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Meeting Abstracts

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Plenary Presentations

Establishing Partnership Between Nursing Service and Nursing Education a Win-win Situation

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Abstract

The cyclical occurrence of abundance of nurses followed by severe shortage of nurses is not new to the practice arm of the nursing profession. The strategies used to staff during shortage years are promptly dropped when shortage is reduced. Lessons learned for long-term sustained supply of nurses are dropped as soon as the shortage has taken a recess. With respect to the education arm of the nursing profession, when the university's budget is reduced for any reason, the first- place administration looks to cut is the School of Nursing as being the most expensive department to educate a nurse because of the clinical component of nursing education that requires one faculty to 6 - 8 nursing students. During nursing shortage season, nursing service spends millions of dollars to hire registry and travel to staff the units. The school of nursing on the other hand reduces enrollment to abide by accreditation requirements of teacher-student ratio for safe clinical supervision. When we look at the situation simultaneously, we realize that the other arm of the profession has the answer to our problem. When two directors took the risk and the courage to take this bold step, a $15 million dollar 10-year partnership was created, which then continued for 23 years. The service arm provided the following: $10 million dollars in funds and in in-kind contribution; In-kind included 7.5 full-time equivalent faculty of clinicians, state-of-the art-sim lab, clinical placements for all our students except psych nursing. The School of Nursing provided the following: $5 million dollars in in-kind contribution by doubling the enrollment to 72 students/year; added a new cohort of 54 trimester (Tri) Bachelor of Science in Nursing (BSN) students who graduated with their BSN degrees in 18 months, trained all hospital Master of Science in Nursing prepared clinicians into faculty roles, and taught all the theory courses for the Tri program. Results at the end of 10 years: 1560 BSN nurses graduated; of these 836 were still working after 10 years at the hospital, BSN concentration went from 19% to 60%, hospital received magnet recognition, and dollars spent was reduced from $33,350,893/year in 2004 to $686,004 in 2013.

Leading Through the Current Disruptions and Challenges

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Abstract

Executive nurse leaders face many common challenges, such as ongoing workforce shortages and the need to create a healthy work environment amid increased pressure to reduce costs while maintaining improved outcomes. The role of the Chief Nursing Officer (CNO) continues to change, and the key leadership competencies are evolving accordingly. A specially designed executive leadership development program was created over 10 years ago. Competency development guided by courage, learning, innovation, and relationships leadership framework, has informed the ongoing development of new and aspiring CNOs. This framework aligns and strengthens the American Organization for Nursing Leadership competencies, such as gaining knowledge of the leader within. The content reflects that CNOs are pivotal to creating a more sustainable and equitable future for health care delivery. One example that supports participants is learning about three key strategies, the three Rs: rethink, reframe, and relate, that can help turn challenges into possibilities. Additionally, they discover that an "idealized design" technique can be used to develop solutions. While feedback from participants has been used to enhance the content over the years, a more formal evaluation of the executive leadership development would be beneficial. An exploratory cross-sectional, mixed-methods study

for aspiring CNOs who attended an executive leadership program was completed. The purpose of the study was to gain a deeper understanding of the impact, attitudes, challenges, and issues, as well as leadership support, for new/aspiring CNOs. The results indicate that the program positively influenced their leadership development, encouraged them to pursue higher leadership roles, and supported them in expanding their professional network.

Rescuing Schools with Failing National Council Licensure Examination Pass Rates: Strategies for Improving National Council Licensure Examination Performance

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Abstract

Most State Boards of Nursing (BON) require that educational institutions maintain a minimum student National Council Licensure Examination (NCLEX) pass rate of 75% or higher on graduates' first attempt. If a school's pass rates fall below this benchmark for more than one or two years, the BON may place the institution on probation. Continued non-compliance for one to three years can lead to school closure. Schools are therefore strongly motivated to implement strategies that increase their students' likelihood of passing the NCLEX on the first attempt which will raise the school's pass rate. Challenges contributing to lower pass rates include the rigorous nature of the nursing curriculum, difficulties students encounter with mastering essential content and skills, educational cultures in earlier schooling that do not allow teachers to fail students in a course, and unrealistic expectations regarding the demands of nursing school—particularly when considering students' personal and family responsibilities. Evaluation research conducted on seven underperforming schools, including two at risk of closure, resulted in the development of various interventions aimed at enhancing pass rates. These included comprehensive new student orientations to establish realistic expectations, training in time management, and institutional measures to support capable students while identifying and advising early withdrawal for those facing significant barriers to NCLEX success. As a result, all seven schools achieved pass rates of 90% or higher, most within one year.

Keynote Presentations

The Growth Mindset in Health Professions Education: The Key to Competency Development

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Abstract

In 2021, American Association of Critical-care Nurses introduced the new essentials, making competency-based education the cornerstone of nursing education. Proper competency development is enhanced when nursing faculty are familiar with the intersection of the mindset model and achievement goal theory. This presentation will highlight four achievement goals: performance, avoidance, mastery, and relational, as seen through the mindset model. Fixed mindsets must demonstrate competency, yet growth mindsets develop competency over time. Fixed mindsets often avoid a situation they may fail in and typically do not remediate. Fearing failure, fixed mindsets often resort to performance goals—a one-and-done, let us move on phenomenon. Contrastingly, growth mindsets embrace the proliferation of mastery or learning goals over time through remediation. Proper competency-based education often requires redundant remediation and deliberate practice, for which a growth mindset classroom is better suited. Lastly, this presentation will discuss the fourth achievement goal, relational goals. Relational goals are essential to building a sense of belonging in the classroom. Effective competency building must provide a classroom where diversity, excellence, and trust is welcomed. The objectives highlight the four achievement goals and their application in the classroom. Discuss the detriments of a fixed mindset classroom/learner in competency development. Discuss the positive influences of a growth mindset classroom/learner in competency development.

Mental Health Nursing Professor Creates and Teaches a First-year Seminar on Preventive Mental Health and Averting Chronic Disease

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Abstract

"Can I live to be 100?" was the question posed to first year students of all majors in my first-year seminar course developed and taught by me (for five years)- a registered nurse with a master's degree in mental health nursing and a Professor of Nursing. This was a unique and innovative teaching experience that fostered preventive mental health for this vulnerable population. From my work experience in inpatient and outpatient in mental health and rehabilitation, I bring credibility to my work with first year college students who are in their first semester of college-a make-or-break time that can lead to a successful college experience and ultimately graduation with a college degree. I have witnessed the causes of chronic physical and mental illness. People with college degrees have a better quality of life and tend to live longer. I believe that I demonstrated the importance of healthy lifestyles to create and sustain a long, healthy life. It is my belief that the students who took this course learned the key to a long, healthy life and became healthier both physically and mentally. The unique experiences within this course increased student camaraderie and promoted healthy interpersonal relationships and friendships. In 2024, I also created and conducted a study of 26 faculty who taught a first-year seminar. I am in the process of analysing their responses to my interview questions. My goal is to identify the impact on faculty of teaching a first-year seminar to first-year college students.

Behavioural and Social Factors Influencing the Use of Pre-exposure Prophylaxis Amongst Gay Bisexual Men Who Have Sex with Men: A Qualitative Systematic Review

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Abstract

Background: Human immunodeficiency virus (HIV) transmission among gay and bisexual men who have sex with men (GBMSM) remains a significant global health concern. Pre-exposure prophylaxis (PrEP), antiretroviral use, has arisen in last decade as an effective HIV prevention strategy. While numerous studies have established PrEP's efficacy, implementation, uptake, barriers and facilitators, focused qualitative research on behavioural and social contributors correlated to PrEP use amongst GBMSM remains scarce. This qualitative systematic review aims to synthesise existing qualitative evidence on multifaceted behavioural and social factors associated with PrEP use amongst GBMSM. Through thematic synthesis, this study seeks to develop comprehensive theoretical insights and explore factors that are potentially shaping PrEP-related behaviour and examine the influence of social and cultural contexts on PrEP attitudes and practices in this client group.

Aim: This qualitative systematic review aims to explore social and behavioural factors influencing PrEP use amongst GBMSM.

Methods: A broad search was carried out using multiple electronic databases including Cochrane control trial, Embase, Medline, and CINAHL, accessed through OVID and EBSCO host platforms. Database-specific subject headings and keywords were employed to optimise search results in relation to PrEP use amongst GBMSM and potential social and behavioural factors influencing its use. The review employed specific inclusion and exclusion criteria such as restricting publications between 2014 and 2024, reflecting the timeline of PrEP implementation and availability. The review included studies published in English language conducted in the United States, United Kingdom, Canada and Brazil.

Results: Following identification of relevant literatures, 7 studies were included in this review all of which had met the inclusion criteria, utilising preferred reporting items for systematic reviews and meta-analyses guidelines for systematic reviews. Quality assessment using the critical appraisal skills programme checklist revealed that all seven included studies demonstrated methodological rigor with clear objectives and appropriate ethical considerations. Thematic synthesis utilised to evaluate the studies resulting in 3 themes: impact of PrEP on sexual behaviour, impact of prep on social factors, and PrEP factors influencing HIV awareness and self-efficacy.

