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# Evaluating the Effectiveness of Education on the Misuse of Corticosteroids and Antibiotics for Treatment of Acute Pharyngitis

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UNIVERSITY OF SAN DIEGO  
Hahn School of Nursing and Health Science  
Beyster Institute of Nursing

Evaluating the Effectiveness of Education on the Misuse of Corticosteroids and Antibiotics for  
Treatment of Acute Pharyngitis

by

Samantha Kaikai

A 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 28, 2022

Pedro Colio, PhD, DNP, RN, FNP-C, ENP-C, CCRN, Faculty Advisor

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I would also like to thank my family and friends for their support, guidance, and love throughout this program. They have been an amazing support system and provided me with the encouragement to be strong, keep my best foot forward, and not to give up. Thank you for continuing to support me and push me to be the best woman I can be.

I would also like to thank my partner for the encouragement through long days and even longer nights studying, writing papers, disseminating data, reading articles, and covering our home and dogs with post-its for references. I am entirely grateful for the love and support and multiple cups of chai latte.

## **Opening Statement**

### **Purpose in Pursuing the DNP**

Throughout my professional career there have been highs and lows, but it is through nursing care that I have witnessed some of the most nonjudgmental, admirable, and selfless acts I could ever imagine. Since working with Safe Shores as a college intern, I have been inspired and dedicated to furthering my education as a nurse and leader. It was while working there that I was able to learn from medical professionals (and in particular, registered nurses) with a wide array of experiences in clinical assessments and evaluations of children affected by sexual and physical abuse. This eye-opening experience—working on a multidisciplinary team that included social workers, case managers, registered nurses, the police department, and MDs—proved to be a vital “baptism” into the medical world. This invaluable experience working together with a range of healthcare professionals to deliver comprehensive patient care is what I dreamed medicine would be like. The teamwork they showed taught me the importance of detail, organization, flexibility, leadership, and the necessity of quickly learning new skills and adapting on the fly. It was at that moment I knew I wanted to become a nurse and that nothing was going to stop me. Nurses are team players and often behind the scenes; contributing to the majority of the care, often overlooked, and rarely thanked, but that isn’t what it is about. I kept my eyes on the prize I had chosen and in 2013 I embarked on my journey to become a nurse without looking back.

As a registered nurse I have had the opportunity to work in various ICU units and in various capacities as a charge nurse, preceptor, team member on my unit’s staff education committee, and as a travel nurse. These experiences have helped me to cultivate my patient care skills as well as to improve my understanding and knowledge of medicine as a whole. By working as a Family Nurse Practitioner, I am now better able to understand the importance of

clinical and non-clinical care (which at one point seemed altogether inaccessible). I am also more adept at using clinical practice combined with evidenced based practice to perform to the best of my ability as a mid-level provider, and I continue to practice and educate students, staff, and patients. Obtaining my doctorate will allow me to expand my current nursing knowledge and clinical skills and provide me with more opportunities to grow as a leader and develop as a pillar in my community and as a representative for underserved and under-represented communities. I strive to make a bigger impact and hopefully spark the interest of a little girl, like myself, who one day wants to be a nurse. Becoming a Doctorate of Nursing Practice will also allow me to have more of an influence on the quality and effectiveness of my delivery in providing patient care and will strengthen my ability to contribute to nursing education.

Amidst the coronavirus pandemic, the need for DNPs in research, in clinical practice, in the classroom, and in hospitals has never been more apparent and the DNPs ability to support our healthcare system with evidence-based practice is plainly essential at this time. This crisis demonstrates the importance of DNPs and their significant impact on the quality, efficiency, effectiveness of health care through their contributions in clinical practice, advocacy in health policy supporting both their fellow nurses and their patients, and through implementation and evaluation of evidence-based practice. Nurses are being recognized by their fellow Americans for their special skill sets and their contributions to patient care. My goal is to be able to give back as well by teaching those who may desire to become part of this well-educated and essential group of individuals, and by bridging the existing gap with underserved communities. I appreciate that your organization focuses on evidence-based practice and would love to be part of the team.



**Evaluating the Effectiveness of Education on the Misuse of Corticosteroids and Antibiotics  
for Treatment of Acute Pharyngitis**

Samantha Kaikai

Dr. Pedro Colio

University of San Diego

## Abstract

**Purpose:** This evidence-based practice (EBP) project aims to pilot a nurse practitioner-driven education utilizing the American Family Physician guideline (AFP) “IDSA Updates Guideline for Managing Group A Streptococcal Pharyngitis.” Acute pharyngitis is a frequently observed condition in outpatient clinics, but its optimal management continues to be of concern due to the overuse of antibiotics and corticosteroid treatments. The AFP Guidelines for acute pharyngitis include using the Centor criteria to guide the plan of care and the evidence-based antibiotic therapy for patients who score  $>4$  on the Centor criteria or test positive for the rapid point of care testing.

**Background:** In the United States, urgent care and emergency room encounters are increasing and have high rates of inappropriate antibiotic prescribing for acute pharyngitis. This is also due to the rapid change in healthcare delivery and increased outpatient encounters in nontraditional healthcare settings, including urgent care. However, this rapid and convenient care has led to inappropriate antibiotic use, including 34% of patients prescribed an antibiotic among 1.16 million urgent care encounters. The gold standard in urgent care clinics should be to optimize treatment and minimize the risks of antibiotic resistance and adverse events by using the guideline.

**Methods:** The evidence-based practice framework guiding this practice change is Larrabee’s Model for evidence-based practice change. Research articles were compiled between September 2020 to January 2022. The nurse practitioners will be provided the AFP guideline, the Centor criteria, and antibiotic recommendations for each patient who presents with a sore throat in October 2021. Pre-data was collected between July and September 2020, and Post data was collected between November 2021 and February 2022.

**Results:** The data did not show statistical significance between the pre-and post-data. The providers did not follow the guidelines thoroughly, and therefore, they treated acute pharyngitis less likely in the post-data collection. Additionally, many patients were seen for COVID-19 with a “sore throat” complaint and were routinely tested for COVID-19. The sore throat was determined as a symptom of COVID-19 vs. being tested for acute pharyngitis. The adherence of the providers to follow IDSA guidelines was often tricky during the spike of COVID-19 regarding antibiotics. Regarding corticosteroids, the providers were able to abstain from using in response to a patient complaint of sore throat nearly 100%.

**Evaluation:** The COVID-19 pandemic exhibited a challenge with following evidence-based guidelines for acute pharyngitis. The outcome of this evidence-based project was not significant; however, additional data would be significant to obtain as the overall patients with COVID-19 decrease to determine if the education was genuinely significant in practice. Therefore, additional study is needed to determine how the outcomes of COVID-19 affected the ability of providers to follow evidence-based guidelines, and additional data should be collected for two more months.

**Implications for Clinical Practice:** This project aims to improve the overuse of antibiotics and corticosteroid use for treatment. This evidence-based project will take three months to complete, and all data will be cleansed of patient identifiers.

