Scholarship Symposium
Friday, August 11, 2017

12:00 – 1:00 p.m.  Registration | Presenter Check-in | and Lunch

1:00 – 1:10 p.m.  Welcome Address - Dr. Thomas Cappaert

1:10 – 2:00 p.m.  Keynote Speaker - Dr. David Perrin

2:00 – 2:45 p.m.  Panel Discussion

  Dr. David Perrin
  Dr. Malissa Martin
  Ms. Darcy Hammar
  Dr. Margaret Kjelgaard
  Dr. Kimberly Peer

2:45 – 3:00 p.m.  Break

3:00 – 4:00 p.m.  Meet the Scholars – Poster viewing and questions

4:00 – 5:00 p.m.  Podium Presentations

  Dr. Dorothy Townsend - Student/Original Research
  Effect of a Therapy Dog on communication and QOL in Adults with Mild/Moderate Dementia
  Ms. Crystal Miskin – Student/Health Improvement
  Community-Based Pro Bono Clinics: Challenges, Partnering and Early Service Learning Opportunities for Physical Therapy Students
  Dr. Hina Garg – Faculty/Original Research
  Promoting cultural competency education in physical therapy curriculum

5:00 – 5:15 p.m.  Wrap-Up
David Perrin, PhD, ATC

David H. Perrin is Dean of the College of Health and Professor in the Department of Physical Therapy and Athletic Training at the University of Utah.

From 2007-2014 he served as Provost and Executive Vice Chancellor at the University of North Carolina at Greensboro and as Dean of the School of Health and Human Performance at UNCG from 2001-2007.

Dr. Perrin’s career as an administrator began in 1995 in the Curry School of Education at the University of Virginia where he served as program area director of Kinesiology (then Health and Physical Education). In 1999, he was appointed Chair of the Department of Human Services at UVa. He received his BS in Physical Education from Castleton State College, MA in Athletic Training from Indiana State University, and PhD in Exercise Physiology from the University of Pittsburgh.


For 15 years Dr. Perrin directed the graduate programs in Athletic Training (MEd) and Sports Medicine (PhD & EdD) at the University of Virginia. He was named the Joe Gieck Professor of Sports Medicine, founded the Sports Medicine and Athletic Training Research Laboratory, and mentored over 50 students who received a doctoral degree in Sports Medicine. His primary research interest, funded by the National Institutes of Health, focused on anterior cruciate ligament injury risk factors in female athletes.

From 2007 to 2011 he served on the Advisory Committee on Interdisciplinary, Community-Based Linkages, Bureau of Health Professions of the U.S. Department of Health and Human Services. As a faculty member, he was recipient of a University of Virginia All-University Outstanding Teaching Award in 1997 and in 1998 received the Curry School of Education Foundation’s Outstanding Professor Award. His professional awards from the National Athletic Trainers’ Association include the Sayers “Bud” Miller Distinguished Educator Award in 1996, the Most Distinguished Athletic Trainer award in 1998, the William G. Clancy, Jr., MD Medal for Distinguished Athletic Training Research in 1999, and induction into the Hall of Fame in 2003. In 2015 he received the NATA Research &Education Foundation’s Lifetime Contribution Award. Among his honors are distinguished alumni awards from CSC, ISU, and Pitt, including induction into the Legacy Laureate Society at the University of Pittsburgh in 2008. In 2009 he received an Honorary Doctor of Humane Letters from the Arizona School of Health Sciences at A.T. Still University.

Friends and former students have established the David H. Perrin Athletic Training and Sports Medicine Scholarship in the Curry School of Education Foundation at UVa, the NATA Research and Education Foundation’s Outstanding Dissertation Award and the Ethnic Diversity Advisory Committee scholarship given in his honor. Perrin is a Fellow of the American College of Sports Medicine, the National Athletic Trainers’ Association, and the National Academy of Kinesiology, and a Founding Board of Director of the American Kinesiology Association.
Effect of a Therapy Dog on Communication and QOL in Adults with Mild/Moderate Dementia

Presenting Author: Dorothy Townsend, ClinScD, CCC-SLP

Authors: Dorothy Townsend, ClinScD, CCC-SLP
Kenneth O. Simpson, PhD, CCC-SLP
Amber Heape, ClinScD, CCC-SLP, CDP

Affiliations: 1Rocky Mountain University of Health Professions
2PruittHealth Therapy Services & South Carolina State University

Category: Original or replicative research

Background: Nearly 5.4 million Americans are affected by dementia (Alzheimer’s Association, 2016). Memory loss, depression, and decreased quality of life often arise from changes in the person with dementia’s (PWD) ability to communicate (Acton et al., 2007). This leads to difficulties for caregivers to communicate with persons with dementia.

Purpose/Hypothesis/Aim: The purpose of this investigation was to examine the use of dog-assisted therapy as a means for increasing communication by facilitating reminiscence in PWD in order to increase quality of life. Speech language pathologists may be able to implement a therapy dog program to maximize communication efficiency and maintain the PWD’s ability to direct their health care. The effect of dog assisted therapy for PWD has been examined in inpatient and long-term settings in the United States and internationally. Literature supports the link between dog assisted therapy and social communication across geographic areas (Boyer & Mundschenk, 2014; Greer et al., 2001). Design/Method: This study used a single subject (small n) ABAB research design to investigate if a functional relationship existed between reminiscence intervention without a therapy dog (Phase A1 and A2) and reminiscence intervention with a therapy dog (B1 and B2) for communication and quality of life for adults with mild to moderate dementia.

Results: This investigation revealed increased overall self-perceived quality of life pre- and post-intervention, indicating that the use of a therapy dog and reminiscence therapy had a positive effect on cognitive disorders. The data revealed an increase in overall DQoL from baseline [2-Fair] to post-testing [4-Very Good], which is equivalent to an overall improvement in perceived QOL. Data showed a positive effect on total number of words while the effect on MLU-w and total number of topics did not.