Discussion: This discussion explores the complex relationship between PrEP use and sexual behaviour among GBMSM. Key findings include varied impacts on risk perception, behavioural changes, and social dynamics. While PrEP often leads to reduced sexual anxiety and increased satisfaction, its effect on risk-taking behaviours is nuanced. The interplay with substance use, particularly chemsex, emerges as a significant concern. Regular sexually transmitted infection screening associated with PrEP use shows potential long-term benefits for sexual health management. The research highlights the need for GBMSM tailored and comprehensive HIV and sexual health related risks prevention.

Conclusion: This qualitative systematic review highlights the complex interplay between PrEP use and sexual behaviour among GBMSM populations. Findings emphasise the need for culturally competent healthcare environments and integrated services addressing social and behavioural factors for lesbian, gay, bisexual, trans, and queer+ communities with further research focusing on longitudinal studies and targeted interventions. Recommendations include implementing stigma reduction programmes, expanding PrEP access points, and developing inclusive healthcare delivery to establish robust HIV reduction programmes and better sexual health outcomes for GBMSM communities.

Burns: A Silent Global Epidemic-understanding the Burden, Prevention and the Power of Education

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Abstract

Burn injuries remain a major global public health challenge, affecting about 11 million people annually and leading to an estimated 180,000 deaths each year. It represents a silent global epidemic, causing preventable morbidity, mortality, and long-term disability, particularly in low- and middle-income countries where limited healthcare, socioeconomic vulnerability amplify the impact on survivors, families and communities. Economic losses associated with burns are significant, with the direct healthcare cost ranging from 26 - 211 million USD annually. The indirect costs, such as lost wages, care expenses, and the hidden impact of deformity and emotional trauma, are significantly higher and harder to quantify. Despite their profound physical, psychological, and socioeconomic impact, burns remain under-prioritised in global health agendas, resulting in weak public awareness and preventive strategies. This presentation highlights the burden of burns, the critical role of prevention, with education as the most powerful tool to reduce incidence and improve outcomes. Embedding burn awareness in schools, communities, and healthcare systems offers a sustainable pathway to equity and resilience. Education remains the most vital tool that can be used to build sustainable systems that empower individuals, families, and communities to protect themselves. Prioritising education is a cost-effective and life-saving approach to changing the trajectory of this silent epidemic.

Charting in the Clinical Setting: Subjective Objective Assessment Plan, Computers on Wheels, Artificial Intelligence, and Beyond!

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Abstract

We will explore the transition of charting in the clinical setting focusing on pre-technology (narrative + subjective objective assessment plan), emerging technology (computers on wheels), and future technology (artificial intelligence) during this conversation. While the integrity of the chart (medical record) continues to be paramount in terms of legal terms, there has been a noticeable adaptive change in how charting is done in the clinical setting. In preparing nurses for their role in maintaining accurate documentation, nursing education has assisted students in development of what one used to categorize as a "nurse's note". And yet, with technology comes great responsibility in helping to maintain both the accuracy and integrity of documentation in the clinical setting. Like other changes in education ranging from the transition of no longer teaching cursive writing, the "nurse's note" has become part of the missing conversation in clinical practice. We will first focus on the historical aspect of the "nurse's note", then using a timeline approach enter the present day and finally consider what the future will hold for the "nurse's note" in the 21st century and beyond.

The Virtual Nurse: Revolutionizing Healthcare Delivery

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Abstract

Healthcare systems worldwide are facing unprecedented challenges, including workforce shortages, rising patient acuity, increasing costs, and growing consumer expectations for accessible, high-quality care. In response, the virtual nurse has emerged as an innovative care delivery model that is transforming how nursing services are provided across acute, ambulatory, home, and community settings. A virtual nurse is a licensed registered nurse who uses digital technologies such as video conferencing, remote patient monitoring, artificial intelligence–enabled tools, and electronic health records to deliver clinical care, patient education, care coordination, and professional support from a centralized or remote location. Rather than replacing bedside nurses, the virtual nurse extends nursing capacity, enhances efficiency, and strengthens patient-centered care. In acute care environments, virtual nurses are increasingly used to completing admissions, discharge teaching, medication reconciliation, patient rounding, and real-time patient education. By assuming time-intensive but essential tasks, virtual nurses allow bedside staff to focus on direct patient care, rapid response needs, and relationship-based care at the point of service. This redistribution of work has been associated with improved workflow, reduced documentation burden, enhanced nurse satisfaction, and decreased turnover risk. For patients, the model can improve communication, reinforce understanding of discharge instructions, and promote a smoother transition of care. Beyond hospitals, virtual nursing is reshaping chronic disease management and population health strategies. Through remote monitoring and proactive outreach, virtual nurses can identify early warning signs, coach patients on self-management, and intervene before conditions escalate to emergency visits or readmissions. Patients with heart failure, diabetes, hypertension, chronic obstructive pulmonary disease, and other long-term conditions benefit from regular touchpoints that increase adherence, confidence, and engagement. In rural and underserved communities, virtual nurses also expand access to professional nursing expertise where workforce shortages and geographic barriers may otherwise limit care availability. The financial implications of virtual nursing are equally significant. Health systems are under pressure to improve quality outcomes while controlling labor costs and maximizing resource utilization. Virtual nursing supports value-based care by reducing preventable readmissions, improving patient experience scores, optimizing length of stay, and allowing organizations to deploy scarce nursing talent more strategically. Experienced nurses who may seek alternatives to physically demanding bedside roles can continue contributing through virtual positions, preserving institutional knowledge and mentoring less experienced staff. Successful implementation of virtual nursing requires thoughtful planning, strong leadership, and sustained investment. Organizations must address technology infrastructure, privacy and cybersecurity safeguards, licensure considerations, workflow redesign, change management, and staff engagement. Education and competency development are essential to ensure nurses can effectively communicate, assess, and build trust in virtual environments. Leaders must also measure outcomes through key performance indicators such as satisfaction, response times, readmissions, retention, and quality metrics. The virtual nurse represents more than a technological advancement—it is a strategic reimagination of nursing practice. By blending compassionate human expertise with digital innovation, virtual nursing offers a scalable solution to workforce pressures while improving access, efficiency, and patient outcomes. As healthcare continues to evolve, the virtual nurse will play an increasingly central role in revolutionizing care delivery and shaping the future of the profession.

Enhancing Your Professional Journey with Advice from the Wizard of Oz

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Abstract

Nursing provides a wide range of career paths across diverse roles and healthcare settings. Strategies and practical guidance can help nurses build meaningful and sustainable careers at any stage. Using the journey of Dorothy in "The Wizard of Oz" as a metaphor, this presentation describes a "career roadmap" that illustrates how purposeful decisions and evidence-informed guidance contribute to long-term professional satisfaction in nursing. Key elements that support thriving—rather than merely surviving—in a nursing career include pursuing mentorship, developing clear and realistic career goals, making thoughtful and strategic professional choices, demonstrating resilience and courage when facing setbacks, and ensuring that career aspirations reflect personal interests and values. Achieving work-life balance is also essential and requires intentional attention to physical, emotional, social, and professional well-being. The approaches presented offer practical and adaptable strategies designed to help nurses actively shape their career trajectories while fostering both professional fulfillment and personal success. While there is no single, correct yellow brick road that everyone must follow for their career success, we know you will most likely find that your career goals or priorities will change as time goes on and you build upon different experiences and relationships. Reflecting on these final questions can assist you in building and nurturing your career journey: (1) if you knew you could not fail, what

is your ultimate yellow brick road? (2) where do you want this road to take you? and (3) who will be your Glinda, Scarecrow, Cowardly Lion, and Tin Man along your journey?

Featured Presentations

Changes in Functional Outcome After a First-time Stroke: Data from a Longitudinal Study

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Abstract

Background: Functional recovery after an acute stroke is time-dependent and varies by several factors. This study examined changes in functional outcomes after a stroke to six months after discharge. We also identified the factors associated with these changes in functional outcomes over the six-month period.

Methods: This study included 155 patients with a first stroke from an advanced tertiary hospital in Bangkok between 2020 and 2021. The modified rankin scale (mRS) and the Barthel index (BI) were used to assess functional outcomes before hospital discharge and at 1, 3, and 6 months after discharge. Inferential statistics included Friedman tests and linear mixed effect regression models.

Results: In a sample of 155, 62.6% were men, and the mean age was 64.0 (standard deviation (SD) = 12.5). Significant changes in mRS were identified within three months post-discharge ($p < 0.05$). The crude BI means from discharge to six months post-discharge were 70.6 (SD = 28.5) and 93.1 (SD = 20.4). Results from linear mixed models showed that females ($\beta = -4.1$, standard error (SE) = 1.4), patients with hemorrhagic stroke ($\beta = -4.5$, SE = 2.3), and higher stroke severity scores ($\beta = -3.6$, SE = 0.1) were associated with lower BI scores over six months after a stroke. At 1-month post-discharge, BI significantly increased by 22.2 when controlling those significant factors in the model ($p < 0.001$).

Conclusion: Time, gender, stroke subtype, and stroke severity were significant factors of functional improvement after a stroke. The most significant functional outcome improvement occurred within the first month after discharge. Early implementation of rehabilitation is recommended to help stroke patients achieve optimal functional recovery.

