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## Transforming Clinical Care Through Sexual Wellness Education for Community College Students

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UNIVERSITY OF SAN DIEGO

Hahn School of Nursing and Health Science

DOCTOR OF NURSING PRACTICE PORTFOLIO

by

Chelsea Ovanek, BSN, RN

TRANSFORMING CLINICAL CARE THROUGH SEXUAL WELLNESS

EDUCATION FOR COMMUNITY COLLEGE STUDENTS

A Doctor of Nursing Practice Portfolio presented to the

FACULTY OF THE HAHN SCHOOL OF NURSING AND HEALTH SCIENCE

UNIVERSITY OF SAN DIEGO

In partial fulfillment of the

requirements for the degree

DOCTOR OF NURSING PRACTICE

May 2020

Dr. Kevin Maxwell, PhD, DNP, FNP-BC, Faculty Advisor

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## Acknowledgments

This portfolio is the conclusion of my journey to achieve a Doctor of Nursing Practice degree as a Family Nurse Practitioner in Emergency Care at the University of San Diego Hahn School of Nursing. The last three years would not have been possible without the support of my family, mentors, and friends. First and foremost, I would like to thank my amazing husband, Kyle, for his love and encouragement and every minute of support during this endeavor. From holding “*Statistics for Beginners*” classes in our living room to cleaning up after a long week of clinical, you have been my rock and cheerleader throughout this program. Your love and confidence in me have always been my strength. Thank you and I love you.

Thank you, mom and dad, for showing me the value of hard work throughout my life, for encouraging me in all of my pursuits, and inspiring me to follow my dream to become a nurse practitioner. Thank you for teaching me that my job in life is to learn, to be happy, and to care for myself because only then will I be able to truly care for others. Words will never be enough to show you the gratitude I feel today for you both pushing me to be my best self.

I owe my deepest appreciation to my sister, Chasity, for proofreading every paper and her availability all hours of the day and night when I needed last minute advice. Your guidance, patience, and support has always kept me moving ahead. I have learned extensively from you throughout my life, and much of the work presented in this manuscript would not have been possible without you. Like I have said many times before, I was so lucky to have a sister three years ahead of me my entire life.

I would also like to express my sincere gratitude to my faculty advisor, Dr. Kevin Maxwell, for his continuous support and encouragement. Not only as a wonderful faculty advisor but also a clinical role model and friend. I know I will use his guidance and skillset in my future practice as a nurse practitioner. My gratitude goes out to everyone at the Palomar College Student Health Center, especially Sarah Adams and Judy Harris, for welcoming me in and helping me complete this project and get it off the ground running. Lastly, I acknowledge the contributions to all my other clinical preceptors and mentors, including Ann Bouck, Laura Truman, Annie Gerhart, Dr. Burkard, Dr. Hoyt, Dr. Colio, Dr. Martinez, and Dr. Agon. This manuscript would not have been possible without the support of a number of wonderful individuals, including Cydney, Shannon, and Ajax – my appreciation goes out to everyone above for being part of my journey and making this all possible.

## Opening Statement

### Purpose in Pursuing the DNP

I wish I could identify the exact moment I decided to become a nurse. Having been raised in Indiana, winters seemed to last for months and I lived almost an hour away from my rural county school. Because of this, creativity and innovation were two traits I became very good at early in my life. One snow-day when I was young, my parents “built” a hospital for me in our basement made of hung up old sheets, gave me a stethoscope, what I used to call a “doctors coat”, and a book with anatomical drawings in it. Even in my earliest memories playing hospital with my sister, I practiced a service of providing a caring and healing environment. I can tell you so many reasons why I love being a nurse, but mostly it has brought me into the lives of people I would never have met if I had not become a nurse. Some of the most interesting conversations have been within the walls of an intensive care unit while connecting with friends and families of a very sick loved one. The truth is my goal to become a nurse probably sparked much later in my life than others, but the creativity and willingness to serve and heal others started very early.

As I consider why I aspired to receive a Doctor of Nursing Practice degree in the area as a Family Nurse Practitioner, I reflect back to my time as a bedside intensive care unit nurse. Sadly, caring for critically ill patients has a higher than average morbidity rate and chronic illness became very common during my last few years as a bedside nurse. As a registered nurse, it became apparent that I would encounter many clinical situations composed of patients swept with illness that had not sought care for their condition at a primary or preventative level. As a bedside nurse, I wanted to reach these patients before



the start of their illness and provide the resources to improve the quality of their life.

Many of the patients I cared for in the intensive care environment led me to continue my education and pursue a higher degree in nursing.

As a Doctor of Nursing Practice Family Nurse Practitioner, my goal is to improve healthcare and advance the field of nursing through the focus of primary, preventative, and holistic health. As a nurse practitioner, I am looking forward to using the skills and knowledge I have acquired through University of San Diego to improve the healthcare of an entire population. As a nurse practitioner, I want to boost the entire nursing profession through education of new nurses and nurse practitioners and also by building on my curriculum of evidence-based practice, leadership, epidemiology, informatics, financial management, and policy improvement. I have learned throughout my nursing career that the continuation of excellent patient care depends on many leaders, like myself, whose curiosity has led them to enter into the Doctorate degree in nursing. I will use the Doctor of Nursing Practice degree and the skills I've learned in this program to be a clinical leader and serve as a change agent in today's ever-changing healthcare system.

**Documentation of Mastery of DNP Program Outcomes**

**Final Manuscript**

Transforming Clinical Care Through Sexual Wellness Education for Community

College Students

Chelsea Ovanek

Dr. Kevin Maxwell

University of San Diego

Hahn School of Nursing and Health Science: Beyster Institute of Nursing Research

### Abstract

**Statement of the Problem:** Unintended pregnancy remains a serious public health challenge throughout the world (World Health Organization [WHO], 2018). College-aged students continue to be a vulnerable population for this health issue, with estimates that 1 in 5 women will give birth before age twenty and 80% of those pregnancies unintended (Guttmacher Institute, 2019). Despite the statistics, approximately 40% of college students have received formal education on unintended pregnancy, sexually transmitted infections (STIs), or effective contraception use (Diedrich, Klein, & Peipert, 2017). According to the World Health Organization, spending additional time developing quality standards for family planning programs can ensure access to preferred contraception methods (WHO, 2018). The mean monthly number of family planning visits at a community college student health center in fall 2018 semester was 9.3 with one IUD insertion. Student health center resources offered by this college were underutilized by the students.

**Purpose of Project:** An overview of this project is to implement evidence-based education workshops to increase college student knowledge on family planning, Long-Acting Reversible Contraception (LARC), and overall importance of sexual wellness while attending college.

**Evidenced-Based Methods Utilized:** The impact of community education on family planning and sexual wellness is the forefront of this DNP project. A systematic review evaluating nine studies revealed community-based interventions and education workshops can promote awareness of the multiple family planning services available to a college-aged population (Sharma, Frederiksen, Malcolm, Rollison, & Carter, 2018).

Literature reveals two-year colleges have an unequal number of students who are underinsured or of low socioeconomic status (Habel et al., 2018). This project aimed to educate two-year community college students because of the increased risk for this knowledge gap due to the barrier in health care coverage (Habel et al., 2018). A cluster randomized trial with over 1500 women enrolled at 40 various health clinics further enforces that counseling on intra-uterine devices (IUDs), implants, and the most effective forms of contraception can lead to more LARC placement in clinics (Harper et al., 2015).

**Innovation/Resulting Change:** A total of nine sexual wellness workshops were carried out over spring semester 2019 at this community college campus. Goals included increased utilization of student health clinic resources for LARC, family planning, and improved understanding of sexual wellness. Post-implementation data collection revealed the workshops did not increase family planning visits or LARC insertions on this community college campus. However, after reviewing pre- and post-test data, the implementation of this evidence-based practice project did improve student knowledge.

**Significance for Practice:** One approach to achieve a critical national goal of *Healthy People 2020* is by expanding reproductive health services, including patient education and counseling sessions (The Office of Disease Prevention and Health Promotion, 2018). Nurse practitioners can perform a role promoting sexual wellness and family planning in student health settings.

**Future Recommendations:** Sexual wellness workshops may have the potential to increase family planning visits and LARC use at a community college. Family planning visits can decrease health disparities and barriers to obtaining the most effective

contraception, while expanding services for all reproductive-age women and men (WHO, 2018).

## Transforming Clinical Care Through Sexual Wellness Education for College Students

**Description of the Clinical Problem**

Unintended pregnancy remains a serious public health challenge throughout the world (World Health Organization [WHO], 2018). In the United States, college-aged students continue to be a vulnerable population for this health issue, with estimates that 1 in 5 women will give birth before age twenty and 80% of those pregnancies are unintended. This results in more than three million unplanned births every year in the United States (Guttmacher Institute, 2019). Comparably, an estimated 25 million unsafe abortions occur each year worldwide (WHO, 2019). Despite the statistics, roughly 40% of college students have received formal education on unintended pregnancy, sexually transmitted infections (STIs), or effective contraception use (Diedrich, Klein, & Peipert, 2017). Unintended pregnancy rates remain notably higher in the United States when compared to other developed countries worldwide (Sonfield, Hasstedt, & Gold, 2014). Specifically, California's unintended pregnancy rate is approximately 50 per 1,000 in women aged 15-44, which when compared to national averages is one of the highest throughout the country (Hogben, Ford, Becasen, & Brown, 2015). According to the California Department of Public Health, gonorrhea and chlamydia infections have increased to 16% from 2016 with syphilis infections up to 21% from 2016 with ages 15-24 most at risk (California Department of Public Health, 2018). Unintended pregnancies and sexually transmitted infection rates are critical factors to be considered when addressing the unmet need for contraception, family planning, and sexual wellness education for high-risk populations (Centers for Disease Control and Prevention [CDC], 2018).

According to the World Health Organization (WHO), spending additional time to counsel patients on various contraception choices and introducing family planning programs can provide additional education to patients, decrease barriers to obtaining the most effective contraception methods, and expand access to family planning services for all reproductive-age women and men (WHO, 2018). Additionally, a critical national goal of *Healthy People 2020* is aimed to improve pregnancy planning and spacing and prevent unintended pregnancy at a national level. One approach to achieve this national goal is by expanding reproductive health services, including patient education and counseling sessions. This objective is also intended to increase the percentage of women who use the most effective methods of contraception or using Long-Acting Reversible Contraception methods (LARC) (The Office of Disease Prevention and Health Promotion, 2018). Lastly, the Centers for Disease Control and Prevention (CDC) recommends increasing access to LARC methods and educating woman on all available forms of contraception. The CDC endorses that improved use of LARC among woman aged 15-44 can generate health care savings and prevent unintended pregnancy (CDC, 2018).

All advanced practice registered nurses are in an ideal position to understand the complex health care needs of this population and could play a critical role promoting sexual wellness through education sessions at the college level (Jessamyn & Prabjob, 2018). The Palomar Community College is a public two-year community college located in San Marcos, California. In the 2017-2018 school year, Palomar College had approximately 24,870 students enrolled (Palomar College Fact Book, 2017). In 2018, there was a lack of standardized education for family planning, effective contraception use, and emphasis on the overall importance of sexual wellness at Palomar Community



College. The student health center has been a family planning access care and treatment program (Family PACT) provider since the Fall 2018 semester; however, the first enrollment for family planning services was not until October 8, 2018 with the first family planning visit on November 5, 2018. The family planning and sexual health resources offered by Palomar College Student Health Center are often underutilized by the students. The mean monthly number of family planning visits at the student health center in fall 2018 was 9.3. Likewise, in fall 2018 only one IUD insertion was performed with zero implant insertions.

### **Stakeholder Identification**

The primary goal of this project was to implement evidence-based education sessions utilizing existing handouts and presentation to increase college student awareness of LARC, family planning, and the overall importance of sexual wellness while attending college. For successful project implementation, process and outcome stakeholder identification was verified prior to the beginning project stages. This Doctor of Nursing Practice (DNP) project had multiple stakeholders who were an integral component translating current evidence into current practice in order to improve patient care.

Process stakeholders included two nurse practitioners at Palomar College Student Health and the Public Health Coordinator at Palomar College. Palomar College Student Health Center is a small office setting and methods used by the DNP student to update process stakeholders were communicating directly and sending emails when needed. Process stakeholders also included the front desk staff and assistant personnel to aid with advertisement of sexual wellness workshops. The outcome stakeholders included two

physicians at Palomar College Student Health Center, the clinical faculty member, faculty advisor, and faculty mentor. The DNP student communicated with the faculty advisor by periodic email as necessary, clinical, meetings, and at the final DNP presentation at University of San Diego on March 12<sup>th</sup>, 2020. The DNP student kept members of the project team engaged by placing flyers throughout the office.

