



Kaleidoscope
of Nursing Scholarship
Day

May 6, 2022

Davies Student Center

College of Nursing
and Health Sciences

University of Wisconsin
Eau Claire

Welcome:
A Message from Delta Phi Chapter President

Dalete D.C.F. Mota, PhD, RN

It is with great pleasure that I welcome each of you to the 2022 Kaleidoscope of Nursing Scholarship Day. This exciting event is designed to shine a light on the amazing scholarly work of members of the College of Nursing and Health Sciences and nurses from our community. Our Delta Phi Chapter of Sigma acknowledges the effort of nurses as they strive to build new evidence and change practices. I firmly believe that nurses fill the healthcare field with colors and shapes only nursing can do.

As we gather in person, you will have the opportunity to learn from each other and make connections, allowing your perspectives to broaden and deepen into the nursing world. The event starts with a presentation by Dr. Heidi Lindroth, a nurse scientist from Mayo. In the sequence, you will be able to enjoy 10 posters displayed during the entire event and 12 oral presentations organized in three concurrent sessions. Finally, we will hold an in-person induction ceremony to wrap up the afternoon, welcoming new members to our chapter.

The best part of it all is celebrating life. Therefore, we ask that you take this Day to socialize, network, and get involved with Delta Phi Chapter, Sigma.

Wishing you a thrilling afternoon!

Dalete D.C.F. Mota, PhD, RN
Associate Professor
President of Delta Phi Chapter

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Keynote:
Nursing Rooted in Science, Transforming Practice and Outcomes

Heidi L. Lindroth, PhD, RN

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Assistant Professor of Nursing, Mayo Clinic College of Medicine and Science

Rochester, Minnesota

Dr. Heidi Lindroth is a nurse scientist and practicing critical care nurse at Mayo Clinic and the Mayo Clinic Health System, in the northwest Wisconsin region. Her vision is a world without delirium and she is driven to codevelop evidence-based tools that patients, families, and clinicians can use to stop delirium. She received her PhD in Neuroscience and Nursing from University of Wisconsin Madison. She completed a postdoctoral fellowship at Indiana University, School of Medicine receiving a graduate certificate in Agile Science and Agile Implementation. She is past President of Sigma Theta Tau, Beta Eta-at-Large Chapter in Madison, Wisconsin and currently is an American Delirium Society board member.

Agenda

12:30 – 1:20	Woodland Theater Welcome <i>Sonja Meiers, PhD, RN, AGCNS-BC, FAAN, Acting Dean and Jane W. and James E. Moore Nursing Research Professor, College of Nursing and Health Sciences, UW-Eau Claire</i> Keynote <i>Nursing Rooted in Science, Transforming Practice and Outcomes</i> Heidi L. Lindroth, PhD, RN		
1:20-4:00	Poster Display (Centennial B Room)		
	Menominee Room Moderator: Dr. Debra Jansen	Ho Chunk Room Moderator: Nicole Lauffer	Centennial A Room Moderator: Dr. Dalete Mota
2:00-2:25	Piloting Two-Person Foley Catheter Insertion Technique in a Midwestern Hospital <i>Adam Maslonka, DNP Student</i> <i>Adviser: Mohammad Alasagheirin</i>	The Undergraduate Student Experience of Being a Standardized Participant <i>Meg Lagunas</i> <i>Lyndsey Strang, DNP Student/Graduate Assistant</i>	Sharing Thermography in the Healthcare Field with K-12 community: An Experience Report <i>Melody Burch, Undergraduate Student</i> <i>Adviser: Dalete Mota</i>
2:30-2:55	Improving Urgent Care Providers' Knowledge and Self-Efficacy with Orthopedic Splinting through Educational Videos <i>Allison C. Nowaskey, DNP Student</i> <i>Adviser: Ann Aschenbrenner</i>	Improving Advance Care Planning Among Patients with Type 2 Diabetes <i>Meegan Bassett, DNP student</i> <i>Adviser: Jeanette Olsen</i>	Piloting the use of a Mindfulness App in a Family Practice Setting <i>Lia Pender, DNP Student</i> <i>Adviser: Lisa Schiller</i>
3:00-3:25	It's a WRAP: Environmental Influences that Impact Adolescents' Access to Commercial Tobacco Products <i>Nicole Wolf, Undergraduate Student</i> <i>Grace Neugebauer, Undergraduate Student</i> <i>Emily Carlson</i> <i>Adviser: Lorraine Smith</i>	Diabetic Educational Intervention for Student Providers Within a Family Practice Clinic <i>Andrea LeClair, DNP student</i> <i>Adviser: Jeanette Olsen</i>	Palliative to Hospice Transition Rate Knowledge, Attitudes, and Conversation Techniques Among Community Palliative Care Nurses and Nurse Practitioners <i>Leah Much, DNP Student</i> <i>Adviser: Der-Fa Lu</i>
3:30-3:55	A Quality Improvement Project to Reduce the Rehospitalization Rates of Short-Stay Skilled Nursing Facility (SNF) Residents <i>Kymerly Carrier, DNP student</i> <i>Adviser: Debra Jansen</i>	Implementation of an Educational Intervention to Improve Antibiotic Stewardship and Prescribing Practices for Acute Bronchitis <i>Katie Seybold, DNP Student</i> <i>Adviser: Jeanette Olsen</i>	Creation and Implementation of a Standardized Protocol in an Outpatient Cancer Clinic to Screen, Refer, and Improve Onsite Palliative Care Services <i>Taylor Effertz, DNP Student</i> <i>Adviser: Debra Jansen</i>
4:00 – 4:30	Centennial A Room Induction Ceremony		

Oral Presentation Abstracts

Piloting Two-Person Foley Catheter Insertion Technique in a Midwestern Hospital

presented by Adam Maslonka, DNP Student, maslonaj0679@uwec.edu; Adviser:

Mohammad Alasagheirin, PhD, RN, alasagmh@uwec.edu

Background: The predominant risk factor to patients receiving a foley catheter is infection; a catheter associated urinary tract infection (CAUTI). Risk factors contributing towards CAUTI include, but are not limited to, a break in sterile technique during catheter insertion from improperly educated personnel. Thus, a pilot program incorporating educational training utilizing a two-person insertion technique for foley catheters to operating room staff as best-practice guidelines to help lower CAUTI risk factors for patients.

