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## A Clinical Practice Guideline for Screening for Insomnia in College Students

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# Walden University

College of Nursing

This is to certify that the doctoral study by

Ashly N. Bliss

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

Review Committee

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Dr. Joan Hahn, Committee Member, Nursing Faculty

Chief Academic Officer and Provost  
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Walden University  
2025

Executive Summary: Clinical Practice Guideline

A Clinical Practice Guideline for Screening for Insomnia in College Students

by

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MS, Walden University, 2019

BS, Bemidji State University 2012

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

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## Summary

Sleep difficulties are a prevalent issue among the U.S. adolescent and adult population. Current evidence indicated that a significant percentage of college students experience insomnia or sleep deprivation. Despite the well-documented negative effects of poor sleep on physical, emotional, and mental health, routine screening is not consistently performed in clinical practice. This lack of early identification and treatment contributes to a significant healthcare gap.

The primary practice-focused question explored was: In a rural health clinic, will a clinical practice guideline (CPG) for implementation of a screening tool based on best evidence for early identification of insomnia in college students be approved by a panel of experts using the Appraisal of Guidelines for Research and Evaluation (AGREE) II tool? Analysis of the participants' AGREE II data indicated scores between 6.45–6.67 out of 7 in all domains, with an overall result of 6.67 out of 7. Recommendations included the formal adoption of the Insomnia Severity Index (ISI-7) as a screening tool, comprehensive training for clinic staff on its use, and a clear protocol for follow up and referral based on screening results.

This project has the potential to significantly impact nursing practice by establishing a new standard of care for sleep health in the college student population. By proactively identifying and addressing insomnia, nurses can improve student academic performance, mental health, and overall well-being. This project addresses a health disparity by providing a framework for early intervention, which can prevent the long-term negative consequences of untreated sleep disorders. By leveraging my leadership and scholarship, this project contributes to a healthier, more resilient community.

## **Background**

The current practice at the rural health clinic project site, which serves college students from two northern Minnesota universities, represents a significant gap in care. The clinic's existing protocol utilizes the Agency for Healthcare Research and Quality's (n.d.) Consumer Assessment of Healthcare Providers and Systems screening tool for mental health patients, which includes only a single question on sleep difficulties. This approach lacks the specificity required for the early identification of insomnia in the general college student population. Given the high prevalence of insomnia and its documented consequences in this demographic, a comprehensive screening process is crucial for promoting student well-being.

The impact of poor sleep quality on students is profound and directly linked to their psychological and academic health. As noted by Dinis and Braganca (2018), "poor sleep quality consequences are many and have a profound impact on the student's psychobiological health, "with a direct correlation to a higher incidence of depression" (p.290). Addressing this issue through early identification and evidence-based interventions has the potential to improve students' ability to perform at the college level and mitigate long-term health risks.

The primary objective of this project was to address the identified gap in practice through the design of a CPG on recommendations for implementation of a validated screening tool. The project question was: In a rural health clinic, will a CPG on implementation of a screening tool based on best evidence for early identification of insomnia in college students be approved by a panel of experts using the AGREE II tool? The purpose of this project was to improve patient care by introducing a systematic,

efficient, and evidence-based method for identifying insomnia in all college students. Implementing a proper screening tool would allow for the early detection and management of insomnia, leading to improved student health outcomes and academic performance.

To support this project, I conducted a comprehensive review of existing evidence. The synthesis of this evidence indicated a strong need for the proposed practice change and identified the most effective screening tools. Multiple studies confirmed the widespread prevalence of insomnia among college students and its negative impact on academic performance and mental health. In a systematic review and meta-analysis, Tadros et al. (2025) found that poor sleep quality had a profound impact on students' psychobiological health. This finding was reinforced by additional evidence linking poor sleep quality to mental health disorders and highlighting the need for early interventions (Mbous et al., 2022; Peltz, 2024). The review of screening instruments identified the ISI-7 as a valid and reliable tool for detecting insomnia (Chiu et al., 2016; see Appendix B). Although there is no single widely accepted screening tool for insomnia, the ISI-7 is a seven-item, self-report questionnaire with a cut-off score of 10 that has demonstrated an 86.1% sensitivity and 87.7% specificity for identifying insomnia (Yamamoto et al., 2023). While a shorter version, the ISI-3, has shown positive results, it was not as widely validated (Thakral et al., 2021). Other tools, such as the Epworth Sleepiness Scale and the Pittsburgh Sleep Quality Index, were reviewed but were found to be less suitable due to their focus on daytime sleepiness or their time-intensive nature, which could lead to survey fatigue in a fast-paced clinic environment (Buysse et al., 1989; Yamamoto et al., 2023).