### **Implementation Barriers**

The leadership team at the Palomar College Student Health Center were the facilitators and provided support for this clinical practice project. Barriers to this project included more time spent counseling patients at workshops and longer family planning appointment times if a family planning visit was scheduled. One form of resistance the project leader faced in the beginning stages of this project was the increase in appointment times needed for family planning visits. A family planning visit lasts approximately one hour compared to the standard thirty-minute appointment. This barrier was overcome by educating the scheduling manager, office nurses, and other staff of the benefit this can bring to the entire student population at Palomar College. There were also multiple forms associated with proper billing of some family planning visits. The forms were filled out by the nurse practitioner at the student health center and would often get returned to the clinic if anything was mistaken or absent from the form. All barriers were overcome, and a successful clinical practice project was carried out in Spring semester 2019.

### **Evidence-Based Practice Model**

Numerous evidence-based practice models exist to aid nurse practitioners to integrate the best evidence into their practice. For this specific project, the Johns Hopkins

Nursing Evidence-Based Practice Model (JHNEBP) was selected to guide decision making. This model is a three-step process that involves asking a clinical practice question, searching the best evidence, and translating evidence into current practice to improve patient care. This model was selected because it is simple, easy to remember, and practical in a busy student health clinic setting. The JHNEBP model aligned with this DNP project by periodically checking if a positive change was sustained at the site through a cycle of regular follow-up (Dearholt & Dang, 2012).

### **Evidenced-Based Solutions**

Review of the literature was performed using the following search engines: CINAHL, Cochrane, PubMed, and Google Scholar. Keywords utilized during initial searches were long-acting reversible contraception, college sexual wellness, and community sexual wellness. This search yielded 88 articles from the past five years. To narrow the search further, Medical Subject Headings (MeSH) terminology that were used included family planning, LARC, and sexual health which yielded 28 results. These searches were done multiple times over fall semester 2018 to summer semester 2019. A total of five articles were critically appraised to evaluate the proposed intervention for this manuscript. The articles were selected based on their quality, English language, and relevance to the population. Each article was ranked utilizing the Johns Hopkins Nursing Evidence-Based Practice Evidence Level and Quality Guide. Three articles ranked level 1 – systematic reviews and a cluster randomized trial, one article ranked level 4 – practice guideline, and one article ranked level 5 - survey data (John’s Hopkins Nursing Evidence-Based Practice Evidence Level and Quality Guide, 2017).

The impact of community education on family planning and sexual wellness was the focus of this DNP project. The first evidence-based intervention included interactive focus workshops to educate students on sexual wellness, contraception methods, and the importance of family planning. A systematic review evaluating nine studies revealed community-based interventions and education workshops can promote awareness and understanding of the multiple family planning services available to a college-aged population leading to reduced unintended pregnancies and fostering significant behavior changes (Sharma, Frederiksen, Malcolm, Rollison, & Carter, 2018). This systematic review enforced that giving education sessions in a non-traditional setting can further increase awareness. Modern modalities for education sessions are also supported, such as utilizing interactive case studies, group learning, mass media, print, web-based media, text messaging, and interpersonal education (Sharma, Frederiksen, Malcolm, Rollison, & Carter, 2018). This systematic review went on to say that community education is important for reaching the more underserved areas that could have barriers to having family-planning services and that it is most beneficial to groups that share similar lifestyles (Sharma, Frederiksen, Malcolm, Rollison, & Carter, 2018).

Increasing education and use of highly effective contraception methods, specifically LARC, can reduce unintended pregnancy, empower college students, and improve patient health outcomes (Harper et al., 2015). The second evidence-based intervention for this EBP project was based on a cluster randomized trial with over 1500 women enrolled at 40 various health clinics and further reinforces that counseling on intra-uterine devices (IUDs), implants, and the most effective forms of birth control can lead to more LARC placement in clinics (Harper et al., 2015). This proposed evidence-

based solution included counseling on all contraception methods, including LARC methods, within the educational sessions.

Although LARC is one of the most effective methods of contraception available and recommended for first-line use in college-aged women by the American College of Obstetricians and Gynecologists (ACOG) (American College of Obstetricians and Gynecologists Committee, 2015), a systematic review of 14 studies showed that LARC is often not offered routinely in college health clinics and some students are unaware of what methods are available (Jessamyn & Phillips, 2018). The latest ACOG guideline endorsing LARC as first line for college-aged women is supported by the Palomar College Student Health Center.

Lastly, this EBP project is aimed to normalize sexual health as part of students' overall well-being. This is important for all students but intended to focus on the most vulnerable populations. To do this, it is crucial to work with the Health Services Specialist at Palomar College to specifically advertise and reach out to organizations that would benefit most by the educational sessions. In a survey by the *Journal of American College Health*, two-year colleges may have an unequal number of students who are underinsured or of low socioeconomic status. This EBP project focused on educating two-year community college students because they are at an increased risk for this knowledge gap due to the barrier in their health care coverage (Habel et al., 2018).

### **Project Development and Implementation Timeline**

After IRB review was complete and permission to proceed were obtained, the clinical mentors for this project requested the first display be for staff and held at the annual Faculty Plenary for Palomar College on January 24, 2019. After the initial

presentation of the topic to staff members, the project leader booked appointments at various times in the Teaching & Learning Center (TLC) at Palomar College. The workshops were held beginning February 5, 2019 and until May 9, 2019. A timely step in this project involved advertisements and recruiting students to attend the workshops. Advertisements for this EBP included emails to campus clubs and groups, posters throughout campus, in the student health center, and in the recreation center, and reaching out to specific faculty members to offer extra credit for participation. For this project to be successful, some faculty offered extra credit points to students who attended the workshops. Refer to Table 1 for a detailed timeline.

**Table 1**

Intervention/Activities	Persons Involved	Timeline
Proposal of DNP Practice project to Palomar Community College Student Health Center Director	DNP Student Judy Harris, NP Sarah Adams, NP Lenka Schalkle, MPH	October 31, 2018
University of California San Francisco Bixby Center for Global Reproductive Health- Provider Education Training	DNP Student	November 3, 2018
Letter of support from Palomar College Student Health Center director	DNP Student Judy Harris Palomar Community College District International Research and Planning Department	November 14, 2018
Palomar College IRB acceptance	DNP Student Judy Harris, NP Dr. Kevin Maxwell Palomar Community College District International Research and Planning Department	November 14, 2018
USD IRB acceptance	DNP Student Dr. Kevin Maxwell Dr. Joseph Burkard	November 28, 2018
Palomar College volunteer application and fingerprinting	DNP Student	January 4, 2019
Faculty Plenary presentation with faculty outreach	DNP Student Judy Harris, NP Lenka Schalkle, MPH	January 24, 2019
<i>Teaching and Learning Center</i> workshop scheduling for sexual wellness education sessions	DNP Student Lenka Schalkle, MPH	January 18-25, 2019
Final sexual wellness workshop	DNP Student	May 9, 2019
Poster presentation at Sigma Theta Tau	DNP Student	October 10-11, 2019
Poster presentation at CANP	DNP Student	Conference Canceled
Poster presentation at USD	DNP Student	March 12, 2020 (Via Zoom)
Disseminate of results to student health center director	DNP Student Judy Harris, NP	May 10, 2019
Dissemination of results at stakeholder presentation	DNP Student Sarah Adams, NP	March 13, 2020 (Sent electronic Via email – questions answered via phone on 4/1/2020)
Graduate	DNP Student	May 23, 2020

*Project Development and Implementation Timeline*

### **Project Approval**

Approval for this clinical practice project was obtained by the Palomar Community College District International Research and Planning Department on November 14, 2018. This project proposal has the support of the director of the Palomar College Student Health Center, Judy Harris. University of San Diego IRB approval was obtained on November 28, 2018 with the support of the DNP student's faculty advisor, Dr. Kevin Maxwell. IRB application closure was submitted and approved on December 13, 2019.

### **Project Impact and Cost Benefit Analysis**

Specified by the CDC, "for every public dollar spent on pregnancy prevention, \$4.02 was shown to be saved on maternity and infant care among Medicaid-eligible women whose unintended pregnancies were prevented" (CDC, 2018, p. 6). It is difficult to quantify the exact potential cost savings, but according to the calculation provided by the Centers for Disease Control and Prevention and the approximate total maximum costs quantified above, the Return on Investment is estimated to exceed 302% with a Cost Benefit Analysis of \$4.02 for every dollar spent. Saving health care dollars can provide a positive impact throughout the nation; however, implementing this clinical practice project will have a much greater influence on preventative student health care than on cost savings. The only costs associated with this project were for materials printed by the DNP student. Refer to Table 2 for a detailed cost spreadsheet.



**Table 2***Project Cost Spreadsheet*

Location	Topic	Description	Cost
University of California San Francisco Bixby Center for Global Reproductive Health-Provider Education Training	Training completed by DNP student on 11/3/2018	Online continuing education course- Update on Long Acting Reversible Contraception	Free
Campus held educational sessions at student nursing club, faculty plenary, Teaching & Learning Center (TLC), etc.	DNP Student Nurse Practitioner student led education sessions	1-hour sessions x 8 sessions Periodic assessment of admissions to student health center for family planning or sexual wellness services	Free – student \$54.78 – mean hourly wage of nurse practitioners according to the Bureau of Labor Statistics
Educational materials	Centers for Disease Control and Prevention handout on <i>Comparing Typical Effectiveness of Contraception Methods</i> ; Centers for Disease Control and Prevention handout on <i>Staying Healthy and Preventing STDs</i> ; Family Planning Access Care and Treatment Program (PACT) overview handouts from California Department of Health Care Services; LARC handout from California Department of Health Care Services; Pretest and posttest questionnaire handout created by DNP student	Printing costs	Based on 100 pages per month x 5 months Range of costs per month: minimum black & white to maximum color: \$15-\$115.00 Approximate Total Maximum Costs: \$553.25.

### **Project Outcome Goals**

Short-term goals for this project were evaluated 2 months after initiation of the clinical practice project and are discussed below. Short-term goals included increasing family planning health clinic visits from students by 10%, increasing LARC insertion at the student health clinic by 5%, and increasing overall student understanding on family planning, contraception methods, and importance of sexual wellness in college measured by pre- and post-test objectives. Short-term goals were assessed on April 18, 2019.

Long-term goals were evaluated after 3-5 months following initiation of the clinical practice project and completed on May 9, 2019. Long-term goals are also discussed below in the Process and Outcome Indicator Data Monitoring section. Long-term goals included increasing family planning student health clinic visits by 20%, increasing LARC insertion at the student health clinic by 10%, and increasing utilization of student health clinic resources for family planning and sexual wellness.

### **Process Indicator Data Monitoring**

The first process indicator to translate this current evidence into practice was education workshops on sexual wellness. The impact of community education on family planning and sexual wellness was the focus of this EBP project. As discussed above, the short-term goals of this DNP project were to increase overall student understanding on family planning, contraception methods, and importance of sexual wellness in college measured by pre- and post-test objectives. It was important to follow up on this process data by viewing the pre- and post-test scores to verify that students were retaining adequate information from the sexual wellness workshops. It was also important to listen to student feedback on what could change or expectations from the session prior to

attendance, recognizing that all students come from various educational backgrounds and the content must be simplified or modified to ensure that students understand the content. Pre- and post- test objectives were monitored after each of the sexual wellness workshops, with final data aggregated and analyzed at the end of the clinical practice project on May 9<sup>th</sup>, 2019. One challenge experienced while monitoring student feedback was that content, especially on LARC, needed to be simplified.

A second process indicator for this DNP project was student attendance. A timely step to this DNP project was proper advertisement while recruiting students to attend the workshops. Although student attendance could not be guaranteed throughout the semester, every sexual wellness workshop had at least one student in attendance, ranging from 1 student to 35 students. For this project to be successful, students needed to sign in, receive the education at the workshops, and fill out pre- and post-test data. This process indicator was measured after every workshop and when attendance became lower than average, more advertisements and emails to faculty were sent. The Teaching and Learning Center (TLC) at Palomar College also helped with scheduling workshops, making timeslots that were most convenient for student class schedules.

### **Outcome Indicator Data Monitoring**

The first outcome indicator utilized to translate this current evidence into practice was an increase in family planning visits. This is evaluated by looking at the mean monthly number of overall family planning visits at the student health center. The mean monthly number of family planning visits at the student health center in fall 2018 was 9.3. Although there can be some confounding factors to this average, one way to verify if the students who attended the sexual education workshops are scheduling the family

planning visits is by tracking student ID numbers. Since this is the first time this project has been carried out at this specific clinical site, the outcome data of family planning visits was collected one time at the end of the semester.

The second outcome indicator utilized was measuring the overall number of LARC insertions during the spring semester. In fall 2018 only one IUD insertion was performed. This data could also have confounding factors; because the DNP student is also completing regular clinic hours at the student health center, additional in-office education is being given to every reproductive-aged woman who comes into the student health center and not just the women attending the sexual wellness workshops. This data measurement was also performed one time at the end of the semester.