Target Population: Registered Nurses and Surgical Technicians in the operating room.

Purpose: To reduce overall CAUTI rates through educational interventions implementing of two-person foley insertion technique among registered nurses and surgical technicians in the operating room.

Clinical Questions: Will education on the importance of sterile technique in reducing CAUTI risk factors during foley catheter placement improve knowledge among registered nurses and surgical technicians as demonstrated by improvement in pre-posttest scores? How frequently will the foley catheter evaluation form indicate a two-person insertion technique in the operating room identified an unintentional break in sterile technique requiring rectification?

Methods: This QI project will use knowledge to action framework. Outcome measures will include knowledge, self-efficacy measured with pre-posttest and Likert-scale, respectively, sterility breaks, and charting measured with an evaluation form.

Results: Outcome results forthcoming.

Evaluation Plan: Outcome measures and indications for sustained knowledge use among target population using the KTA framework. Outcome results will be shared with the agency facilitator as well as the healthcare organization's CAUTI Prevention Workgroup and Clinical Practice Subcommittee with recommendations regarding implementation and sustainability.

Improving Urgent Care Providers' Knowledge and Self-Efficacy with Orthopedic Splinting through Educational Videos *presented by Allison C. Nowaskey, DNP Student, nowaskac1399@uwec.edu; Adviser: Ann Aschenbrenner, PhD, RN, CNE, aschenap@uwec.edu*

Interventions in the urgent care surrounding orthopedic injury are often complex. To perform quality patient care it is vital to ensure providers have adequate knowledge and self-efficacy related to technical interventions such as splinting to treat injuries.

Background: Limited knowledge about preferred methods of splinting can lead to variability in splinting and disruption of the injury or complications. An informal needs assessment at a target organization identified a need to improve upper extremity splints such as finger, volar, and ulnar gutter splints. Plan-Do-Study-Act cycle, SWOT analysis, and Self-Efficacy Theory guided the project. The purpose was to develop educational videos on select splints to improve knowledge and self-efficacy on splinting.

Methods: The target population included 10 providers at a rural urgent care. A pre and post survey was administered to urgent care providers assessing knowledge and self-efficacy before and after video intervention to determine the effectiveness of videos in practice.

Intervention: The video-based education provided demonstrations of techniques on finger, volar, and ulnar gutter splints. The specific instructions were evidence-based and developed with orthopedic specialist guidance.

Results: Participants reported improved self-efficacy and knowledge surrounding splinting practices as evidenced by pre/post survey results. Overall, knowledge-based questions resulted in an increase of 27% in understanding of preferred splinting methods and perception of feeling better informed about splinting practices. Self-efficacy increased by 14%.

Conclusion: The intervention was successful in promoting knowledge and self-efficacy for applying finger, volar, and ulnar gutter splints. Recommendations are for further education via videos surrounding splinting of other injuries.

Diabetic Educational Intervention for Student Providers Within a Family Practice Clinic

presented by Andrea LeClair, DNP Student, andrea.leclair1@gmail.com; Adviser: Jeanette Olsen, PhD, RN, CNE, olsenjea@uwec.edu

Diabetes Mellitus (DM) is a chronic disease with a steep rise of incidence in recent decades and medical costs exceed \$327 billion annually. The increased incidence of DM and the progression of treatment options has heightened the need for primary care providers to manage these patients more effectively with current evidence-based practices. There are significant health implications for poorly controlled DM which lead to an increase in morbidity and mortality. Increasingly, DM management is accomplished at point-of-care through utilization of the diabetic D5 metric, a nationally recognized standard for managing patients with diabetes. All providers, including student providers, must be knowledgeable in current guidelines and quality of care indicators.

Aim: The purpose of this quality improvement project was to improve student providers knowledge and confidence for managing patients with DM in primary care through an educational intervention.

Design and methodology: A pretest-posttest design was used. DM education was presented to student providers in a primary care setting by clinic personnel during morning huddles and emailed to students. Student providers' knowledge and confidence in managing patients with DM was measured pre- and post-intervention using a ten-item Qualtrics survey with each item scored on a five-point Likert scale.

Results: Pre-intervention survey results validated the need for additional education, especially for pharmaceuticals. Post-intervention surveys are in process. Survey item means will be compared pre- and post-intervention for changes.

Conclusion: Results of this project may inform student provider DM education inclusive of strategies to help students translate didactic content to practice.

Implementation of an Educational Intervention to Improve Antibiotic Stewardship and Prescribing Practices for Acute Bronchitis *presented by Katie Seybold, DNP Student, mijalk1984@uwec.edu; Adviser: Jeanette Olsen, PhD, RN, CNE, olsenjea@uwec.edu*

Background and Rationale: Overuse and misuse of antibiotics in outpatient settings are key factors that have led to increased antibiotic resistance. Acute respiratory diagnoses like acute uncomplicated bronchitis (AUB), are responsible for the highest unnecessary use of antibiotics. More than 90% of cases of AUB are caused by viral infections and antibiotics are not indicated.