**Keywords:** Acute pharyngitis, sore throat, steroids, corticosteroids, antibiotic, urgent care, emergency room

## Background

In the United States, urgent care and emergency room encounters are increasing and have high rates of inappropriate antibiotic prescribing for acute pharyngitis. This is also due to the rapid change in health-care delivery with an increase in outpatient encounters in nontraditional health-care settings, including urgent cares (Stenehjem et al., 2020). Urgent care clinics provide certain advantages over emergency departments, including expanded hours, walk-in appointments, lower costs, and shortened wait times. However, this rapid and convenient care has led to inappropriate antibiotic use, including 34% of patients being prescribed an antibiotic among 1.16 million urgent care encounters (Stenehjem et al., 2020). Improving antibiotic and corticosteroid prescribing in outpatient settings is a public health priority. The gold standard in urgent care clinics should be to optimize treatment and to minimize the risks of antibiotic resistance and adverse events. Studies show that there is a lack of evidence supporting the use of systemic corticosteroids and antibiotics for acute pharyngitis and providers are over prescribing antibiotics and corticosteroids. Studies have shown treating against the American Family Physician Guidelines and Centor criteria results in antibiotic overuse and development of adverse effects or the potential for development of additional medical conditions due to the overuse. This can be associated with adverse effects of hyperglycemia, elevated blood pressure, immunocompromised state, mood and sleep disturbance, and antibiotic resistance (Dvorin & Ebell, 2020). Effective education on the updated national guidelines for acute pharyngitis will decrease the overuse of corticosteroids and antibiotics. Over prescribing of antibiotics and corticosteroids for acute pharyngitis can be reduced by following IDSA guidelines and utilizing the Centor criteria.

Corticosteroids are anti-inflammatory drugs commonly used to decrease inflammation and reduce the activity of the immune system. Corticosteroids, commonly known as steroids, are used to treat many common diagnoses associated with an inflammatory response. The most common diagnoses that providers prescribe steroids are for acute bronchitis, acute sinusitis, carpal tunnel, allergic rhinitis, acute pharyngitis, lumbar radiculopathy, and herpes zoster (Dvorin & Ebell, 2020). However, there is a lack of evidence supporting the use of systemic corticosteroids for acute pharyngitis. The current statistical evidence supports corticosteroids use for patients with acute gout, asthma, and chronic obstructive pulmonary disorders. This evidence suggests that providers are prescribing corticosteroids incorrectly. Also, the use of short-term systemic steroids can be associated with adverse effects of hyperglycemia, elevated blood pressure, immunocompromised state, mood and sleep disturbance, and fat necrosis when injected (Dvorin & Ebell, 2020). In addition to the overuse of corticosteroids there is also an overuse of antibiotics. Arnold and Straus (2005) explain that there is an overuse of antibiotics and lack of following the clinical guidelines. Studies have shown that empirically treating with 2 or 4 clinical symptoms results in antibiotic overuse and development of adverse effects or the potential for development of additional medical conditions due to the overuse (Arnold & Straus, 2005). Therefore, further study is needed on the effectiveness of education on the proper national guidelines for acute pharyngitis will decrease the overuse of corticosteroids and antibiotics.

The industry of healthcare is rapidly evolving. The growth of healthcare is associated with the use of outpatient clinics. This is due to increasing patient demand, convenience, and costs (Coster et al., 2017). People seek out urgent care services due to the perceived superior treatment, lack of access to other care, a belief that the problem was serious enough to warrant emergency treatment, and lack of awareness of other services. The perception of outpatient clinic

use is related to the perception that most, if not all, non-life-threatening illnesses and injuries can be treated. While this may be true, this can also be associated with over treatment of common illnesses (Coster et al., 2017).

### **Purpose**

The purpose of this evidence-based practice (EBP) project was to pilot a nurse practitioner- (NP) driven education utilizing the American Family Physician guideline “IDSA Updates Guideline for Managing Group A Streptococcal Pharyngitis” at the Make You Well Family Practice and Urgent Care located in Torrance, CA. This EBP was implemented with three NPs and 28 patients age 18 years and older with chief complaint of sore throat and diagnosis of acute pharyngitis. Acute pharyngitis was a frequently observed condition in outpatient clinics, but its optimal management continued to be of concern due to the overuse of antibiotic and corticosteroid treatments. The American Family Physician Guidelines for Acute pharyngitis included using the Centor criteria to guide plan of care and the evidence-based antibiotic therapy for patient who scored  $> 4$  on the Centor criteria or test positive for the rapid point of care testing. The nurse practitioners was provided the AFP guideline, the Centor criteria, and antibiotic recommendations to utilize for each patient who presented with a sore throat (Randel, 2013). This project was to improve the overuse of antibiotics and corticosteroid use for treatment. This EBP project took 3 months to complete and information containing patient identifiers was removed from the data.

The objective was to educate nurse practitioners on guideline specific antibiotic prescribing practices with urgent care encounters for acute pharyngitis. This project provided insight into the appropriate interventions and designs for stewardship interventions tailored for overprescribing antibiotics and corticosteroids.

## **Methods**

### **Study Design and Setting**

This project was a collection of data of urgent care acute pharyngitis encounters in the Dr. Chronos health system from July 1, 2021 to January 31, 2022.

### **Data Collection**

Education training was provided to all the NPs in the urgent care. Patient demographics, obtained for each encounter, included age and sex. Demographic data, insurance carrier, diagnoses assigned, onset and types of symptoms, smoking status, COVID vaccinations, labs ordered and their results, and antibiotic or corticosteroid prescriptions were extracted electronically from the electronic health system.

### **Triage using IDSA Guidelines and Centor Criteria**

The following interventions include educating the providers (NPs), registered nurses and medical assistants on the American Family Physician practice guidelines and Centor criteria for managing pharyngitis, and educating the providers on the dangers of overuse of antibiotics and steroids. The providers will be given the antibiotic protocol for treatments according to the AFP guidelines. The facilities EMR system will be used to screen and collect pre and post education data on the patients treated for acute pharyngitis.

IDSA guidelines stated that there are specific clinical feature criteria to be met to determine the course of treatment. IDSA stated that patients typically present with sudden onset of a sore throat, pain with swallowing, and fever (Randel, 2013). Therefore, using the IDSA guideline with the modified Centor criteria was essential in the patient process of treating and managing patient care (Sykes et al., 2020). The modified Centor criteria is based on patient with recent onset (< 3 days) of acute pharyngitis. The categories included are based on age, exudate or

swelling on tonsils, tender/swollen anterior cervical lymph nodes, temperature > 100.4F, and cough. The clinician scores each category. Age receives a +1 based on ages 3-14 years, 0 for ages 15-44, -1 for ages > 45 years. Exudate or swelling on tonsils, tender/swollen lymph nodes, and temperature > 100.4F receives a 0 for *no* and +1 for *yes*. Lastly, cough receives a 0 for *present* and +1 for *absent*. Zero equaled 1%-2.5% probability of strep pharyngitis, Centor score of 1 was 5%-10% probability and recommended no further testing or antibiotics. Centor score 2 was a 11-17% probability of strep pharyngitis with optional rapid strep testing and/or culture; a Centor score of 3 was a 28%-35% probability and recommended considering a rapid strep and/or culture, and >4 was a 51%-53% probability and recommended considering rapid strep testing and/or culture, and empiric antibiotics depending on the specific scenario (Sykes et al., 2020).