When Wound Care and Pediatric Dialysis Meet: Medical Adhesive-related Skin Injury and Hemodialysis Catheters

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Abstract

The concept of medical adhesive-related skin injury (MARSI) was defined in 2012 by an interdisciplinary group of clinical experts. This concept identified seven fundamental manifestations and linked these manifestations to a single or repeated application and removal of adhesive, device, or to the interaction between skin and adhesive products when left on over time. The exit sites of hemodialysis catheters are covered by transparent occlusive dressings that are changed weekly at minimum but sometimes more. These dressing changes meet the definition of MARSI manifestations and put the patient at risk for skin issues which can lead to infection. This presentation will look at a MARSI case report in adult literature and how it relates to an increase of skin issues seen in a pediatric dialysis unit. In collaboration with wound care and dermatology, the dialysis unit was able to identify MARSI manifestations, formulate an algorithm and decrease the incidence of skin issues in their unit.

Bone-softening Vitamin D Deficiency and Fivefold Increased Risk of Emergency Delivery: A Call for Early Detection in Maternity Nursing Care

Paul Kalliokoski*

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Abstract

Background: Osteomalacia, a bone-softening condition primarily caused by vitamin D deficiency, remains underrecognized in maternal health. It can impair muscle function and pelvic integrity, increasing the risk of complicated deliveries. Migrant women in northern latitudes are particularly vulnerable due to limited sunlight exposure.

Methods: In a prospective cohort study, 123 women (71 Swedish, 52 Somali) were assessed during pregnancy or postpartum. Blood samples, clinical data, and questionnaires were collected; delivery outcomes were extracted from medical records two years later. Osteomalacia was diagnosed using a non-invasive, non-radiation protocol to avoid fetal harm. Associations with delivery methods were analyzed using multinomial logistic regression, adjusted for a minimal set of confounders identified through a directed acyclic graph to obtain unbiased effect estimates.

Results: Twenty women (19 Somali, 1 Swedish) were diagnosed with osteomalacia. Compared to unaffected women, those with osteomalacia had about five times higher risk of emergency obstetric interventions—comprising vacuum extractions and acute caesarean sections (adjusted odds ratio (AOR) 4.92, 95% confidence interval (CI) 1.30 - 18.65)—including a markedly increased risk for vacuum-assisted delivery (AOR 16.16, 95% CI 1.20 - 217.55).

Clinical implications for midwives and nurses: Muscle weakness may compromise uterine contractions and maternal pushing efforts, while bone softening can affect pelvic integrity—together, increasing the likelihood of emergency interventions. Midwives and nurses are uniquely positioned to identify risk factors early and initiate preventive measures. A simple, safe protocol like ours may be implemented in primary care and low-resource settings, enabling sustainable maternal and neonatal health strategies globally. Treatment is straightforward: adequate doses of vitamin D and calcium, combined with safe sun exposure, may prevent complications and improve outcomes.

Modernizing Endocarditis Treatment

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Abstract

Fostering a multidisciplinary team approach in cardiovascular care to manage valve disease and heart failure is not a new concept; however, it is underutilized in the setting of infective endocarditis (IE). IE is one of the deadliest medical conditions largely due to a delay in diagnosis and treatment as result of the time used to individually coordinate care between multiple specialties. Research shows a multidisciplinary endocarditis team (MDET) decreases mortality rates by decreasing the time between admission and initiating treatment. Patients with IE secondary to intravenous substance abuse pose complex challenges to developing effective, comprehensive MDET.

Invisible Scars: Recovery from Organizational Betrayal After Job Loss

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Abstract

Organizational betrayal, such as downsizing, deeply impacts nurses through job loss, psychological distress, and disrupted professional identity. This trauma affects not only those laid off but also survivors and nurse leaders, eroding trust, morale, and team cohesion. Recovery requires trauma-informed strategies focused on emotional resilience, psychological safety, and leadership transparency. Nurse leaders play a critical role in rebuilding trust and fostering workplace healing. Addressing betrayal through open communication, emotional support, and systemic change is essential to restore confidence, retain staff, and protect the integrity of patient care.

Ethical Challenges in Integrating Technology into Nursing Education

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Abstract

Implications for practice: The integration of advanced technologies, particularly artificial intelligence (AI), is reshaping nursing education by enhancing teaching strategies, student engagement, and clinical simulations. However, this evolution introduces complex ethical considerations that nurse educators must address with intentionality and rigor.

Key challenges: Several critical areas demand attention;

- Privacy: The use of digital platforms and electronic health records necessitates strict adherence to confidentiality standards, including compliance with Family Educational Rights and Privacy Act.
- Accessibility and equity: Ensuring equitable access to technology and internet resources is vital to support diverse student populations and mitigate the digital divide.
- Digital competence: Both educators and students require ongoing training to maintain proficiency and foster effective use of digital tools.
- Plagiarism and academic integrity: AI-generated content poses risks to originality and critical thinking. Robust detection methods and ethical guidelines are essential.
- Student-teacher relationships: While technology can enhance communication, it may also depersonalize learning. Preserving meaningful educator-student interactions remains paramount.

Conclusion: Nurse educators are stewards of evidence-based teaching and ethical practice. By thoughtfully integrating technology and AI into curriculum, while upholding professional integrity, educators can set a new standard in nursing academia—one that prepares future nurses for a technologically advanced and ethically grounded healthcare landscape.

Understanding Radiation Protective Equipment Adherence Among Nurses in Interventional Radiology: Insights from the Health Belief Model

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Abstract

Objective: This study aimed to identify factors influencing radiation personal protective equipment (RAD-PPE) adherence among nurses in interventional radiology (IR) departments in Saudi Arabia, applying the health belief model (HBM) to assess key psychological and contextual predictors.

Methods: A cross-sectional observational study was conducted from August to December 2024 across multiple hospitals and medical centers in Saudi Arabia, recruiting 230 IR nurses via convenience sampling. Data were collected using a structured, self-administered questionnaire covering demographic and professional information, RAD-PPE adherence status (fully vs not fully committed), and HBM constructs (perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy). Univariate comparisons between fully and not fully committed nurses were conducted using the Mann-Whitney U test, and multivariate logistic regression analysis was applied to identify independent predictors of full RAD-PPE adherence.

Results: Overall, 59% of nurses were fully committed to RAD-PPE use. In univariate comparisons, fully committed nurses reported significantly higher perceived susceptibility, perceived severity, perceived benefits, cues to action, and self-efficacy, along with fewer perceived barriers compared to not fully committed nurses. In the multivariate logistic regression analysis, holding a bachelor's degree (adjusted odds ratio (AOR) = 2.60, p = 0.045) and working in public hospitals (AOR = 2.50, p = 0.035) were significantly associated with full commitment. Additionally, higher perceived benefits (AOR = 1.50, p = 0.005), stronger cues to action (AOR = 1.80, p = 0.020), and greater self-efficacy (AOR = 2.00, p = 0.012) independently increased the odds of full adherence, while higher perceived barriers significantly reduced adherence (AOR = 0.40, p = 0.018). Notably, perceived susceptibility and perceived severity, despite showing significant differences in univariate analysis, were not retained as independent predictors in the final model.

Conclusion: RAD-PPE adherence among IR nurses is influenced by psychological perceptions, educational background, and institutional factors. Enhancing awareness of RAD-PPE benefits, improving institutional safety culture, strengthening cues to

action, and fostering practical confidence in RAD-PPE use are important for improving adherence. Tailored training, especially for diploma-prepared nurses and those in private hospitals, is essential to strengthen safety culture and ensure sustained adherence to radiation protection protocols in IR settings.

Empowered Learning: How Student-led Strategies Boost Clinical Competency

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Abstract

The transition from nursing education to clinical practice continues to present challenges, with many graduating nurses reporting limited confidence in performing essential clinical skills. To help bridge this gap and support competency-based education, a peer mentoring program was implemented in a pre-licensure Bachelor of Science in Nursing program to evaluate its impact on nursing students' confidence. Upper-level nursing students served as mentors for lower-level students during structured, pre-scheduled clinical skills labs. Using the pre-existing curriculum equipment, skills such as venipuncture, injections, wound care, sterile dressing changes, medication administration, IV insertion, and nasogastric tube insertion were implemented. Participation in the student-led skills lab study was voluntary and approved by the university's Institutional Review Board. A mixed-methods design was used to measure changes in self-confidence related to clinical skills performance. Quantitative results demonstrated a notable increase in confidence in practiced skills, with mean scores rising from 3.53 prior to participation, to 4.73 following the peer-mentored lab sessions. Qualitative feedback reinforced these findings, with students reporting that one-on-one guidance, hands-on practice, and the supportive presence of a peer mentor enhanced their ability to perform skills correctly and comfortably. Students also emphasized reduced anxiety and increased willingness to ask questions during the peer-led sessions. Overall, results indicate that peer mentoring is a valuable and sustainable strategy to improve nursing students' confidence and support the development of essential clinical competencies. These findings underscore that empowering student to learn from one another is not only beneficial—but a transformative investment in the future of the nursing workforce.