Conclusions: Increased communication as measured by total number of words occurred in response to the presence of a therapy dog suggests that a therapy dog paired with reminiscence therapy is an effective method for improving communication that could be introduced as part of daily communication in the home.
Community-Based Pro Bono Clinics: Challenges, Partnering and Early Service Learning Opportunities for Physical Therapy Students

Presenting Author: Crystal Miskin, SPT
Authors: Crystal Miskin, SPT¹; Devin Bodily, SPT¹; Kaiwi Chung-Hoon, PT, PhD¹
Affiliations: ¹Rocky Mountain University of Health Professions
Category: Improve the health of populations, groups, families, or individuals

Purpose: The purpose of this report is to explore first-year Doctor of Physical Therapy (DPT) students’ early experience in participation and integration of didactic learning in a community-based pro-bono clinic as part of a service-learning course. Background: The distribution of poverty varies and areas that have a larger impoverished population tend to have higher uninsured rates.¹, ² There are many individuals who need the assistance of healthcare; however, they do not have access for such care due to lack of insurance, financial hardship, and other barriers. Many communities offer assistance to this population through pro-bono clinics. One of the challenges is finding providers who can assist with such programs.⁵ Entry-level DPT students may be a viable option to aid clinicians. Methods: Six first-year students participated in a 16-week service-learning course that integrated didactic learning and service to the uninsured or underserved.⁶ Students were mentored by physical therapists while assisting in a pro-bono clinic. Explicit feedback was summarized regarding the experiences attained from students and clinicians' participation at the pro-bono clinic. Results: Recurrent themes reported by students’ early exposure in a clinical setting included opportunities to: develop clinical reasoning skills⁷, improve confidence during patient interaction, provide evidence-based care, and identify challenges that individuals experience when accessing healthcare. Students observed that some individuals had additional needs but due to language/cultural barriers, lack of insurance or financial difficulties, these needs were not discussed with their attending clinician. Students collaborated to create a directory of resources available within the community that provided pro-bono services including: employment and interview coaching; language tutoring; addiction recovery; additional healthcare needs; transportation and welfare accommodations. Clinicians reported that students and clinicians were able to discuss and implement evidence-based care and individuals who received care felt that their interaction with the students provided them an opportunity to give something back for the services they received. Conclusions: Early service-learning in students’ educational experience provides opportunities for practical application of didactic learning, in addition to promoting self-efficacy and the development of professionalism.⁸ Future research may include exploring whether students continue to participate in pro-bono clinics or support other pro-bono opportunities upon graduation.
Promoting Cultural Competency Education in Physical Therapy Curriculum

Presenting Author: Hina Garg, PT, MS, PhD
Authors: Hina Garg, PT, MS, PhD¹
          Joel Tenbrink, PT, PhD¹
Affiliations: ¹Rocky Mountain University of Health Professions
Category: Original or replicative research

Background: The American Physical Therapy Association (APTA) and Commission on the Accreditation of Physical Therapy Education recognizes cultural competence as a core component of Physical Therapy (PT) practice and recommends that the PT education should include varied teaching and learning experiences that enhance related knowledge, attitudes and skills. However, the present evidence on best practices to formally introduce, weave and assess education on culturally sensitive care within the PT curriculum is still lacking. Purpose: The purpose of this study was threefold: (1) To examine the impact of cultural competence education on self-perceived cultural awareness (knowledge, attitudes) and cultural skills; (2) To determine relationships between demographic characteristics (gender, age, ethnicity) and self-perceived cultural competency; and (3) To determine the psychometric properties of clinical cultural competency instrument (CCCI) in entry-level PT students. Methods: Forty-eight entry-level PT students (age mean ± SD) 26 ± 3 yrs, gender= 17F/31M) within their first year of education were included. Data was extracted from pre- and post- self-assessment questionnaires during a cultural competency course, and student’s perceptions on cultural awareness and skills were collected. The cultural competence education included 14-weeks of didactic instruction, self-reflective writing, focused case studies, simulations, community-based activities and evaluation of multicultural research. Within-group differences were determined by paired t-tests; correlations by pearson product moment correlations; and internal consistency and factor structure of CCCI were assessed using Cronbach’s alpha and exploratory factor analysis. Results: Significant improvements (p<0.001) were found in student perceptions of their overall cultural competence, awareness subscale and skills subscale after receiving cultural competence education. Cultural awareness was significantly related to skills (r=0.67), suggesting that improvements in awareness may transfer to greater self-perceived patient encounter skills. Factor structure for the CCCI was determined, and high Cronbach alpha coefficients (≧0.8) were found for each component subscale. Conclusions: The PT students were able to enhance their cultural knowledge, attitudes and skills after cultural competence education suggesting that a focused curriculum in cultural competence can assist in meeting the current APTA vision entailing professional commitment to cultural competency. The CCCI demonstrates good internal consistency and construct validity which supports its use to assess cultural competency in entry-level PT students.
Examining Activity Levels and Motor Proficiency: A Comparison Of Healthy Weight and Overweight Children to Their Parents And Peers

Presenting Author: J. Wesley McWhorter, PT, MPT, PhD
Authors: J. Wesley McWhorter, PT, MPT, PhD
Robbin Hickman, PT, DSc, PCS
Mark C. Walker, PT, PhD
Kaiwi Chung-Hoon, PT, PhD
Affiliations: 1Rocky Mountain University of Health Professions
2University of Nevada Las Vegas
Category: Improve the health of populations, groups, families, or individuals