### **Initiating Treatment**

NPs need to have a thorough understanding on how to manage patients with acute pharyngitis. NPs are urged to follow EBP guidelines for evaluation, management and treatment. NPs should follow EBP guidelines to initiate the necessary lab work, follow-up on lab results, and initiate proper treatment. The use of EBP is to first differentiate between bacterial and viral pharyngitis. The signs and symptoms need to be evaluated based on the patient complaints and physical presentation. The patient history and complaints should include how many days, have the symptoms worsened or improved, and which symptoms they have. Physical findings can help guide the diagnosis. First line management of acute pharyngitis should consist of non-pharmacologic and pharmacologic options to aid in reducing symptoms and eradicating the infection without adverse effects and antibiotic resistance. First-line pharmacotherapy depending on tolerances, contraindications and allergies should be treated with penicillin.

Followed with laboratory investigations should be used in the clinical decision making of pharyngitis. Whether to initiate antimicrobial therapy relies on the EBP guidelines. The IDSA guidelines suggest that for bacterial pharyngitis, treatment should focus on the eradication of GAS with a 6- to 10-day course of amoxicillin (Sykes et al., 2020).

### **Medication Options**

First-line antibiotic therapy is amoxicillin. The course of treatment is 6- to 10-days. However, if the patient has a penicillin hypersensitivity then the patient can receive a 10 day course of cephalexin, clindamycin, or clarithromycin. Corticosteroid therapy is not indicated. This is because it does not improve symptoms and may delay recovery from bacterial pharyngitis (Sykes et al., 2020).

### **Ethical Considerations**

This study was approved by the Institutional Review Board of the University of San Diego, Hanh's School of Nursing.

## **Results**

### **Statistical Analysis**

A statistical analysis was done using to compare various categories to a pre- and post-education group. Descriptive statistics reported the description and summary of the data. This was used to examine the variables of interest before conducting inferential statistics. A chi-square test of independence examines the relationship between two nominal variables and compares each combination to the count with the expected value for that cell. If significance is found, then there is a significant difference between the observed counts and the expected values. A Fisher's exact test examines the relationships between two nominal variables.



## Overall Encounters

Over the 6-month period, there were 28 encounters documented for acute pharyngitis.

## Patient Demographics

The median age of patients seeking care in urgent care was 33 years. The mode for gender of patients was women that accounted for 57.14%. The most frequent insurance type treated in the urgent care was private ( $n = 17$ , 60.71%).

## Meets IDSA Guidelines

Table 1 shows the comparison of patients meeting IDSA guidelines pre- and post-education. A chi-square test of independence was conducted and shows there was no statistical significance ( $\chi^2[1] = 2.39$ ,  $p = .122$ ). This means that the results were not significantly different than the expected frequencies.

**Table 1**

*Meets IDSA Guidelines*

Group	No	Yes	$\chi^2$	$df$	$p$
Pre	9[6.96]	6[8.04]	2.39	1	.122
Post	4[6.04]	9[6.96]			

*Note.* Values formatted as Observed [Expected].

## Meets Centor Criteria

Table 2 shows the comparison of patients meeting Centor criteria pre- and post-education. A chi-square test of independence was conducted and shows there was no statistical significance ( $\chi^2[1] = 0.26$ ,  $p = .611$ ).

**Table 2***Meets Centor Criteria*

Group	No	Yes	$\chi^2$	<i>df</i>	<i>p</i>
Pre	9[9.64]	6[5.36]	0.26	1	.611
Post	9[8.36]	4[4.64]			

*Note.* Values formatted as Observed [Expected].**Antibiotic Prescribing**

Table 3 shows the comparison of patients receiving antibiotics pre- and post- education. A chi-square test of independence was conducted and shows there was no statistical significance ( $\chi^2[1] = 0.11, p = .743$ ).

**Table 3***Received Antibiotics*

Group	No	Yes	$\chi^2$	<i>df</i>	<i>p</i>
Pre	9[8.57]	6[6.43]	0.11	1	.743
Post	7[7.43]	6[5.57]			

*Note.* Values formatted as Observed[Expected].**Corticosteroid Prescribing**

Table 4 shows the comparison of patients receiving corticosteroids pre- and post- education. A chi-square test of independence was conducted and shows there was no statistical significance ( $\chi^2[1] = 0.90, p = .343$ ).

**Table 4***Received Oral Steroids*

Group	No	Yes	$\chi^2$	df	p
Pre	14[14.46]	1[0.54]	0.90	1	.343
Post	13[12.54]	0[0.46]			

*Note.* Values formatted as Observed [Expected].

**Rapid Antigen Detection Test**

Table 5 shows the results of a Fisher's exact test that examined the pre- and post- education group receiving a rapid antigen detection test (RADT). The findings suggest statistical significance ( $p = .002$ ). The results found that the observed values were greater than expected after the practitioners were given the education on IDSA guidelines.

**Table 5***Received Rapid Antigen Detection Test*

Lab	Pre	Post	OR	p
No	7[10.71]	13[9.29]	0.00	.002
Yes	8[4.29]	0[3.71]		

*Note.* Values formatted as Observed [Expected].

**Throat Culture**

Table 6 shows the results of a chi-square test that examined the pre- and post- education group receiving a throat culture. A chi-square test of independence was conducted and shows there was no statistical significance ( $\chi^2[1] = 0.90$ ,  $p = .343$ ). In addition, the small sample size did not produce reliable results.

**Table 6***Received Throat Culture*

Group	No	Yes	$\chi^2$	df	p
Pre	14[14.46]	1[0.54]	0.90	1	.343
Post	13[12.54]	0[0.46]			

*Note.* Values formatted as Observed [Expected].

**COVID-19 Swab**

Table 7 shows the results of a Fisher's exact test that examined the pre- and post-education group receiving a COVID antigen swab. The findings did not suggest statistical significance ( $p < .001$ ).

**Table 7***Received COVID Antigen Swab*

Lab	Pre	Post	OR	p
No	5[9.64]	13[8.36]	0.00	< .001
Yes	10[5.36]	0[4.64]		

*Note.* Values formatted as Observed [Expected].

**Discussion**

This EBP project shows how to contribute to antibiotic stewardship with use of IDSA guidelines and the Centor criteria. The project shows that an adequate sample size can produce more reliable results that may show statistical significance. Even though the findings did not show statistical significance with the post-education group in the topics of meeting IDSA guidelines, meeting Centor criteria, receiving an antibiotic or corticosteroid prescription, throat

culture and COVID antigen testing. There was statistical significance with rapid antigen testing after education.

With the data collected, the analysis provides the interpretations of data by using EBP guidelines that lie within the 95% confidence interval. As previously shown, there is a concern that there is an over prescription of antibiotics for acute pharyngitis. This contributes to the 154 million prescriptions for antibiotics and 30% of them being unnecessary. The data reveals that the practitioners follow EBP and treat according to clinical presentation. Rapid antigen testing and throat cultures are not routinely initiated as the practitioners have substantial information to make a concrete diagnosis. The lack of rapid antigen testing is also due to patient age and insurance policies. Rapid antigen testing and throat cultures are mainly supportive for patients age 5-15. In regards, to insurance policies, urgent care centers have contracts with insurance vendors to provide care to their patient populations. The urgent care receives a fixed amount per patient per visit. Each additional cost for laboratory testing and/or medications will be deducted from this fixed amount; therefore, the urgent care center benefit from formulating their diagnoses on clinical presentation.