The third outcome indicator was measuring overall student understanding on family planning, contraception methods, and importance of sexual wellness in college measured by pre- and post-test learning objectives. The survey used was developed by the DNP student, student health center director, and the student health services specialist and focused on the objectives of the sexual wellness workshop. It featured a Likert Scale and asked questions regarding student knowledge on various forms of contraception, family planning benefits in California, and health care services offered by the student health center. A blank section was used for students to elaborate on what they thought about the sexual wellness workshops. This was also a process indicator, but an important outcome indicator to determine the overall understanding of the student workshops. Furthering student's understanding and having them achieve a more positive outlook to their own health and wellness was an important factor in this EBP project. This outcome indicator data was evaluated after every sexual wellness workshop and data was compiled

and analyzed at the end of the semester. Refer to Appendix G to view survey was used during workshops.

### **Results**

The DNP student analyzed process and outcome indicator data by mean monthly number of family planning office visits, actual number of LARC insertions, and proportion data of pre- and post-test scores. Data was first analyzed on May 10, 2019. A meeting was held with Judy Harris, Director of Palomar College Student Health Center, on May 10, 2019 to disseminate the data findings from DNP student. A stakeholder presentation was held on March 13, 2020 to disseminate the data findings via email to the lead NP of the student health center, Sarah Adams.

Three-month post-implementation revealed an increase in mean monthly family planning visits from 9.3 to 15; however, the increase did not reflect the student identification numbers who attended the sexual wellness workshops. Three-month post-implementation revealed the same number of IUD placements from fall semester compared to spring semester, with one actual IUD placement both semesters. This number did not reflect the student identification numbers who attended the sexual wellness workshop. Multiple confounding factors can be contributed to the reason why the family planning visits and LARC insertions were not scheduled by sexual wellness workshop attendees. First, being that this DNP student also remained on a clinical rotation at the same site and not only did the workshop attendees receive education on the various forms of contraception and family planning services, but all students received some form of education on contraception during routine student health visits. The staff at the student health center were also very knowledgeable on family planning benefits in

California and able to educate all students on the benefits of family planning visits. It is difficult to say if the impact of community-based interventions and student workshops can increase the number of family planning visits and LARC insertions. The student health center director recommended it could be beneficial to re-analyze data 6 and 12 months post evidence-based practice project implementation to determine if students utilized the student health center for these resources over a longer period of time. Another reason family planning visits may not have been utilized by students who attended the sexual wellness workshops is that most students were in attendance due to a requirement for their specific course, for example, freshman cohort must attend a certain number of TLC courses prior to the semester ending. It may have been more beneficial to specifically target students who were interested and seeking additional family planning services or had unmet contraceptive needs. Targeting this specific population could be a future DNP project idea.

Pre- and Post-test data was also analyzed, which revealed an increase in student knowledge on sexual wellness while attending college. Prior to the sexual wellness workshop, only one student reported ever receiving any formal education on family planning, LARC, or sexual wellness while in college. After the workshop, 98.2% of students felt attending the sexual wellness workshop will help them make better choices about their own health at college in the future. Also, post workshop 71.4% of students reported an increase of knowledge on all available forms of contraception, including LARC and 80.4% of students reported an increase knowledge of family planning benefits in California. Prior to the workshop, only 12.5% of student knew where to apply for Family PACT; however, after the sexual wellness workshop 88% of students knew where

to apply. Seven out of ten students reported a better understanding of health care services offered by the student health center.

In the open blank section, students offered comments, such as, “*surprised by the amount of help and resources available on campus*”, “*liked being informed on all the options of birth control*”, and “*lots of college students are not aware of the possible ways to prevent pregnancy and sexually transmitted diseases and this workshop was so useful and helpful for me*”. Over the five-month course of this EBP project, family planning visits did increase at the student health center and although this was not correlated with the student identification numbers who attended the sexual wellness workshops, it was an overall goal of the student health center. This project allowed the DNP student to reach out to 94 students on campus at both scheduled eight workshops and one nursing club meeting. The workshops also gave students information on various other health resources on their college campus. While reviewing post-workshop reflections written by the DNP student, it was found that at least one student from every workshop did something to improve their health. For example, the DNP student connected one student to resources to obtain a pregnancy test, two students were connected to the on-campus free dental van for a routine cleaning, one student was connected to free HIV testing on campus after learning about this resource at the workshop, at least three students accompanied the DNP student back to student health center to apply for California family planning services (Family Planning Access Care and Treatment Program), and one student was connected to Palomar College Pride Center and given campus resources for the LGBTQ community and although the student health center did not carry female condoms, this student was directed to a local Planned Parenthood to obtain this item.

### **Discussion and Sustainability**

The implementation of this EBP project improved student knowledge on contraception methods, family planning, and overall importance of sexual wellness in college. To sustain this project after graduation of the DNP student, it can be passed along to another DNP student at the University of San Diego Hahn School of Nursing if desired by the clinical site. This student will hopefully have an interest in public health and keep the students engaged during the sexual wellness workshops.

As a second method to sustain this clinical practice project, it is recommended that a project champion keep the project going until the next student is able to implement the evidence-based education sessions. An excellent project champion for the sexual wellness workshops is the Health Services Specialist at Palomar College. She has been an asset to this project and is very knowledgeable on the topics covered during the workshops. The primary nurse practitioner at Palomar College Student Health Center, Sarah Adams, would also be a great mentor to continue the project.

For further success to sustain this project, one change that can be made to this DNP project is by recruiting students who are specifically interested in family planning services or LARC to attend the educational workshops. This project booked appointments at various times in the Teaching & Learning Center (TLC) at Palomar College, which recruited mostly freshman students who needed to attend sessions for either their program of interest or extra credit. Through retrospective chart review, the next student could find participants who were interested in the family planning services offered by the student health center and give them more education and information to help increase LARC insertion and family planning services. This would hopefully reach out to a different



patient population looking for a long-term contraception method, not just students in their first year of college.

This DNP project was presented in a poster format at The Sigma Theta Tau International Nursing Odyssey Conference on October 10, 2019 and October 11, 2019 and was selected for presentation at the California Association for Nurse Practitioners on March 20, 2020, but the conference was canceled due to COVID-19. This project was also selected for presentation at the American Academy of Emergency Nurse Practitioners conference; however, the DNP student was unable to attend.

The Palomar student health center continues to be a family PACT provider; however, the student health center no longer offers IUD insertions. For students wanting an IUD for long-acting reversible contraception, they are referred to an outside facility with a warm hand-off given from the lead nurse practitioner.

### **Implications for Practice**

One approach to achieve a critical national goal of *Healthy People 2020* is by expanding reproductive health services, including patient education and counseling sessions (Office of Disease Prevention and Health Promotion, 2018). Nurse practitioners perform a critical role promoting sexual wellness and family planning in student health settings.

Sexual wellness workshops may have the potential to increase family planning visits and LARC use at a community college; however, they did not increase family planning visits or LARC insertion at Palomar community college campus. Family planning visits can decrease health disparities and barriers to obtaining the most effective

contraception, while expanding services for all reproductive-age women and men (WHO, 2018).

### **Conclusion**

All advanced practice nurses are in an ideal position to understand the complex health care needs of this population and perform a critical role in promoting sexual wellness and family planning in college students. The implementation of this EBP project improved student knowledge on available contraception methods, family planning, and overall importance of sexual wellness in college. Although not directly related to workshop attendance, family planning visits were also increased at this student health center. Overall, this EBP project can lead to healthier college students who are more proactive and knowledgeable about their own sexual health and wellness.

### References

- American College of Obstetricians and Gynecologists. (2018). *Adolescents and long-acting reversible contraception: Implants and intrauterine devices* [Committee Opinion No. 735]. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/adolescents-and-long-acting-reversible-contraception-implants-and-intrauterine-devices>
- California Department of Public Health. (2018). *Sexually transmitted diseases data*. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STDs-CA-2017Snapshot.pdf>
- Centers for Disease Control and Prevention. (2018). *Evidence summary: Prevent unintended pregnancy*. Retrieved March 30, 2019, from <https://www.cdc.gov/sixteen/pregnancy/index.htm>.
- Dearholt, S., & Dang, D. (2012). *Johns Hopkins nursing evidence-based practice: Model and guidelines* (2nd ed). Sigma Theta Tau International.
- Diedrich, J., Klein, D., & Peipert, J. (2017). Long-acting reversible contraception in adolescents: A systematic review and meta-analysis. *The American Journal of Obstetrics & Gynecology*, 216(4). <https://doi.org/10.1016/j.ajog.2016.12.024>
- Guttmacher Institute. (2019). *Unintended pregnancy in the United States*. Retrieved on March 30, 2019 from <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>
- Habel, M., Coor, A., Beltran, O., Becasen, J., Pearson, W., & Dittus, P. (2018). The state of sexual health services at U.S. colleges and universities. *Journal of American College Health*, 66. <https://doi.org/10.1080/07448481.2018.1431896>

- Harper, C., Rocca, C., Thompson, K., Morfesis, J., Goodman, S., Darney, P., . . . Speidel, J. (2015). Reductions in pregnancy rates in the USA with long-acting reversible contraception: A cluster randomized trial. *Lancet*, 386.  
[https://doi.org/10.1016/S0140-6736\(14\)62460-0](https://doi.org/10.1016/S0140-6736(14)62460-0)
- Hogben, M., Ford, J., Becasen, J., & Brown, K. (2015). A systematic review of sexual health interventions for adults: Narrative Evidence. *The Journal of Sex Research*, 52(4). <https://doi.org/10.1080/00224499.2014.973100>
- Jessamyn, P. & Prabjob, S. (2018). Barriers to implementation of long-acting reversible contraception: A systematic review. *Journal of the American Association of Nurse Practitioners*, 4. <https://doi.org/10.1097/JXX.0000000000000019>
- John's Hopkins Nursing Evidence-Based Practice. (2017). *Appendix D: Evidence Level and Quality Guide*. Retrieved from [https://www.hopkinsmedicine.org/evidence-based-practice/\\_images/EBP%20Tool%20Samples/2017\\_Appendix%20D\\_Evidence%20Level%20and%20Quality%20Guide\\_Page\\_1.png](https://www.hopkinsmedicine.org/evidence-based-practice/_images/EBP%20Tool%20Samples/2017_Appendix%20D_Evidence%20Level%20and%20Quality%20Guide_Page_1.png)
- Office of Disease Prevention and Health Promotion. (2018). Family Planning. Retrieved November 3, 2018, from <https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>
- Palomar College Fact Book. (2017).  
<https://www2.palomar.edu/pages/irp/files/2018/05/FactBook-16-17.pdf>
- Sharma, A., Frederiksen, B., Malcolm, N., Rollison, J., & Carter, M. (2018). Community education and engagement in family planning: Updated systematic review.

*American Journal of Preventive Medicine*, 55(5).

<https://doi.org/10.1016/j.amepre.2018.06.022>

Sonfield, A., Hasstedt, K., & Gold, B. (2014). Moving forward: Family planning in the era of health reform. Retrieved March 24, 2019, from

<https://www.guttmacher.org/report/moving-forward-family-planning-era-health-reform>

World Health Organization. (2018). *Family planning evidence brief: Expanding contraception choice*. Retrieved March 24, 2019, from

<https://apps.who.int/iris/bitstream/handle/10665/255865/WHO-RHR-17.14-eng.pdf;jsessionid=B6880CF4C87C87225D559FC15F69BF57?sequence=1>

## **Concluding Essay:**

### **Reflections on Growth in Advanced Practice Nursing Role**

The last three years of nurse practitioner school have been equally challenging and rewarding. Looking back on the last three years, I see how much I have grown as a nurse, a student, and now a primary care provider. The field of nursing is continuously changing and growing and going back to school to complete my nursing degree has given me a new set of responsibilities as an advanced practice nurse and also the commitment to continuously learn and grow. I am so pleased that I selected the University of San Diego to complete my Doctor of Nursing Practice degree. As a new nurse practitioner, I am looking forward to using the skills and knowledge I have developed at the University of San Diego to improve the healthcare of an entire population and also assist in the education of new nurses and nurse practitioners.

Under the guidance of my clinical mentors and preceptors, I have managed patients in various clinical settings including post-acute and long-term rehabilitation, dermatology, hospice, student health, women's health, trauma, burn clinic, urgent care, and the emergency department. Every clinical site has given me a unique set of skills and responsibilities to further my development as a nurse practitioner. Throughout my time as a nurse practitioner student, my interactions with advanced practice nurses and physicians has taught me the importance of high-quality patient care, providing a service to others, and the importance of impacting patients in a positive way. The Doctor of Nursing practice degree aligns with my ambition to deliver the best evidence-based practice in a clinical setting and experience this challenging yet rewarding healthcare role. I am so excited to start my career as a nurse practitioner and serve the San Diego community. I

know the University of San Diego has prepared me for the challenges I face ahead as a new graduate nurse practitioner.