Aim: The aim of this project is to improve clinician knowledge and antibiotic prescribing practices for AUB in a rural outpatient family practice facility in northern Wisconsin.

Design and Methodology: A quasi-experimental, pre-test post-test design was used for this evidence-based quality improvement project. A multifaceted, evidence-based intervention for antibiotic stewardship was implemented and included an educational intervention and communication skills training that was delivered to providers at the project site. An evidence-based algorithm for treatment of AUB was also implemented for use as a clinical decision tool by the providers. Project outcomes of provider AUB treatment knowledge and antibiotic prescribing behaviors were measured via pre- and post-intervention surveys. AUB prescribing behaviors were also measured via retrospective electronic health record (EHR) audits.

Results: Upon completion of data collection and analysis, survey item means and standard deviations and AUB prescribing rates will be compared pre- and post-intervention for changes.

Conclusion: It is anticipated the results may indicate the clinical value of educating rural providers about evidence-based AUB guidelines and equipping them with clinical decision tools and patient counseling materials to decrease unnecessary antibiotic prescribing.

A Quality Improvement Project to Reduce the Rehospitalization Rates of Short-Stay Skilled Nursing Facility (SNF) Residents *presented by Kymberly Carrier, DNP Student, carriekh6949@uwec.edu; Adviser: Debra Jansen, PhD, RN, jansenda@uwec.edu*

Skilled nursing facilities (SNFs) track numbers of unnecessary or preventable hospital readmissions from their organizations due to their reflection on resident outcomes as well as negative effects on quality measures, the Centers for Medicare and Medicaid Services (CMS) 5-star quality rating system, and financial penalties. The purpose of this quality improvement (QI) Doctor of Nursing Practice (DNP) project was to reduce the 30-day rehospitalization rate of short-stay residents in one Minnesota SNF whose current rates are above state and national averages by focusing on the two leading rehospitalization diagnoses at the facility, sepsis and pneumonia.

Interventions included the completion of online sepsis and pneumonia learning modules by nurses; pneumonia and sepsis education for all residents at admission and discharge; follow-up post-discharge phone calls; and the implementation of a nurse-to-nurse report guide by nurses when receiving new admissions. Project implementation began in January 2022.

By the end of March 2022, 92% and 96% of nurses completed the sepsis and pneumonia learning modules, respectively; 100% of residents who met the inclusion criteria received sepsis and pneumonia education upon admission and discharge; 57% of residents discharged from the SNF received follow-up post-discharge phone calls; and 69% of admissions to the SNF included the nurse-to-nurse report guide. No rehospitalizations among participants have occurred to date. Efforts are ongoing to support use of the interventions. Data collection will continue through the first week of April 2022 before dissemination.

At project conclusion, the DNP student will meet with the SNF managers to review project successes, areas for improvement, and means of sustaining the interventions.

Palliative to Hospice Transition Rate Knowledge, Attitudes, and Conversation Techniques Among Community Palliative Care Nurses and Nurse Practitioners *presented by Leah Much, DNP Student, muchlm8677@uwec.edu; Adviser: Der-Fa Lu, PhD, RN, lud@uwec.edu*

There are a lack of quality measures in palliative care (PC). Measuring the transition rate (TR) at which community-based palliative care (CBPC) patients transition from PC to hospice is a way to evaluate if patients are receiving the appropriate level-of-care (LOC) at end-of-life (EOL), and how proficient the PC staff are at facilitating EOL conversations. A local CBPC department has a TR that is at the low end of the range found in literature and the nurse practitioners (NPs) and nursing staff have low knowledge of what this means. The purpose of this project was to describe the knowledge and attitude changes from an educational in-service workshop about palliative care to hospice transition rate and review basic end-of-life conversation techniques. A one-hour educational workshop took place with the staff to teach about TR literature and review the Serious Illness Conversation Guide (SICG). The process of this project was organized using the Model for Evidence-Based Practice Change and comfort theory. Before and after surveys were used to measure knowledge and attitude changes. Key findings were a 133% increase in TR literature knowledge and a 50% increase in comfort level with discussing EOL conversations with primary care colleagues using the SICG. Staff's attitudes toward TR tracking are that it is valuable as a quality measure. Understanding and placing value on TR tracking promotes staff buy-in for future quality improvement projects. Furthermore, improving the overall quality of EOL conversations ensures that patients are able to make informed decisions and receive the appropriate level of care.

Piloting the Use of a Mindfulness App in a Family Practice Setting presented by Lia Pender, DNP Student, vangli@uwec.edu; Adviser: Lisa Schiller, PhD, APNP, FNP-BC, schilllf@uwec.edu

Family practice settings face the challenge of providing high quality preventative care and treatment for many complex patients and chronic conditions on a long-term basis. Evidence shows that mindfulness meditation is a supportive therapy with positive effects for stress and disease management. The purpose of this DNP project is to determine the feasibility of implementing the intervention of a mindfulness app in a family practice clinic from the perspective of both patient participants and student providers. The project will examine the perceived value of using the app to decrease patient stress. Target population include adult participants reporting to the agency for non-urgent/emergent appointments. The theoretical framework for this project is the Seven Pillars of Self-Care, a framework that describes the main elements of self-care relevant to the individual. The aim of the Pillars of Self-Care is to transform one's life by making one healthy behavior that will influence more healthy behaviors. The project is designed as a pilot study to determine the feasibility of a computerized-app to trial the use of mindfulness meditation – specifically mindful breathing. Demographic and outcome data will be collected using a short survey. Both quantitative and qualitative data will be collected. Data from the Likert scales will be presented descriptively including the mean, range, and standard deviations. Demographics will be used to determine if there are differences in findings between groups. Outcomes will help identify the feasibility of implementing such a program and its usefulness for patients to manage stress and stress related conditions.