The project had limitations. The patient sample size was small. A larger sample size may conclude more reliable results between the pre- and post-education groups regarding following guidelines more thoroughly. In addition, this project was conducted during the COVID-19 pandemic. Many of the symptoms associated with acute pharyngitis were also associated with COVID-19 and therefore had an impact on the management and treatment of pharyngitis. Many patients during the pandemic surge declined rapid antigen testing and requested COVID testing.

## **Conclusion**

There are many gaps in the implementation of EBP projects. Those gaps provide opportunities for continued education with more up-to-date EBP projects. This methodology can lead to better health outcomes for our patients. EBP further impacts the delivery of care by nurse practitioners. Although systemic corticosteroid antibiotic use had been utilized more frequently in the past, recent studies have demonstrated an associated risk of adverse events and a lack of evidence to support its use with the diagnoses of acute pharyngitis. Furthermore, antibiotics should only be prescribed after following the designed EBP that states that more cases can be treated with symptom management. Therefore, healthcare leaders and providers should be educated on the proper treatment of acute pharyngitis and abstain from the overuse of systemic corticosteroids and antibiotics. This will endorse an evidence-based health policy change to improve patient outcomes, patient satisfaction, reduce hospital admissions, and reduce healthcare costs. Healthcare professionals will benefit from becoming leaders in the delivery of evidence-based care and provide patients more benefits.

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## **Concluding Essay**

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

When I applied to the USD Hahn School of Nursing DNP -ENP program, the pandemic was merely a few months old. I knew there would be challenges by attempting to achieve such a vigorous and difficult program but I had hope, determination, and a great support system. Every obstacle was an opportunity for growth and a lesson learned; an opportunity to expand my knowledge base, not only in nursing, but also in conquering difficult tasks and remaining organized to be successful. I did not imagine dividing my time between fighting a global pandemic all the while trying to learn how to be a better asset. While this time has been incredibly difficult, I discovered that I am exceptionally strong and resilient.

I am looking forward to my new job as an emergency nurse practitioner. I will begin a new journey just as pandemic phase of COVID19 transitions into an endemic phase. I look forward to using my new knowledge base and skill set to become a better asset in the medical world. I also look forward to contributing to the nurse practitioner world even more and to become a forefront leader in expanding the world's knowledge of nurse practitioners through patient care and education. I look forward to the relationships that I will soon discover and build with my future colleagues and patients.



## Appendix A

### IRB Approval



Oct 13, 2021 2:15:54 PM PDT

Samantha Kaikai  
Hahn School of Nursing & Health Science

Re: Initial - IRB-2022-52 Evaluating the effectiveness of education on the misuse of corticosteroids and antibiotics for treatment of acute pharyngitis

Dear Dr. Samantha Kaikai:

University of San Diego Human Subjects Review Board has rendered the decision below for Evaluating the effectiveness of education on the misuse of corticosteroids and antibiotics for treatment of acute pharyngitis .

Decision: No Human Subjects Research

Findings: The USD IRB has determined this project is not subject to regulation under 45 CFR part 46. Therefore, IRB oversight is not required and this project is not subject to periodic review requirements. Other Federal, State or local laws and / or regulations may apply (e.g., HIPAA).

Research Notes:

Internal Notes:

*The USD IRB requires annual renewal of all active studies reviewed and approved by the IRB. Please submit an application for renewal prior to the annual anniversary date of initial study approval.  
If an application for renewal is not received, the study will be administratively closed.*

*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.*

Sincerely,

Eileen K. Fry-Bowers, PhD, JD  
Administrator, Institutional Review Board

## **Appendix B**

### **Letters of Support**

#### **DNP Faculty Support for IRB Approval**



**5998 Alcalá Park, San Diego, CA 92110-2492 [www.sandiego.edu/nursing](http://www.sandiego.edu/nursing)**

**DATE: September 30th, 2021**

**TO: USD Institutional Review Board**

**FROM: Dr. Pedro Alonso Colio, DNP, FNP-C, ENP-C, Clinical Associate Professor RE: DNP Project Samantha Kaikai**

**Dear IRB,**

**I am serving as Faculty Advisor for the DNP Project Titled: “Evaluating the effectiveness of education on the misuse of corticosteroids and antibiotics for treatment of acute pharyngitis” conducted by Samantha Kaikai MSN, FNP-C, DNP Student in the School of Nursing. I approve of this timely and important project and will be advising these students throughout the process. If you have any questions, please do not hesitate to contact me.**

**Sincerely,**

**Dr. Pedro Alonso Colio**

**Pedro Alonso Colio DNP, FNP-C, ENP-C, CCRN**

**Clinical Associate Professor, Hahn School of Nursing and Health Science**

**[pcolio@sandiego.edu](mailto:pcolio@sandiego.edu)**

**619-260-4427 (work)**

**760-604-2528 (mobile)**

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## DNP Clinical Site Letter of Support



23365 Hawthorne Blvd., Suite 104  
Torrance, CA 90505  
O: (424) 292-4060  
F: (424) 567-8195  
[info@makeyouwellcenter.com](mailto:info@makeyouwellcenter.com)

September 14, 2021

To Whom It May Concern:

**To:** Institutional Review Board, University of San Diego  
**From:** Daniela Dillman, NP and Co- Founder  
**Re:** Use of Clinical Data for DNP EBP project

Samantha M. Kaikai has our support to begin their scholarly evidence-based project at the Make You Well Family Practice and Urgent Care as part of her course work for the DNP program at University of San Diego. Ms. Kaikai has agreed to obscure all patient data or institutional identifiers, and we understand that she will request to use data from this experience for publications and professional presentations.

If you have any questions, please do not hesitate to contact me at (310) 927 - 6484 or email at [daniela@makeyouwellcenter.com](mailto:daniela@makeyouwellcenter.com)

