of the intervention, most of them listed barriers to sleep and rest. Nevertheless, staff members expressed positive judgement of the intervention’s acceptability.

Conclusion: Future research should be pursued and could include observational data. Nurses should continue to minimize stimuli such as better alarm management, decreased environmental noise, and bundling care to promote better sleep and rest.
A Descriptive Study to Examine the Relationship Between Preoperative Gabapentin Dose, Postoperative Pain, and its Effect on Sedation

**Purpose:** The purpose of this project is to describe the relationship between different doses of preoperative gabapentin on postoperative pain and sedation. Additionally, this project will explore how the patient’s length of stay in the recovery varies across demographic factors. This project may be beneficial since the goal of the surgery center is to provide patients minimum sedation to facilitate the procedure effectively and promote successful discharge to home with the shortest recovery stay.

**Methods:** This study is a descriptive and cross-sectional retrospective chart review performed at the Emerald Coast Surgery Center in Fort Walton Beach, Florida. 232 patient charts were selected based on the inclusion criteria: 15 years and older and received gabapentin preoperatively from January 2018 to April 2020. The association of preoperative gabapentin on postoperative pain relief, level of sedation, and length of stay in the recovery room across patients’ demographic factors examined.

**Results:** There is no clinically significant difference among gabapentin dosages and postoperative pain scores, sedation level, but the mean length of stay increases with the higher dosages of gabapentin. Among other demographic factors, the age of 66 and older for all three gabapentin dosages reported the longest mean length of stay in the recovery room.

**Discussion:** Findings from this project may support the prolonged sedating effect of gabapentin, which delays discharge from the recovery room.

**Conclusion:** Preoperative use of gabapentin may decrease the pain. However, there were no dose-related effects on better relief. Higher doses of gabapentin increase the length of stay in the recovery, which indicates future studies related to possible factors that may lead to a longer stay in the recovery room.

**MAJOR PROFESSOR**
Susan Porterfield, PhD, FNP-C
An Evidence-Based Educational Intervention to Increase Adult Depression Screening in the Primary Care Setting

**Purpose:** To increase adult depression screening rate in primary care settings.

**Methods:** This study used a quasi-experimental pre-posttest design to assess staff’s knowledge on depression screening. The first phase involved data collection of the number and percentage of patient health questionnaire 9 (PHQ-9) completed for the three months before intervention. In the second phase, a pretest was administered using Qualtrics via Zoom videoconference. A post-test was administered after the intervention to test for knowledge improvement. Finally, data collection of the number and percentage of PHQ-9 was completed three months after the intervention was completed. Descriptive statistics were used to analyze the pre-and post-test data, and summary statistics were used to determine the efficacy of the training.

**Results:** The percentage of adults screened for depression (PHQ-9) before and after the training showed a mean of 59.2 and 67.4, respectively. The overall difference in percentage rate between the pre- and post-intervention data of PHQ-9 mean was 8.17, and the standard deviation difference was 0.68217. Given the significant difference, we can conclude that the percentage of adults screened for depression with the PHQ-9 after the training was higher by 8.17 percentage points than before the training. This implies that the post-test group was associated with increased test scores and an increased number of PHQ-9s.

**Discussion:** Educational interventions have proved to significantly increase the number of adults screened for depression in a primary care setting.

**Conclusion:** The educational intervention seems to play a role in improving the knowledge of providers about depression and in increasing the number of patients screened for depression. It is essential that regular in-service depression training be provided to enhance the quality of care for patients.
The Impact of an Educational Intervention on Florida's Healthcare Provider’s Knowledge and Confidence to Identify and Manage Victims of Human Trafficking

Purpose: This project is to assess and describe current knowledge and confidence of Florida’s healthcare providers to identify and treat victims of human trafficking and assess for changes following an evidence-based educational intervention.

Methods: The project utilized a quasi-experimental longitudinal design with pre- and post-surveys. A total of 1,663 (18.8%) of Florida’s healthcare providers completed the pre-survey. Participants completed an adapted version of the Provider Responses, Treatment, and Care for Trafficked People survey to assess perceived knowledge, actual knowledge, and confidence levels. Participants were then given nationally accepted educational materials and 26.2% (n=435) of the original participants completed the post-survey one-month later.