Purpose/Hypothesis: The purpose of this study was to examine relationships and differences between motor proficiency, activity level, and parental activity level in children who are at a healthy weight and children who are overweight or obese. Methods: Forty-four children (26 children at a healthy weight and 18 children who were overweight or obese) between the ages of 8-16 (BMI: 14.3-43.6 kg/m2) and 36 parents (BMI: 18.1-44.7) participated in this study. Children and parents wore StepWatch activity monitors (SAM) to measure activity levels over a 72 hour period. Tests reflecting several determinants of motor performance were also administered to all children including: 60 second half sit up test, Timed Up and Go (TUG) test, and 30 second sit to stand (STS) test. Results: Data analyses demonstrate several significant correlations between the SAM data of fathers to daughters and mothers to sons. A statistically significant difference was found between children at a healthy weight and children who are overweight or obese for percent time spent in high activity. Statistically significant differences were found between all three motor performance tests between children at a healthy weight and children who are overweight or obese. Conclusions: Relationships between activity levels of parents and children suggest that children pattern their activity levels after their parents. More specifically, children and parents of opposite genders demonstrate stronger relationships in their activity levels than children and parents of the same gender. Differences were also found for all motor performance tests between children at a healthy weight and children who were overweight or obese, indicating that children at a healthy weight may be more motor proficient.
Age of Disease Onset and Preventative Recommendations for Osteoarthritis in At-Risk Americans: A Cadaveric Study

Presenting Author: Jessica Immonen, PhD
Authors: Jessica Immonen PhD¹
Chris Siefring, MS¹
Affiliations: ¹Rocky Mountain University of Health Professions
Category: Original or replicative research

Background: Research to identify at-risk populations for osteoarthritis (OA) has been initiated yet is still in its infancy. The literature makes little to no suggestion regarding precise age of disease onset or preventative strategies to reduce risk for disease onset in various groups. In 2005, the Center for Disease Control and Prevention estimated that 33.6% of Americans 65+ years old were affected by OA; this cadaveric analysis suggests this is largely underestimated.

Purpose: The objective of this assessment is to identify at-risk populations for degenerative changes in the knee joint and make recommendations to prevent or delay disease onset.

Methods: Morphometric analyses of the articular cartilage of the tibial plateau were performed on cadaver specimens using Image Pro software on three age populations: < 70 years old, 70-79 years old and >80 years old. Surface area measurements for articular cartilage degradation were compared to donors’ reported ages, clinical histories and occupations. Data showed that by the 7th decade of life, when patients are in their 60s, articular cartilage degeneration on the medial and lateral tibial plateau had commenced in 100% of specimen. In addition, 4 out of 5 specimens between the ages of 50 and 59 also displayed signs of OA. All donors that reported “homemaker” as an occupation displayed above average medial tibial plateau degeneration (32.33 ± 24.85%) for their age group while simultaneously reporting additional pathologies in their clinical history that encourage a sedentary lifestyle.

Conclusions: This assessment identifies an occupational class that needs to be aware of their propensity to develop disease while considering the concept that an appropriate Body Mass Index (BMI) does not guarantee joint health. This assessment also identifies a more realistic time frame than previous public health advisory committees have produced regarding age of disease onset and initiation of preventative measures. It is recommended that strength training of the hip abductors and the musculature supporting the knee joint commence early in adult life to avoid valgus collapse and shearing at the knee joint, two of the most common biomechanical reasons for the initiation of pathologies such as OA.
Use of the Focus On Therapeutic Outcomes (FOTO) Tool to Measure Clinical Outcomes in Doctor of Physical Therapy Students

Presenting Author: Joel Tenbrink, PT, PhD
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Category: Original or replicative research

Background: Due to the Affordable Care Act’s emphasis on providing high quality care at a lower cost, Physical Therapy (PT) programs must prepare students for the provision and measurement of high quality, efficient, patient-centered care. One such measure, the Focus on Therapeutic Outcomes (FOTO) tool, has been validated to identify “expert” clinicians and collect patient care data for over 11 million patients. Purpose: This study aimed to investigate the use of FOTO tool to assess patient outcomes and care efficiency among PT students as opposed to practicing clinicians by comparing 1) Functional Status Change Scores (FSCS) to Predicted Functional Status Change Scores (PFSCS) of patients seen by students and 2) actual number of visits per patient (AV) to predicted visits (PV) across care types and during the progression of clinical education experiences (CEs). Methods: PT students from the University of Central Arkansas and Rocky Mountain University of Health Professions utilized the FOTO tool for 959 patients during CEs in 2014 and 2015. Between-group differences (FSCS vs PFSCS, AV vs PV) were examined by paired t-tests, and differences across the three terminal CEs and care types (neurological, orthopedic, cardiovascular, pain management and industrial) were assessed by mixed model analysis of variance. Results: Significant differences (p<.05) in FSCS and AV across specific care types were seen. When student performance was compared across CEs, FSCS was significantly lower (p<.05) than PFSCS in the first terminal experience, but was significantly higher than PFSCS for the final two CEs. AV were significantly lower than PV across all three terminal experiences. Conclusions: Students met or exceeded outcomes predicted by FOTO, with those outcomes achieved in fewer visits than predicted during CEs. Student performance improved from producing outcomes lower than predicted during the first terminal CE to higher than predicted during the final two CEs.
Early observation of first year physical therapy students and their ability to use a handheld dynamometer when assessing muscle strength: A pilot study

Presenting Author: J. Wesley McWhorter, PT, MPT, PhD
Authors: Kaiwi Chung-Hoon, PT, PhD¹
Mark Walker, PT, PhD¹
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Category: Original or replicative research