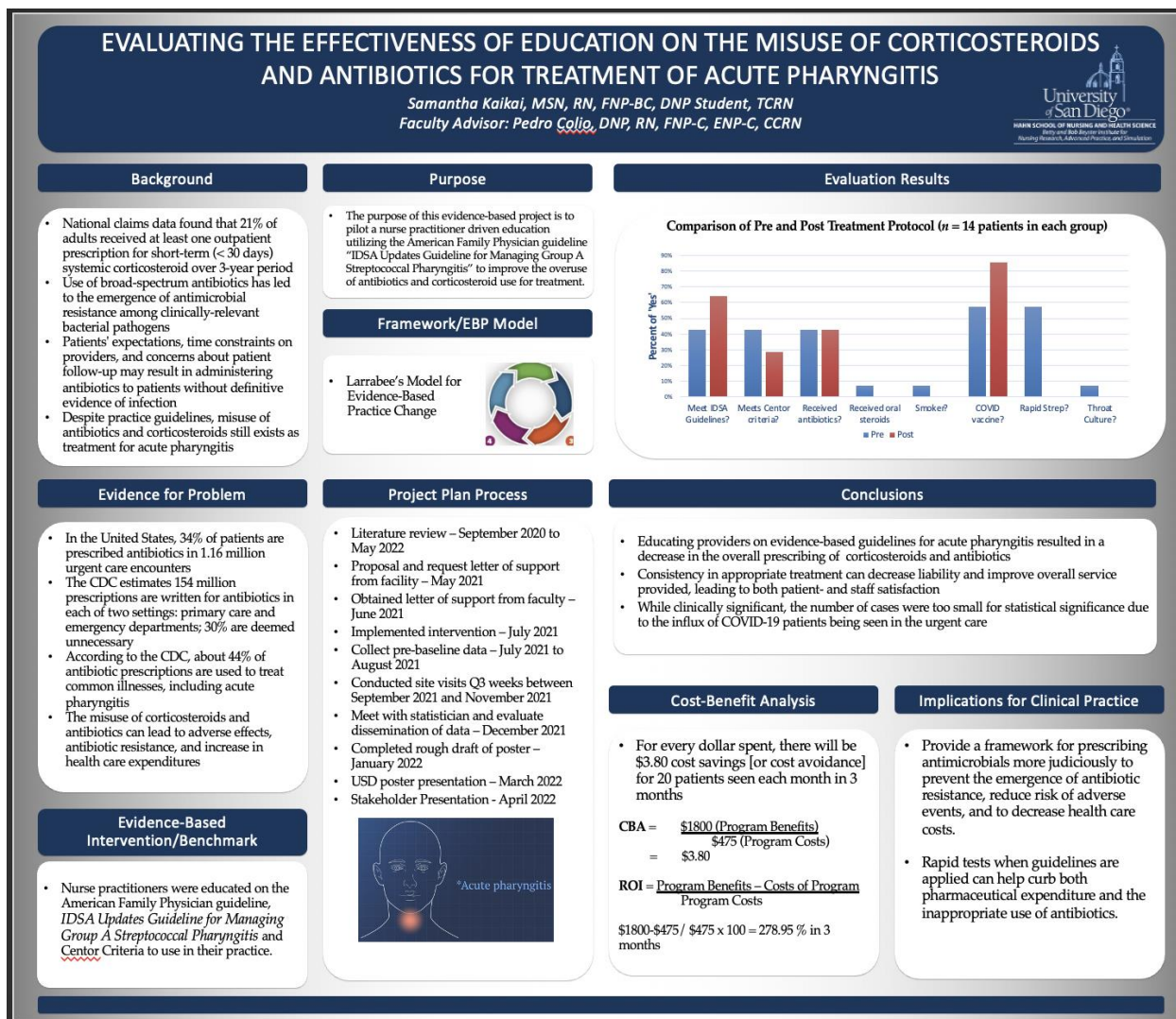
Sincerely,

Daniela Dillman, NP-C

Nurse Practitioner  
Co-Founder of Make You Well Family Practice and Urgent Care Center

## Appendix C

### Poster Presentation



## Appendix D

### UCSD Conference Approval

**From:** Cuevas, Michelle m6cuevas@health.ucsd.edu  
**Subject:** [URGENT RESPONSE NEEDED] Your abstract has been accepted for E-Poster Presentation!  
**Date:** April 5, 2022 at 12:37 PM  
**To:** skaikai@sandiego.edu  
**Cc:** Abraham, Heather hlabraham@health.ucsd.edu



Your abstract has been accepted for **E-Poster** presentation at the **15th Annual UCSD EBP/Research E-Conference Poster Day**. The committee received an overwhelming number of abstracts this year and has decided to hold two conference dates. Posters will be presented on Friday, July 15<sup>th</sup>, 2022 9a-12pm.

Please reply to this email with your acceptance of this invitation by as soon as possible. I did not have your proper email and you are receiving this late. My apologies.

Posters must be submitted for peer review feedback. Please submit your poster for peer review by Monday, May 2<sup>nd</sup>, 2022 to: [ucsdnursingresearchconference@health.ucsd.edu](mailto:ucsdnursingresearchconference@health.ucsd.edu)  
 Peer review feedback will be provided to presenters no later than May 10<sup>th</sup> to allow adequate time for any revisions.

Final poster submission will be due by Friday, May 27<sup>th</sup>, 2022. Please send your final poster to [ucsdnursingresearchconference@health.ucsd.edu](mailto:ucsdnursingresearchconference@health.ucsd.edu)

Lastly, all poster presenters will be responsible for submitting a 3 min video recording of their presentation. Please do not record your video prior to receiving peer review feedback. Click on the following link for help with how to record your presentation.  
<https://youtu.be/MtDWAK6EhY>

Video recordings are due no later than Friday, June 17<sup>th</sup>, 2022.

templates for e-poster presentations and directions on how to upload your video will be emailed to you after we receive your acceptance email as an e-poster presenter.

### **IMPORTANT DATES**

<b>April 1, 2022</b>	<b>1<sup>st</sup> author acceptance notification</b>
<b>April 4, 2022</b>	<b>Conference participation acceptance from 1<sup>st</sup> author</b>
<b>May 2, 2022</b>	<b>Poster presentations 1<sup>st</sup> drafts due to Council for peer review</b>
<b>May 10, 2022</b>	<b>Peer review feedback provided to poster presenters</b>
<b>May 27, 2022</b>	<b>Final draft of poster presentations due</b>
<b>June 17, 2022</b>	<b>Video recordings of poster presentations due</b>
<b>July 1, 2022</b>	<b>Dress Rehearsal</b>
<b>July 15, 2022</b>	<b>Conference date</b>

Michelle Cuevas MSN, RN

**UC San Diego Health**  
 10CCU Assistant Nurse Manager  
 200 West Arbor Drive  
 San Diego, CA 92103  
 Office # 619-543-7197  
[m6cuevas@health.ucsd.edu](mailto:m6cuevas@health.ucsd.edu)



## Appendix E

### Certifications

#### COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

##### COMPLETION REPORT - PART 1 OF 2 COURSEWORK REQUIREMENTS\*

\* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Samantha Kaikai (ID: 5211590)
- **Institution Affiliation:** University of San Diego (ID: 1652)
- **Institution Email:** skaikai@sandiego.edu
- **Institution Unit:** nursing
- **Curriculum Group:** Human Subjects Research - Biomed
- **Course Learner Group:** Biomedical Research - Basic/Refresher
- **Stage:** Stage 1 - Basic Course
- **Description:** Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in biomedical research with human subjects.
- **Record ID:** 38883959
- **Completion Date:** 09-Oct-2020
- **Expiration Date:** 09-Oct-2023
- **Minimum Passing:** 80
- **Reported Score\*:** 100

#### REQUIRED AND ELECTIVE MODULES ONLY

	DATE COMPLETED	SCORE
Belmont Report and Its Principles (ID: 1127)	18-Nov-2015	3/3 (100%)
History and Ethics of Human Subjects Research (ID: 498)	09-Oct-2020	5/5 (100%)
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	09-Oct-2020	5/5 (100%)
Informed Consent (ID: 3)	09-Oct-2020	5/5 (100%)
Records-Based Research (ID: 5)	09-Oct-2020	3/3 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: [www.citiprogram.org/verify/2k79575d47-41d1-48fd-8054-b9c0e9ffe9a-38883959](https://www.citiprogram.org/verify/2k79575d47-41d1-48fd-8054-b9c0e9ffe9a-38883959)

Collaborative Institutional Training Initiative (CITI Program)

Email: [support@citiprogram.org](mailto:support@citiprogram.org)