## Appendix A

### IRB Approval

Date: 11-29-2018

**IRB #:** IRB-2019-174  
**Title:** Transforming Clinical Care Through Sexual Wellness Education for College Students  
**Creation Date:** 11-28-2018  
**End Date:**  
**Status:** Approved  
**Principal Investigator:** Chelsea Ovanek  
**Review Board:** USD IRB  
**Sponsor:**

#### Study History

Submission Type	Review Type	Decision
Initial	Exempt	<span style="color: orange;">No Engagement in Research</span>

#### Key Study Contacts

Member	Role	Contact
Chelsea Ovanek	Principal Investigator	covanek@san Diego.edu
Kevin Maxwell	Primary Contact	kmaxwell-11@san Diego.edu
Kevin Maxwell	Co-Principal Investigator	kmaxwell-11@san Diego.edu

Nov 29, 2018 10:06 AM PST

Chelsea Ovanek  
Hahn School of Nursing & Health Science

Re: Initial - IRB-2019-174 Transforming Clinical Care Through Sexual Wellness Education for College Students

Dear Dr. Chelsea Ovanek:

University of San Diego Human Subjects Review Board has rendered the decision below for Transforming Clinical Care Through Sexual Wellness Education for College Students.

Decision: No Engagement in Research

Findings: None

Research Notes:

Internal Notes:

*Note: We send IRB correspondence regarding student research to the faculty advisor, who bears the ultimate responsibility for the conduct of the research. We request that the faculty advisor share this correspondence with the student researcher.*

*The next deadline for submitting project proposals to the Provost's Office for full review is N/A. You may submit a project proposal for expedited or exempt review at any time.*





5998 Alcalá Park, San Diego, CA 92110-2492

[www.sandiego.edu/nursing](http://www.sandiego.edu/nursing)

18 November 2018

To: Institutional Review Board, University of San Diego

From: Dr. Kevin J Maxwell DNP FNP-BC RN  
Clinical Associate Professor, Hahn School of Nursing and Health Science

I am serving as Faculty Advisor / Mentor for the DNP Project Titled:  
"Transforming Clinical Care Through Sexual Wellness Education for College Students" conducted by Chelsea Ovanek, DNP Student in the Hahn School of Nursing and Health Science. I approve of this timely and important project and will be advising her throughout the process.

If you have any questions, please do not hesitate to contact me at (619) 750-5502 or [kmaxwell-11@sandiego.edu](mailto:kmaxwell-11@sandiego.edu).

Sincerely,

Kevin J Maxwell DNP, FNP-BC, RN  
Clinical Associate Professor, Hahn School of Nursing and Health Science  
[kmaxwell-11@sandiego.edu](mailto:kmaxwell-11@sandiego.edu) 619-750-5502.

## Appendix B

### Letter of Support from Clinical Site



**Joi Lin Blake, Ed.D.**  
Superintendent/President

**Governing Board**  
Nancy Ann Hensch, President  
Paul McNamara, Vice President  
John J. Halcon, Secretary  
Mark R. Evilsizer, Trustee  
Nina Deerfield, Trustee

**Judy L. Harris, M.S.N., FNP-BC**  
Director  
Student Health Centers  
jharris@palomar.edu  
760.744.1150 extension 2380

1140 West Mission Road  
San Marcos, CA 92069-1487  
760/744-1150 or 760/727-7529  
www.palomar.edu

November 14, 2018

To: Institutional Review Board, University of San Diego

From: Aiden W. Ely, Interim Vice President of Student Services

RE: Clinical Practice Project for USD DNP Student Chelsea Ovanek, RN, BSN

Chelsea Ovanek RN, BSN has submitted a clinical project proposal entitled **Transforming Clinical Care Through Sexual Wellness Education for College Students: Introducing Long Acting Reversible Contraception (LARC) and Family Planning Access Care and Treatment Program (PACT) Education Sessions at a Community College to Palomar Community College District Institutional Research and Planning Department** for consideration and approval. Ms. Ovanek has requested to conduct this project on Palomar College San Marcos Campus from January- May 2019. This project proposal has the support of the Director, Student Health Center.

The Institutional Research and Planning Department has determined that this proposal should be considered a clinical practice project and as such is waived from IRB approval.

If you have any questions, please do not hesitate to contact me at (760) 744-1150 X 2158.

Sincerely,

Aiden Ely

## Appendix C

### Poster Abstract with Letters of Acceptance to Conferences

#### TRANSFORMING CLINICAL CARE THROUGH SEXUAL WELLNESS EDUCATION

**Statement of the Problem:** Unintended pregnancy remains a serious public health challenge throughout the world. In the United States, college-aged students continue to be a vulnerable population for this health issue, with estimates that 1 in 5 women will give birth before age twenty and 80% of those pregnancies unintended. Despite the statistics, approximately 40% of college students have received formal education on unintended pregnancy, sexually transmitted infections (STIs), or effective contraception use. According to the World Health Organization, spending additional time developing quality standards for family planning programs can ensure access to preferred contraception methods. The mean monthly number of family planning visits at a community college student health center in fall 2018 semester was 9.3 with one IUD insertion. Sexual health resources offered in college are often underutilized by students.

**Purpose of Project:** An overview of this project is to implement evidence-based education workshops to increase college student awareness on family planning, Long-Acting Reversible Contraception (LARC), and overall importance of sexual wellness while attending college.

**Evidenced-Based Methods Utilized:** The impact of community education on family planning and sexual wellness is the forefront of this DNP project. A systematic review evaluating nine studies revealed community-based interventions and education workshops can promote awareness of the multiple family planning services available to a college-aged population. Literature reveals two-year colleges have an unequal number of students who are underinsured or of low socioeconomic status. This project aimed to educate two-year community college students because of the increased risk for this knowledge gap due to the barrier in health care coverage. A cluster randomized trial with over 1500 women enrolled at 40 various health clinics further enforces that counseling on intra-uterine devices (IUDs), implants, and the most effective forms of contraception can lead to more LARC placement in clinics.

**Innovation/Resulting Change:** Goals include increased utilization of student health clinic resources for LARC, family planning, and sexual wellness. Final results are pending.

**Significance for Practice:** One approach to achieve a critical national goal of *Healthy People 2020* is by expanding reproductive health services, including patient education and counseling sessions. Nurse practitioners perform a critical role promoting sexual wellness and family planning in student health settings.

**Future Recommendations:** Sexual wellness workshops may have the potential to increase family planning visits and LARC use at a community college. Family planning visits can decrease health disparities and barriers to obtaining the most effective contraception, while expanding services for all reproductive-age women and men.



**SIGMA SoCAL ODYSSEY 2019 CONFERENCE**  
**Advancing Nursing and Changing Lives:**  
**Addressing Health Disparities and Diversity**  
 OCTOBER 10 & 11, 2019

July 24, 2019

Dear Presenter,

On behalf of the Sigma SoCal Odyssey Consortium 2019 Conference Planning Committee, I am pleased to inform you that your abstract was selected for poster presentation on Thursday, October 10 & Friday October 11 at DoubleTree Hilton Hotel Ontario Airport, 222 N Vineyard Ave, Ontario, California 91764.

Poster presentations are scheduled on Thursday from 7:30 to 8:30 am, 9:45 to 10:15 am, and 2:30 to 3 pm, and on Friday from 7:30 to 8:30 am, 10:00 to 10:30 am, and 2:30 to 2:45 pm. You or a representative should be available to answer questions regarding your poster during these times and if at all possible during the latter part of the lunch hour.

Poster tables will be available for set-up beginning at 7:00 am on Thursday. Plan to have your poster assembled and set up by 7:30 am on Thursday (**if your poster is not setup by 8:00 AM on Thursday, it will not be displayed or considered for judging**). We would like to request that posters remain on display for both Thursday and Friday. Posters must be taken down by 5:00 pm on Friday. The hotel will discard unclaimed poster materials.

You will be provided with a table area approximately **3 feet by 3 feet** for the poster and any materials you wish to display. Posters **must be free standing**. Posters **may not** be attached to the walls. Please let me know if you have questions regarding the required dimensions of your poster.

If you provide handouts, include the title of the research/innovative project, your name, and phone number or email address on the handouts. The conference will neither provide nor pay for copy service. Your abstract will be available in the conference proceedings. We anticipate as many as 300 nurses in attendance over the 2 days of the conference; however, we are unable to estimate the number who will express an interest in individual posters. In addition to handouts, you may want to have a sign-up sheet available and/or business card in case you run out of printed materials.

Posters will be judged randomly throughout the day on Thursday. Judges will assure poster presenters **are not** at their posters during the judging period. Awards for outstanding posters will be presented between 9:45 – 10:00 AM on Friday. Presenters or their designee should be present on Friday to accept awards.

Poster presenters are expected to confirm acceptance and register for the conference **by 8-9-29**. Please send your **e-mail confirmation of acceptance to me, (rsakamoto@fullerton.edu)**, by 8/9/19. Please note that final acceptance of your abstract is contingent upon conference registration at <https://sigmasocalodyssey.regfox.com/2019-so-california-regional-stti-odyssey-conference>

A handout, *Suggestions for Making Posters*, is attached for the novice presenter, as well as the criteria utilized by the poster judges.

***We are looking forward to a stimulating, scholarly event. Your poster will be a valued part of the program.***

Sincerely,

Rose Sakamoto, DrPH, MSN, CCRN, NP-BC – Upsilon Beta Chapter  
 Sigma SoCal Odyssey 2019 Innovative Abstract Subcommittee

The conference is sponsored by the following STTI Chapters: Chi Mu; Gamma Alpha; Gamma Gamma; Gamma Tau @ large; Iota Sigma; Nu Mu; Omicron Delta; Phi Alpha; Phi Theta; Psi Theta @ large; Rho Beta; Upsilon Beta; Xi Theta; Zeta Mu at large

CANP 43rd Annual Educational Conference Abstract Inbox x

**Erin Meyer** <erin@shawyoderantwih.com>  
to ▾

Mon, Sep 16, 2019, 5:30 PM ☆ ↶ ⋮

Dear Presenter,

Thank you for submitting an abstract to present a poster at CANP's 43<sup>rd</sup> Annual Educational Conference taking place March 19-21, 2020 in Riverside. **Congratulations, your poster has been accepted.**

Poster presenters will be assigned a specific presentation time within one of the following time slots:

Thursday, March 19

- 7:45 – 8:15 a.m.
- 10:15 – 11:15 a.m.

Friday, March 20

- 7:30 – 8:15 a.m.
- 10:30 – 11:15 a.m.

Poster presenters are required to register for at least the day of the conference they are presenting. However, we encourage you to register and attend the entire conference. Additional information including specific presentation times will be sent to poster presenters later this month. Please let me know if you have any questions.

**Erin Meyer**

Events & Education Director  
1415 L Street, Suite 1000  
Sacramento, CA 95814  
916 441-1361  
[canpweb.org](http://canpweb.org)

Power in Practice

**AAENP** <aaenp.info@gmail.com>  
to Anna, bcc: me ▾

Fri, Sep 20, 2019, 8:30 AM ☆ ↶ ⋮

Dear Poster Presenter,

Thank you for submitting an abstract to present your poster at AAENP's Western **Conference** taking place November 1st- 3rd, 2019 in Las Vegas, NV. **Congratulations, your abstract has been accepted.**

Poster presentations will occur on November 2nd, 2019 from 11:50- 1:10pm PST. If you are unable to be present at the **conference**, please respond to this email. Awards will be announced on November 3rd.

Lastly, to present, **please ensure that you are registered for the conference.** To register go to <https://www.aaenp-natl.org/aaenp-western-regional-conference>.

Please do not hesitate to contact us if you have any questions.

Best,

Anna Jovel

**Account Executive**

AAENP

480-585-6105

7729 E. Greenway Rd., #300

Scottsdale, AZ 85260



## Appendix D

### Final Poster Presentation



**tlc**  
PALOMAR COLLEGE  
TEACHING and LEARNING CENTER  
*Skills • Support • Success*

Chelsea Ovanek, BSN, RN, CCRN-K, CEN  
Doctor of Nursing Practice Student

Dr. Kevin Maxwell, DNP, FNP-BC, Judy Harris, MSN, RN, FNP-BC  
Sarah Adams, MSN, RN, FNP-BC, Dr. Phan, MD, Dr. Jenkins, MD, Lenka Schalkle, MPH, CHES



University  
of San Diego  
HARRIS SCHOOL OF NURSING AND HEALTH SCIENCE  
*Advancing Research • Advancing Practice • Advancing Simulation*

#### Transforming Clinical Care Through Sexual Wellness Education for Community College Students

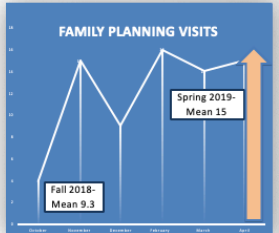
##### Background

- 40% of college students have received formal education on family planning.
- One in five women will give birth before age twenty with 80% unintended.
- Family planning programs:
  - Decrease health disparities and barriers to obtaining the most effective contraception.
  - Expand access to services for all reproductive-age women and men.