Background: Doctor of Physical Therapy (DPT) students are routinely instructed to assess muscle strength using manual muscle testing though the reliability of this approach tends to vary.1 An alternative method for quantifying muscle strength is using a handheld dynamometer (HHD).2,3 HHD can provide more objective and quantifiable measures of muscle strength than by using traditional manual muscle testing. The utilization of a HHD by physical therapists in clinical practice varies and it is unknown whether this may be due in part to not receiving didactic instruction while a DPT student. The purpose of this study is to explore whether DPT students can develop the psychomotor skills necessary to perform strength testing using a HHD. We hypothesized that DPT students can develop the psychomotor skills necessary to be reliable when using a HHD to assess muscle strength. Methods: Six (M=5,F=1; mean age=27.83, SD 8.98) first-year DPT students at RMU were randomly assigned into one of two groups: multimedia or traditional lecture in performing strength testing using the make test method. The multimedia group received online video instruction in lab, and were given a written instructions containing the same instructions as viewed on the video. The traditional lecture group was given instructions via traditional lecture in lab, and was also given a written instruction sheet. The strength tests were performed on two separate timepoints one week apart, including hip abduction, hip external rotation, shoulder abduction and shoulder external rotation. After a warm-up, students performed two maximal contractions, lasting five seconds, with one minute rest intervals between trials. Strong verbal encouragement was provided during testing. Results: The combined intra-rater reliability showed a good to high reliability with an Intraclass correlation coefficient (ICC 2,1) and 95% confidence interval of 0.88 [0.66-0.98]. Furthermore, when exploring the subgroup which received online video instruction, an ICC of 0.96 [0.79-0.99]. Conclusions: Early indications suggest that first-year DPT students have the ability to develop the psychomotor skills necessary to reliably perform muscle strength testing with a HHD. Further investigation is needed to determine if differences exist between students trained with traditional methods and those trained using online video.
Comparison of an Entry-level Doctor of Physical Therapy EBP Curriculum with National Recommendations and Guidelines: Initial Performance Outcomes

Presenting Author: Jeffery Lau, PT, DPT, CMPT
Authors: Jeff Lau, PT, DPT, CMPT
Affiliations: Rocky Mountain University of Health Professions
Category: Program evaluation/ adoption/ initiation/ improvement

Background: Evidence-based practice (EBP) is an expected part of contemporary physical therapy practice, supported by the American Physical Therapy Association (APTA), the Commission on Accreditation in Physical Therapy Education, and is an important part of entry-level Doctor of Physical Therapy Curricula. In 2004 the Journal of Physical Therapy Education devoted nearly an entire issue to curricular EBP recommendations, and in 2014 the APTA Section on Research published EBP Curriculum Guidelines. There are different approaches to instruction, assessment and reporting of EBP knowledge and skills, and implementation of the various recommendations are not universal. Purpose: To describe a unique implementation of recommendations for teaching EBP across an entire DPT curriculum. Methods: The Rocky Mountain University of Health Professions (RMU) DPT program was designed to thread recommended EBP knowledge and skills instruction throughout the curriculum. This included the introduction of key background concepts embedded in courses during the first two semesters, and in four EBP specific courses beginning the third semester, placed throughout the curriculum. Reinforcement and specific application of EBP also occurred in other courses throughout the didactic curriculum, culminating in application and synthesis of EBP in clinical education experiences. Outcomes were measured in part by the modified Fresno Test (MFT) and an evidence-based practice capstone project. Results: Average scores for the first two cohorts of students (n=83) on the MFT was 62.6% (SD 11.72). 73% of students scored over 50%, considered by Tilson et. al., to be a passing score. Average score on the Capstone project was 92% (SD 14.5). Conclusions: Analysis of outcomes including use of the MFT, EBP capstones, and other indicators from clinical and didactic coursework, indicate the implementation of the EBP curriculum recommendations and guidelines, has led to significant knowledge and skill development in program graduates. This has been successful in helping the program to meet program goals related to EBP instruction, the missions of both the DPT program and RMU. Improved EBP skill and knowledge can facilitate improved utilization of EBP methods to benefit patients and enhance the profession of physical therapy and delivery of healthcare.
Utilization of Hybrid Simulation: Effectiveness in Preparing Athletic Training Students for the Assessment and Treatment of Exertional Heat Stroke

Presenting Author: Beth Kinslow, DSc, AT
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Category: Original or replicative research

Context: Athletic training education can continue to move towards more evidence-based teaching through establishing effective instructional methods of providing authentic learning opportunities. Objective: To examine the effectiveness of two different instructional methods impact on pre-athletic training students’ assessment and treatment of a patient with exertional heat stroke (EHS). Design: A pretest, posttest randomized control trial study design was utilized. Setting: Five undergraduate athletic training programs. Participants: Thirty-six pre-athletic training students volunteered to participate. Thirty-two participants completed the research study (19=hybrid simulation (HS), 13 case based learning (CLB)). Interventions: All participants received an educational packet and classroom presentation regarding EHS. Participants then completed the pre-intervention Knowledge, Preferences, and Practices of Certified Athletic Trainers Regarding Recognition and Treatment of Exertional Heat Stroke (KPP-EHS) survey. Approximately 2-3 weeks after receiving the educational material, the participants completed HS or CBL intervention protocol and completed the post-intervention KPP-EHS survey. The HS intervention consisted of a clinical scenario utilizing a standardized patient and rectal thermometer task trainer. The CBL intervention utilized completing a case-study worksheet regarding a clinical scenario. At the 6-week follow-up time point participants completed the KPP-EHS survey. Main Outcome Measures: Composite and subscale scores from the KPP-EHS survey. Results: A factorial repeated measure 2x3 (group x time) ANOVA revealed a statistically significant main effect for time of the total composite score of both groups (F= 28.005, p=.000, partial eta²=.659). Bonferroni post-hoc testing revealed a statistically significant difference between time points 1 and 2 (MD=25.176, p=.000, 95% CI “”34.036, -16.317) and time points 1 and 3 (MD=32.842, p=.000, 95% CI -44.917, -20.767). Conclusions: Athletic training educators should consider the use of HS and CBL in conjunction with didactic course work to prepare students to appropriately manage EHS. Both interventions were shown to improve and maintain an increase in knowledge at the 6-week follow-up time point.
Interprofessional Collaborative Practice: Athletic Trainers’ Perceptions and Experiences

Presenting Author: Ellanora Kraemer, PhD, ATC, CSCS
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          Anthony P. Breitbach, PhD
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              2Saint Louis University
              3Slippery Rocky University of Pennsylvania
Category: Original or replicative research