Improving Advance Care Planning Among Patients with Type 2 Diabetes presented by Meegan Bassett, DNP Student, bassetmm0356@uwec.edu; Adviser: Jeanette Olsen, PhD, RN, CNE, olsenjea@uwec.edu

Background and Rationale: Advanced care planning (ACP) is a method of helping adults understand and share preferences regarding future healthcare wishes at end of life. Completion of advance directives (ADs) is typically included in ACP. The benefits of ACP are well documented and include less distress for patients and their families during crisis situations, lower medical costs, higher patient and family satisfaction, and appropriate utilization of healthcare resources.

Aim: This quality improvement project aims to improve ACP and AD completion among adult patients with type 2 diabetes mellitus (T2DM), who receive care in a family medicine clinic.

Design and Methodology: A pre- and post-intervention outcomes evaluation design was used. All patients in the target population, who did not have an AD or whose AD was greater than five years old received, a letter via their patient portal describing benefits of ACP with an invitation to meet with a clinic social worker. Rates of AD completion will be calculated using data collected from electronic health record reviews. In addition, the number of referral appointments completed will be tracked.

Results: Upon project completion, pre- and post-intervention rates of AD completion will be compared to evaluate the effectiveness of the project. The project will also involve establishing a sustainability protocol for replicating the intervention annually for new patients and those who's AD needs updating.

Conclusion: Findings from this project may help inform primary care interventions for increasing AD completion among patients with chronic diseases such as T2DM.

Creation and Implementation of a Standardized Protocol in an Outpatient Cancer Clinic to Screen, Refer, and Improve Onsite Palliative Care Services *presented by Taylor Effertz, DNP Student, effertzt3813@uwec.edu; Adviser: Debra Jansen, PhD, RN, jansenda@uwec.edu*

Background. Cancer diagnoses and treatments are associated with physical, psychological, and spiritual suffering. Palliative care can improve short term quality of life, symptom burden, and survival. The purpose of this quality improvement project was to improve screening, referral, and delivery of onsite palliative care for patients with cancer at an outpatient cancer clinic through development and implementation of a standardized protocol for palliative care services.

Methods. The cancer clinic providers and nurses received education on the screening and referral protocol via an e-mailed PowerPoint presentation. The protocol included screening new patients at the cancer clinic and placing referrals to a nurse practitioner for palliative care services using a palliative care screening tool; and weekly huddles of a palliative care committee to review and triage referrals to ensure patients received appropriate palliative care services.

Results. Sixty-one percent of providers and clinic staff completed the educational PowerPoint, which is below the target goal of 100%. To date, 100% of new oncology patients were screened upon initial cancer diagnosis using the screening tool; 100% of electronic referrals placed to the nurse practitioner for a palliative care visit were appropriate as patients met the palliative care referral criteria; and 81% of referral requests were reviewed and triaged at weekly palliative care meetings.

Conclusion. Efforts are needed to improve completion of the educational intervention; providing the education in-person may be more effective. To date, the protocol appeared to improve screening and referral of patients with cancer who could benefit from palliative care services.

The Undergraduate Student Experience of Being a Standardized Participant presented by Meg Lagunas, PhD, M.Ed, RN, CCRN, CHSE, lagunamc@uwec.edu; Lyndsey Strang, DNP Student/Graduate Assistant, stranglv6469@uwec.edu

Standardized participant (SP) or standardized patient, is a person who is trained to portray the role of a patient, family, or team member in a simulated learning experience (Lewis et al., 2017). SPs are used in simulation to provide realism, specialized learning opportunities such as communication training, and provide feedback from within the simulation. Although the use of SPs is well supported with the ASPE Standards of Best Practices (Lewis et al., 2017), little is known about the experience of being a SP; especially when the SP is also an undergraduate student (UGS). This mixed methods research project aimed to better understand the UGS experience of being a SP. The sample were SPs for a three-part workshop on empathic end of life communication skills with each part consisting of a 2-hour virtual practice session. Data was gathered from an 11-question homegrown post-employment survey; 5 quantitative questions that addressed year of schooling, satisfaction with SP training, motivation for taking the role of SP, and the logistics of being a SP and 6 qualitative questions addressing personal and professional growth, positive and negative experiences, and future recommendations. The data analysis supports that being an SP as an UGS is a reasonable, and positive experience that may support one's decision to enter training as a future healthcare provider. This analysis supports further investigation of the potential of using SPs as not just a tool in simulation but as also as a teaching learning activity for the person being the SPs.

Sharing Thermography in the Healthcare Field with K-12 Community: An Experience Report presented by Melody Burch, Undergraduate Student, burchm2713@uwec.edu; Adviser: Dalete Mota, PhD, RN, motadd@uwec.edu

Background and rationale: Thermography is being increasingly used in the health care field. Many in the general population do not understand the uses and potential uses of this equipment. Providing community education increases understanding, comfortability, and support for thermography. In addition, it can potentially awaken interest in a scientific career exploring thermography in health.

Aim: To share the different indications, benefits, and potential risks associated with thermographic imaging in the health field with K-12 students.