##### Evidence for Problem

- College-based interventions and the impact of workshop education on family planning and sexual wellness is the focus of this DNP project.
- Family planning services are underutilized by college students.

##### Conclusions



**FAMILY PLANNING VISITS**

**71.4% of students reported an increase knowledge on all available forms of contraception, including LARC**



- The implementation of this EBP project improved student knowledge on available contraception methods, family planning, and overall importance of sexual wellness in college.
- The sexual wellness workshops did not increase family planning visits or LARC insertions at this college campus.

##### Purpose

Implement evidence-based education sessions to increase student awareness on Long-Acting Reversible Contraception (LARC), family planning, and overall importance of sexual wellness while attending college.

##### Evidence-Based Benchmarks

- Increased family planning visits, LARC insertions, and increased student understanding of sexual wellness, contraception choices, and health center services measured by pre- and post-test survey

##### Framework/EBP Model

The Johns Hopkins Nursing Evidence-Based Practice Model (JHNEBP)

##### Evaluation Results

- Mean monthly family planning visits pre-implantation was 9.3 with one IUD insertion.
- Three-month post project data revealed an increase in mean family planning visits to 15 with one IUD.
- No correlation between the increase in visits and workshop student attendance.
- Reached out to 94 college students to discuss sexual wellness.

##### Project Plan Process

###### Pre-Implementation

- Proposal of DNP project to Palomar Community College Student Health Center
- Letters of support signed; Palomar College and USD IRB acceptance
- Workshop curriculum refined
- Faculty Plenary & outreach

October 31<sup>st</sup>, 2018

###### Implementation

- February 5<sup>th</sup> – May 9<sup>th</sup> 2019 workshops
- Pre- and post-test surveillance
- Process indicator data monitoring
- Outreach/advertising to students/faculty

###### Post-Implementation

- Data analysis of metrics
- Data dissemination
- Poster presentation
- USD presentation
- Stakeholder presentation

May 9<sup>th</sup>, 2019 – Graduation

##### Student Engagement Opportunities

- One student reported having sexual wellness education prior to workshop.
- 80.4% reported an increase knowledge of family planning benefits in California.
- 7 out of 10 reported a better understanding of services offered by the health center.
- 98.2% felt attending sexual wellness workshops will help them make better choices about their own health while in college.

##### Cost-Benefit Analysis

According to the CDC, when unintended pregnancies are prevented:  
**\$1 SPENT = \$4.02 SAVED**

Cost-Benefit Analysis  
4.02  
Return on Investment  
302%

##### Implications for Clinical Practice

One approach to achieve a critical national goal of *Healthy People 2020* is by expanding reproductive health services, including patient education and counseling sessions.

Please contact covanek@sandiego.edu for references or additional information.

## Appendix E

### Stakeholder PowerPoint

#### Stakeholder Presentation



### Transforming Clinical Care Through Sexual Wellness Education for Community College Students

Chelsea Ovanek, BSN, RN  
Doctor of Nursing Practice Student

Thank you -  
Dr. Kevin Maxwell, DNP, FNP-BC, Judy Harris, MSN, RN, FNP-BC  
Sarah Adams, MSN, RN, FNP-BC, Dr. Phan, MD, Dr. Jenkins, MD, Lenka Schalkle, MPH, CHES

#### Background and Significance

- Unintended pregnancy is a serious public health challenge.
- 40% of college students have received formal education on family planning (Diedrich, Klein, & Peipert, 2017).
- One in five women will give birth before age twenty with 80% unintended (Guttmacher Institute, 2019).
- Gonorrhea, Chlamydia, and Syphilis infection rates are increasing (California Department of Public Health, 2018).



## Importance of Programs

- College age students are vulnerable to these public health issues.
- Family planning programs can:
  - Decrease health disparities and barriers to obtaining the most effective contraception (WHO, 2018).
  - Expand access to services for all reproductive-age women and men (WHO, 2018).



## Needs Assessment

- College-based interventions and the impact of workshop education on family planning and sexual wellness is the focus of this DNP project.
  - Mean monthly family planning visits pre-implantation at a community college was 9.3 with one IUD insertion.
  - Palomar College Student Health Center became a family PACT provider in fall 2018.
  - Many family planning services were underutilized by students because they were unaware of what services were offered to them.





## Implementation Site

- The Palomar Community College is a public two-year community college located in San Marcos, California.
- In the 2017-2018 school year, Palomar College had approximately 24,870 students enrolled (Palomar College Fact Book, 2017).
- The student health center has been a family planning access care and treatment program (Family PACT) provider since the Fall 2018 semester.



## Purpose/Aims

- The purpose of this DNP project was to:
  - Implement evidence-based education sessions to increase student awareness on Long-Acting Reversible Contraception (LARC),
  - Increase Family planning visits,
  - And improve overall importance of sexual wellness while attending college.



## Framework/EBP Model

- The Johns Hopkins Nursing Evidence-Based Practice Model (JHNEBP) was used for this clinical practice project (Dearholt & Dang, 2012).



## Synopsis of the Evidence

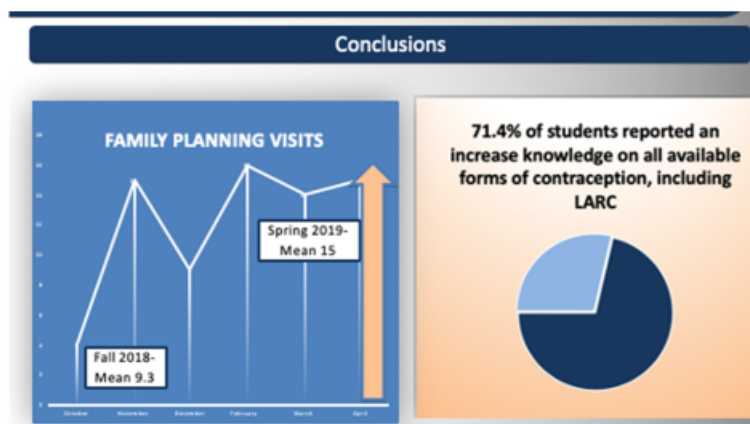
- Eight sexual wellness workshops at the Palomar College TLC center and one at nursing club.
- Mean monthly family planning visits pre-implantation was 9.3 with one IUD insertion.
- Three-month post project data revealed an increase in mean family planning visits to 15 with one IUD.
- No correlation between the increase in visits and workshop student attendance – family planning visits increased spontaneously.
- Reached out to 94 college students to discuss sexual wellness.



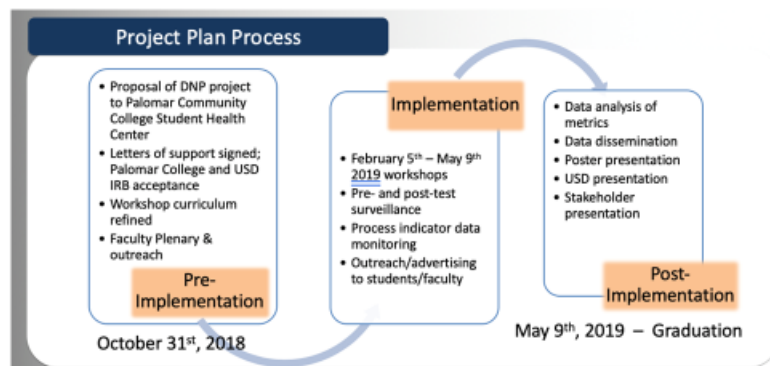
- The implementation of this EBP project improved student knowledge on available contraception methods, family planning, and overall importance of sexual wellness in college.
- The sexual wellness workshops did not increase family planning visits or LARC insertions at this college campus.



## Results



## Project Plan Process and Timeline



## Student Engagement Opportunities

- One student reported having sexual wellness education prior to workshop.
- 80.4% reported an increase knowledge of family planning benefits in California (Family PACT).
  - Pre - 12.5% knew where to apply for FPACT
  - Post - 88% knew where to apply for FPACT
- 7 out of 10 reported a better understanding of services offered by the health center.
- 98.2% felt attending sexual wellness workshops will help them make better choices about own health while in college.



## Cost-Benefit Analysis

- All workshops led by me = Free.
- Only costs were for printing supplies.
- Estimate came from the CDC.

According to the CDC, when unintended pregnancies are prevented:  
**\$1 SPENT = \$4.02 SAVED**

**Cost-Benefit Analysis**  
**4.02**  
**Return on Investment**  
**302%**



## Conclusions

- The implementation of this EBP project improved student knowledge on available contraception methods, family planning, and overall importance of sexual wellness in college.
- The sexual wellness workshops did not increase family planning visits or LARC insertions at this college campus.

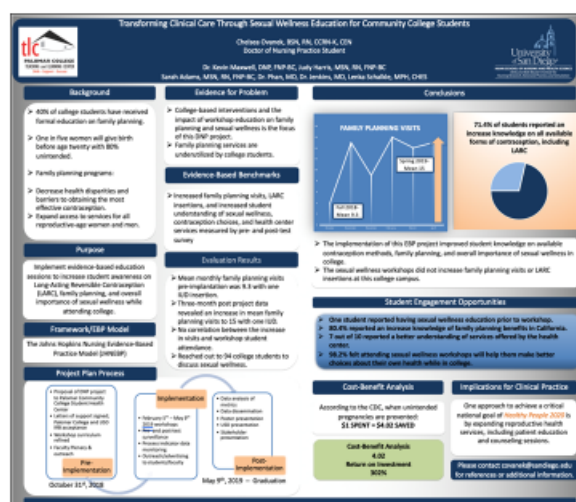


## Implications for Clinical Practice

- One approach to achieve a critical national goal of *Healthy People 2020* is by expanding reproductive health services, including patient education and counseling sessions (Office of Disease Prevention and Health Promotion, 2018).
- This clinical practice project = one step closer to meeting Healthy People 2020 goal.
- NPs are in an ideal position to counsel on family planning services.



## Poster Presentation



## Conference Presentation

- This DNP project was presented in a poster format at The Sigma Theta Tau International Nursing Odyssey Conference on October 10, 2019 and October 11, 2019.
- Selected for presentation at the California Association for Nurse Practitioners on March 20, 2020, but the conference was canceled due to COVID-19.



## References

- California Department of Public Health. (2018). Sexually Transmitted Diseases Data. Retrieved November 3, 2018, from <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STDs-CA-2017Snapshot.pdf>.
- Centers for Disease Control and Prevention. (2018). Unintended Pregnancy Prevention. Retrieved November 3, 2018, from <https://www.cdc.gov/sixteenteen/pregnancy/index.htm>.
- Dearholt, S., & Dang, D. (2012). *Johns Hopkins nursing evidence-based practice: Model and guidelines*. 2nd ed. Indianapolis, IN: Sigma Theta Tau International.
- Diedrich, J., Klein, D., & Peipert, J. (2017). Long-acting reversible contraception in adolescents: A systematic review and meta-analysis. *The American Journal of Obstetrics & Gynecology*, 216(4). doi:10.1016/j.ajog.2016.12.024
- Guttmacher Institute. (2019). Unintended Pregnancy in the United States. Retrieved on March 30, 2019 from <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>.
- John's Hopkins Nursing Evidence-Based Practice. (2017). *Appendix D: Evidence Level and Quality Guide*. Retrieved from [https://www.hopkinsmedicine.org/evidence-based-practice/\\_images/EBP%20Tool%20Samples/2017\\_Appendix%20D\\_Evidence%20Level%20and%20Quality%20Guide\\_Page\\_1.png](https://www.hopkinsmedicine.org/evidence-based-practice/_images/EBP%20Tool%20Samples/2017_Appendix%20D_Evidence%20Level%20and%20Quality%20Guide_Page_1.png).
- Office of Disease Prevention and Health Promotion. (2018). Family Planning. Retrieved November 3, 2018, from <https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>.
- Palomar College Fact Book. (2017). Retrieved January 24, 2019, from <https://www2.palomar.edu/pages/fbp/files/2018/05/FactBook-16-17.pdf>.
- World Health Organization. (2018). Family planning evidence brief: Expanding contraception choice. Retrieved March 24, 2019, from <https://apps.who.int/iris/bitstream/handle/10665/255865/WHO-RHR-17.14-eng.pdf;jsessionid=B6880CF4C87C87225D559FC15F69BF57?sequence=1>.