Perioperative Pituitary Tumor Resection Guideline for Identifying and Treating Neuroendocrine Complications

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Abstract

Pituitary adenomas are the 3rd most common intracranial tumors, accounting for 10 - 15% of all intracranial tumors. The primary treatment is trans nasal endoscopic surgical resection, with the exception of prolactinomas. Neuroendocrine dysfunction is a potential complication of surgical resection of pituitary tumors due to disruption of vasopressin storage and circulation from damage to the pituitary stalk. Central diabetes insipidus (CDI) and syndrome of inappropriate antidiuretic hormone are the two most common disorders encountered. Early recognition of neuroendocrine complications and prompt treatment can decrease the incidence of hyponatremia, seizures, hypovolemia and hemodynamic collapse. Close monitoring of urine output, fluid intake, serum and urine sodium, serum and urine osmolarity, and urine specific gravity at defined intervals will identify dysfunction. A standard treatment algorithm is required to accurately diagnose and treat neuroendocrine dysfunction in the post-operative period to improve outcomes. The purpose is to provide a guideline for the monitoring and treatment of neuroendocrine complications after pituitary tumor resection. The goal is to guide the monitoring of this patient population and to restrict the use of pharmacologic agents only to those patients who show evidence of decompensated CDI. The target audience includes critical care providers and nurses working in the neurocritical care intensive care unit, post anesthesia care unit, and neuroscience stepdown units.

Assessing Activities of Daily Living in Eligibility for Longterm Care Services and Support: A New Evidence-based Solution to an Old Problem

Anna Paskausky*

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Abstract

The importance of assessing patients' capacity for activities of daily living (ADL) is long-standing yet challenges remain. ADL assessment can be straightforward when patients are independent or fully dependent, however, the partial assist categories have long been challenging with interrater reliability issues noted even using standardized ADL instruments. As part of a project to improve the eligibility assessment process for a large insurer in a Northern state, our team found that partial assist categories of the ADLs assessments accounted for many of the tool's performance issues. Revisions streamlining partial assist answer choices produced significant performance improvements in the accuracy of eligibility ratings. Qualitative analysis revealed causes for inaccuracies in partial assist categories, including patient misunderstanding, over- and underestimation of ability by patients or loved ones, feelings of pride or shame, and confounding medical issues such as mental health, developmental and intellectual disabilities. By collapsing the choices for partial assist categories of ADLs into one, these factors were controlled. Quantitative data confirmed improvement in sensitivity to detect eligibility, rising from 66% to 85%. The interdisciplinary team from the insurer and academic partner revised outdated, unclear partial assist choices to maintain alignment with state regulations that protect the common good and ensure service access for eligible individuals. Eliminating the dilemma of differentiating "limited" vs "considerable" partial assist allowed nurses to focus on what matters: identifying people who need help.

Incorporating Well-being into the Nursing Curriculum: The Student Self-care Project

Elizabeth H. Sassatelli*

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Abstract

Over 50% of nursing students report worsening physical and emotional well-being since beginning nursing school. Research suggests that nursing students may improve their well-being using self-care strategies. This presentation will discuss an innovative teaching strategy that was developed and piloted in 2024 aimed at improving the well-being of nursing students. The nursing student self-care project enables nursing students to identify their personal stressors and incorporate self-care strategies to support their well-being. The student nurse self-care project is an innovative pedological strategy that incorporates an individualized 10-week self-care project into a nursing leadership course for accelerated second degree nursing students. The project includes: 1) preparatory reading material, 2) a stress assessment using a standardized stress inventory, 3) a personalized self-care plan supported by evidenced-based scholarly research, 4) small group reflection, 5) journaling and self-reporting at multiple points during the ten-week period, and 6) a short reflective paper. Students are evaluated based upon a standardized grading rubric that assessed the structure of their self-care plan, the completeness and timeliness of their journal submissions, and their adherence to the content and format requirements of the reflection. This presentation will include the dissemination of student feedback regarding the project along with feasibility measures of this innovative pedological strategy.

Gene Therapy for Sickle Cell Disease – An Overview for Nursing

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Abstract

Sickle cell disease (SCD) is a genetic blood disorder in which sickled red blood cells cannot easily pass through the vasculature, leading to impaired tissue perfusion and oxygenation that can lead to vaso occlusive pain, stroke, and multiorgan and tissue damage. Scientists have now developed genetic approaches to treating SCD with a curative intent. Gene therapy uses the patient's stem cells to create a patient specific genetically modified product to correct or replace the genetic mutation causing the SCD. The two genetic treatment approaches to SCD gene therapy are gene addition/gene transfer and gene editing. Patients experience a multi-step, complex process to undergo this treatment requiring close communication between the patient and the interdisciplinary teams at the patient's home treatment center and gene therapy site. Phase I, II, and III clinical trials have been completed or are ongoing worldwide. Based on clinical trial findings, in 2023, the Food and Drug Administration approved two

gene therapy products. As gene therapy treatments continue to develop as a SCD treatment option, nurses play an important role in educating patients and family around the therapy. Patients undergoing gene therapy need close nursing care coordination and expert supportive care during all steps of the treatment process including follow up.

The Throughput Solution: Embedding a Discharge Nurse Practitioner in the Hospitalist Team

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Abstract

Discharge from acute hospitalization can be complex and remains a multifaceted challenge in healthcare. Streamlining this process to ensure an efficient and safe discharge can help mitigate barriers to transition from an acute hospital to a home or subacute setting. This presentation describes the implementation of the discharge nurse practitioner (DCNP) role to the interprofessional team in order to address factors contributing to patient flow. The addition of a DCNP demonstrated improvements in reducing length of stay, increased patient satisfaction, prompt plan of care discussion, adequate patient education, appropriate and timely follow-up care coordination, and early safe discharge. Implementing a role dedicated to enhancing patient throughput also demonstrated improvement in discharge time and reduction in discharge time in the discharge-admission bottleneck, frequently occurring during times of high patient census. A review of the discharge process highlighted a need to improve the hospital patient throughput. Identified needs included focusing and resolving issues related to inaccurate documentation of discharge needs and barriers, delays in addressing and resolving discharge needs/barriers, and poor communication between the providers, nursing staff, and care coordination. These components were identified as barriers to meeting discharge goals. The review process was based on lean principles of creating a culture of change and accountability, was established by the following: 1) engaging stakeholders, 2) managing the process with performance accountability, and 3) delivering patient-centered care. Using lean principles, the interprofessional team identified waste areas and eliminated practices that did not add value to hospitalist patients. The NP's scope of practice permitted writing history and physicals, prescribing medications, and placing discharge orders. The evaluation of the DCNP and the collaborative efforts of the interprofessional team, which included 1370 patients, demonstrated a significant improvement in hospital throughput. Notably, 45% of patients were discharged within 2 h of the order being written, with 45% of the accuracy of patient discharge, and the length of stay was reduced by 0.5 days. This positive impact on hospital throughput underscores the value and importance of the interprofessional team in the discharge process. The innovative approach to implementing the DCNP role can be adopted and adapted by other facilities experiencing patient throughput difficulties. The approach showed a reduced length of stay index, improved timely discharge, increased accuracy of the anticipated discharge date and prediction, and safer patient transitions to the community.

Building and Retaining Leadership Talent Through "I Care"

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Abstract

Nurse manager (NM) turnover in the South-Central U.S. can reach 18%, costing organizations up to $228,000 per departure. Beyond financial loss, turnover contributes to staff attrition, declining quality metrics, and diminished patient experience—issues requiring urgent attention. The market Chief Nursing Officer for four hospitals and team, sustained 0% voluntary NM turnover over two years using an "I Care" strategy. This approach was essential amid evolving leadership expectations, increased system standardization, rapid technological and practice changes, and post-COVID workforce shifts—including higher vacancy rates, traveler reliance, and financial constraints impacting staffing ratios. These factors intensified NM burnout. To address this, we assessed American Organization of Nurse Leaders competencies, set individualized and team goals for professional development, and fostered mentoring relationships to build loyalty. Strategies to reduce workload and burnout while maintaining operational accountability were implemented. Key elements included flexible scheduling, psychological safety, effective delegation, reduced administrative burden, and building cohesive service lines and sister units. These efforts improved NM engagement and retention. This presentation will share actionable strategies and lessons learned to support nursing leader sustainability in complex healthcare environments.

The Expression of E-empathy in Palliative Care Conversations: Voices of Black Patients with Chronic Kidney Disease

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Abstract

Objective: This study aims to explore and enhance the expression of empathy in telehealth visits (e-empathy) with black American chronic kidney disease (CKD) patients, focusing on goals of care conversations. It seeks to address the intersection of CKD, telehealth advancements, palliative care discussions, and the impact of racism in healthcare for holistic understanding.

Methodology: A qualitative case study design was employed in Washington, DC, involving black patients with CKD. Data collection included cognitive testing via semi-structured interviews and feedback from a stakeholder advisory group. Thematic analysis was conducted using NVivo 20 software.

Results: Themes emerged regarding empathy definitions, telehealth understanding, factors influencing confidence, importance of patient stories, cultural awareness, handling upsetting conversations, prioritizing treatment preferences, end-of-life decisions, and definitions of mental health professionals.

Conclusion: The study highlights the significance of e-empathy in telehealth for black CKD patients, emphasizing respect, trust, and effective communication. It underscores the need for culturally targeted guidance and acknowledges limitations such as self-selection bias and a small sample size. Future work should address healthcare disparities and improve palliative care discussions, including virtual advance directives.

Practice implications: Providers should prioritize e-empathy in telehealth visits with black CKD patients, fostering trust and communication to improve patient outcomes during goals of care discussions.