The evidence supporting this practice change was categorized as strong. The synthesis included multiple, high-quality Level I and Level II studies according to the John Hopkins Evidence Appraisal Tool, which were consistent in their findings regarding the prevalence of insomnia in college students and the effectiveness of the ISI-7 as a screening tool. This high level of evidence provided a compelling and consistent foundation for moving forward with the current project and its subsequent organizational translation.

### **Clinical Practice Guideline Development**

I assembled a three-person expert panel to review the CPG. The individuals were chosen based on their significant contributions to the project site clinic, knowledge of the clinic population, and their direct involvement in clinical practice. The panel consisted of:

- A Doctor of Nursing Practice-credentialed nurse who also serves as the clinic's primary provider and director.
- A psychiatric and mental health nurse practitioner who provides patient care at the clinic.
- A registered nurse.

This selection ensured that the panel included a range of clinical perspectives from different levels of practice and leadership within the clinic, all of whom would be directly impacted by the implementation of the ISI-7 tool. The review process for the CPG utilized the AGREE II tool. Each member of the expert panel was given a packet containing the evidence, recommendations, and the AGREE II tool. I provided them with specific instructions and a timeline to guide their review. The AGREE II tool is a widely recognized framework used to assess the quality of CPGs. This tool helps ensure the CPG

is high quality and trustworthy by being used to evaluate its methodology, reporting, and stakeholder involvement (see Appendix A).

## Results

Analysis of the AGREE II data indicated scores between 6.45–6.67 out of seven in all domains, with an overall result of 6.67 out of 7. Recommendations included the formal adoption of the ISI-7 as a screening tool, comprehensive training for clinic staff on its use, and a clear protocol for follow up and referral based on screening results.

Tables 1–7 depict the AGREE II scores.

**Table 1**

### *Scope and Purpose AGREE II Scores*

Domain criteria	J.F.score 1	T.K.score 2	B.E. score 3	Average score
The overall objective(s) of the guideline is (are) specifically described.	7	6	7	6.67
The health question(s) covered by the guideline is (are) specifically described.	7	6	7	6.67
The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.	6	6	7	6.33
Average	6.67	6	7	6.56

**Table 2***Stakeholder Involvement*

Domain criteria	Expert score 1	Expert score 2	Expert score 3	Average score
The guideline development group includes individuals from all the relevant professional groups.	7	6	7	6.67
The views and preferences of the target population (patients, public, etc.) have been sought.	5	6	7	6
The target users of the guideline are clearly defined.	7	6	7	6.67
Average	6.33	6	7	6.45

**Table 3***Rigor of Development*

Domain criteria	Expert score 1	Expert score 2	Expert score 3	Average score
Systematic methods were used to search for evidence.	7	7	7	7
The criteria for selecting the evidence are clearly described.	7	6	7	6.67
The strengths and limitations of the body of evidence are clearly described.	7	6	7	6.67
The methods for formulating the recommendations are clearly described.	7	6	7	6.67
The health benefits, side effects, and risks have been considered in formulating the recommendations.	7	6	7	6.67
There is an explicit link between the recommendations and the supporting evidence.	7	6	7	6.67
The guideline has been externally reviewed by experts prior to its publication.	7	7	7	7
A procedure for updating the guideline is provided.	5	6	7	6
Average	6.75	6.25	7	6.69