## Appendix F

### DNP Program Outcomes Exemplars

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
<p><b>DNP Essential I: Scientific Underpinnings for Practice</b></p> <p><b>NONPF: Scientific Foundation Competencies</b></p> <p><i>The scientific foundation of nursing practice has expanded and includes a focus on both the natural and social sciences including human biology, genomics, science of therapeutics, psychosocial sciences, as well as the science of complex organizational structures. In addition, philosophical, ethical, and historical issues inherent in the development of science create a context for the application of the natural and social sciences.</i></p>	<p><b>2.</b> Synthesize nursing and other scientific and ethical theories and concepts to create a foundation for advanced nursing practice.</p>	<ul style="list-style-type: none"> <li>• <b>FALL 2017</b></li> <li>• Formal literature review on the epidemiological importance of occupational hypertension screening</li> <li>• Met core competencies in advanced pathophysiology of disease</li> <li>• Utilized Rosswurm &amp; Larrabee model to guide PICOT question in Evidence-Based Practice</li> <li>• <b>SPRING 2018</b></li> <li>• Completed complementary alternative medicine project- St. John's Wort</li> <li>• Met core competencies in advanced pharmacology</li> <li>• <b>SUMMER 2018</b></li> <li>• Reflective journaling practice to document personal and professional learning events throughout semester.</li> <li>• <b>FALL 2018</b></li> <li>• Refined clinical assessment skills with 54 hours of assessment lab.</li> <li>• Completed weekly assessment checkoffs on every system.</li> </ul>



AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
		<ul style="list-style-type: none"> <li>• Successful passed OSCE on a complex patient presenting with hypertension, hyperlipidemia, and obesity.</li> <li>• Used/learned screening techniques to identify and manage individuals at risk for common chronic and acute health problems.</li> <li>• <b>SPRING 2019</b></li> <li>• Successfully passed OSCE for a well woman contraceptive visit.</li> <li>• Implemented Johns Hopkins Evidenced Based Practice model to guide DNP project at Palomar College.</li> <li>• <b>SUMMER 2019</b></li> <li>• Used and learned screening techniques and identified individuals at risk for common health conditions in the emergency setting.</li> <li>• Diagnose and recognize emergent situations and initiate interventions during OSCE events and at clinical in urgent care.</li> <li>• Demonstrated an understanding of the legal and ethical requirements for</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
		<p>practice as an emergency nurse practitioner.</p> <ul style="list-style-type: none"> <li>• Class presentation on a case study of iron deficiency anemia.</li> <li>• Successfully passed OSCE for retropharyngeal abscess and cauda equina syndrome.</li> <li>• Successfully passed OSCE for patient presenting with migraine headaches.</li> <li>• <b>FALL 2019</b></li> <li>• Met core competencies in primary care 608 course and completed all necessary clinical hours.</li> <li>• Successfully passed OSCE for patient presenting with two orthopedic complaints and COPD exacerbation</li> <li>• Successfully passed OSCE for patient presenting with cholecystitis.</li> <li>• <b>SPRING 2020</b></li> <li>• Met core competencies in primary care 609 course and completed all necessary clinical hours</li> <li>• Successfully passed cardiac case study</li> </ul>
<b>DNP Essential II: Organizational &amp; System Leadership for Quality Improvement and Systems Thinking</b>	<b>5. Design, implement, and evaluate ethical health care delivery systems and information systems that meet societal</b>	<ul style="list-style-type: none"> <li>• <b>FALL 2017</b></li> <li>• Graduate Nursing Student Association Program Committee Chairperson</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
<p><b>NONPF: Leadership Competencies/Health Delivery System Competencies</b></p> <p><i>Advanced nursing practice includes an organizational and systems leadership component that emphasizes practice, ongoing improvement of health outcomes, and ensuring patient safety. Nurses should be prepared with sophisticated expertise in assessing organizations, identifying system's issues, and facilitating organization-wide changes in practice delivery. This also requires political skills, systems thinking, and the business and financial acumen needed for the analysis of the practice quality and costs.</i></p>	<p>needs and ensure accountability for quality outcomes.</p>	<ul style="list-style-type: none"> <li>• CANP member</li> <li>• AANP member</li> <li>• <b>SPRING 2018</b></li> <li>• Ability to develop a strategic plan for an organizational need</li> <li>• DNP Program Outreach Committee member</li> <li>• Developed a strategic management plan to integrate palliative care consults within an emergency department</li> <li>• Financial Management Proposal for Electronic Health Record – recording and presented to class</li> <li>• <b>SUMMER 2018</b></li> <li>• Development of own business proposal to integrate financial decision making for a health care setting.</li> <li>• Utilized return on investment analysis, SWOT analysis, cost benefit analysis for business proposal in financial planning.</li> <li>• <b>FALL 2018</b></li> <li>• Working with social work and case management during clinical time, keeping in mind the social determinants of health and lack of</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
		<p>appropriate insurance coverage in a low-income population, homeless population, and Medicare population.</p> <ul style="list-style-type: none"> <li>• <b>SPRING 2019</b></li> <li>• Completed DNP EBP project – introducing sexual wellness to community college students.</li> <li>• <b>SUMMER 2019</b></li> <li>• New AAENP member</li> <li>• Acceptance to present poster presentation at conference.</li> <li>• <b>FALL 2019</b></li> <li>• Presented poster presentation at Sigma Theta Tau International conference. Answered questions from other NPs, gained more confidence with public speaking and describing goals of project</li> <li>• <b>SPRING 2020</b></li> <li>• Adapted to the impact of COVID19 at my clinical site while changing all in-person coursework to virtual</li> <li>• Stakeholder presentation via email with Palomar NP</li> <li>• DNP presentation via zoom at USD</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
<p><b>DNP Essential III: Clinical Scholarship &amp; Analytical Methods for Evidence-Based Practice</b></p> <p><b>NONPF: Quality Competencies/Practice Inquiry Competencies</b></p> <p><i>Scholarship and research are the hallmarks of doctoral education. Although basic research is viewed as the first and most essential form of scholarly activity, an enlarged perspective of scholarship has emerged through alternative paradigms that involve more than discovery of new knowledge. These paradigms recognize: (2) the scholarship of discovery and integration “reflects the investigative and synthesizing traditions of academic life;” (2) scholars give meaning to isolated facts and making connections across disciplines through the scholarship of integration; and (3) the scholar applies knowledge to solve a problem via the scholarship of application that involves the translation of research</i></p>	<p><b>4.</b> Incorporate research into practice through critical appraisal of existing evidence, evaluating practice outcomes, and developing evidence-based practice guidelines.</p>	<ul style="list-style-type: none"> <li>• <b>FALL 2017</b></li> <li>• CITI training</li> <li>• Completed evidence-based literature review on the need for standardized palliative care screening in the emergency department</li> <li>• <b>SPRING 2018</b></li> <li>• Utilized evidence-based articles for the improvement of patient care and outcomes</li> <li>• <b>FALL 2018</b></li> <li>• Developed strategic plan for implementing palliative care referrals in the emergency department.</li> <li>• Formulated proposal to Palomar College for DNP project.</li> <li>• Met with director of Palomar College for DNP project approval.</li> <li>• <b>SPRING 2019</b></li> <li>• Evaluated literature using the Johns Hopkins level of ranking worksheet – did examples in class, prepared a rough draft of final manuscript in program planning.</li> <li>• Developed sexual wellness educational workshops for 94 college students.</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
<i>into practice and dissemination and integration of new knowledge.</i>		<ul style="list-style-type: none"> <li>• Completed data collection for final DNP project.</li> <li>• <b>SUMMER 2019</b></li> <li>• Emergency manuscript describing case study of Giant Cell Arteritis and its diagnosis and management.</li> <li>• <b>FALL 2019</b></li> <li>• Presented poster presentation at Sigma Theta Tau international conference</li> <li>• Utilized evidence-based literature and up to date during patient encounters at clinical site, referring back when in doubt and asking preceptor for clarification.</li> <li>• <b>SPRING 2020</b></li> <li>• Prepared for COVID19 at clinical site utilizing additional triage outside emergency department and shutting down 6 beds in fast track and managing fast track with one provider.</li> </ul>
<b>DNP Essential IV: Information Systems/Technology &amp; Patient Care Technology for Improvement &amp; Transformation of Health Care</b>	7. Incorporate ethical regulatory, and legal guidelines in the delivery of health care and the selection, use, and evaluation of information systems and patient care technology.	<ul style="list-style-type: none"> <li>• <b>SPRING 2018</b></li> <li>• Healthcare information management project- projection of cardiac diseases in the U.S.</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
<p><b>NONPF: Technology &amp; Information Literacy Competencies</b></p> <p><i>DNP graduates are distinguished by their abilities to use information systems/technology to support and improve patient care and health care systems, and provide leadership within health care systems and/or academic settings. Knowledge and skills related to information systems/technology and patient care technology prepare the DNP graduates apply new knowledge, manage individual and aggregate level information, and assess the efficacy of patient care technology appropriate to a specialized area of practice along with the design, selection, and use of information systems/technology to evaluate programs of care, outcomes of care, and care systems. Information systems/technology provide a mechanism to apply budget and productivity tools, practice information systems and decision supports, and web-based learning or intervention tools to support and improve patient care.</i></p>		<ul style="list-style-type: none"> <li>• Developed health care informatics excel spreadsheets, completed labs each week during HCIN</li> <li>• <b>SUMMER 2019</b></li> <li>• Completed emergent telehealth SIM lab and correctly diagnosed Neuroleptic Malignant Syndrome.</li> <li>• Completed telehealth SIM lab and correctly managed asthma exacerbation in a rural setting.</li> <li>• Completed telehealth OSCE for psychiatric population patient and successfully passed ENP course.</li> <li>• <b>FALL 2019</b></li> <li>• Learned and successfully documented on new EHR system at various clinical sites</li> <li>• Compiled data from DNP project and provided data results in a poster presentation form</li> <li>• <b>SPRING 2020</b></li> <li>• Learned and successfully documented on new EHR system for Balboa Naval Medical Center</li> <li>• Finalized manuscript and poster presentation for stakeholder and DNP presentation day</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
<p><b>DNP Essential V: Health Care Policy for Advocacy in Health Care</b></p> <p><b>NONPF: Policy Competencies</b></p> <p><i>Health care policy, whether created through governmental actions, institutional decision-making, or organizational standards, creates a framework that can facilitate or impede the delivery of health care services or the ability of the provider to engage in practice to address health care needs. Engagement in the process of policy development is central to creating a health care system that meets the needs of its constituents. Political activism and the commitment to policy development are central elements of DNP practice.</i></p>	<p><b>3.</b> Demonstrate leadership in collaborative efforts to develop and implement policies to improve health care delivery and outcomes at all levels of professional practice (institutional, local, state, regional, national, and/or international).</p>	<ul style="list-style-type: none"> <li>• <b>SPRING 2018</b></li> <li>• Health policy manuscript on Law Enforcement Mental Health and Occupational Wellness- policy brief sent to CANP</li> <li>• Supported and signed position statement regarding full practice authority for certified nurse midwives</li> <li>• <b>SPRING 2019</b></li> <li>• Discussed implementation strategies to decrease substance abuse in teens in class with Dr. Fuller– raising taxes and using preventative strategies.</li> <li>• <b>FALL 2019</b></li> <li>• Discussed the benefits of full practice authority for nurse practitioners with other providers at clinical site, educating them on the utilization of nurse practitioners.</li> <li>• Attended and presented poster presentation at international conference (Sigma Theta Tau)</li> <li>• Joined AAENP</li> <li>• <b>SPRING 2020</b></li> <li>• Member of AAENP</li> <li>• Member of CANP</li> </ul>



AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
		<ul style="list-style-type: none"> <li>• Continuously staying updated on current situation with public health crisis COVID19 – counseled multiple patients on when to return to ED to prevent overcrowding</li> <li>• Adapted to new triage technique in emergency department fast track setting to gain control of rapidly changing public health crisis COVID19</li> </ul>
<p><b>DNP Essential VI: Interprofessional Collaboration for Improving Patient &amp; Population Health Outcomes</b></p> <p><b>NONPF: Leadership Competencies</b></p> <p><i>Today's complex, multi-tiered health care environment depends on the contributions of highly skilled and knowledgeable individuals from multiple professions. In order to accomplish the IOM mandate for safe, timely, effective, efficient, equitable, and patient-centered care in this environment, health care professionals must function as highly collaborative teams. DNPs have advanced preparation in the interprofessional dimension of</i></p>	<p><b>1.</b> Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidenced-based, culturally competent therapeutic interventions for individuals or aggregates.</p> <p><b>3.</b> Demonstrate leadership in collaborative efforts to develop and implement policies to improve health care delivery and outcomes at all levels of professional practice (institutional, local, state, regional, national, and/or international).</p>	<ul style="list-style-type: none"> <li>• <b>FALL 2017</b></li> <li>• Became the Graduate Nursing Student Association Program Committee Chairperson. Assisted in planning of student events, financial resources, morale boosting etc.</li> <li>• <b>SPRING 2018</b></li> <li>• DNP Program Outreach Committee member: Seeking to reach out to surrounding communities, network with volunteer organizations, and create opportunities in health care for lower income populations.</li> <li>• Took part in signing health policy position statements</li> <li>• <b>SUMMER 2018</b></li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
<p><i>health care that enable them to facilitate collaborative team functioning and overcome impediments to interprofessional practice. DNP graduates have preparation in methods of effective team leadership and are prepared to play a central role in establishing interprofessional teams, participating in the work of the team, and assuming leadership of the team when appropriate.</i></p>		<ul style="list-style-type: none"> <li>• Development of a business proposal to integrate financial planning in a health care setting.</li> <li>• <b>SPRING 2019</b></li> <li>• Worked with patients at local student health center to enroll in California family planning benefits to receive appropriate preventative healthcare in college.</li> <li>• Work with other specialties at Palomar College – behavioral health in order to facilitate mental health services for students</li> <li>• Managed patients at post-acute rehabilitation with multiple other specialties setting up a team tiered environment for care</li> <li>• <b>SUMMER 2019</b></li> <li>• Learned importance of medical decision making for the emergency patient, as well as, EM coding and billing.</li> <li>• <b>FALL 2019</b></li> <li>• Consulted with many other specialties at urgent care clinical site maintaining professional and open communication.</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
		<ul style="list-style-type: none"> <li>• Collaboration with MDs and OD with urgent care cases</li> <li>• Successfully passed OSCE and routed patient to higher level of care due to accurate history and physical exam findings</li> <li>• <b>SPRING 2020</b></li> <li>• Collaboration with multiple other providers and consulting provider in the emergency department fast track setting</li> <li>• Confident when to send patient to higher level of care (higher emergency department acuity on core side).</li> </ul>
<p><b>DNP Essential VII: Clinical Prevention &amp; Population Health for Improving Nation's Health</b></p> <p><b>NONPF: Leadership Competencies</b></p> <p><i>Consistent with national calls for action and with the longstanding focus on health promotion and disease prevention in nursing, the DNP graduate has a foundation in clinical prevention and population health. This foundation enables DNP graduates to analyze</i></p>	<p><b>6.</b> Employ a population health focus in the design, implementation, and evaluation of health care delivery systems that address primary secondary, and tertiary levels of prevention.</p>	<ul style="list-style-type: none"> <li>• <b>FALL 2017</b></li> <li>• Completed a literature review on the importance of occupational health screening for hypertension using epidemiological data</li> <li>• Analyzed and measured various diseases and disabilities in populations such as hypertension and diabetes.</li> <li>• <b>Spring 2019</b></li> <li>• Employed a population health focus at a local community college and developed educational workshops to educate students on multiple family</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
<i>epidemiological, biostatistical, occupational, and environmental data in the development, implementation, and evaluation of clinical prevention and population.</i>		<p>planning resources available on campus.</p> <ul style="list-style-type: none"> <li>• <b>Summer 2019</b></li> <li>• Correctly identify and triage emergent patients in everyday clinical practice and in mass casualty events during ENP didactic.</li> <li>• <b>FALL 2019</b></li> <li>• Maintained appropriate screenings for patient population at urgent care.</li> <li>• Appropriate screening/transfer of care or admission for inpatient/outpatient management of burn clinic patients</li> <li>• <b>SPRING 2020</b></li> <li>• Accepted to present poster at the California Association for Nurse Practitioners – canceled due to public health crisis COVID19.</li> <li>• Identified proper screening methods for specific patient population at clinical site.</li> <li>• Completed 1148 clinical hours</li> </ul>
<p><b>DNP Essential VIII: Advanced Nursing Practice</b></p> <p><b>NONPF: Independent Practice/Ethics Competencies</b></p>	<p><b>1.</b> Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidence-based, culturally competent therapeutic</p>	<ul style="list-style-type: none"> <li>• <b>FALL 2018</b></li> <li>• Refined clinical assessment skills with 54 hours of assessment lab.</li> <li>• Completed weekly assessment checkoffs on every body system.</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
<p><i>The increased knowledge and sophistication of health care has resulted in the growth of specialization in nursing in order to ensure competence in these highly complex areas of practice. The reality of the growth of specialization in nursing practice is that no individual can master all advanced roles and the requisite knowledge for enacting these roles. DNP programs provide preparation within distinct specialties that require expertise, advanced knowledge, and mastery in one area of nursing practice. A DNP graduate is prepared to practice in an area of specialization within the larger domain of nursing.</i></p>	<p>interventions for individuals or aggregates.</p>	<ul style="list-style-type: none"> <li>• Successful passed OSCE on a complex patient presenting with hypertension, hyperlipidemia, and obesity.</li> <li>• Differentiate screening techniques to identify and manage individuals at risk for common chronic and acute health problems.</li> <li>• Class discussion on ethical principles, bioethics, and dilemmas within the NP field.</li> <li>• Review of ANA code of ethics to clinical practice, duties to others, and the responsibility to promote health and safety.</li> <li>• <b>SPRING 2019</b></li> <li>• Successfully passed OSCE for a well woman contraceptive visit.</li> <li>• Identify and manage individuals at risk for acute health problems at urgent care clinical site.</li> <li>• <b>SUMMER 2019</b></li> <li>• Class presentation on a case study of iron deficiency anemia.</li> <li>• Successfully passed OSCE for retropharyngeal abscess and cauda equina syndrome.</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	Exemplars Provide bulleted exemplars that demonstrates achievement of each objective
		<ul style="list-style-type: none"> <li>• Successfully passed OSCE for patient presenting with migraine headaches.</li> <li>• Attended ENP didactic course discussing legal considerations within the NP field.</li> <li>• <b>FALL 2019</b></li> <li>• Presented poster project at Sigma Theta Tau international conference, answered questions regarding clinical practice project, gave recommendations for future project ideas of same topic.</li> <li>• Use the most evidence-based practice at clinical to improve health to an entire patient population.</li> <li>• <b>SPRING 2020</b></li> <li>• Presented multiple patients to preceptor in emergency clinical setting, knowledge on when to consult other specialties, and when transfer of care was necessary for best patient outcomes.</li> <li>• Gained knowledge from other providers and consults in emergency department fast track with a variety of different patients</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	<b>Exemplars</b> Provide bulleted exemplars that demonstrates achievement of each objective
		<ul style="list-style-type: none"> <li>• Working towards publication of ENP manuscript – “Cecal volvulus in a patient following liposuction surgery” – rough draft completed.</li> <li>• Adapted to new triage system in emergency department fast track, and shut down of half patient beds, to safely provide patient care during COVID19</li> <li>• Completed 1148 clinical hours with over 500 hours in emergency care.</li> <li>• Finished final DNP portfolio</li> </ul>

## DNP Program Outcomes and Exemplar Reflections

Over the last three years within both a scholar and clinical role, I have completed the American Association of Colleges of Nursing (AACN) Doctor of Nursing Practice essentials and the National Organization of Nurse Practitioner Faculties (NONPF) competencies. I would like to discuss my Doctor of Nursing Practice (DNP) program outcomes and exemplars in paragraph below and how I accomplished each NONPF competency and AACN DNP essential. This is not an exhaustive or conclusive list, but some examples that I would like to reflect on as a Doctor of Nursing Practice student.

I would like to reflect on Doctor of Nursing Practice (DNP) Essential I, Scientific Underpinnings for Practice, and NONPF Competency, Scientific Foundation. Starting in fall 2017, I was given the opportunity to take epidemiology with Dr. Mary Barger. During this course, I learned how to truly appraise and critique literature and write formal literature reviews. I was given the opportunity to complete a formal literature review on the epidemiological importance of occupational hypertension screening. This was my first manuscript submitted to the Hahn School of Nursing and I received an A on this paper. Dr. Barger taught our class the importance of truly evaluating the literature, being good consumers of the literature, and examining evidence to find primary sources while creating a screening plan of interest. During this same semester, I was also given the opportunity to take advanced pathophysiology with Dr. Kevin Maxwell. This class gave me a new set of scientific knowledge that was above what I had been taught as bedside or undergraduate nurse. Dr. Maxwell gave the advise that pathophysiology will lay our foundation to the remainder of the program, especially when we started managing complex patients, prescribing medications, and evaluating various disease processes and I



began to see how true that was during clinical rotations beginning with Ann Bouck at the post-acute. rehabilitation the next fall. Additionally, I also had my first course with Dr. Joseph Burkard during fall 2017, Methods of Translation Science. During this course, I created a mock evidence-based practice project for initiating a palliative care screening tool for use in the emergency department. I used the Rosswurm & Larrabee model to guide my PICOT questions of interest for this EBP project. This mock EBP project taught me the foundation to carry out my actual Doctor of Nursing Practice project a year later. At the end of this course, I successfully delivered an elevator presentation to the class about my project.

Next, I would like to discuss the DNP Essential II, Organizational & System Leadership for Quality Improvement and Systems Thinking, and the NONPF Leadership and Health Delivery Systems Competency. Starting in fall 2017, I demonstrated leadership in my program by joining the Graduate Nursing Student Association (GNSA) and running for a Program Committee seat. I was able to fulfill the role as Program Committee Chairperson during this year. This role had various tasks from morale boosting through school-wide socials and community involvement to clinic immersions in La Morita, Tijuana. I also joined CANP and AANP to keep current on nurse practitioner involvement for California and nationwide and to identify changes that need to be made in practice. Additionally, in spring semester 2018, I took Strategic Planning and Quality Initiative with Dr. Kathy James. In this class, we had a “reverse classroom” and group student-led discussions that spoke to quality improvement approaches, for example, the Plan Do Study Act (PDSA) cycle. I also expanded on EBP projects that were developed during previous coursework and created an abstract, driver diagram, and

strategic plan. The strategic plan and driver diagram discussed the nursing objectives, metrics used, EBP initiatives, and primary and secondary drivers for project. During this semester, I was also enrolled in financial management and developed a business proposal for an electronic health record. All of the above completed goals helped me reach both the DNP essential and NONPF competency.

The DNP Essential III, Clinical Scholarship & Analytical Methods for Evidence-Based Practice and NONPF Quality and Practice Inquiry Competencies will be discussed next. In fall 2017, I received my Collaborative Institutional Training Initiative (CITI) certification for my epidemiology course to learn how to protect future patients of my evidence-based practice project and further prepare for my future Doctor of Nursing Practice project. Other than some of the above examples already mentioned, I also investigated St. John's Wort in advanced pharmacology, synthesized the research, developed a patient handout, and delivered an in-class presentation on the topic. In fall 2019, I began numerous searches and reviews of the literature to begin my final Doctor of Nursing Practice Project. During these reviews, I used search engines like, CINAHL, Cochrane, PubMed to find relevant literature. I also organized the literature based on their quality and according to the Johns Hopkins Evidence-Based Practice evidence level and quality guide. This was the beginning stages to translate current evidence into clinical practice at Palomar College Student Health Center. With the help of my preceptors, clinical mentors, and faculty advisor, I successfully carried out a clinical practice project at Palomar College in Spring 2019, creating sexual wellness workshops and reaching out to 94 community college students. This is a true example of translating the best evidence-based practice into a clinical setting needing some type of improvement. I continue to use

the most evidence-based practice at my clinical setting every day in practice, using resources like UpToDate, Epocrates, and other clinical specific tools.

I would also like to reflect on the DNP Essential IV, Information Systems/Technology & Patient Care Technology for Improvement & Transformation of Health Care and the NONPF competency of Technology & Information Literacy Competencies. The course I took in Spring 2019, Introduction into Health Care Information Management, plays an enormous role in this competency. Throughout the semester, I was given computer lab and tasks to complete and this allowed me to improve my knowledge and skills related to information systems and technology. During this course, I was able to complete a final project using Microsoft Excel on the projection of cardiac disease in the United States. I also used the tools I developed during this course during my final DNP manuscript while creating pie charts and bar graphs on Microsoft Excel. This course also helped me be a more advanced technology consumer with electronic medical records during clinical settings. This competency was also demonstrated during Telehealth simulation labs and OSCEs at the Beyster Institute for Nursing Research. The telehealth simulation labs I completed during my coursework at USD were on management of asthma exacerbation and neuroleptic malignant syndrome.

NONPF Competency and DNP Essential V is related to health care policy for advocacy in health care. During spring 2018, I was fortunate to be able to take Health Policy Analysis with Dr. Burkard. During this class, we developed a health care policy brief to submit to various organizations. My final policy brief presented to the class outlined the “*Law Enforcement Mental Health and Wellness Act of 2017*”. This policy statement was important because there is an urgent need to standardized policies for

mental health of law enforcement professional across the United States. Not only did I feel this policy brief would assist with multiple working professionals in our community, but also at the state level. I recommended future improvements, for example wellness programs, gym memberships, stress relief and coping strategies, and mental health holidays, and I sent my policy brief to the California Association for Nurse Practitioners. I continue to stay current on national and statewide legislature for nurse practitioners. Other goals I set to demonstrate this NONPF competency and DNP essential is by supporting and signing a position statement regarding full practice authority for nurse practitioners. This is something that I will continue to work towards as a practicing nurse practitioner in the state of California.