Applying the Theory of Planned Behavior to Assess Saudi Emergency Nurses' Intentions for Chemical, Biological, Radiological, and Nuclear Preparedness

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Abstract

Background: Emergency department nurses are essential for responding to chemical, biological, radiological, and nuclear incidents, underlining the need to evaluate their intention to prepare and respond effectively. This study assessed emergency department nurses' behavioral intentions for preparedness and response to such incidents in Saudi Arabia using the theory of planned behavior.

Methods: A cross-sectional survey collected data from 195 emergency department nurses with a questionnaire based on the theory of planned behavior, measuring behavioral intentions as the primary outcome, influenced by attitude toward the behavior, subjective norms, and perceived behavioral control. Spearman correlations examined relationships among these constructs, and linear regression identified predictors of behavioral intentions.

Results: Most participants (70.77%) were female, 81.54% lacked prior training for chemical, biological, radiological, and nuclear incidents, yet 68.46% showed high behavioral intentions. Behavioral intentions positively correlated with attitude toward the behavior, subjective norms, and perceived behavioral control, but only subjective norms significantly predicted higher intentions ($\beta = 0.81$, $p < 0.001$). Influential factors included hospital management priorities, nursing organization endorsements, family support, perceived public demand, self-confidence in emergency response and protective equipment use, and belief in local incident likelihood. Among demographics, only age predicted behavioral intentions ($p = 0.031$), with younger nurses showing stronger intentions than older peers.

Conclusion: Subjective norms predominantly shape emergency department nurses' behavioral intentions for preparedness in Saudi Arabia, despite limited training. Age-related differences suggest tailored training for older nurses, while leveraging organizational and social influences could enhance overall readiness.

Navigating Life After Cancer: A Qualitative Study of Survivors' Self-management Experiences

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Abstract

Background: Advances in cancer treatment have transformed the disease into a chronic condition for many, requiring survivors to engage in self-management to address ongoing physical and emotional challenges.

Objective: To explore the self-management experiences of adult Omani cancer survivors.

Methods: A qualitative exploratory design was employed. Semi-structured interviews were conducted with 36 cancer survivors who had completed treatment at least one year earlier. Participants were purposively recruited from three oncology hospitals in Oman. Interviews were audio-recorded, transcribed verbatim, and analyzed thematically following Braun and Clarke's six-phase approach.

Results: Five overarching themes emerged: (1) decision-making and symptom monitoring, (2) lifestyle adjustments, (3) faith and resilience, (4) seeking support, and (5) use of technology and health information. Participants described drawing strength from autonomy, spirituality, and family involvement while facing challenges in accessing and trusting health information.

Conclusion: Omani cancer survivors' self-management practices are strongly influenced by cultural, familial, and spiritual contexts. Nurses play a crucial role in supporting survivors by recognizing these factors and promoting culturally sensitive interventions that blend traditional support systems with professional guidance. Developing survivorship policies that integrate both modern healthcare and traditional community structures may enhance survivors' ability to balance independence with trustworthy professional input, ultimately improving their overall quality of life and well-being.

Upskilling New Jersey's Nursing Workforce: Rowan University - Hospital Partnerships Aligned to Magnet Goals

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Abstract

As New Jersey hospitals pursue magnet designation, demand is rising for practice-ready, Bachelor of Science in Nursing- and graduate-prepared nurses with advanced competencies in quality, safety, leadership, and evidence-based practice. This presentation describes Rowan University's workforce development model and educational partnerships designed to upskill the working nurse while strengthening retention and patient outcomes. Guided by a co-design approach, we begin with structured discovery sessions to elicit each organization's priorities (e.g., transition-to-practice support, charge nurse development, preceptor preparation, specialty upskilling). Faculty then map those needs to accredited curriculum, creating tailored course pathways, embedded clinical projects, and stackable academic credit that align with magnet standards and regulatory/accrediting requirements. To remove barriers for working professionals, Rowan University offers a high-touch "white-glove" experience: flexible delivery, a designated academic success coach, mentoring, highly engaged faculty, peer tutoring, a dedicated nursing librarian, and writing center support. Implementation is supported by shared governance with hospital leaders, on-site/virtual faculty presence, and continuous quality improvement using academic report offs (enrollment progression, course completion, retention, certification pursuit, and project impact on unit metrics). Attendees will learn the partnership blueprint, sample a tailored module (e.g., quality improvement and research), and templates for aligning academic projects with unit-level goals (falls, central line-associated bloodstream infections/catheter-associated urinary tract infections, patient experience). Early partner feedback highlights improved engagement, smoother advancement to specialty roles, and stronger pipeline continuity from Associate Degree in Nursing-to-Bachelor of Science in Nursing-to-Master of Science in Nursing. We will discuss lessons learned, scalability considerations, and evaluation tools programs that can adapt to advance magnet-aligned professional practice while meeting the real-world needs of nurses and the organizations they serve.

Understanding Traumatic Brain Injury in Children: What Nurses Need to Know

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Abstract

Background: Traumatic brain injury (TBI) during childhood includes effects on health, thinking, family environment, and behavior that can affect learning, self-regulation, and social participation. TBI affects children differently than adults because of impact on brain development. TBI during childhood is associated with several health conditions, including epilepsy, headache/migraine, autonomic disturbances, intellectual disability, vision problems, speech, and language problems and behavior and mental health problems.

Objectives: 1) Participants will learn about research describing the effects of TBI during childhood. 2) Participants will learn about models of care that serve children.

Methods: The presentation will present research about childhood TBI across the age span including young children, school-aged children and adolescents. Implications for taking care of children and future research will be described.

Results: Evidence suggests that TBI sustained during childhood is associated with long-term issues that have a profound effect on children's ability to become productive adults and strain our healthcare system and society. What is currently known about TBI in children aligns with the World Health Organization's definition of chronic health disease. Documentation of unmet needs for services both in the healthcare setting and school further supports the significant and ongoing burden of TBI well beyond the initial injury.

Conclusion: TBIs are a leading cause of morbidity and mortality in children. Behavioral, cognitive, medical, and pain-related sequelae across the lifespan after TBI can persist. Although long-term studies of children are limited, emerging research demonstrates that TBI effects can persist throughout childhood and span into adulthood.

Supporting Skin Integrity: A Comparative Evaluation of Cyanoacrylate Skin Protectants

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Abstract

Protecting skin exposed to persistent moisture, friction, and shear is essential in nursing practice, particularly for patients at risk of moisture-associated skin damage. Cyanoacrylate-based skin protectants are commonly used for this purpose, yet performance differences between formulations are not well defined. We conducted laboratory and clinical studies comparing a 100% cyanoacrylate skin protectant with a solvent-cyanoacrylate mixture. A novel *ex vivo* porcine skin model using Lucifer yellow dye penetration was developed to assess epithelial barrier compromise following repeated cycles of simulated urinary incontinence. Two randomized, single-blind clinical studies in healthy volunteers evaluated wear duration over eight days and wash-off resistance to skin cleansers using colorimetry. *Ex vivo* studies showed that the 100% cyanoacrylate skin protectant preserved epithelial integrity following repeated moisture and abrasion challenges, with minimal dye penetration beyond the stratum corneum. In contrast, the solvent-cyanoacrylate mixture demonstrated more frequent epithelial breakdown and increased dye penetration under identical conditions. In clinical studies, the two skin protectants exhibited similar duration of wear and comparable resistance to cleansing, with no meaningful reduction in skin electrical capacitance. Taken together, these findings indicate that while both skin protectants perform similarly under milder controlled clinical wear and cleansing conditions, the 100% cyanoacrylate formulation provides stronger protection under harsh simulated conditions of urinary incontinence. These results highlight the importance of considering product durability when selecting skin protectants to preserve skin integrity in environments characterized by ongoing moisture exposure and friction.

Evaluating Leadership and Teamwork Competency Acquisition Through Clinical Simulation: Development of Clinical Simulation Leadership and Teamwork Scale

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Abstract

Advanced clinical simulation is a valuable methodology for fostering both technical and transversal skills, such as teamwork and leadership, in healthcare education. While existing tools effectively measure technical competency development and student satisfaction, there remains a gap in assessing the acquisition and application of transversal competencies within real clinical practice settings. This study aimed to address this by developing and validating a novel scale to measure the impact of clinical simulation on the development and practical application of teamwork and leadership competencies. A multicenter study was conducted across two Spanish universities. The research involved several phases: initial questionnaire development using a rigorous Delphi method, followed by a pilot test, and subsequent construct validation with a sample of 207 nursing students. The study adhered to STROBE guidelines for reporting. Results demonstrated strong content validity, confirmed by Aiken's V for all questionnaire attributes. Reliability and internal consistency were robust, as evidenced by Cronbach's α (showing no significant variation upon item elimination) and McDonald's Ω statistic. Furthermore, interobserver reliability, assessed in a subset of 47 students, revealed a positive intra-class correlation. In conclusion, the newly developed clinical simulation learning teamwork and leadership scale is a valid and reliable instrument for effectively measuring the development of these crucial transversal competencies in students undergoing clinical simulation training.