Results: Pre-survey results indicate that 21% of responding providers had previous contact with a trafficking victim while over 67% felt they have had not received sufficient training on how to assist victims. Fifty percent of respondents didn’t know what questions to ask or what to say/not say to a victim, 20.9% respondents felt they knew at least some of the indicators commonly exhibited by victims, and less than 24% were aware of local/national support services. Most of the responding providers did not feel confident in documenting trafficking (69.5%) or making referrals for victims. After the educational intervention, providers had significant increases in all areas of perceived knowledge and confidence regarding the identification and management of trafficking victims. The educational intervention also resulted in increased actual knowledge although the increases were not statistically significant at the 95% level of confidence.

Conclusion: Florida’s healthcare providers frequently come into contact with potential trafficking victims but lack the confidence and knowledge to respond appropriately. Educational handouts have shown to increase levels of perceived knowledge and confidence, but further training is needed to assure victims are identified and managed properly.
Factors Influencing Controlled Substance Prescribing Behaviors Following Changes in Prescriptive Authority

**Purpose:** This evidence-based policy project examined factors influencing controlled substance prescribing behaviors among Florida’s APRNs and the impact prescribing controlled substances has had on their practice following legislative changes in 2017.

**Methods:** 1,850 Florida actively licensed APRNs completed an online survey assessing prescribing behaviors, preparation to prescribe, and perceptions on the prescribing effects on practice.

**Results:** Two years post-legislative change, 59.1% of respondents prescribed controlled substances in their practice and reported improved ability to meet patient’s needs (62.3%). Around half of respondents felt very or extremely prepared to prescribe (51.3%) and comfortable doing so (45.8%). Feelings of comfort and preparedness were higher among APRNs who completed more continuing education hours (comfort: $\tau=.324$, $p<.001$; preparedness: $\tau=.302$, $p<.001$) and who rated their graduate education more highly (comfort: $\tau=.282$, $p<.001$; preparedness $\tau=.320$, $p<.001$). APRNs who did not prescribe most commonly cited a lack of desire to prescribe (33.9%), the presence of a physician on site who does the prescribing (30.3%), and site limitations (30.3%).

**Discussion:** A majority of Florida APRNs are reporting impactful changes through the utilization of their prescriptive authority for scheduled II-IV substances, having proactively increased their education and feelings of preparedness. Despite barriers persisting in practice, the prescribing utilization is encouraging and provides hope that as more APRNs embrace this transition, they will serve as leaders through the next Florida legislative segue to full practice authority.

**Conclusion:** Two years after Florida’s legislature expansion, APRNs are meeting or exceeding the educational requirements to prescribe controlled substances in their practice and are able to provide comprehensive care to their patients.
Skin Lesion Education in the Primary Care Setting Recognizing Normal Versus Abnormal: A Video Intervention

**Purpose:** While skin cancer diagnoses are increasing rapidly in the United States, the majority of skin cancer education has focused on written or verbal communication. In response, this project was created to assess for increased knowledge following an educational video intervention regarding normal and abnormal skin lesions and skin cancer prevention practices among patients at a primary care clinic.

**Methods:** An informative 8-minute video intervention guided the project. A quasi-experimental pre-test post-test design and descriptive statistics were used for data analysis.

**Results:** The sample concluded with 30 participants that presented to a primary care clinic in Wewahitchka, FL. An improvement was reported in the number and percentage of correct lesion responses post video intervention in all lesion categories. Assessment of prevention behaviors revealed an improvement in four out of five prevention strategies and remained consistent in the pre-test and post-test across one category. Intervention acceptance revealed 24 participants (80%) either agreeing or strongly agreeing that the intervention was acceptable to provide the education.

**Discussion:** The project was effective at increasing identification of normal and abnormal skin lesions and skin cancer prevention behaviors among patients at a primary care clinic.

**Conclusion:** A video intervention in the primary care setting could be an efficient tool to promote skin lesion education and skin cancer prevention behaviors. The video education was significant because it bridged the current identified gaps in health knowledge and literacy, and has the ongoing potential to improve health outcomes regarding skin cancer identification and prevention in a variety of settings.
Improving Delirium Nursing Assessment and Intervention in the Acute Care Setting

**Purpose:** The purpose of this project is to explore the potential benefits of early identification of delirium for geriatric patients in the acute care setting using a standardized assessment tool that will lead to the use of evidenced based nursing interventions to improve overall health outcomes.