Background: Although the profession of athletic training (AT) places a strong emphasis on interprofessional collaborative practice (IPCP), little is known regarding the benefits of IPCP in clinical practice, barriers to implementing IPCP, ATs’ experiences with IPCP and strategies for improving IPCP in clinical practice. Purpose: The purpose of this study was to examine ATs’ perceptions of, experiences with and methods for facilitating IPCP in AT. Design: The Athletic Training Interprofessional Practice Survey (ATIPS) online survey was sent to ATs (N=4500) from the National Athletic Trainers’ Association Member Services database. 314 participants (male = 139; female = 175) working in colleges/universities, secondary schools, clinics/hospitals and/or nontraditional settings completed the ATIPS survey. The ATIPS included 9 demographic questions and 26 items addressing benefits of IPCP, barriers to implementing IPCP, strategies for implementing IPCP, and perceptions and experiences with the sports medicine team. Results: ATs reported various benefits and barriers in IPCP. Benefits included: (1) helping professionals understand each other’s scope of practice (98%); (2) using interprofessional meetings to foster communication (96%); and (3) improving the quality of patient care (95%). Barriers to collaboration centered on: (1) limited access to professionals due to inadequate communication (94%), (2) inability of professionals to work together (76%) and (3) not understanding ATs’ scope of training (72%). An open-ended question revealed additional strategies to facilitate IPCP. The majority of ATs indicated they were typically the point person for the sports medicine team. Athletic trainers reported the primary sports medicine team should include ATs, orthopedic physicians, physical therapists (PTs) and primary care physicians. Athletic trainers reported interacting with other ATs (84%), orthopedic physicians (90%), primary care physicians (68%) and PTs (60%) most often. ATs primarily interacted face-to-face with other ATs, but used a combination of communication methods (i.e. face-to-face, telephone, electronic medical records) with orthopedic physicians, primary care physicians and PTs. Conclusions: Although IPCP improves patient care, limited access continues to be the primary barrier to collaboration. By maintaining positive attitudes, initiating relationships and educating providers, ATs may become the primary facilitators of collaboration in sports medicine.
California Community College Preparatory Athletic Training Programs: Relevance to Athletic Training Education and Student Success

Presenting Author: Monica Ohkubo, DSc, ATC, EMT-B
Authors: Monica Ohkubo, DSc, ATC, EMT-B
Affiliations: Rocky Mountain University of Health Professions and Santa Rosa Junior College
Category: Original or replicative research

Purpose: With the transition to the professional Master’s degree for Commission on Accreditation of Athletic Training Education (CAATE) athletic training programs (ATPs), it is important to examine best pre-athletic training preparation. Currently University’s with Bachelor Degree programs offer pre-athletic training programs, however various community college programs also offer these preparatory programs to prepare pre-athletic training students for transfer to CAATE ATPs. California has the largest community college system in the nation, yet little is known about California community college athletic training preparation (CCCPAT) programs. The purpose of this study was to describe and explore the relevance of CCCPAT programs to athletic training education and student success from the perspective of CAATE athletic training graduates who had transferred from CCCPAT programs as well as program directors of California CAATE accredited ATPs. Design/Methods: Using phenomenological qualitative methodology, semi-structured interviews with California ATP program directors (9) and graduates (9) were conducted, transcribed and data were analyzed using an interpretive thematic approach. Results/Outcomes: Results revealed 3 identical themes for each group: CCCPAT programs foster student success, CCCPAT programs can improve and CCCPAT role in the transition to the professional AT Master’s degree. Findings suggest CCCPAT programs have a positive effect on student success including: 1) mentorship 2) networking 3) cohort experience 4) hands-on clinical experience 5) understanding of athletic training 6) communication and confidence and 7) an athletic training foundation. Areas of improvement revealed the need 1) to refine CCCPAT program curricula 2) to improve the focus on academic performance 3) for more student supervision and 4) for more CCCPAT program student transfer support. Concerns regarding the role of CCCPAT programs in the shift to the professional Master’s ATPs were found, and the CCCPAT program role in the transition to the Master’s degree was described. Conclusions: Findings suggest CCCPAT programs have a positive effect on student success, areas in which to improve, and play a role in athletic training education as the profession transitions to the Master’s degree. Accredited ATP and CCCPAT programs, administrators and students can utilize study findings to better understand CCCPAT programs and refine and improve programs accordingly to support transfer student success.
Celiac Disease: College Athletes’ Perspectives on Accommodations and Support for Nutritional Needs and Challenges Encountered

Presenting Author: Jodi Sandvik, DSc, DPT, PT, ATC, SCS
Authors: Jodi Sandvik, DSc, DPT, PT, ATC, SCS¹
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Category: Original or replicative research

This phenomenological study explored the experience of collegiate student-athletes with celiac disease (CD) to better understand the challenges encountered, as well as the accommodations and support provided by their university to assist in maintaining a gluten-free lifestyle. Data was collected via semi-structured individual interviews, reflective journals, and a focus group interview. Participants included 11 current student-athletes with CD, who participated in a variety of sports at a NCAA school. An interpretive thematic analytic approach was used to analyze data. The student-athletes identified challenges directly related to lack of university accommodations and support included both the athletic department and campus dining halls. Challenges indirectly related to the lack of university accommodations and support were also encountered, such as emotional issues, financial issues, social issues, and time management issues. Despite the many challenges experienced by athletes with CD, participants identified present-day accommodations and support, in the areas of university support, social support, athletic department support, and self-support. Participants also identified areas of needed or desired accommodations and support including gluten-free options through athletic department and dining halls, education for the university/athletics staff regarding celiac disease, and financial assistance. This information will provide educational institutions with support/accommodation strategies to assist with Americans with Disabilities Act (ADA) compliance as well as assist athletic trainers in caring for athletes with dietary considerations.
Exploring the Socialization of Athletic Trainers in the Performing Arts, Military and Physician Extender Settings