Acupuncture as an Adjunctive Intervention for Mental Health, Stress, and Sleep

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Abstract

Mental health challenges are prevalent among military personnel, with roughly 30% experiencing significant stress, 70% reporting chronic sleep deprivation, and up to 15% of those deployed to Iraq and Afghanistan affected by post-traumatic stress disorder. These conditions negatively impact operational readiness, patient safety, and long-term health outcomes. Nurses frequently serve as first-line providers for identifying, managing, and coordinating care for mental health concerns. Although psychotherapy and pharmacotherapy remain standard treatments, interest in integrative, non-pharmacologic interventions such as acupuncture continues to grow. Using the allostatic framework, which focuses on the regulation of cumulative physiological stress, the restoration of neuroendocrine balance, and the support of adaptive recovery processes, three nursing-relevant studies were conducted in service members: a feasibility study at Naval Health Clinic Yuma (n = 16) examined the acceptability and clinical integration of a standardized stress-acupuncture protocol. A randomized controlled trial (RCT) at Naval Hospital Okinawa (n = 70) compared manual standardized stress acupuncture combined with cognitive behavioral therapy for insomnia (CBTi) to CBTi alone. An RCT at Naval Medical Center San Diego (n = 67) evaluated acupuncture combined with mindfulness-based therapy. Findings demonstrated that acupuncture was feasible, well accepted, and associated with improved sleep quality, quality of life, and perceived stress, supporting reduced allostatic load when combined with behavioral therapies. Overall, results support acupuncture as an adjunct that may enhance stress regulation, reduce reliance on pharmacologic treatments, and expand nursing practice in military settings.

Bridging Care and Culture: Accurately Translating the Nurse Practitioner Role into Spanish

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Abstract

Background: Accurate translation of healthcare roles is essential to ensure patient understanding, appropriate utilization of services, and equitable care. The term “nurse practitioner” (NP) has been inconsistently translated into Spanish which may misrepresent the NP role, scope of practice and level of training. This issue has gained policy relevance following California’s Assembly Bill 890 (2020), which expanded NP practice authority and mandated clear communication of provider roles in languages patients understand.

Purpose: This study aims to evaluate the accuracy and implications of Spanish translations of "nurse practitioner," and to propose terminology that more precisely reflects NP education, scope, and clinical responsibilities.

Methods: A systematic review was conducted using preferred reporting items for systematic reviews and meta-analyses guidelines across databases including PubMed, CINAHL, Medline, and Google Scholar. Peer-reviewed articles published in English and Spanish over the past 15 years. Additional sources included policy documents, linguistic analyses, and studies on patient comprehension and healthcare outcomes among Spanish speaking populations.

Results: Findings indicate that the term "enfermera especializada" inadequately represents the NP role, often leading to confusion with general or specialty nursing positions rather than advanced practice providers. Studies shows that misinterpretation of NP titles among Spanish speaking patients contributes to decreased role recognition, reduced trust, delayed care, and potential disparities in access and outcomes. Studies also highlight that clear role identification improves patient understanding, satisfaction, and healthcare efficiency without compromising quality of care.

Conclusions: Standardizing the Spanish translation of "Nurse practitioner" is critical for improving health literacy, reducing disparities, and supporting effective healthcare delivery. Adoption of accurate terminology—particularly "Advanced practice nurse"—should be integrated into policy, clinical practice, and patient education.

Pediatric Emergency Nursing in Gaza: Challenges, Adaptations, and Lessons from a Conflict Zone

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Abstract

Pediatric emergency medicine faces numerous challenges in regions affected by prolonged conflict, such as Gaza. Nurses in Gaza work in overcrowded emergency departments, without access to pediatric-specific supplies or medications, yet they demonstrate remarkable resilience and adaptability, developing innovative solutions to deliver lifesaving care. Therefore, pediatric nurses in conflict settings must be trained in trauma care, triage, and emergency interventions tailored to children. Effective communication, resourcefulness, stress management, and teamwork are essential, along with ongoing training in disaster preparedness and advocating for improved resources and policies to support children's healthcare needs. This article explores systemic challenges, resourceful strategies, and key lessons from pediatric emergency nursing in Gaza.

Development and Initial Validation of the Interprofessional Clinical Competency Evaluation Tool: A Clinical Evaluation Tool Used in Student Assessment of Interprofessional Collaboration Competency

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Abstract

Effective interprofessional collaboration is fundamental to delivering safe, high-quality, patient-centered care within today's increasingly complex healthcare systems. Although interprofessional education and practice and competency-based education have advanced, most existing assessment tools remain limited in their interdisciplinary applicability and fail to efficiently evaluate competency-based performance in real clinical settings. To address this gap, the interprofessional clinical competency evaluation tool (ICET) was developed and purposefully aligned with the 2023 interprofessional education collaborative core competencies, including values and ethics, roles and responsibilities, interprofessional communication, and teamwork. The ICET was created through a structured, four-phase process consisting of a comprehensive literature review, initial tool development, a two-round modified Delphi process with expert validation, and pilot testing with psychometric evaluation. Intended for use through both self-reflection and direct observation, the eight-item instrument captures observable, behaviorally anchored competencies. Its concise format promotes meaningful feedback while maintaining feasibility across diverse healthcare environments. Psychometric testing with 90 prelicensure nursing students—50 baccalaureate and 40 master's-entry—demonstrated internal consistency and test–retest reliability. Cronbach's alpha values ranged from 0.857 to 0.910, and intraclass correlation coefficients exceeded 0.90. Convergence between learner and preceptor ratings provided further support for reliability and preliminary evidence of content validity. With broader implementation, ICET offers a promising approach for standardizing interdisciplinary assessment of collaborative competencies and helping bridge the persistent divide between academic preparation and clinical practice. Expanded validation across additional health professions will enhance its generalizability and clarify its impact.

Innovate, Simulate and Educate: An 8-hour Simulation for Undergraduate Nursing Students

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Abstract

The ongoing shortage of clinical placement sites, nurse faculty, and available patient experiences prompted nursing educators to integrate high-fidelity simulation as an alternative strategy to achieve clinical learning outcomes. Simulation provides a structured environment that promotes critical thinking, allows for standardized patient care experiences, and enables immediate feedback for learners. This innovative eight-hour simulation scenario was developed by faculty to replicate a full nursing shift in a medical–surgical environment. The simulation was implemented with second-semester, junior-level prelicensure nursing students enrolled in a med-surg course across five campuses in Texas. The simulation design was guided by Kolb's theory of experiential learning and incorporated student preparation activities, a structured pre-brief, scenario implementation with standardized patients (SPs), and facilitated debriefing. Prior to the experience, students completed assigned readings and quizzes. During the scenario students concept mapped, prepared and administered medications and carried out their nursing care plans. Students provided comprehensive patient care for a SP portraying a 48-year-old admitted with dehydration, pneumonia, and type 1 diabetes. The scenario included opportunities for clinical reasoning, including oxygen management, insulin administration using a sliding-scale protocol, and recognition of medication errors and glycemic complications. Realistic environmental elements and trained SPs enhanced learner engagement and authenticity. Faculty assessed clinical reasoning through real-time observation, student interventions, structured SP feedback and debriefing. Student evaluations indicated the extended simulation effectively reinforced classroom concepts and strengthened clinical decision-making skills. This innovative approach demonstrates how immersive simulation can enhance nursing education and prepare students to manage complex patient care in clinical practice.

Interprofessional Simulation Co-debriefing Practices: A Systematic Review

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Abstract

Interprofessional simulation allows healthcare students to practice the role of a professional with students from other professions. Debriefing is essential to simulation, promoting insight into actions taken and thought processes behind the actions. The impact of co-debrief with interprofessional teams remains in question. This paper aims to explore the impact of co-debriefing on student experiences. This systematic literature review followed the preferred reporting items for systematic reviews and meta-analyses checklist. Search terms including "inter-professional education", "simulation", "co-debriefing", and "university students" were undertaken across seven databases. Twenty-seven papers with students from 17 professions were included. Simulations were considered effective, however the impact of co-debriefing on student outcomes was not explored in any studies. Debriefing is imperative to healthcare simulation, yet little evidence is available to support the role of co-debriefing. Further research is required to determine its effectiveness and appropriateness for all inter-professional simulations.

Experiences of Women with Obstetric Fistula to Inform Education for the Preconception Generation: A Scoping Review Protocol

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Abstract

Objective: The objective of this scoping review is to clarify the experiences of women living with obstetric fistula in order to inform the development of an educational program for the preconception generation.

Methods: This scoping review will be conducted in accordance with the methodology outlined in the Joanna Briggs Institute of Manual for Evidence Synthesis and will follow the preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews guidelines. The review will be structured using the population, concept, and context (PCC) framework. Population: women living with obstetric fistula, concept: physical, psychological, and social impacts, and context: low- and middle-income countries. The literature search will include studies published from 2003 onward, the year when United Nations

Population Fund launched the campaign to end fistula. The following electronic databases will be searched: PubMed, CINAHL, Web of Science, Ichushi-Web, and CiNii Research.

Study selection and synthesis: All identified records will be managed using the systematic review management tool Rayyan. Two independent reviewers will screen titles and abstracts, followed by full-text assessments. Extracted data will be analyzed using thematic analysis. Studies will be categorized by country/region, research design, physical impacts, psychological challenges, and social barriers.