**Methods:** This quality improvement project was a retrospective chart review exploring the effectiveness of the bCAM assessment tool in identifying delirium in geriatric patients. Target population consists of geriatric patients age 65 and older with variable diagnoses. The hospital protocol consists of registered nurses on the 3 units to conduct bCAM assessments every 12 hours for every patient who had a positive delirium screening. Chi-square tests of linear trend were used on the aggregated data for each aim to test for significant change across the six months of observation, October 2019 through March 2020.

**Results:** The rate of use of the standardized assessment in this study revealed overall increasing use and identification each month following staff education and the implementation of the delirium protocol. The statistical significance was mixed depending on the unit; however, the results of the QI project are consistent with other studies that revealed an improvement of the assessment technique utilization through nurse driven quality initiatives. This study revealed that there were no significant trends of the type of nursing interventions employed and documented.

**Discussion:** This study demonstrates that nurses in the acute care setting can have a positive effect on geriatric patient outcomes with future quality improvement projects aimed at increased early identification of delirium and swift treatment interventions.

**Conclusion:** The geriatric population continues to grow and age, so will the demands on the healthcare system at large. Nurses in the acute care setting must be prepared for focusing on the geriatric patient needs and enhance the interventions implemented and healthcare services provided with an emphasis on decreasing morbidity and mortality. Assessment is a top tenet to all nursing practice and a foundational aspect in this study.
A Descriptive Study on Depression, Delirium, and Dementia Recognition: A Quality Improvement Project Implementing an Educational Intervention in Licensed Nursing Personnel

**Purpose:** The purpose of this quality improvement project was to develop and test an educational intervention to improve the recognition of depression, delirium, and dementia among CNAs, LPNs, and RNs in the state of Florida.

**Methods:** This quality improvement project utilized a pre- and post-intervention survey to evaluate the effectiveness of an educational intervention to increase the recognition of depression, delirium, and dementia among CNAs, LPNs, and RNs in Florida.

**Results:** Demographically, the largest respondents were registered nurses, those in the medical field greater than 10 years, and those with graduate level education. Clinically, there was a marginal increase in knowledge recognition among all respondent’s post-intervention survey compared to pre-intervention survey.

**Discussion:** To improve licensed nurses’ knowledge and recognition within practice, an expansion of depression, delirium, and dementia education in curricula is warranted. The education should be conceived with each role and their respective scope of practice in mind.

**Conclusion:** Education has been deemed an effective way to improve recognition and obtain prompt treatment and improve patient outcomes relating to depression, delirium, and dementia. This study, however, should be replicated with larger samples and expand to multiple states, and should test long term retention over a time period.

MAJOR PROFESSOR
Theresa Winton, DNP, ARNP-C, FNP-BC
Nutrition in Primary Care: An Evaluation of Providers’ Knowledge, Confidence, Attitudes, and Barriers to Incorporation in Practice

Purpose: The purpose of this project was to identify primary care providers’ self-perceived knowledge, confidence, attitudes, and barriers to providing nutritional counseling to patients with lifestyle-related chronic illness. Determining where knowledge deficits exist in order to assist in establishing the need to incorporate nutrition education within medical curricula.

Methods: A descriptive cross-sectional designed study was employed, with a convenience sample, and used an online assessment survey that was distributed through the Florida Department of Health (DOH) public database via Qualtrics targeting licensed Primary Care Providers in the state of Florida. Descriptive statistics were used to analyze data for examination of the project aims.

Results: Positive attitudes towards incorporating nutritional counseling in the management of patients living with diet-related chronic conditions were found, yet despite this awareness, a majority of providers offered nutritional counseling to their patients’ half the time, rarely, or never; and when provided, the amount of time spent discussing nutrition with their patients was reported as 5 minutes or less. Providers expressed the continued need for further nutrition education and training to support them in their current role.

Discussion: To improve providers nutrition knowledge and confidence and increase nutritional counseling within practice, an expansion of nutritional education in medical and advanced practice nursing curricula is warranted.

Conclusion: This project focused on primary care providers self-perception of their nutrition confidence, knowledge, and attitudes, but other specialties should be considered in future research as nutritional counseling does not solely take place within the primary care setting.
Integrative Food Allergy Education: Effects on Parental Anxiety and Quality of Life

Purpose: To improve anxiety and quality of life (QOL) in parents of children with food allergies, thorough food allergy education using methods beyond routine verbal education is essential. The purpose of this project was to develop, test, and evaluate an innovative, online food allergy educational program and to determine the effect on parental anxiety, QOL, and satisfaction.