Presenting Author: Misty Sax, PhD, ATC
Authors: Misty A. Sax, PhD, ATC¹
Stephanie M. Mazerolle, PhD, ATC, FNATA²
Jim Schilling, PhD, LAT, ATC³
Jatin P. Ambegaonkar, PhD, ATC, OT⁴

Affiliations: ¹Rocky Mountain University of Health Professions
²University of Connecticut
³Northern Arizona University
⁴George Mason University

Category: Original or replicative research

Context: National Athletic Trainer’s Association (NATA) employment setting statistics indicate growing numbers of athletic trainers (ATs) are seeking employment in practice settings of performing arts, military and physician extender (emergent settings); and while ATs employed in the industrial setting have been studied, little data is available regarding socialization processes experienced by ATs entering aforementioned settings. Objective: Understand the experiences of ATs regarding socialization experiences upon entering emergent practice setting. Design: Inductive qualitative research study using a grounded theory approach. Setting: Emergent practice settings. Participants: Six male and eleven female athletic trainers in emergent practice settings (7 = performing arts, 3 = military, 7 = physician extender) averaging 38 ± 11 years of age. Average years of AT experience was 15 ± 10 across all settings. Data Collection and Analysis: Telephone interviews following semi-structured interviews were recorded and transcribed verbatim. Data analysis processes rooted in grounded theory were used to analyze data. Trustworthiness was established using researcher triangulation, member checks and peer debriefing. Results: Analyses revealed three major themes: 1) anticipatory socialization, 2) organizational socialization and 3) challenges to socialization. Anticipatory socialization revealed how educational experiences generated a foundation for organizational socialization experiences. Naturally occurring informal experiences (observation and mentoring). Formal experiences were related to human resources interactions. Challenges to socialization, lack of understanding of AT role and ATs contributions to standing organizational structure, both impacted induction into employment role. Conclusions: Athletic trainers in emergent practice settings experience benefits of anticipatory socialization when preparing to enter a non-traditional setting. Challenges to socialization are present but, naturally occurring informal processes provided ATs the organizational socialization required to understand their employment role in their chosen setting.
Smarter Supervision: Using a Smartwatch to Provide Real-Time Clinical Feedback

Presenting Author: Courtney G. Scott, CScD, CCC-SLP
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Category: Original or replicative research

There is an identified need to investigate supervisory instructional practices that can effectively manage the cognitive load and needs of student clinicians (SCs) during various stages of clinical development (Young, Van Merrienboer, Durning, & Ten Cate, 2014). This investigation aimed to study an interactive, technology-based method for providing feedback to promote the transfer of knowledge from clinical supervisors to SCs. A substantial body of empirical evidence supports the use of Bluetooth technology to provide real-time feedback during clinical sessions, known as “bug-in-the-ear” (BITe) feedback (Gallant & Thyer, 1989; Goodman, Brady, Duffy, Scott, & Pollard, 2008; Rock et al., 2009; Rosenberg, 2006; Scheeler & Lee, 2002). The use of computer monitors to provide technology-based written feedback during clinical sessions, referred to as “bug-in-the-eye” (BITi) feedback, recently emerged in the literature with preliminary evidence to support its effectiveness (Carmel, Villatte, Rosenthal, Chalker & Comtois, 2015; Weck, Jakob, Neng, Hofling, Grikscheit, & Bohus, 2015). The use of a smartwatch to deliver BITi feedback was not previously considered. This investigation employed a single subject, sequential A-B design with two participants to observe the effects of implementing real-time feedback using a smartwatch on the clinical behavior of SCs. Baseline and treatment data on Stimulus-Response-Consequence (S-R-C) contingency completion rates of SCs were collected using 10 minute segments of recorded therapy sessions. All participants were students enrolled in a clinical practicum experience in a communication disorders and sciences (CDS) program. A celeration line, descriptive statistics and stability band were used to analyze the data by slope, trend and variability. Results demonstrated a significant correlative relationship between BITi feedback with a smartwatch and an increase in positive clinical behaviors. Based on qualitative interviews and exit rating scales, SCs reported BITi feedback was non-invasive and minimally distracting. Findings suggest BITi feedback may be an effective tool for providing real time clinical feedback. The results of this investigation are scheduled to be published in a peer reviewed journal in fall 2017.
Adult Primary Care Patients Gain Less Weight When Providers Ask and Advise for Physical Activity: A Population Effects Study

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Background: Physical inactivity contributes significantly to leading causes of illness and premature death. Primary care is a convenient environment for promoting physical activity (PA). The first step in treating physical inactivity through a primary care visit is to assess self-reported levels of PA. Purpose: Examine impact on body weight from physicians asking and advising about physical inactivity. Method: Primary care visits documented in electronic health records (EHRs) examined for 109 Intermountain Healthcare primary care clinics between 10/2012-10/2015. Changes in body weight regressed across levels of physical activity (PA) “treatment” by physicians Adjusting for gender, age, race, comorbidities, & time between visits. Results: 2,000,420 primary care visits included in analysis. 390,898 visits received treatment for physical inactivity. Most patients were white (96.5%) and female (55.0%). A majority of primary care visits did not treat for physical inactivity (80.4%). PA was asked of at 11.3% of visits; while PA was both asked and advised for in 8.0% of visits. Patients who were both asked and advised to increase their PA gained 1.26 fewer lbs of body weight per visit compared to patients who were not asked of and only advised to increase PA.
Effectiveness of a Fitness and Health Promotion Intervention on Adolescent Girls