Expected implications: The findings will be organized according to the PCC framework and synthesized into practice-oriented knowledge. By emphasizing the lived experiences and voices of affected women, this review aims to support the development of culturally and socially appropriate educational content. Ultimately, it seeks to strengthen preventive sexual and reproductive health education and promote early healthcare-seeking behaviors among the preconception generation.

Work Engagement and Related Factors Among Nurses Involved in Infertility Treatment

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Abstract

This study aimed to clarify work engagement and related factors among nursing professionals involved in infertility treatment. The participants were nursing staff who performed "*in vitro* fertilization and embryo transfer" in facilities registered with the Japan Society of Obstetrics and Gynecology in fiscal year 2024. Work engagement, measured using the Utrecht Work Engagement Scale, was used as the dependent variable. The independent variables were basic attributes, stress, resilience, sense of fulfillment, and self-efficacy. The factors associated with work engagement were analyzed using univariate and multivariate quantile regression analyses ($p < 0.05$). Analysis of data from 170 participants showed that work engagement levels were largely similar to those reported in prior studies targeting nursing professionals. A total of 142 participants (83.5%) reported a sense of fulfillment in reproductive nursing. Self-efficacy was significantly associated with the total score for work engagement and the score for all three subscales: eagerness, absorption, and vigor. Perceived fulfillment was significantly associated with the total score for work engagement and the score for eagerness and vigor. Stress was significantly associated with the total score for work engagement and the score for absorption, with higher stress levels showing a tendency toward higher work engagement. To enhance work engagement among nurses involved in infertility treatment, it is essential to establish educational systems that enable nurses to recognize and enhance their expertise and sense of fulfillment.

Facilitators and Barriers to Building Research Capacity Among Clinical Nurses: A Systematic Review Protocol

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Abstract

Clinical nurses' research capacity is essential for fostering a research-active workforce and integrating research into clinical practice. However, systematic integration and in-depth analysis of their research capacity, including the barriers and facilitators influencing it, remain limited. This systematic review aims to synthesize available evidence to assess the current state of clinical nurses' research capacity and the key factors affecting its development. Following the preferred reporting items for systematic reviews and meta-analyses guidelines, a comprehensive search will be conducted in PubMed, Cochrane Library, Embase, CINAHL, Web of Science, Scopus, CNKI, and Wanfang databases to identify quantitative and mixed methods studies on clinical nurses' research capacity. Two independent reviewers will conduct study screening, data extraction, and methodological quality assessment. Data will be synthesized using descriptive tables and narrative synthesis, with studies categorized by methodological themes and key findings. The feasibility of conducting a meta-analysis will be evaluated based on the homogeneity of study designs and reported outcomes.

Exploring the Role of Virtual Reality Simulation in Critical Care Nurses' Training

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Abstract

Introduction: Nurses transitioning into acritical care setting require specialized training and knowledge to practice safely. Simulation-based education provides unlimited opportunity to gain advanced training and expertise in managing critically ill patients. The use of virtual reality (VR) is increasing in healthcare educational training. A pilot study was conducted to determine the effectiveness of VR in acquiring knowledge and confidence in clinical education.

Methods: A randomized, controlled, pre-test post-test study design was used to compare learning outcomes. Participants were assigned to either the traditional (control) group or the VR (experimental) group using simple randomization. The simulation scenario was the same for both groups and involved the management of a patient experiencing cardiac arrest requiring advanced cardiovascular life support. Participants completed a pre-and post-test to evaluate the simulations effect on participant's knowledge score. The online simulation evaluation tool – modified (SET-M) was administered post simulation to evaluate the participants' perception of simulation effectiveness.

Results/outcomes: Thirty-four participants were enrolled in the study and completed the simulation activity. The virtual group had greater gains from pre- to post-test administration (statistically significant). The virtual group had a slightly higher SET-M average score than the traditional group, but this was not statistically significant. Nearly all the virtual group respondents indicated they would like to continue using VR for training (95%).

Conclusion/recommendations: The findings of this study suggest that when comparing traditional mannequin-based simulation to VR simulation, VR is an effective means of improving the knowledge, skills, and confidence of nurse interns transitioning into a critical care setting.

Thriving, Not Just Surviving: Holistic Self-care in Nursing Education

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Abstract

Nursing students enter a profession marked by high cognitive, emotional, and physical demands, yet formal preparation for stress management and resilience is rare. This presentation introduces a preventive educational approach grounded in findings from a mixed-methods study embedded in a fully asynchronous undergraduate holistic self-care course. Results demonstrated significant reductions in perceived stress and increases in resilience, with students reporting early adoption of practical coping strategies such as mindfulness, breathwork, movement, aromatherapy, and cognitive reframing. Framed by Patestos' integrative student growth model, the session highlights how intentionally designed, experiential self-care education can be integrated into undergraduate curriculum to help nursing students develop sustainable coping strategies before entering clinical practice. This work suggests that holistic self-care can be a foundational component of nursing education to support academic success and preparation for the demands of a career in health care.

Humor and Leadership

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Abstract

Humor and leadership do not naturally belong in the same sentence or so some think. Leadership has many tools to use but many nursing students are unaware of humor as a tool for their leadership toolbox. Using a qualitative research format, this author presented humor as a leadership tool in a nursing leadership class. Students were introduced to seven competencies for the use of humor and the use of humor in leadership. The students explored good uses of humor and bad uses of humor and how both affected employees. For reach discussion, students had to provide humor-based references to support their ideas. After the students completed all items for humor and leadership, they completed a reflection about their understanding of humor before and after this leadership course. Reflections were reviewed through a qualitative lens to assess the students' experiences with this

topic. The results were positive regarding the use of humor in leadership and the need for appropriate competency application of humor for effectiveness of use.

Evaluation of ChatGPT Artificial Intelligence Dialogues and Simulated Scenarios to Prepare Nursing Students for Telehealth Practicum

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Abstract

Background: Telehealth technologies continue to expand, enhancing access and quality of care. Academic and clinical leaders are responsible for preparing future health care providers for telehealth practice. In response, a partnership between nursing faculty and federally qualified health center nurses co-facilitated a telehealth practicum for baccalaureate nursing students. When the students reported low self-confidence in conducting patient phone calls, faculty piloted a telehealth orientation incorporating simulated ChatGPT dialogues and virtual scenarios with motivational interviewing feedback.

Aim: This pilot project aimed to evaluate the effectiveness of combining artificial intelligence and virtual simulations in increasing 32 senior nursing students' perceived readiness and engagement during telehealth practicums.

Methods: The plan, do, study, act framework was applied to develop, implement, and evaluate the pilot telehealth orientation. The students accomplished pre-survey, simulated ChatGPT and virtual learning activities, reflection, and post-survey. With consideration for the small sample size and non-normal data distribution, the Wilcoxon signed-ranks test was applied to determine the significance of students' perceived skills, attitudes, and comfort gains.

Results: Following the telehealth orientation, the students reported significant increases in their perceived abilities to counsel and manage clients via telehealth, as well as improved understanding of telehealth applications in primary care settings.

Conclusions: The combination of simulated and live telehealth learning activities during prelicensure programs may be used to prepare future health care providers for practice in the digital era, and to measurably demonstrate their value to the health care team and system by decreasing health care costs and increasing clients' access to services.

Advancing Artificial Intelligence Initiatives in Nursing Academics: Case Studies and Insights from Thought Leaders

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Abstract

Artificial intelligence (AI) is revolutionizing the landscape of healthcare, nursing research, and education. As key stakeholders in this transformation, nursing faculty play a crucial role in driving strategic and operational AI initiatives to develop the necessary workforce competence, ensuring these technologies' safe application in nursing and care. However, AI integration into nursing education and practice remains uneven. This paper explores strategies for advancing AI initiatives in nursing academics through case studies and expert insights. Drawing on contributions from thought leaders across multiple institutions, we examine approaches to conceptualizing AI within nursing curriculum, fostering interdisciplinary collaboration, and addressing ethical and practical challenges. Key themes include leveraging AI for clinical decision support, predictive analytics, and personalized care, while ensuring alignment with nursing values and patient-centered principles. The case studies highlight strategies to adopt AI in academic settings, emphasizing faculty development, infrastructure readiness, and stakeholder engagement. We also discuss barriers such as limited technical expertise, data governance concerns, and the need for standardized competencies. Recommendations focus on creating scalable models for AI education, integrating informatics competencies into accreditation standards, and promoting partnerships between academia, industry, and healthcare organizations. By synthesizing lessons learned and best practices, this paper provides a roadmap for nursing programs seeking to prepare graduates for an AI-enabled healthcare environment. Across these themes, a clear message emerged: AI implementation in nursing education is both necessary and achievable.

Artificial Intelligence-driven Predictive Analytics to Prevent Failure to Rescue in Disseminated Intravascular Coagulation: A Scoping Review

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Abstract

Sepsis-induced disseminated intravascular coagulation (DIC) is a lethal complication where the window for effective intervention is notoriously narrow. Traditional manual scoring systems often lead to "failure to rescue" (FTR) because they recognize DIC only after significant physiological damage has occurred. The emergence of artificial intelligence (AI) and predictive analytics offers a potential paradigm shift in early clinical vigilance.

Objective: This scoping review aims to map the current evidence regarding the transition from manual DIC scoring to AI-driven predictive analytics. Specifically, it seeks to evaluate how these tools facilitate earlier interdisciplinary recognition and the implementation of nurse-led intervention protocols to prevent FTR in the critical care setting.