Design and methodology: Literature was examined to determine the extent of the usage of thermography in the health care field. A thermography study to evaluate chemical phlebitis was used as a prime example. This information was shared with the different K-12 groups in the Eau Claire, WI, community through presentations and demonstrations of the equipment.

Results: Five community presentations were delivered. The community responded to these presentations and demonstrations with interest. Community members showed a base understanding of the functionality of thermography related to healthcare by the end of each presentation.

Conclusion: The Eau Claire community is ready for enhanced knowledge related to healthcare using thermography. Presentations with hands-on demonstrations are a good option for public education. Community members expressed interest in future education related to technology in the healthcare field. More education programs integrating university and the community should be done to increase community comfort and interest related to healthcare.

It's a WRAP: Environmental Influences that Impact Adolescents' Access to Commercial Tobacco Products *presented by Nicole Wolf, Undergraduate Student, wolfenp8404@uwec.edu; Grace Neugebauer, Undergraduate Student, neugebgs7437@uwec.edu; Emily Carlson, BA, CHE, Eau Claire City-County Health Department, emily.carlson@co.eau-claire.wi.us; Adviser: Lorraine Smith, DNP, RN, smithlm@uwec.edu*

E-cigarette use among Eau Claire County high school students increased 142% from 2015-2019. Tobacco is a known carcinogen, and nicotine negatively impacts the developing brain. The purpose of this project was to analyze how local tobacco retailers could impact adolescents' access and use of commercial tobacco products. This interdisciplinary field research project was a collaboration between University of Wisconsin-Eau Claire and Eau Claire-City County Health Department. Student researchers used a modified version of the Wisconsin Retail Assessment Project (WRAP) survey tool to determine if the environment in which commercial tobacco products are sold and their proximity to middle and high schools target the adolescent population. The modified WRAP survey tool assessed products' (electronic nicotine delivery systems (ENDS), cigarettes, various sized cigars, and chew) advertising and price promotion information as well as their flavoring and placement. Forty-six commercial tobacco retailers located within one mile of Eau Claire County middle and high schools were surveyed and mapped out. The WRAP map was used to inform key stakeholders (school administrators, city and county board members, legislators, grant holders, community coalitions, etc.) on resource allocation needs for adolescent commercial tobacco prevention efforts. Research findings provided evidence that adolescents are targeted by both commercial tobacco retailers and companies through advertising and product placement, fruit and candy flavored products, and price promotions. This research project demonstrates how collaboration between academia and community agencies can provide an upstream approach that enhances adolescent health through prevention efforts while enriching undergraduate student experiences through community partnership research project participation.

Poster Presentation Abstracts

Using Preoperative Education in Prostatectomy Patients to Increase Patient Satisfaction and Self Efficacy and Increase Nurse Efficiency at Patient Discharge *presented by April Byers, DNP Student, byersam3250@uwec.edu; Adviser: Ann Aschenbrenner, PhD, RN, CNE, aschenap@uwec.edu*

Prostate cancer is the second most common cancer in the U.S., prostatectomy surgery a popular treatment. Preoperative education can positively impact health outcomes, yet no preoperative education is provided at the target facility. The purpose of this DNP project was to develop and implement preoperative education, evaluate its impact on patient satisfaction and self-efficacy, and improve nursing perception of workload burden. The target population included patients undergoing prostatectomy surgery at one hospital. Evidence-based preoperative education was developed, delivered through mailed handouts, and reviewed by phone with DNP student. Postoperatively, patients completed surveys to assess satisfaction with education and self-efficacy after discharge. Nurses discharging patients also completed a survey to evaluate impact of new education and perceptions of workload. Patient education was provided January-March with surveys completed in April. Five patients and seven nurses returned surveys. Data were analyzed using descriptive statistics. Patient results: Eighty percent reported satisfaction with education; 60 percent reported self-efficacy at discharge. Forty percent reported preference to learn via additional formats or in-person meetings. Open ended questions included comments that education was reassuring and helpful. Nurse results: 86% felt preoperative education improved patient confidence; 57% felt the project helped decrease time and workload burden on discharge. Open ended questions included comments that handout was helpful and easy to follow. Overall, preoperative surgery-specific education had a positive impact on patients' mindset and was helpful for nursing staff. Further quality improvement projects with larger sample size should be completed to support findings and show positive impact of preoperative education.

Care Coordination Interventions and Outcomes Surrounding Hospitalization Discharge in Children with Medical Complexity *presented by Brooke Anderson, Undergraduate Student, andersbc2754@uwec.edu; Advisers: Amanda Seeley, DNP, RN, APRN, CPNP, Gillette Children's Specialty Healthcare, aseeley@gillettechildrens.com; Rhoda Cady, RN, PhD, Gillette Children's Specialty Healthcare, rhondagcady@gillettechildrens.com*

Children with medical complexity (CMC) are characterized by the presence of chronic and severe health conditions and having intensive health care needs. Care coordination for CMC aims to improve the wellbeing of children and families through high-quality and family-centered health care. Although care coordination can lead to improved broad patient outcomes, it remains unclear what micro-level activities by various team members optimize this improvement. Exploring child-specific outcomes following care coordination interventions may be beneficial in determining the impact of care coordination on the health status of CMC.

The purpose of this project is to identify specific care coordination actions provided, assess incidence of unplanned care, and assess child health outcomes following provision of proactive care coordination for a group of CMC at a Midwest specialty children's hospital and clinic system.