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Background: Obesity in female adolescents has increased threefold in the last four decades. Prevention and management are critically important given increased likelihood for adolescent obesity to persist into adulthood. Health complications are significantly increased in adults who were obese as children with earlier onset of catastrophic pathologies resulting in compromised quality of life and premature mortality. Purpose: To determine the effectiveness of an after-school fitness and health promotion intervention on body mass index (BMI), physical fitness, and participation in school-sanctioned sports in high school (HS) girls. Methods: A quasi-experimental, pretest-posttest, research design was employed. HS girls were recruited to either join an after-school fitness and health promotion club (n= 50) or serve as controls (n = 72). Data were collected before and after an eight-week intervention phase and included: BMI, health-related physical fitness measures (President’s Challenge Physical Fitness Test), and 9-month follow-up of school-sanctioned athletic participation. Data Analysis: BMI data was recoded as a dichotomous variable for subjects classified as overweight and obese to determine absolute risk reduction (ARR), relative risk reduction (RRR) and number needed to treat (NNT). A split-plot ANOVA (time x group) was employed to determine within and between group differences as well as the interaction of factors for each of the health-related physical fitness tests. Frequency counts and percentage of engagement in school-sanctioned athletics were determined at baseline and 9 months post intervention. Results: With respect to BMI, ARR was 19%. RRR was 100% with NNT equal to five. There was a significant interaction between group and time for fitness metrics, with more optimal performance noted in the experimental group at post-test (number of sit-ups and push-ups in one minute [F = 32.6, p<.001; F = 17.2, p<.001 respectively], 10M shuttle run [F = 13.7, p<.001], and timed mile [F = 38.6, p<.001]). Participation in school-sanctioned athletic activities increased 37% in the experimental group compared to 4% in the control group. Conclusion: A fitness and health promotion intervention was effective in improving fitness level, BMI, and school-sanctioned athletic participation. This may be a viable means to address health and promote fitness in adolescent females.
Epidemiology of Collegiate Rodeo

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Category: Original or replicative research

Background: Little is known about the frequency and nature of collegiate rodeo injuries because few studies have focused on the college rodeo population and most college rodeo athletes do not have medical professionals, like athletic trainers (ATs), available to provide care. Athletes often make their own decisions when injured and which affects performance and health. Purpose: The purpose of this study was to describe the frequency and nature of both time loss (TL) and non-time loss (NTL) injuries in men’s and women’s collegiate rodeo, and to compare the frequency of injuries self-reported by athlete and those reported by ATs.

Design/Methods: Eleven ATs from National Intercollegiate Rodeo Association (NIRA) reported injuries and athlete exposures (AE) during one college rodeo season. A five-question survey was given to athletes at the end of each academic semester to compare the frequency of injuries self-reported by the athletes and those reported by ATs. Injury rates and rate ratios were reported for time loss and non-time loss injuries with 95% confidence intervals (CI). Frequencies and proportions for type of injury, injury location, and injury severity were reported. Results: Athletic trainers reported a total of 98 TL and NTL injuries and 23122 AEs, resulting in an injury rate of 4.24/1,000 athlete-exposures (AEs) (95% CI: 3.40-5.08). TL and NTL injury rates were 2.47/1,000 AE (95% CI: 1.83-3.11) and 1.77/1,000 AE (95% CI: 1.23-2.32), respectively. Males (n=75) accounted for more injuries than females (n=23). More injuries occurred in practices (practices: 62.2%; competitions: 37.8%) than competitions. The injury rate was higher in competition than practice (10.98 vs. 3.09/1,000 AE; IRR= 3.56; 95% CI: 2.36-5.35). The bull riding event had the most AT reported injuries (19.4%). The most AT reported injuries were sprains (20.4%), strains (14.3%), and contusions (14.3%). The post-fall semester survey had 30 athletes report practice or competition injury (self-reported risk= 28.0% 95% CI: 19.5 ““ 36.6%) to the AT with 107 respondents (41.0% response rate). The post-spring semester survey had 18 athletes report practice or competition injury (self-reported risk= 35.3% 95% CI: 22.2- 48.4%) to the AT with 51 respondents (19.3% response rate). Conclusions: More injuries were reported in the EMR by ATs than self-reported by athletes on both surveys. More research with college rodeo is needed to illustrate how frequent injuries occur and the need for available healthcare for college rodeo athletes.
An Evidence-Based Quality Improvement Approach to Compassion Fatigue

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Category: Program evaluation/adoption/initiation/improvement

Question: Is the ProQOL5 an effective means to identify and address compassion fatigue in a vulnerable caregiver group, after just two intervention sessions? Background: Compassion fatigue (CF) is a cumulative physical, emotional and psychological effect of exposure to traumatic scenarios or events when working in a helping profession. Critical care nurses are at high risk for CF. Negative outcomes of CF include: burnout, turnover, substance use or abuse, compulsivity, and dissatisfaction, plus an increase in call-in occurrences, use of employee assistance programs, and turnover rates. The cost to educate and prepare one critical care nurse is $62,000 (M. Young, personal communication, 2017). Methods: This quality improvement initiative began with practice Integration, consisting of ebriefing sessions focused on education, recognition of CF, creating a healthy workplace, self-care practices. Outcome evaluation included a pre- and post intervention assessment via ProQOL5 (Stamm, 2009). The ProQOL5 is the world’s most commonly used tool for professional quality of life measurement, developed over 15 years with 3000 subjects. Results: ProQOL5 subscale comparisons included:

- Compassion Satisfaction: pre-test mean 35.7, post-test mean 38.9, t-statistic 2.72, p value 0.009
- Burn Out: pre-test mean 24.7, post-test mean 21.5, t-statistic 4.65, p value 0.0002
- Secondary Traumatic Stress: pre-test mean 18.8, post-test mean 18.4, t-statistic not significant

Recommendations: Health care providers may not recognize CF, consequently, CF-related education and meaningful recognition of CF may help combat CF in nurses, lessening its damaging effects and increasing professional nursing satisfaction. Improved professional satisfaction, confidence and empowerment is reflected in enhanced patient care and improved healthcare outcomes.
Postpartum Depression Screening Program

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Category: Program evaluation/adoPTION/INITIATION/IMPROVEMENT