**Table 4***Clarity of Presentation*

Domain criteria	Expert score 1	Expert score 2	Expert score 3	Average score
The recommendations are specific and unambiguous.	7	6	7	6.67
The different options for management of the condition or health issue are clearly presented.	7	6	7	6.67
Key recommendations are easily identifiable.	7	6	7	6.67
Average	7	6	7	6.67

**Table 5***Applicability*

Domain criteria	Expert score 1	Expert score 2	Expert score 3	Average score
The guideline describes facilitators and barriers to its application.	7	6	7	6.67
The guideline provides advice and/or tools on how the recommendations can be put into practice.	7	6	7	6.67
The potential resource implications of applying the recommendations have been considered.	7	6	7	6.67
The guideline presents monitoring and/or auditing criteria.	7	6	7	6.67
Average	7	6	7	6.67

**Table 6***Editorial Independence*

Domain criteria	Expert score 1	Expert score 2	Expert score 3	Average score
The views of the funding body have not influenced the content of the guideline.	7	6	7	6.67
Competing interests of guideline development group members have been recorded and addressed.	7	6	7	6.67
Average	7	6	7	6.67

**Table 7***Overall Guideline Assessment*

Domain criteria	Expert score 1	Expert score 2	Expert score 3	Average score
Rate the overall quality of this guideline.	7	6	7	6.67
I would recommend this guideline for use.	Yes	Yes	Yes	Yes

**Conclusions**

This Doctor of Nursing Practice project addressed a significant gap in care by establishing an evidence-based screening protocol for insomnia in college students at a rural health clinic. The project's findings were a critical step toward improving the health and well-being of this vulnerable population. The formal adoption of the ISI-7 as a standardized screening tool established a new standard of care for sleep health at the

organization. This practice change enabled nurses to proactively identify and address sleep difficulties, which can lead to improved student academic performance, mental health, and overall well-being. To ensure successful implementation and long-term sustainability, my further recommendations include providing comprehensive training for clinic staff on the proper use of the ISI-7 and developing a clear protocol for follow up and referral based on the screening results.

This project has profound implications for nursing practice by positioning nurses at the forefront of preventative health for sleep disorders. By implementing a systematic screening process, nurses can facilitate early intervention, thereby preventing the long-term negative consequences of untreated insomnia. From a social perspective, the project promoted health equity by making evidence-based care accessible to college students in a rural setting, a population often facing health disparities. My role as a leader and scholar in this quality improvement initiative served to create a healthier and more resilient community.

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## Appendix A: Clinical Practice Guideline

### Introduction

#### AGREE II Tool

The purpose of the AGREE II tool is to provide a framework to developers who are seeking to propose a clinical practice guideline, as well as a tool to assess the quality of the proposed guideline. The AGREE Instrument was first developed in 2003. Currently, it is available in many languages, is often cited in publications, and is endorsed by numerous health care organizations (AGREE Collaboration, n.d.).

#### Evidence Review Summary

This evidence review was guided by the evidence-based practice (EBP) question: “In a rural health clinic, will a screening tool based on best evidence for early identification of insomnia in college students be approved by a panel of experts using the AGREE II tool?”.

To address this question, I developed a structural literature search strategy aimed at identifying research comparing:

1. Insomnia screening tools such as (Pittsburg, ISI-7, and Athens).

The goal was to evaluate the evidence supporting an evidence base screening tool to identify a screening tool for insomnia that is efficient and supports early identification/intervention.

#### Key Themes and Findings:

1. **ISI-7 vs Athens:** Strong and consistent evidence from multiple retrospective studies and systematic reviews supports the use of ISI-7 and Athens screening tools as effective (Chiu et al., 2016).
2. **ISI-7 vs Pittsburg:** The current evidence suggests that the Insomnia Severity Index (ISI), Athens Insomnia Scale (AIS), and Pittsburg Sleep Quality Index (PSQI) yield comparable diagnostic properties for insomnia screening (Chiu et al., 2016).
3. **Evidence shows high rates of insomnia in college students leading to poor academic performance:** The prevalence of insomnia is higher in the college student population compared to the general population, and poor sleep quality significantly impacts cognitive functions that are critical to academic achievement (Baklola et al., 2024; Chandler et al., 2022; Emert et al., 2024; Lu et al., 2025; Tadros et al., 2025).