Methods: This project utilized a quasi-experimental, one-group, pre-test/post-test intervention design. Eligible participants included all parents or legal guardians of children diagnosed with food allergies from an allergy clinic in Southwest Florida. The evidence-based educational program comprised of three asynchronous webinars and downloadable reference material displayed on an online domain. Evaluation of Parental anxiety and QOL were analyzed using the Food Allergy Quality of Life-Parental Burden tool. Descriptive statistics were used to analyze results.

Results: Two participants completed the educational program, and pre/post questionnaire QOL scores improved after completing the education program (pre-M = 35 vs. post-M = 15.5, higher scores indicate poorer QOL). Anxiety scores improved in one participant (from a score of two to zero), and all participants were extremely satisfied with the program.

Discussion: The project addresses the gaps in parental food allergy education needs, but there were many limitations that impeded the projects evaluation (i.e., the Coronavirus 2019 pandemic).

Conclusion: Due to the small sample size, this project cannot conclude that an online food allergy education intervention positively impacts parental anxiety and QOL. Further examination of parental anxiety and QOL after completing an integrative educational program could help to identify if an online program might be an innovative and effective tool for food allergy specialists to establish in their practice in efforts to improve parental anxiety and QOL.
Positive Screening for Depression in Primary Care, Now What?

**Purpose:** Major depressive disorder (MDD) is one of the most prevalent mental health disorders in primary care settings, yet Primary Care Providers (PCPs) continue to underdiagnose and undertreat it. Patients with chronic health conditions are at increased risk for MDD and experience higher morbidity and mortality when it is not recognized or treated. PCPs report a lack of knowledge in diagnosis, treatment, and follow-up of mental health disorders as barriers to recognition and treatment. The purpose of this project was to improve PCP knowledge and confidence in the use of evidence-based guidelines for screening, diagnosis, and treatment of Major Depressive Disorder (MDD) among patients being seen in a primary care setting through an educational intervention.

**Methods:** This was a quality improvement project (QI) with a pre- and post-intervention design. The educational intervention was a 20-minute web-based presentation. Participants were 16 PCPs employed by CareATC, a national health care corporation. Pre-intervention measures of knowledge and confidence regarding assessment, diagnosis, and treatment of MDD were compared to post-intervention measure at 2-weeks using independent t-tests.

**Results:** There were statistically significant increases in PCP knowledge (p<.001) and confidence p< .001 in assessing, diagnosing, and treating depression.

**Discussion:** Brief, web-based educational interventions can be an effective avenue for reaching busy PCPs’ and improving their competencies in the recognition and treatment of MDD.

**Conclusion:** Early recognition and treatment of MDD in primary care can reduce morbidities and mortalities among patients with chronic health problems in primary care settings.
Heart Failure Knowledge in Rural Patients: Implications for Patient Education

**Purpose:** The purpose of this project was to utilize the Atlanta Heart Failure Knowledge Test (AHFKT) to assess heart failure (HF) patient knowledge among the rural population and apply the results to improve HF patient education.

**Methods:** Using a descriptive design, current HF knowledge of patients in two rural counties in North Florida were examined based on whether they were readmitted within 30-days. Patients with HF (n=22) admitted to one of two participating hospitals with a diagnosis or history of HF completed the AHFKT to assess patient HF knowledge. Data were analyzed using descriptive statistics.

**Results:** The average overall score for the AHFKT was 67.27%. Follow up telephone calls were completed 30-days after the AHFKT was administered and participants self-reported readmission status within that 30-day time frame. Out of the 22 participants, four (18.18%) were readmitted. The average overall AHFKT score of participants readmitted was 74.17% compared to 65.74% for those not readmitted.

**Discussion:** Scoring lower than 80% on the AHFKT suggests a deficiency in HF knowledge. Only three out of the 22 participants scored higher than 80% and the overall average for the sample was below this marker. Although it is thought that a decrease in knowledge leads to readmissions, the data was unable to demonstrate this finding.

**Conclusion:** The findings of this study show a deficiency in patient HF knowledge in all key areas tested. This demonstrates a need to improve patient HF knowledge starting at initial diagnosis and continuing throughout disease progression. An education toolkit was created based on the knowledge gaps observed.

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