Phone: 888-529-5929

Web: <https://www.citiprogram.org>

## COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

### COMPLETION REPORT - PART 2 OF 2 COURSEWORK TRANSCRIPT\*\*

\*\* NOTE: Scores on this [Transcript Report](#) reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Samantha Kaikai (ID: 5211590)
- **Institution Affiliation:** University of San Diego (ID: 1652)
- **Institution Email:** skaikai@sandiego.edu
- **Institution Unit:** nursing
- **Curriculum Group:** Human Subjects Research - Biomed
- **Course Learner Group:** Biomedical Research - Basic/Refresher
- **Stage:** Stage 1 - Basic Course
- **Description:** Choose this group to satisfy CITI training requirements for investigators and staff involved primarily in biomedical research with human subjects.
- **Record ID:** 38883959
- **Report Date:** 09-Oct-2020
- **Current Score\*\*:** 100

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	09-Oct-2020	5/5 (100%)
Informed Consent (ID: 3)	09-Oct-2020	5/5 (100%)
Belmont Report and Its Principles (ID: 1127)	18-Nov-2015	3/3 (100%)
Records-Based Research (ID: 5)	09-Oct-2020	3/3 (100%)
History and Ethics of Human Subjects Research (ID: 498)	09-Oct-2020	5/5 (100%)
Conflicts of Interest in Human Subjects Research (ID: 17464)	09-Oct-2020	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: [www.citiprogram.org/verify/?k79676d47-41d1-48fd-8054-b9cdf92ffe9a-38883959](https://www.citiprogram.org/verify/?k79676d47-41d1-48fd-8054-b9cdf92ffe9a-38883959)

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Phone: 888-529-5929

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**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)**  
**COMPLETION REPORT - PART 2 OF 2**  
**COURSEWORK TRANSCRIPT\*\***

\*\* NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Samantha Kaikai (ID: 5211590)
- **Institution Affiliation:** University of San Diego (ID: 1652)
- **Institution Email:** skaikai@sandiego.edu
- **Institution Unit:** nursing
  
- **Curriculum Group:** Human Subjects Research - SBR
- **Course Learner Group:** Social & Behavioral Research - Basic/Refresher
- **Stage:** Stage 1 - Basic Course
- **Description:** Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in Social/Behavioral Research with human subjects.
  
- **Record ID:** 38889265
- **Report Date:** 09-Oct-2020
- **Current Score\*\*:** 96

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	09-Oct-2020	5/5 (100%)
Students in Research (ID: 1321)	18-Nov-2015	4/5 (80%)
Informed Consent (ID: 3)	09-Oct-2020	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	09-Oct-2020	5/5 (100%)
Belmont Report and Its Principles (ID: 1127)	18-Nov-2015	3/3 (100%)
Records-Based Research (ID: 5)	09-Oct-2020	3/3 (100%)
Informed Consent - SBE (ID: 504)	18-Nov-2015	4/5 (80%)
Privacy and Confidentiality - SBE (ID: 505)	09-Oct-2020	5/5 (100%)
History and Ethics of Human Subjects Research (ID: 498)	09-Oct-2020	5/5 (100%)
Conflicts of Interest in Human Subjects Research (ID: 17464)	09-Oct-2020	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: [www.citiprogram.org/verify/7k40f115da-4096-4b7e-b8d6-1d11d56fb36e-38889265](http://www.citiprogram.org/verify/7k40f115da-4096-4b7e-b8d6-1d11d56fb36e-38889265)

Collaborative Institutional Training Initiative (CITI Program)

Email: [support@citiprogram.org](mailto:support@citiprogram.org)

Phone: 888-529-5929

Web: <https://www.citiprogram.org>

**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)**  
**COMPLETION REPORT - PART 1 OF 2**  
**COURSEWORK REQUIREMENTS\***

\* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Samantha Kaikai (ID: 5211590)
- **Institution Affiliation:** University of San Diego (ID: 1652)
- **Institution Email:** skaikai@sandiego.edu
- **Institution Unit:** nursing
- **Curriculum Group:** Human Subjects Research - SBR
- **Course Learner Group:** Social & Behavioral Research - Basic/Refresher
- **Stage:** Stage 1 - Basic Course
- **Description:** Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in Social/Behavioral Research with human subjects.
- **Record ID:** 38889265
- **Completion Date:** 09-Oct-2020
- **Expiration Date:** 09-Oct-2023
- **Minimum Passing:** 80
- **Reported Score\*:** 94

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Belmont Report and Its Principles (ID: 1127)	18-Nov-2015	3/3 (100%)
Conflicts of Interest in Human Subjects Research (ID: 17464)	09-Oct-2020	5/5 (100%)
Students in Research (ID: 1321)	18-Nov-2015	4/5 (80%)
History and Ethics of Human Subjects Research (ID: 498)	09-Oct-2020	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	09-Oct-2020	5/5 (100%)
Informed Consent - SBE (ID: 504)	18-Nov-2015	4/5 (80%)
Privacy and Confidentiality - SBE (ID: 505)	09-Oct-2020	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: [www.citiprogram.org/verify/2k40f115da-4096-4b7e-b8d6-1d11d56fb36e-38889265](http://www.citiprogram.org/verify/2k40f115da-4096-4b7e-b8d6-1d11d56fb36e-38889265)

Collaborative Institutional Training Initiative (CITI Program)

Email: [support@citiprogram.org](mailto:support@citiprogram.org)

Phone: 888-529-5929

Web: <https://www.citiprogram.org>

## Trauma Nursing Core Course

 <b>ENA</b> EMERGENCY NURSES ASSOCIATION	<i>This certifies that</i>	 <b>TNCC</b> TRAUMA NURSING CORE COURSE <i>An ENA Course</i>
<b>Samantha Kaikai</b>		
has attended the Trauma Nursing Core Course - Provider 8th Ed. earning a total of 18.25 contact hours.		
October 05, 2021		
Date of Completion		
	The Emergency Nurses Association is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. The Emergency Nurses Association is approved by the California Board of Registered Nursing, Provider #2322.	
<b>Emergency Nurses Association</b> 930 E Woodfield Rd Schaumburg, Illinois 60173		

## Appendix F

## AENJ Journal Research to Practice

Article: AENJ-D-21-00077 Date: December 15, 2021 Time: 15:21



Advanced Emergency Nursing Journal

Vol. 00, No. 00, pp. 1-8

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RESEARCH TO  
PRACTICE

Column Editor: Dian Dowling Evans, PhD, FNP-BC, ENP-C, FAANP, FAAN

Presentation, Management, and  
Prevention of Herpes Zoster[AQ] Samantha Michelle Kaikai, MSN, FNP-BC, TCRN, DNP-S  
Dian Dowling Evans, PhD, FNP-BC, ENP-C, FAANP, FAANP

## ABSTRACT

The purpose of the Research to Practice column is to review and critique current research articles that directly affect the advanced practice nurse's (APN's) practice in the emergency department. This review examines the findings of Schmidt and Rowbotham's (2017) article, "Aggressive Non-invasive Treatment of Acute Herpes Zoster for the Prevention of Postherpetic Neuralgia. Herpes Zoster: Postherpetic Neuralgia and Other Complications." The authors completed an extensive literature review and created 6 key clinical recommendations for treating acute herpes zoster to prevent postherpetic neuralgia, including prevention, patient education and counseling, proper diagnosing, medication selection, and treatment specific to acute herpes zoster postherpetic neuralgia. This review provides a strategy to allow APNs to confidently recognize and treat acute herpes zoster and postherpetic neuralgia to reduce patient risks and avoid mistreatment of acute herpes zoster and postherpetic pain. **Key words:** antiviral, herpes zoster, neuralgia, postherpetic pain, shingles

JOHN, A 36-YEAR-OLD MAN, presented to a freestanding emergency department (ED) with a 3-day history of skin irritation and itching on his back, gradual onset of left-sided back pain, general malaise, lower leg weakness, and left chest discomfort. He denied any prior history of similar complaints.