**Implications for practice:**

- Evidence supports the efficacy and use of the ISI-7 as a valid measure in early identification of insomnia that can lead to early intervention and improved academic performance.
- ISI-7 is a proven effective method for early screening based on the best evidence.

**Stakeholders:**

The stakeholders from the organization are two Doctor of Nursing Practice providers, one psychiatric mental health nurse practitioner, and one registered nurse.

**Implementing the ISI-7 Screening Tool for Early Diagnosis and Intervention in College Students****Overview**

The ISI is a self-report measure designed to assess the current perceived severity of insomnia symptoms.

**Rationale for transition:**

The organization has a unique opportunity and availability of providers to provide timely care to students. They are often able to fit students in the same day or refer them to a mental health provider within three weeks. The evidence review supports the efficacy of the ISI-7 in identifying insomnia in the college population.

**Limitations of ISI-7:**

While the ISI is effective in identifying insomnia, it does not provide a diagnosis. The tool is intended to identify the need for further assessment and referral.

**Advantages of ISI-7:**

The ISI-7 is a valid tool that is effective in identifying insomnia in the college population with a Cronbach of 0.86 (Emert et al., 2024). The screening tool is also efficient, proven, and can be completed in a timely manner.

**ISI-7: Components & Scoring**

The ISI is a seven-item self-report questionnaire that assesses the severity of both night-time and day-time components of insomnia over the last two weeks (Larson, 2012).

### Insomnia Severity Index (ISI)

**Subject ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For each question below, please circle the number corresponding most accurately to your sleep patterns in the **LAST MONTH**.

For the first three questions, please rate the **SEVERITY** of your sleep difficulties.

1. Difficulty falling asleep:

None	Mild	Moderate	Severe	Very Severe
0	1	2	3	4

2. Difficulty staying asleep:

None	Mild	Moderate	Severe	Very Severe
0	1	2	3	4

3. Problem waking up too early in the morning:

None	Mild	Moderate	Severe	Very Severe
0	1	2	3	4

4. How **SATISFIED**/dissatisfied are you with your current sleep pattern?

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
0	1	2	3	4

5. To what extent do you consider your sleep problem to **INTERFERE** with your daily functioning (e.g., daytime fatigue, ability to function at work/daily chores, concentration, memory, mood).

Not at all Interfering	A Little Interfering	Somewhat Interfering	Much Interfering	Very Much Interfering
0	1	2	3	4

6. How **NOTICEABLE** to others do you think your sleeping problem is in terms of impairing the quality of your life?

Not at all Noticeable	A little Noticeable	Somewhat Noticeable	Much Noticeable	Very Much Noticeable
0	1	2	3	4

7. How **WORRIED**/distressed are you about your current sleep problem?

Not at all	A Little	Somewhat	Much	Very Much
0	1	2	3	4

#### Guidelines for Scoring/Interpretation:

Add scores for all seven items = \_\_\_\_\_

Total score ranges from 0-28

0-7 = No clinically significant insomnia  
 8-14 = Subthreshold insomnia  
 15-21 = Clinical insomnia (moderate severity)  
 22-28 = Clinical insomnia (severe)

Bastien, C. H., Vallières, A., & Morin, C. M. (2001). Validation of the Insomnia Severity Index as an outcome measure for insomnia research. *Sleep medicine*, 2(4), 299. [https://doi.org/10.1016/s1389-9457\(00\)00065-4](https://doi.org/10.1016/s1389-9457(00)00065-4)  
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### Score Interpretation

<b>ISI-7 Screen tool score interpretation</b>
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<b>Scoring: 0-7: No clinically significant insomnia.</b> This range suggests that any sleep difficulties are minimal or within a normal range.
<b>8-14: Subthreshold insomnia (mild severity).</b> Individuals in this range may experience some insomnia symptoms, but they might not be severe enough to meet full diagnostic criteria for insomnia disorder. However, these symptoms could still impact daily functioning.
<b>15-21: Clinical insomnia (moderate severity).</b> This indicates significant insomnia symptoms that likely warrant further evaluation and potential treatment.
<b>22-28: Clinical insomnia (severe).</b> This represents severe insomnia with a substantial impact on daily functioning and overall quality of life, strongly indicating the need for professional intervention.