This pilot project involves the analysis of standardized documentation of care coordination activities completed by Registered Nurses (RNs) and Advanced Practice Providers (APPs) for a group of CMC during and after discharge from a hospitalization. Children deemed more high-risk had care coordination interventions done by an APP, and the other patients received phone calls from an RN, as per usual standard of care. APPs and RNs tracked their interventions using standardized nursing languages. Post-hospitalization incidences of unplanned care and CMC health outcomes will also be collected through electronic health record chart review.

Analysis of specific care coordination activities stratified by team member role, along with the impact of these activities on unplanned care and post-discharge health outcomes will be reported.

The Effect of Logistics Orientation on Graduate Student Preparedness for Clinical Rotation *presented by Margo Eaton, DNP Student, eatonm3748@uwec.edu; Adviser: Dalete Mota, PhD, RN, motadd@uwec.edu*

Background: Graduate level health care learners entering clinical rotations have noted feelings of unpreparedness due to a lack of familiarity with department logistics. The state of unpreparedness in combination with unfamiliarity of specific department flow creates anxiety for the learners, which can lead to poor performance and confidence. At a clinical department, the current process for preparing new graduate students for their clinical rotation is ineffective. This in turn negatively affects the learners' knowledge and experience as they transition into a professional advanced practice role.

Target Population: Nurse practitioner students, physician assistant students, and medical students rotating through the project site.

Purpose: This quality improvement project aims to enhance learners' perceived preparedness to start new clinical rotations by implementing a computer-based orientation focused on department logistics at a clinical site.

Clinical Questions: Does implementation of a computer-based logistical orientation course improve learner's preparedness for their clinical rotation?

Methods: This QI project will use the model of change framework. Preparedness for clinical rotation at this specific department will be measured using a pre-posttest Likert-scale survey tool.

Results: At this moment 9 graduate learners have completed the orientation course. Five of those students completed the pre-course survey and 2 completed the post-course survey. Data will be collected for 1-2 more weeks.

Evaluation Plan: The effect on student preparedness will be analyzed from the responses on the survey tools that have face validity. Dissemination of the findings in an executive summary will be provided to the project site.

Increasing Primary Care Provider Awareness of Avoidant Restrictive Food Intake Disorder (ARFID) Through an Educational Session *presented by Jennifer Meacham, DNP Student, meachajl@uwec.edu; Adviser: Arin VanWormer, PhD, RN, vanworag@uwec.edu*

Background: Avoidant Restrictive Food Intake Disorder (ARFID) is an eating disorder that involves intense restrictions on the amount and/or types of food eaten resulting in significant weight loss and severe nutritional deficiencies. Unfortunately, many clinicians are unfamiliar with ARFID producing a high prevalence of underdiagnosis.

Aim: The purpose of this project was to assess improvement in awareness of ARFID, following an educational session, among family medicine and pediatric/adolescent primary care providers in a large Midwestern hospital system.

Design and Methodology: This project utilized a single-group, pre-post evaluation design. The pre-survey, educational session, and post-survey were each available for a 2-week timeframe. Distribution of the project occurred via email through the target organization's premade contact groups.

Results: Overall awareness of ARFID increased by 73% and providers' confidence to initiate treatment increased by 75%. Confidence to recognize an individual with ARFID increased by 57% and the confidence to manage that individual increased by 60%. A total of 80% of individuals in the post-survey felt they were adequately prepared to distinguish ARFID from other eating disorders.

Conclusion: There appeared to be considerable improvement across several SAC-ARFID items between pre and post surveys. Even though the majority of the survey responses indicated improvement, the case scenarios in the post-survey deemed to be inconclusive. A significant limitation of this project was the decreased response rate of the post-survey. Therefore, it is recommended that this quality improvement project be repeated on a larger scale.

Quality of Life and Depression in Radiation Oncology Patients: A Quality Improvement Project using Three Good Things *presented by Elizabeth Kurtti, DNP Student, Leidaler2473@uwec.edu; Adviser: Dalete Mota, PhD, RN, motadd@uwec.edu*

Background and Rationale: Positive emotions help individuals broaden their thoughts, awareness, and perception of difficult situations, leading to better outcomes. Despite this, negative emotions tend to overtake a person's mind when faced with difficult situations, such as with a cancer diagnosis. Emotions and quality of life are specific outcomes that are negatively impacted with a cancer diagnosis. "Three Good Things" is a positive psychology intervention that focuses on gratitude and reflecting on what makes a person feel good. Literature review shows substantial evidence of the impact "Three Good Things" has on positive thinking and challenging situations, influencing better outcomes and emotions.

Aim: To improve quality of life and depression scores of radiation oncology patients through the implementation of the intervention "Three Good Things".

Design and Methodology: The Plan-Do-Study-Act (PDSA) model was used to conduct this quality improvement project. The target population was cancer patients. Each participant received instructions on the "Three Good Things" intervention by the project lead. The outcome measurement tools were the Global Quality of Life Scale and the Center for Epidemiological Studies Depression Scale. Data was collected at three time points, baseline, post the 1-week intervention, and 2-weeks post intervention. Data analysis was conducted to evaluate significant changes in scores for depression and quality of life.

Results: Fifteen patients answered the measurement tools. Average quality of life score increased from 80.9 to 87.7 from baseline to 2 weeks post-intervention. Average depression score decreased from 6 to 1.5 from baseline to 2 weeks post-intervention.

Conclusion: This intervention demonstrated a noticeable positive effect on both quality of life and depression score outcomes in patients undergoing radiation treatment. This validates "Three Good Things" is an effective intervention that can be utilized in nursing practice to improve positive outcomes for Radiation Oncology patients.