**Author Affiliations:** Hahn School of Nursing and Health Science, Beyster Institute for Nursing Research, University of San Diego, San Diego, California (Ms Kaikai); and Hodgson Woodruff School of Nursing, Emory University, Atlanta, Georgia (Dr Evans).

[AQ1] **Disclosure:** The authors report no conflicts of interest.

**Corresponding Author:** Samantha Michelle Kaikai, MSN, FNP-BC, TCRN, DNP-S, Hahn School of Nursing and Health Science, Beyster Institute for Nursing Research, University of San Diego, 5998 Alcala Park, San Diego, CA 92110 (skaikat24@gmail.com).

[AQ2] DOI: 10.1097/TME.0000000000000395

John presented to the ED because he could not see his regular provider, worsening his symptoms. He became concerned because he developed tingling in his left arm last night and had difficulty sleeping due to pain in his back. Last night, he stated that he woke up multiple times whenever he rolled onto his left side because of pain and a tingling sensation and burning in his back that had persisted since he awakened. He also complained of having decreased energy for the past 2 days. He reported he had not taken anything for the discomfort because he was already taking methotrexate and tofacitinib (Xeljanz) for psoriatic arthritis. He did not like taking medications if a health care provider did not recommend them. He rated his back pain as a 7/10 and left chest

## Appendix G

### DNP Program Outcomes Exemplars

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	<b>Exemplars</b> 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>	<p><b>Fall 2020</b></p> <ul style="list-style-type: none"> <li>• Collaborative Institutional Training Initiative (CITI Program) completion</li> <li>• Plan EBP project dates</li> <li>• Design EBP timeline</li> <li>• <b>DNP611</b> formulated a PICO question, conducted literature review, determined an area needed for practice change <b>(40 hours)</b></li> </ul> <p><b>Spring 2021</b></p> <ul style="list-style-type: none"> <li>• Design EBP participant recruitment methods, interventions, plan for confidentiality, and project plan dates</li> <li>• Start IRB Application Worksheet (DNP611 &amp; DNP630)</li> </ul> <p><b>Summer 2021</b></p> <ul style="list-style-type: none"> <li>• Finalize IRB Application</li> <li>• <b>DNP610</b>- Created a philosophical reflective video on “breathing” in asynchronous section <b>(40 hours)</b></li> </ul> <p><b>Fall 2021</b></p> <ul style="list-style-type: none"> <li>• <b>Obtained</b> IRB approval</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	<b>Exemplars</b> Provide bulleted exemplars that demonstrates achievement of each objective
<p><b>DNP Essential II: Organizational &amp; System Leadership for Quality improvement and Systems Thinking</b></p> <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><b>5.</b> Design, implement, and evaluate ethical health care delivery systems and information systems that meet societal needs and ensure accountability for quality outcomes.</p>	<p><b>Fall 2020</b></p> <ul style="list-style-type: none"> <li>• Learned to formulate a PICOT question</li> <li>• Learned Critical Appraisal</li> <li>• Design an Evidence-Based Project proposal and plan</li> <li>• Collaborate with Faculty Advisor to design an EBP that can be used in Urgent Care</li> </ul> <p><b>Spring 2021</b></p> <ul style="list-style-type: none"> <li>• Created a logic model with interventions designed to meet the societal needs of diverse patients</li> <li>• Designed a cost benefit analysis and ROI for EBP (DNP 622)</li> </ul> <p><b>Summer 2021</b></p> <p>Completed a guided narrative synthesizing theory and practice regarding moral dilemma to create best practice</p>
<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><b>4.</b> Incorporate research into practice through critical appraisal of existing evidence, evaluating practice outcomes, and developing evidence-based practice guidelines.</p>	<p><b>Fall 2020</b></p> <ul style="list-style-type: none"> <li>• Utilize University of San Diego Library services</li> <li>• Used healthcare databases to identify articles and literature using MeSH terms</li> <li>• Conducted critical appraisal of the evidence to identify the strengths,</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	<b>Exemplars</b> Provide bulleted exemplars that demonstrates achievement of each objective
<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 into practice and dissemination and integration of new knowledge.</i></p>		<p>weaknesses, level of strength, and feasibility</p> <ul style="list-style-type: none"> <li>• Research current clinical guidelines on Acute Bronchitis and Acute Pharyngitis</li> <li>• Developed a presentation reviewing the background, significance, model theory, and current clinical guidelines on acute bronchitis and acute pharyngitis</li> </ul> <p><b>Spring 2021</b></p> <ul style="list-style-type: none"> <li>• Appraised the American Physician Guideline for Acute Pharyngitis</li> <li>• Develop new PICOT question</li> <li>• Conducted new literature search and critical appraisal identifying the best practice treatment for acute pharyngitis</li> <li>• Developed a presentation of MOCK data for the stakeholder</li> <li>• DNP622 :</li> </ul> <p><b>Summer 2021</b></p> <ul style="list-style-type: none"> <li>• DNP653: Completed a financial business plan to create a profit within 6 months in the asynchronous section – <b>40 hours</b></li> <li>• Utilize University of San Diego Library services</li> <li>• Analyze EBP paper</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	<b>Exemplars</b> Provide bulleted exemplars that demonstrates achievement of each objective
		<b>Fall 2021</b> <ul style="list-style-type: none"> <li>• Read AENJ manuscripts from 2020 for up-to-date evidence-based practice</li> <li>• DNP686</li> </ul> <b>Winter 2022</b> <ul style="list-style-type: none"> <li>• Read multiple AENJ manuscripts for applied pharmacology in Emergency Nursing to identify area for practice change and implementation</li> <li>• Published in AENJ for “Presentation, Management, and Prevention of Herpes Zoster”</li> </ul> <b>Spring 2022</b> <ul style="list-style-type: none"> <li>• Provide EBP research into practice at MYW urgent care in presentation</li> <li>• Complete presentation on data collected and disseminated to USD Final doctoral project involved critical appraisal of current updated literature to identify practice area for change and implementation (DNP630)</li> </ul>
<b>DNP Essential IV: Information Systems/Technology &amp; Patient Care Technology for Improvement &amp; Transformation of Health Care</b>	<b>7.</b> Incorporate ethical regulatory, and legal guidelines in the delivery of health care and the selection, use, and evaluation of	<b>Fall 2020</b> <ul style="list-style-type: none"> <li>• Identified EXER Urgent Care as a location to identify patient presenting with symptoms of acute</li> </ul>



AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	<b>Exemplars</b> 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>	<p>information systems and patient care technology.</p>	<p>pharyngitis, treated and their follow-up.</p> <ul style="list-style-type: none"> <li>• Learned Codonix EMR system</li> </ul> <p><b>Spring 2021</b></p> <ul style="list-style-type: none"> <li>• Developed a plan for business, reviewing EMR system</li> <li>• Learned EMR system for MYW</li> </ul> <p><b>Summer 2021</b></p> <ul style="list-style-type: none"> <li>• Identified Make You Well Urgent Care and Family Practice as the facility to identify patients presenting with symptoms of acute pharyngitis, treated and their follow-up</li> <li>• Began USD IRB application</li> </ul> <p><b>Fall 2021</b></p> <ul style="list-style-type: none"> <li>• Used Caycus IRB system</li> </ul> <p><b>Spring 2022</b></p> <ul style="list-style-type: none"> <li>• Completed data analysis with statistician analyzing data and ensure appealing visual graphs and table to interpret the collected data (DNP630)</li> </ul>

AACN DNP Essentials & NONPF Competencies	USD DNP Program Objectives	<b>Exemplars</b> 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>	<p><b>Fall 2020</b></p> <ul style="list-style-type: none"> <li>• Ongoing professional organization membership</li> <li>• Maintain membership with AANP, CANP, and AGNP</li> <li>• Secured faculty advisor</li> </ul> <p><b>Spring 2021</b></p> <ul style="list-style-type: none"> <li>• Ongoing professional organization membership by renewing membership for AANP, ANCC and MNA</li> </ul> <p><b>Summer 2021</b></p> <ul style="list-style-type: none"> <li>• Joined AAENP and ENA</li> <li>• Signed up to take TNCC course</li> <li>• Renewed RN Licenses in MD and CA</li> <li>• Support AANP policy reform measure by providing funding to support NPs and NP students</li> </ul> <p><b>Fall 2021</b></p> <ul style="list-style-type: none"> <li>• Renewed my DEA license</li> <li>• Completed Health Care policy proposal in DNP648- <b>40 hours</b> developing manuscript and conducting research</li> <li>• Completed TNCC and obtained certification as TCRN – <b>20 hours</b></li> </ul>

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<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 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>	<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>	<p><b>Fall 2020</b></p> <ul style="list-style-type: none"> <li>• Worked with faculty advisor to design education training program to teach healthcare providers on the proper clinical guidance of acute pharyngitis</li> </ul> <p><b>Spring 2021</b></p> <ul style="list-style-type: none"> <li>• Volunteered to take care of COVID patients</li> </ul> <p><b>Summer 2021</b></p> <ul style="list-style-type: none"> <li>• Received Irene S. Palmer Endowed Scholarship</li> <li>• Completed weekly reflections on my current NP practice to enhance my medical care</li> </ul> <p><b>Fall 2021</b></p> <ul style="list-style-type: none"> <li>• Completed weekly reflections on my current NP practice</li> <li>• Completed Manuscript on Presentation, evaluation and treatment of Herpes Zoster and submitted to AENJ – <b>50 hours</b></li> <li>• Completed Manuscript on ADPKD in DNP622 – <b>40 hours</b></li> <li>• <b>Completed over 400</b> clinical hours providing care to all age groups under the supervision of DNP and NPs</li> </ul>

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<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 epidemiological, biostatistical, occupational, and environmental data in the development, implementation, and evaluation of clinical prevention and population.</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>	<p><b>Fall 2020</b></p> <ul style="list-style-type: none"> <li>Designed Evidence-Based Project to decrease the use of corticosteroids in clinical practice by educating healthcare providers on proper clinical guidance</li> <li>Identify clinical prevention strategy to avoid adverse effects of corticosteroid use</li> <li><b>DNP625:</b> Focused on genetic risk of depression and the risk factors associated with depression such as alcohol. The screening tool was used to evaluate depression in the adult population. Provided (<b>40 hours</b>)</li> </ul> <p><b>Spring 2021</b></p> <ul style="list-style-type: none"> <li>Designed an EBP to educate providers on the proper treatment of acute pharyngitis in urgent care</li> </ul> <p><b>Summer 2021</b></p> <ul style="list-style-type: none"> <li><b>NPTC610:</b> Provided education to patients focused on primary, secondary and tertiary prevention during clinical practice</li> </ul> <p><b>Fall 2021</b></p> <ul style="list-style-type: none"> <li>Educate providers on the proper treatment of acute pharyngitis in urgent care</li> </ul>

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		<ul style="list-style-type: none"> <li>• <b>DNP622:</b> Completed Genetic Case Studies on how to implement genetic testing in patient prevention, evaluation and treatment – <b>12 hours</b></li> <li>• Completed Case Study in <b>DNP622</b> on patient with chief complaint of fatigue and history of sickle cell/thalassemia trait – <b>15 hours</b></li> </ul> <b>Spring 2022</b> <ul style="list-style-type: none"> <li>• Completed DNP630 presentation to students and faculty – <b>15 hours</b></li> <li>• Completed abstract and poster presentation for UCSD- <b>15 hours</b></li> </ul>
<b>DNP Essential VIII: Advanced Nursing Practice</b>  <b>NONPF: Independent Practice/Ethics Competencies</b>  <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</i>	<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 interventions for individuals or aggregates.	<b>Fall 2020</b> <ul style="list-style-type: none"> <li>• Philosophy of Reflective Practice (DNPC 610) provided the opportunity to learn culturally competent interventions and approaches to healthcare.</li> <li>• 500 Clinical Hours from Simmons College MSN FNP Program</li> <li>• Complete clinical hours to improve my knowledge and understanding of health care in nursing:</li> <li>• Design an education program for healthcare providers</li> <li>• Complete abstract. Plan to start</li> </ul>

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<i>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>		IRB application. Create EBP presentation (DNP611 & 630) <b>Spring 2021</b> <ul style="list-style-type: none"> <li>• 50 Clinical hours – EBP model selection, design education training program for staff after reviewing literature search. Create excel spreadsheet for data collection. Create stakeholder presentation (DNP630)</li> </ul> <b>Summer 2021</b> <ul style="list-style-type: none"> <li>• Begin IRB application. Complete abstract. Obtain Letter of approval from clinic site and faculty advisor. (DNP630)</li> <li>• 50 Clinical hours – created a business plan to design budget, start-up costs, stakeholder presentation, 3-minute stakeholder elevator pitch</li> <li>• 24 hours with El Centro ED</li> <li>• 9 Stimulation hours at USD Hahn's School of Nursing</li> <li>• <b>NPTC610:</b> Provided evidence based, culturally competent care to patients during clinical hours</li> </ul> <b>Fall 2021</b> <ul style="list-style-type: none"> <li>• Completed <b>519.5 hours</b></li> <li>• of advanced practice nursing at</li> </ul>

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		UCSD Trauma/SICU/Burn ICU, El Centro Regional Medical Center Emergency Department and Outpatient Clinic, and UCSD OR with CRNA rotation. <ul style="list-style-type: none"> <li>• Completed onsite education at Make You Well Urgent Care – <b>40 clinic hours</b></li> <li>• Completed <b>20 hours</b> getting TCRN certification for provider course</li> <li>• <b>NPTC610:</b> Provided evidence based, culturally competent care to patients during clinical hours</li> </ul> <b>Winter 2022</b> <ul style="list-style-type: none"> <li>• Completed onsite data collection at Make You Well Urgent Care – <b>30 hours</b></li> </ul>