### Clinical Indications and Use

The ISI-7 can be used for a tool to identify the need for further assessment and referral. The tool can be used to screen for insomnia in college students for early identification and intervention.

#### Indications for Use:

The ISI-7 can be used as a screening tool for all students who present to the clinic.

#### Procedures

- **Assessment and Patient Selection:**
  - **Initial Evaluation:**
    - Perform ISI-7 on all patients presenting to the clinic.
    - Assess clinical history and comorbidities.
    - Based on results, recommend referral for a diagnosis of insomnia.
  - **Inclusion Criteria:**
    - All students that present to the clinic.
- **ISI-7 Implementation Protocol:**
  - The screening can be provided through an online format during the check-in process.
  - The results of the screening are given to providers for appropriate follow-up.
- **Safety and Monitoring:**

- The intervention has a low level of safety risk.
- **Ongoing Care and Evaluation:**
  - The guideline has the support of organizational leaders and is suitable for the end-user workflow. This support will aid in its continued use and evaluation.

### **AGREE II Tool Review Process**

1. **Evaluation Objectives** - The guideline will be reviewed using the AGREE II Tool to assess the quality and suitability for clinical use.
2. **Scope and Purpose** – Assessing whether the guideline's objectives and the health question it aims to address are clearly defined.
3. **Stakeholder Involvement** – Evaluating the degree to which relevant professional groups and the target population have been involved in the development of the guideline.
4. **Rigor of Development** – Determining whether systematic methods were used to gather evidence and how recommendations were formulated based on that evidence.
5. **Clarity of Presentation** – Assessing whether the recommendations are clear and specific and whether the guideline is easily understood.
6. **Applicability** – Considering the feasibility of implementing the recommendations in clinical practice, including any facilitators or barriers, and whether resources are provided for implementation.
7. **Editorial Independence** – Ensuring that the views of the funding body and any conflicts of interest have not influenced the content of the guideline.

### **Reviewer Instructions:**

- Review the attached clinical practice guideline (CPG) and recommendations on the use of the ISI-7 tool.
- Complete the AGREE II tool by scoring each statement on a scale of 1 to 7, with 1 being strongly disagree and 7 being strongly agree.
- Return the completed AGREE II form no later than August 26, 2025.

The AGREE II tool will be used to evaluate the quality of the clinical practice guideline by examining its scope, rigor, applicability, clarity, and independence. The scores will be tabulated, and the mean score will be reported as the final evaluation of the guideline's quality. Based on feedback from the panel, the guideline will be refined for optimal clinical use.

### **Next Steps and Implementation**

#### **Timeline:**

- **Review Period:** Please submit your completed AGREE II evaluation form no later than August 26, 2025.
- **Analysis and Revision:** After receiving the feedback, the guideline will be revised based on expert recommendations.

- **Final Approval and Dissemination:** The revised guideline will be presented for final approval and disseminated within the clinical setting by 2026.

**Implementation Strategy:**

Based on the translation assessment, the course of action is to "Consider a pilot of the change or further investigation for new evidence." The change is considered low risk, and few barriers were identified, with a reasonable time and effort to overcome them. The change aligns with unit, departmental, and organizational priorities.

**Conclusion**

The purpose of this project is to implement a clinical practice guideline using the ISI-7 screening tool to identify insomnia in college students. By using the ISI-7, the organization can provide early identification and intervention to a population that has a high prevalence of insomnia. This guideline will improve student health outcomes by addressing sleep issues that can negatively impact academic performance.

Should you have any questions or require additional information, please do not hesitate to contact me. Your participation in this expert panel is greatly appreciated, and I look forward to your feedback.

Thank you for your time and consideration.

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## Appendix B: -Email Approval for ISI-7 Tool

### ePROVIDE™: Your User License Agreement - Insomnia Severity Index - 121524

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