Targeted Education for School Staff on Electronic Nicotine Delivery Systems: A Nurse Led Intervention *presented by Lorraine Smith, DNP, RN, smithlm@uwec.edu; Lindsey Boehm, BSN, RN, Alumna, lindseyboehm99@gmail.com*

There is a public health epidemic in adolescents' use of Electronic Nicotine Delivery Systems (ENDS), also known as electronic cigarettes, vaping products, or JUULs. However, little is known about the level of knowledge school staff have about ENDS. The purpose of this study is to identify knowledge strengths and deficits held by school staff about ENDS and examine the effectiveness of this nurse-led intervention. A descriptive, non-randomly selected pre-test/post-test design was used with 125 Wisconsin school staff. Results revealed further educational needs of school staff in areas of advertising that entices youth, including the multiple flavors of ENDS products. Following the educational intervention, post-test results showed a significant overall improvement in participant knowledge scores. Recommendations include implementing nurse-led education about ENDS to a more diverse population of school staff. In conclusion, providing nurse-led ENDS education to school staff offers an upstream, proactive approach to address this public health epidemic.

HESI Standardized Nursing Exam Remediation: A Program Evaluation Project presented by Nicole Willmus, BSN, RN, Alumna, nickywillm@gmail.com; Jeanette Olsen, PhD, RN, CNE, olsenjea@uwec.edu; Dalete Mota, PhD, RN, motadd@uwec.edu; Catherine Wildenberg, MSN, RN, wildenbc@uwec.edu; Kinley Regan, Undergraduate Student, reganke5682@uwec.edu; Haley Bradley, Undergraduate Student, bradlehm9991@uwec.edu; Regan Thomas, Undergraduate Student, thomasrq5773@uwec.edu; Rita J. Donahue, BSN, RN, Alumna, donahurj9801@uwec.edu

Background and Rationale: The UW-Eau Claire nursing program, like many nursing programs, utilizes standardized exams to prepare students for the National Council Licensure Examination (NCLEX). The NCLEX is a licensing exam students must pass after graduation to become a registered nurse. A variety of exam companies are available. The UWEC Nursing Program elected to use Health Education Systems Incorporated (HESI). Several specialty exams and the exit exam are administered as students progress through the program. Remediation and retesting are required when students score under the faculty-established benchmark of 850 on specialty exams. Remediation involves completion of online HESI modules tailored to students' exam results.

Aim: The purpose of this project is to conduct a remediation-focused evaluation of the HESI standardized exam program in the UWEC Nursing Department.

Design and Methodology: A cross sectional descriptive design was used for this program evaluation. A Qualtrics survey was administered to current UWEC pre-licensure students and recent alumni to gather feedback on the remediation process including benefits, barriers, and facilitators. Additionally, archival aggregated, de-identified HESI specialty exam data were analyzed from Spring 2020 through Fall 2021.

Results: Student perspectives of the HESI remediation process will be reported descriptively using frequencies and percentages for quantitative data and themes for open-ended comments. Additionally, mean change in HESI specialty exam scores following remediation and retesting will be reported.

Conclusion: These findings will be used to generate recommendations that could inform the Department of Nursing's decision-making regarding HESI policies and the remediation process.

Evidence-based Strategies for Standardized Exam Remediation in Nursing: An Integrative Review presented by Rita J. Donahue, BSN, RN, Alumna, donahurj9801@uwec.edu; Jeanette Olsen, PhD, RN, CNE, olsenjea@uwec.edu; Dalete Mota, PhD, RN, motadd@uwec.edu; Catherine Wildenberg, MSN, RN, wildenbc@uwec.edu; Kinley Regan, Undergraduate Student, reganke5682@uwec.edu; Haley Bradley, Undergraduate Student, bradlehm9991@uwec.edu; Regan Thomas, Undergraduate Student, thomasrq5773@uwec.edu; Alicia Sund, DNP Student/Graduate Assistant, sundaj9637@uwec.edu

Background and Rationale: Many nursing programs use standardized exams to prepare students for the National Council Licensure Exam (NCLEX). Scores on standardized exams can indicate how well a student will perform on the NCLEX. Some programs allow students to retake the standardized exam when a less-than-optimal score is initially achieved. To improve scores, students are encouraged or required to perform remediation activities. Remediation activities vary from textbook readings to focused practice questions. Yet, the literature is unclear regarding which remediation strategies lead to the best outcomes.

Aim: This integrative review of literature aims to find standardized exam remediation strategies and best practices that are most effective for helping students improve scores on standardized exams and pass the NCLEX.

Design and Methodology: Whittemore and Knaf'l's five-stage methodology guided this integrative review. Five databases were searched using a combination of search terms. After removing duplicates and completing a three-phase screening process, a final sample of 26 articles remained. Extracted data were placed into an evidence table and analyzed for categorical themes.

Results: Three remediation strategy themes were identified: self-guided activities and assignments; faculty-guided group activities; and faculty-guided individual activities. Four remediation policy themes were revealed: required remediation if benchmark score is not met; required retesting if benchmark score is not met; delay in progression if benchmark score is not met; and credit awarded for completing remediation.

Conclusion: The results offer guidance programs can use when developing or refining remediation policies and practices to better support students' learning and increase NCLEX pass rates.

