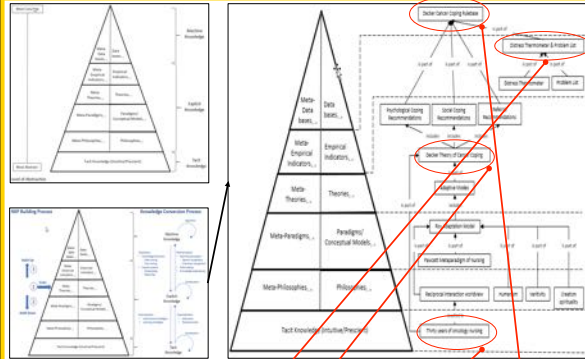


Integrating Theory Into A Successful DNP Project

Veronica B. Decker, DNP, PMHCNS-BC, MBA, MS, RN, BSN

1The University of Central Florida, Orlando, FL – 12201 Research Parkway, Ste 300 – (407) 823-5025 – Veronica.decker@ucf.edu

Step 1: Build the Decision Support System



Step 1A: Using the Nursing Knowledge Pyramid Build Solid Theoretical Base

IF-THEN Rules

IF	THEN
Physical Problem(s) is/are checked	Referral to specific oncology nurse practitioners (NP)
Practical & Family Problem(s) is/are checked	Referral to specific Cancer Resource Center with identified social worker, and; National cancer support information provided
Spiritual/religious concerns is checked	Referral to spiritual support
Emotional Problem(s) is/are checked	Receive response-specific (tailored) coping strategies, and; Referral to specific Cancer Resource Center with identified social worker

Step 1B: Operationalize the Theory Through the DSS

Step 2: Pilot the Decision Support System

Description

- Ambulatory oncology practice in Michigan
 - Unaccredited
 - Found distress management challenging
 - Willing to pilot
- System developed by EMOL Health, Inc. (Royal Oak, MI)
 - Local referrals
 - Psychosocial strategies by author
- Procedure
 - Participant
 - Convenience sample (n=32) on first or second visit, as determined by intake nurse
 - Author performed informed consent, trained IPAD use for Distress Thermometer, ensured completion
 - Author immediately advised participant on referrals and strategy use
 - Distress Thermometer retested telephonically after 2-7 weeks of treatment
 - Staff and providers
 - Author provided familiarization and support

Sample Results

- Distress Thermometer Score: (Paired t-test on mean: Pre = 4.3, Post = 3.0, p=0.0166, significant reduction)
- Number of problems/symptoms reported (McNemar's Chi-squared):
 - Trended overwhelmingly positive (25/36 symptoms reduced)

Symptom	YES, Pre-test (number %)	YES, Post-test (number %)	Trend	p-value
Family Problems (n=6)				
Family Levels: Issues	7 (77.78)	3 (53.33)	↓	0.0455*
Worry	18 (81.82)	11 (50)	↓	0.0022**
Level of interest in usual activities	9 (40.91)	3 (13.64)	↓	0.0022**
Physical Problems (n=29)				
Changes in activities	5 (17.24)	3 (10.4)	↓	0.0455*
Other	12 (41.38)	3 (10.34)	↓	0.0022**

(*)p<0.05, (**)p<0.01

- Noteworthy
 - Synergistic effect of referrals + coping strategies
 - Implementing the expert system coping strategies recommendations appeared to be the key factor in lowering levels of distress for these participants

Conclusions

- System meets accreditation requirements
- Operationally feasible (minimally disruptive)
- User friendly
- Safe
- Inexpensive
- Effective
- Scalable

Step 3: Report

Piloting an Automated Distress Management Program in an Oncology Practice

The Nursing Knowledge Pyramid: A Theory of the Structure of Nursing Knowledge