I would like to discuss the DNP Essential VI, Interprofessional Collaboration for Improving Patient & Population Health Outcomes, and the NONPF, Leadership Competencies. One obvious example of this competency begins with my first clinical rotation with Ann Bouck at the post-acute rehabilitation center. This clinical site provided management to post-acute patients with multisystem diseases, post-operative joint replacements, post-stroke, falls, and patients who were frail and needed complex management. Most of these patients were at risk for rehospitalization, sepsis, and other worsening comorbidities. To properly care for this population, multiple specialists needed to be involved in their plan of care. This included psychiatry, wound management, physical therapy, occupational therapy, diabetes management, dialysis, neurology, and many more. In this complex health care environment, I needed assistance from all other specialties in order to provide the best care for this population. This environment was highly collaborative and gave me the opportunity to begin consulting with other

physicians and advanced practice providers, facilitating a team approach for patient care. This was also important when needing to transfer patients to a higher level of care. I continue to use the tools I learned at this clinical site today when consulting other providers at various clinical settings.

I would like to reflect on DNP Essential VII, Clinical Prevention & Population Health for Improving Nation's Health and NONPF Leadership Competency. Reflecting on this topic is definitely a collaboration of coursework and clinical hours during the last three years. I have practiced primary, secondary, and tertiary prevention every day under the guidance of my preceptors in clinical practice as an advanced practice provider. I would like to reflect on examples of my final clinical practice project and time spent at urgent care during clinical. My DNP clinical practice project was grounded in a level of primary prevention, educating and counseling community college students on family planning and the importance of using effective forms of contraception during childbearing years. I have also employed secondary prevention during my project and my time as a nurse practitioner student, educating and recommending the best screening tests for specific populations and age groups I am serving during that particular day, for example, STI screening for the college age population. Although nurse practitioners try to reach patients prior to the tertiary prevention level, I have also employed tertiary prevention by altering a hypertensive patients' medications or managing a patient with a newly diagnosed disease. Knowledge of primary, secondary, and tertiary prevention and being able to utilize each to improve health of an entire patient population is my goal each day at clinical. Caring for an entire population must be considered with every patient I encounter at clinic, by means of screening for public health illness, such as the

recent evolving COVID19 or TB. As a nurse practitioner, I may be the only health care provider this patient sees in an entire year (or more). I would like to use an example from urgent care during last semester. The patients are slotted for 15-20 minute appointments and usually come in with more than one complaint. Not only do I need to manage their sick care visit, but also take a look in their chart and decide what other screening tests should be ordered as a follow-up with their primary care provider, just in case they do not come back for a follow up appointment. My preceptor and I always took the time to educate the patients on the importance of seeking primary prevention. We would not only provide management for their illnesses that day, but if appropriate, schedule mammograms, colonoscopies, and other age-appropriate preventative tools. This can be difficult during a 15-minute appointment, but it is an essential component of advanced practice caregiving. Even if this means getting behind schedule on charting or appointments for that day, our patients count on us to be holistic providers and determine what they need for their best care. Understanding and evaluating primary, secondary, and tertiary prevention and holistic care to each patient is something that is done now without even notice during each appointment.

Lastly, I would like to reflect on DNP Essential VIII, Advanced Nursing Practice, and NONPF Competency, Independent Practice/Ethics Committee. Over the last three years I have had the opportunity to complete 1148 clinical hours under the supervision of my clinical preceptors and mentors. I completed clinical at various sites including post-acute rehabilitation and long-term rehabilitation, student health, dermatology, hospice, urgent care, trauma, burn clinic, and emergency medicine. I successfully completed my DNP clinical practice project and was given the opportunity to present my project at the

Sigma Theta Tau Odyssey conference last fall. During this time, my knowledge as an advanced practice knowledge has grown and developed into the provider I am today. I am confident that the coursework, preparation, education, and clinical have laid a foundation for me to take and continue to develop as a nurse practitioner, both independently and with the support of other advance practice providers and physicians within my field.

## Appendix G

### Pre and Post -Test Survey

**Transforming Clinical Care Through Sexual Wellness Education for College Students:  
Introducing Long Acting Reversible Contraception (LARC) and Family Planning Access Care  
and Treatment Program (PACT) Education Sessions at a Community College**

#### Pre/Post Test

Please do not write your name on this form as it is meant to remain anonymous. Thank you!

1. **Please select an age category that best describes yourself:**  

<i>&lt;18</i>	<i>18-24</i>	<i>25-30</i>	<i>31-40</i>	<i>&gt;40</i>	<i>Prefer not to say</i>
---------------	--------------	--------------	--------------	---------------	--------------------------
2. **What gender do you currently identify yourself as?** \_\_\_\_\_
3. **Have you ever been to an education session about Long-Acting Reversible Contraception (LARC) or the Family Planning Access Care and Treatment (PACT) Program?** Please circle- Yes or No  
  
PRE-TEST: Please complete before education session.
4. **I am knowledgeable on all available forms of birth control, including Long-Acting Reversible Contraception (LARC).**  
  

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
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5. **I am knowledgeable about family planning benefits in California, specifically the Family Planning Access Care and Treatment (PACT) Program.**  
  

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
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6. **I am aware of the eligibility criteria for the Family Planning Access Care and Treatment (PACT) Program and where I can apply for these benefits.**  
  

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
--------------------------	-----------------	----------------	--------------	-----------------------
7. **I have a good understanding of the importance of sexual health and wellness in college.**  
  

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
--------------------------	-----------------	----------------	--------------	-----------------------
8. **I understand the various forms of health care services that Palomar Student Health Center offers.**  
  

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
--------------------------	-----------------	----------------	--------------	-----------------------



**POST-TEST: Please complete after education session.**

9. **I am knowledgeable on all available forms of birth control, including Long-Acting Reversible Contraception (LARC).**
- Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree*
10. **I am knowledgeable about family planning benefits in California, specifically the Family Planning Access Care and Treatment (PACT) Program.**
- Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree*
11. **I am aware of the eligibility criteria for the Family Planning Access Care and Treatment (PACT) Program and where I can apply for these benefits.**
- Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree*
12. **I feel I have a good understanding of the importance of sexual wellness in college.**
- Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree*
13. **I understand the various forms of health care services that Palomar Student Health Center offers.**
- Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree*
14. **The content presented in this education session will help me make better choices about my own health in the future.**
- Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree*
15. **I will probably make an appointment at the Palomar Student Health Center to discuss these topics further.**
- Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree*
16. **Please use the blank space below to identify what you consider to be strengths of this education session (or anything you learned today that could be used to improve your overall health in the future).]**

## Appendix H

### Additional Documentation and Certifications





Completion Date 21-Sep-2017  
Expiration Date 20-Sep-2021  
Record ID 24722641

This is to certify that:

**Chelsea Ovanek**

Has completed the following CITI Program course:

<b>CITI Conflicts of Interest</b>	<small>(Curriculum Group)</small>
<b>Conflicts of Interest</b>	<small>(Course Learner Group)</small>
<b>1 - Stage 1</b>	<small>(Stage)</small>

Under requirements set by:

**University of San Diego**



Verify at [www.citiprogram.org/verify/?wbc4b1093-e1f7-4c4d-a989-c45e74c90c51-24722641](http://www.citiprogram.org/verify/?wbc4b1093-e1f7-4c4d-a989-c45e74c90c51-24722641)

**Beyond**  
the Pill



**Bixby Center**  
for Global  
Reproductive  
Health

# *Certificate of Completion*

This certificate is awarded to

**Chelsea Ovanek**

for successfully completing the  
UCSF Bixby Center's online course

**An Update on Long-Acting Reversible Contraception**

Issued on November 3, 2018 by the  
University of California, San Francisco  
Bixby Center for Global Reproductive Health  
3333 California Street, UCSF Box 0744  
San Francisco, CA 94143

UCSF designates this enduring material for a maximum of 1 AMA PRA Category 1 Credit.

# Sexual Wellness Education for College Students



## Available dates at TLC-SM:

February 5th, 11:30am-12:30pm  
 February 14th, 3-4pm  
 February 19th, 9-10am  
 March 19th, 10:30-11:30am  
 April 11th, 3-4pm  
 April 18th, 2:30-3:30pm  
 May 2nd, 3:30-4:30pm  
 May 9th, 3-4pm

Contact Chelsea Ovanek at [covanek@san Diego.edu](mailto:covanek@san Diego.edu) to schedule a session!

To register for a TLC-SM Skillshop contact the TLC:  
 Phone: 760-744-1150, Ext 3931  
 In person: TLC-100

The Student Health Center is collaborating with a Doctor of Nursing Practice student from University of San Diego, Chelsea Ovanek, to promote sexual wellness for Palomar College students through education sessions. Join Chelsea's TLC skillshop on information for various contraception methods, focusing on Long-Acting Reversible Contraception and also discussing specific California family planning benefits and how to identify eligibility for students.

Come learn about how you can qualify for free family planning services (such as STI testing, birth control, cervical cancer screening)

and increase your understanding of services offered by the Student Health Center at Palomar College. We look forward to seeing you and achieving a more positive outlook on your own sexual wellness this semester!

Join us for this event at the Teaching & Learning Center- San Marcos!



**Spring 2020 Graduates**  
**NP Program Clinical Hour Totals**

**Name:** Chelsea Ovanek

**Program:** BSN/DNP

**Specialty:** ENP

**Final Semester Hours to Date:**  
108

**Specialty Course Hours (535/549/610):**  
121 / 162

**Total Specialty Hours:**  
>500

**SP20 DNPC 630 Project Hours Addition:**  
108

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**Total Clinical Hours to Date:**  
1148

**Placement Status:**

**Notes:** Chelsea will move 41 hours from DNPC 630 into the NPTC 610 bucket to reach the 162 total. Graduation requirements met.

## Appendix I

### Verification of Completion of Program Requirements

UNIVERSITY OF SAN DIEGO  
Hahn School of Nursing

DNP DOCTOR OF NURSING PRACTICE PROGRAM  
VERIFICATION OF COMPLETION OF PROGRAM REQUIREMENTS

**DNP Student:** Chelsea Ovanek, BSN, RN, FNP-DNP Student

**Title of DNP Project:** Transforming Clinical Care Through Sexual Wellness Education for Community College Students

**Abstract Approval by Faculty Advisor:** 11/18/18

\_\_\_\_\_  
Faculty Advisor Signature

**Abstract/Poster Title:** Transforming Clinical Care Through Sexual Wellness Education for Community College Students

**Presentation Venue** (Conference name, sponsor, dates, location): Sigma Theta Tau Odyssey Conference; Sponsor – Rose Sakamoto; October 10-11, 2019; Ontario, CA

**Date of Acceptance/Presentation:** Accepted 7/24/19; Presented 10/10/19 & 10/11/19

**Total Clinical Hours:** 1148

**Date of Completion:** 3/19/20

**Completed Portfolio:** 4/25/20

**Date of Review**

**Presentation of DNP Project Outcomes to Stakeholders:** 3/13/20

**Date of Presentation**

**DNPC 630 Final Clinical Evaluation:** 3/14/20 by Annie Gerhart, NP – Balboa NMC

**Date of DNPC 630 Clinical Evaluation**

**Manuscript Ready for Submission:** Transforming Clinical Care Through Sexual Wellness Education for Community College Students

**Title of manuscript**

**Faculty Advisor Signature:** \_\_\_\_\_

**Date:** 4/15/2020

## Appendix J

### DNP Project Evaluation Criteria

#### Appendix K

University of San Diego  
Hahn School of Nursing and Health Science  
DNP Project Evaluation Criteria

Rate the extent to which the DNP project addresses the following criteria. DNP projects must earn a minimum of 40 points for successful completion of the DNP scholarly practice requirement.

STUDENT NAME: Chelsea Ovanek, BSN, RN, FNP-DNP Student

	Poor	Fair	Good	Very Good	Excellent
1. Project is based on sound assessment of population/system needs	1	2	3	4	5
2. Project demonstrates consideration of relevant scientific evidence	1	2	3	4	5
3. Project effectively incorporates principles of translational science	1	2	3	4	5
4. Project demonstrates professional leadership in the development of treatment regimens or care delivery systems	1	2	3	4	5
5. Project incorporates appropriate measures to evaluate outcomes	1	2	3	4	5
6. Project employs appropriate data management methods	1	2	3	4	5
7. Project effectively incorporates considerations of cultural competence in its design	1	2	3	4	5
8. Project outcomes/findings are disseminated to relevant policy/decision makers	1	2	3	4	5
9. Project results in a poster accepted for presentation at a regional, national, or international professional conference	1	2	3	4	5
10. Project is prepared in a publishable form	1	2	3	4	5

STUDENT SIGNATURE Chelsea Ovanek, BSN, RN, FNP-DNP Student April 1, 2020  
RN - DNP Student

FACULTY SIGNATURE  
Copies to: Student, NP Office