The Effectiveness of Empathic Communication Training on Goals of Care and End of Life Conversations presented by *Sam Petit, Undergraduate Student, petitsd1563@uwec.edu; Meg Lagunas, PhD, M.Ed, RN, CCRN, CHSE, Project Adviser, lagunamc@uwec.edu; Rebecca Brustad, Mayo Clinic Health System – NWWI, brustad.rebecca@mayo.edu; Jim Deming, Mayo Clinic Health System – NWWI, deming.james@mayo.edu; Patty Horecki, Mayo Clinic Health System – NWWI, horecki.patricia@mayo.edu*

Even for trained healthcare workers, conducting goals-of-care (GOC) and end of life (EOL) conversations are difficult and often avoided leading to decreased patient satisfaction and decision making. This study aimed to assess the effectiveness of a multidisciplinary training workshop delivered to oncology department staff to improve confidence and knowledge with empathic GOC and EOL communication. The 3-part online workshop provided content on verbal communication, dealing with strong emotions, delivering serious news, and establishing relationships with patients followed by skill practice with trained standardized participants. Forty-nine participants completed pre, post, and four month follow up Qualtrics surveys to assess participants' knowledge and confidence in conducting GOC and EOL conversations. Participant knowledge statistically improved after the workshop, but knowledge growth was not retained four months later. Participant confidence improved after the workshop series and remained significant four months later. For each survey, 20-35% of participants reported that either discussing serious news with patients, dealing with strong emotions, or talking with patients about dying were the most difficult topics they manage. The data supports the effectiveness of a multidisciplinary training workshop on improving oncology staff's confidence and knowledge with GOC and EOL conversations as well as their satisfaction with the workshop experience.

COVID-19 Vaccination Clinic Student Attitudes (COVaCSA) *presented by Arin VanWormer, PhD, RN, vanworag@uwec.edu*

Background: Nurses play critical roles in providing health education and administering immunizations. With the spread of COVID-19, a larger workforce was needed to administer vaccinations at scale. Having nursing students participate in vaccination clinics may be a valuable way to increase the number of qualified vaccinators.

Aim: The purpose of the COVaCSA study was to examine nursing students' vaccination preparation and confidence levels before and after participating in a COVID-19 vaccination clinic.

Design and Methodology: A single group, pre-post design was used. The sample included undergraduate nursing students providing immunizations in a large healthcare system in western Wisconsin. Measures included two surveys, administered to students before and after participation in a COVID-19 vaccination clinic. The surveys included self-rated items measuring confidence and preparation for administration of the COVID-19 vaccine (scores ranging from 0-10 points), along with discussion of patient concerns and vaccine effectiveness.

Results: All eligible nursing students participated in both the pre and post surveys. Confidence and preparation scores generally improved (range 4-11%) after participation in the COVID-19 vaccination clinic, with significant ($p < 0.05$) improvements observed in all but one item; preparation to administer the COVID-19 vaccine. The largest score increase (11%) was in confidence for discussing patient concerns about the COVID-19 vaccine.

Conclusion: Undergraduate nursing students improved their levels of confidence and preparation for COVID-19 vaccine administration following participation in a vaccination clinic. Although this study addressed a timely topic in a real-world setting, causal conclusions are limited by the lack of a parallel comparison group and self-reported measures.

Induction Ceremony

May 6, 2022

Centennial A Room

4:00 – 4:30 pm

Greetings/Welcome:

Debra Jansen, PhD, RN
Secretary, Delta Phi Chapter

Presiding Ceremony:

Jeanette Olsen, PhD, RN, CNE
Chair of Governance Committee, Delta Phi Chapter

Inductees:

Leah Kay Bettcher
Haley Marissa Bradley
Jordan Renee Crary
Megan Grace Crawford
Carly Jo Fredrickson
Morgan Kay Goodman

Miah Bailey Joyce
Vanessa Shiann Moen
Christine Lee Neuville
Megan Lynn Oian
Jade Jaclynne Opatz

Closing Remarks:

Dalete Mota, PhD, RN
President, Delta Phi Chapter

About Sigma

In 1922, six nurses founded Sigma Theta Tau International Honor Society of Nursing, today known as Sigma, at the Indiana University Training School for Nurses, which is now the Indiana University School of Nursing, in Indianapolis, Indiana. The founders chose the name from the Greek words *storgé*, *tharsos*, and *timé*, meaning love, courage, and honor. Sigma became incorporated in 1985 and is a nonprofit organization.

The Delta Phi Chapter was chartered by Sigma Theta Tau International, Nursing Honor Society in 1980 and the Delta Phi Chapter Student Advisory Board was commissioned by UW-Eau Claire March, 2014.

Qualifications for membership in the Sigma-Delta Phi Student Chapter, include:

- Nursing students who have met the scholarship and leadership eligibility requirements set forth by Sigma, have accepted invitation to membership, and who have been duly initiated according to the provisions and guidelines in the Delta Phi bylaws.
- UW-Eau Claire students who have met the scholarship and leadership eligibility requirements set forth by Sigma make up a minimum of three-fourths of the organization's membership.
- Honorary members from the community who are Registered Nurses are eligible to be selected for membership according to the eligibility requirements set forth by Sigma.

Current Officers of the Delta Phi Chapter

President: *Dalete Mota, PhD, RN*

Vice President: *Nicole Lauffer, RN*

Secretary: *Debra Jansen, PhD, RN*

Treasurer: *Jodi Arriola, DNP, RN, CCRN, NEA-BC*

Counselor: *Gunnar Larson, DNP, RN*

Leadership Succession Committee:

Maria Stracke, MSN, RN, RCIS

Mary Zwyygart-Stauffacher, PhD, RN, APNP, GNP/GCNS-BC, FAAN

Governance Committee:

Jeanette Olsen, PhD, RN, CNE

Norah Airth-Kindree, DNP, RN

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