Methods: Utilizing the preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews framework, a review of global literature was conducted focusing on machine learning algorithms, early warning systems, and protocol-driven management of sepsis-induced coagulopathy.

Results: Current data suggests that AI-driven models, such as extreme gradient boosting, can forecast overt DIC up to 48 h prior to conventional recognition with high accuracy. While international models (particularly in Japan and East Asia) show reduced mortality through formalized screening, a significant research gap exists regarding the implementation and validation of these AI-driven tools within Western clinical workflows.

Conclusions and implications: Early recognition is the cornerstone of preventing FTR. A critical gap remains in Western medicine concerning the integration of AI-driven predictive tools into electronic health records. Establishing standardized, AI-augmented protocols allows nursing staff to intervene during the sub-clinical phase of coagulopathy, potentially improving mortality rates by preventing the "too late" scenario of overt DIC.

Innovating Undergraduate Public Health Nursing Clinical Education: A Service-learning Health Fair in the Community

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Abstract

Amidst a critical shortage of registered nurses, nursing schools are aiming to expand enrollment while working with ongoing resource constraints. Service-learning clinical activities can enhance nursing education by improving clinical quality, addressing faculty and clinical site shortages and meeting increasing enrollment demands. This article describes a fair health experience that served as a service-learning clinical experience within an undergraduate public health nursing course. The experience bridged theoretical knowledge with real-world application, fostering competency-based learning and addressing community health needs, resulting in a positive impact on students, faculty, and the community.

Change for the Ohio Nurse Practitioner Treating Worker's Compensation Patients: A Needs Analysis

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Abstract

Autonomous nurse practitioners are an effective and useful member of the healthcare team, particularly when given a less restrictive scope of practice at the state level. The autonomous nurse practitioner can help improve patient outcomes/needs as a decision-making health care team member. Ohio nurse practitioners treating worker's compensation patients are limited in treating the injured worker not because of the nurse practitioner scope of practice, but because of the bureaucratic paperwork worker's compensation requires of its patients/providers. The purpose of the project was to conduct a needs analysis regarding

a legislative change proposal for the practice authority of nurse practitioners treating the Ohio worker's compensation patient. This quantitative study was completed by conducting chart reviews of worker's compensation patients evaluated by the nurse practitioner evaluating any disparities between work restrictions recommended by the nurse practitioner vs the physician. The target population for this study included nurse practitioners treating Ohio worker's compensation patients in the occupational medicine setting. Patient chart reviews were conducted, reviewing the work restriction instructions given by the nurse practitioner and included only initial injury evaluation patients that had a required medco-14 form. The charts were randomly selected from the past schedules of the two practicing occupational nurse practitioners in a rural Ohio county. Of the 70 random charts reviewed, 100% had no discrepancies between the nurse practitioner work recommendations and that of the physician. Allowing nurse practitioners to sign medco-14 forms will increase patient access to care, which in turn results in better patient outcomes.

Increasing Human Papillomavirus Education and Vaccination Uptake in Women Aged 27 - 45: A Clinic Based Approach

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Abstract

Background: Human papillomavirus (HPV) is the most common sexually transmitted infection worldwide and is linked to cervical, anal, vulvar, and oropharyngeal cancers. Despite its prevalence, only 16% of women aged 27 - 45 have received at least one HPV vaccine dose, partly due to recent changes in recommendations. This quality improvement project aimed to increase HPV knowledge and vaccination rates among women aged 27 - 45 at a private obstetrics and gynecology practice in Southwestern Indiana.

Methods: From January to April 2024, unvaccinated women in this age group received verbal education on HPV and vaccination benefits. Knowledge was measured with a Likert-scale survey. Staff participated in training sessions on vaccine assessment and education, with pre- and post-tests evaluating knowledge retention. Descriptive statistics guided data analysis.

Intervention: The initiative included patient education, printed informational materials, and staff training on vaccine counseling at the point of care. Staff participation and patient feedback were tracked to identify barriers to vaccination.

Results: Implementation of the Pender health promotion model framework resulted in a 103% increase in HPV vaccinations, with 221 women immunized. Sixty-six percent of patients reported increased knowledge. The primary barrier identified was low perceived risk. The practice realized an estimated profit of $6,961 with projected annual gains of $20,884.

Conclusion: Targeted education and workflow improvements can enhance HPV vaccination rates among women aged 27 - 45. Ongoing collaboration between providers and public health organizations is essential to sustain progress and promote preventive care.

The Launch and Development of the Nation's First Advanced Practice Provider Flexible Workforce

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Abstract

Healthcare organizations continue to experience major workforce shortages and employment turnover. Historically, nursing resource teams (float pools) have demonstrated success in optimizing clinician availability and expertise across inpatient units. However, there were no such programs dedicated to a model for advanced practice providers (APPs). This presentation details the development and launch of an APP flex team program, which has enabled our healthcare system at the Children's Hospital of Philadelphia to effectively adapt to fluctuations in patient volumes, patient acuity levels, and staffing vacancies as well as decrease premium pay and related costs. It provides the national benchmarking, market research, and internal data collection that informed our program design, other rationale important to decision-making during the planning phase, and essential elements in program development, such as systemwide stakeholder engagement and automation of staffing procedures and processes. To date, the APP flex team has demonstrated its effectiveness in covering multiple leaves of absence, vacation time, unscheduled call outs, and other staffing vacancies across diverse general and specialty inpatient units, which would have required premium pay usage previously. Since its inception in February 2023, the APP flex team has doubled in size and now includes more than 20 APPs. The flex team APPs provide care and coverage for 11 diverse pediatric general medical and surgical specialty

areas, including emergency departments, cardiology, oncology, and intensive care. Furthermore, the coverage has expanded to encompass two hospital campuses. Most notably, however, is that the APP-reported job satisfaction among the team has remained consistently high which is attributed to a sense of fulfillment working with multiple diverse patient populations.

An Interprofessional Approach to Caring for Military Veterans in the Community

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Abstract

Military veterans represent a unique and growing population within community healthcare settings, often presenting with complex physical, psychological, and social health needs. Many veterans experience chronic conditions such as post-traumatic stress disorder, mental health disorders, substance use disorders, traumatic brain injuries, chronic pain, and amputations. As increasing numbers of veterans seek care in civilian and community-based environments, they experience barriers to accessing coordinated care outside of the veteran affairs system. Nurses and other healthcare professionals must be prepared to deliver comprehensive, culturally competent, and collaborative care. This presentation describes an interprofessional approach to caring for military veterans in community settings, emphasizing the role of nursing within a collaborative healthcare team. Key components include understanding the unique needs of military veterans, recognizing service-related health conditions, addressing social determinants of health, and facilitating effective communication across disciplines. Strategies for integrating care among nurses, primary care providers, mental health professionals, social workers, and community resources will be explored. This session aims to equip nurses and interprofessional team members with the knowledge and tools necessary to provide holistic, patient-centered care to veterans in community settings.

Transforming Chronic Care: A Jordanian Perspective on Telehealth Workflows, Communication, and Delivery

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Abstract

Background: Telehealth has rapidly expanded, particularly in managing long-term illnesses; however, there has been insufficient research on how to sustain healthcare provider engagement over time, especially in resource-constrained settings like Jordan.

Aim: To examine how physicians and nurses in Jordan are sustained in engagement with telehealth for chronic illness care.

Methods: An exploratory qualitative design was utilized, involving semi-structured interviews with 34 healthcare personnel (21 physicians, 13 nurses) from three strategically chosen hospitals in Jordan. Thematic analysis was employed to discern major themes.

Results: Thematic analysis revealed "shifting workflows", "transforming communication", and "redefining delivery" as main topics. Telehealth implementation significantly restructured daily practices, enhanced coordination responsibilities, and altered professional identities. Improved access and new adaptive communication strategies were noted. Participants emphasized the need for systematic approaches, clinical appropriateness, and continued empowerment for telehealth implementation.

Implications: The findings highlight the need for Jordanian healthcare organizations to consider workflow integration, communication strategies, and organizational support when implementing telehealth. There needs to be a determination in determining staff capability and setting standards to ensure all requirements are met to guarantee effective telehealth implementation. Further research should explore the relationship between telehealth, healthcare delivery, patient outcomes, and health equity in Jordan and other similar regions.

The Future of Artificial Intelligence in Gerontological Nursing in Saudi Arabia

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Abstract

Background: As a part of vision 2030, Saudi Arabia initiated a health transformation program to enhance the quality and efficiency of healthcare services through digitizing the health sector and introducing various technological innovations.

Methods: A qualitative approach was used to explore the future of artificial intelligence (AI) of eight postgraduate students in the gerontological nursing program by investigating their perceptions, experiences, and challenges. The data was presented as key themes and subthemes using thematic analysis methods.

Results: The thematic analysis revealed the precise role of AI in gerontological nursing. While participants strongly believe that AI has the potential to improve patient care and nursing efficiency, they also expressed significant concerns regarding ethical implications.

Conclusions: The research highlights that AI is pivotal in developing healthcare solutions for older adults. By automating routine tasks and offering personalized medical and social interactions, AI can potentially transform gerontological nursing practices.

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