Question: Does a workshop regarding the importance of screening for post-partum depression (PPD) and use of Beck’s Postpartum Depression Screening Scale (PDSS) during the first four weeks follow-up after childbirth improve PPD screening knowledge scores (above 95%) in FNPs in OB/GYN clinic? Background: PPD occurs in 6.5% to 12.9% of births (National Center for Biotechnology Information, 2012). PPD is the 2nd most common cause of lost years of healthy life among women worldwide (WHO, 2011). Knowledge about PPD screening influences provider screening behavior significantly (Goldsmith, 2007). Methods: The goal of this practice Integration project was improved knowledge of PPD screening (above 95%) AND quality of postpartum patient care, 6-8 weeks after workshop attendance. The intervention was a one-hour educational workshop that focused on the use of Beck’s PDSS (reliability .95, sensitivity 94%, specificity 98%) as a screening tool, by family nurse practitioners. The setting was a mid-size metropolitan community health clinic. Results: Education influenced the health care provider’s confidence and the perceived importance of PPD screening. Mean knowledge scores improved from 71% to 96%, meaning the project goal. There is reason to believe that education will increase screening behaviors (Goldsmith, 2007). Recommendations: As a result of this project, PPD screening will be included as a part of usual post-partum care and also as part of new employee orientation at this practice site. This project will be expanded to include best practices in provider documentation of depression and referral for treatment, and the creating of a referral database.
Enhancing Nurse-Provider Communication in Nursing Homes

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Purpose: The purpose of this project was to provide an efficient method, namely, the Situation Background Assessment Recommendation (SBAR), for nurses in long-term facilities to communicate with providers about an acute change in the patient’s condition. Background: Communication failures remain the chief cause of sentinel events (Griffiths, D., Morphet, J., Innes, K., Crawford, K., & Williams, A., 2014). Formal communication frameworks enhance interdisciplinary and point of transfer communications (Institute for Healthcare Improvement., 2011; Mansukhani, R., Bridgeman, M., Candelario, D., & Eckert, L., 2015; Starmer, A., Sectish, T., Simon, D., Keohane, C., McSweeney, M., Chung, E., & Landrigan, C., 2013; The Joint Commission Center for Transforming Healthcare, 2010). Methods: This was a Quality Improvement process, since no formal communication process was in place in this 180-bed long-term care facility. 28 subjects (21 LPN and 7 RN) participated with no subject attrition. The SBAR Knowledge Acquisition Quiz (SBARKAQ) was used pre-and post-intervention to determine knowledge baseline and acquisition. The Intervention included lecture, video, and role-play information about content and use of SBAR communication during acute change episodes PLUS one-month follow-up to reinforce communication PLUS assignment of SBAR nurse champion on each shift (3 shifts per day) Results: A paired T-test of pre-and post- intervention SPARKQ scores was conducted with the following results: t (df = 27) = -12.57, p < .001. The educational intervention significantly increased the subjects’ knowledge of SBAR. Specifically, the use of the SBAR tool beyond its acute care roots has the potential to enhance inter-professional team communication in a nursing home context. Recommendations: As a result of this project, stakeholders at the setting plan to determine whether or not transfers were reduced with nurses consistently using the SBAR communication format, and to evaluate nurse and provider satisfaction with the SBAR communication format.
Assessment of Celiac Disease in Primary Care

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Background: Untreated celiac disease has a vague presentation that does not always lead to gastrointestinal symptoms, often leading to misdiagnosis. However, untreated celiac disease leads directly to carcinoma, thus it is imperative to diagnose and treat this illness at the earliest possible stage. Purpose: The purpose of this clinical practice improvement project was to implement a celiac disease assessment tool for providers to use with current patients, identifying those for further testing, because untreated celiac disease causes non-Hodgkin’s lymphoma. Celiac disease has a vague presentation that doesn’t always include gastrointestinal symptoms, often leading to misdiagnosis. Methods: This practice improvement project spanned four weeks and took place in a large, metropolitan regional medical health care center. Primary care providers were instructed to use a celiac disease screen tool in one busy gastro-intestinal clinic. Results: Out of sixteen screening events, seven people were diagnosed with celiac disease, leading to their treatment. Significantly, a subsequent chart review showed that these patients were later diagnosed in oncology with early non-Hodgkin’s lymphoma, confirming the tool’s screening utility and the need for early treatment. Recommendations: As a result of the project, seven individuals will not develop carcinoma and the screening tool has been adopted as the standard of care in this regional medical health center. Instructions in its use will be included in all new provider orientation in this setting. Project results have been disseminated through the project defense and to medical providers at the project site.
Improving Nursing Documentation While Emphasizing the Importance of Comprehensive Charting on the Removal of Intravascular Devices

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Category: Program evaluation/adoptions/initiation/improvement

Question: Can the documented care regarding the removal of intravascular devices (IVDs) be improved, following an educational in-service targeted to the nursing staff on a general surgical care unit? Background: Documentation in the electronic health record promotes communication, nursing care, quality improvements, and accountability. Time pressures impede documentation and charting can be perceived as a barrier to patient care. In the project setting - a metropolitan hospital - documentation included errors and intravenous device misrepresentation. Methods: Intervention - Following multiple meetings with stakeholders, a 20-minute in-service was given 9 out of 11-days to 35 participants. The in-service included current evidence on quality documentation, barriers to quality documentation, documentation specific to removing IVDs, and the process of EBP nursing. Outcome measures - Chart reviews were done on bariatric patients admitted within 3 weeks pre- and post-intervention. A tally technique was used to record the documentation on IVDs using three categories: complete, partially complete, and not at all complete. Results: A Chi Square test of association was not statistically significant. However, the intervention influenced complete and quality documentation, in a positive direction. Also, the intervention introduced and encouraged the process of EBP at this facility. Recommendations: As a result of this project, stakeholders plan to extend an aggressive documentation intervention on multiple units throughout the hospital and to include documentation education in new employee orientation. Further, the documentation of device removal will be monitored, on an intermittent basis, as a quality control initiative.