

9th Edition of

Nursing World Conference

27 28 29

October, 2025 | Orlando, Florida, USA

CE Accredited



Nursing Beyond Borders:
Global Perspectives and Practices

COME AND JOIN US IN
ORLANDO, USA OR VIRTUALLY

9th Edition of

Nursing World Conference

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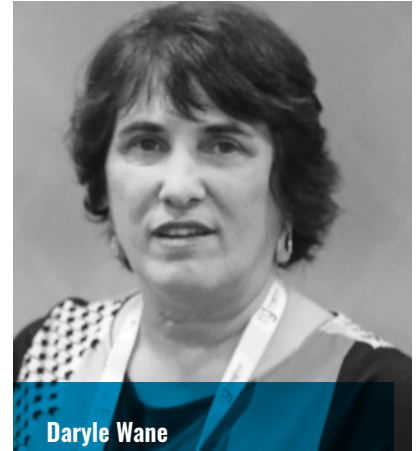
Adele Webb

Strategic Education, Inc., United States



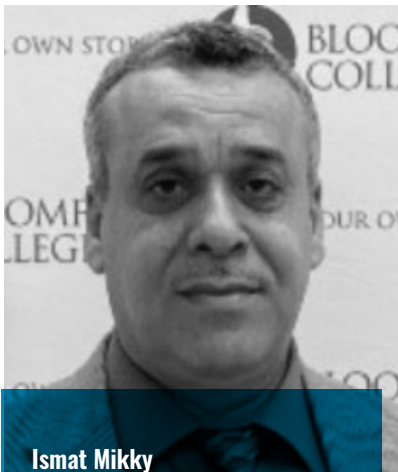
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Ingenovis Health, United States



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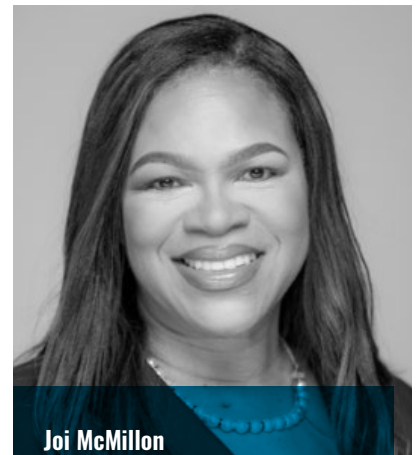
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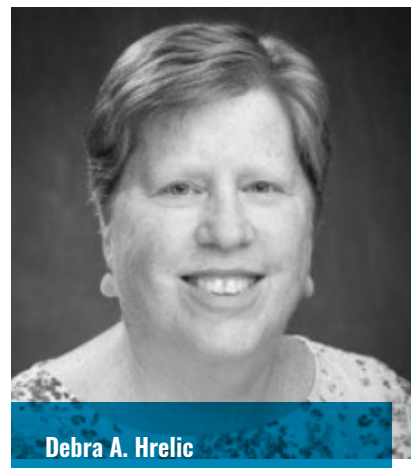
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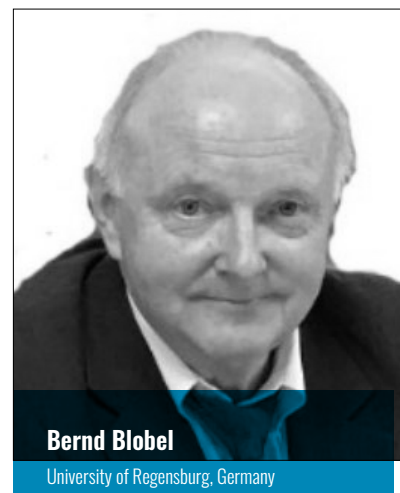
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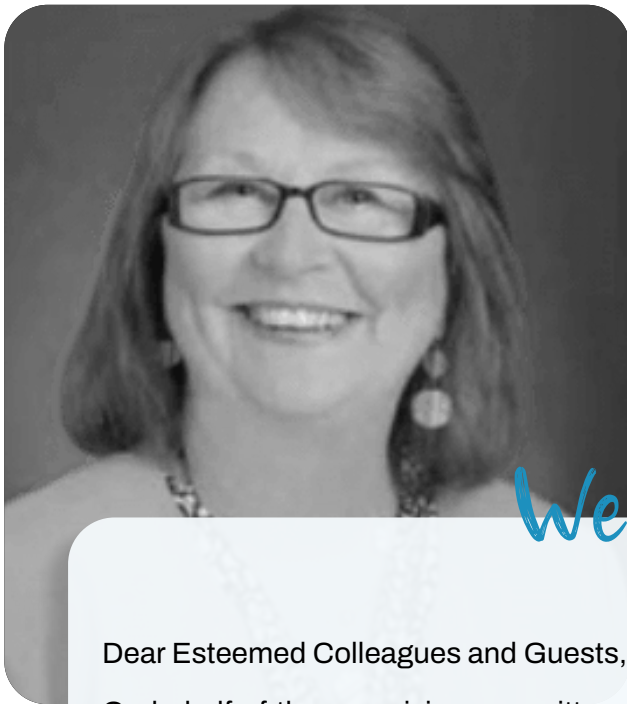
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University of North Carolina Wilmington,
United States

Keynote Speakers



Thank You
All...



Welcome Message

Dear Esteemed Colleagues and Guests,

On behalf of the organizing committee, it is our great pleasure to welcome you to the 9th Edition of the Nursing World Conference (NWC 2025), taking place from October 27 to 29, 2025, in beautiful Orlando, Florida, USA — with the added flexibility of hybrid participation to connect voices from around the globe.

This year, we come together under the inspiring theme:

Nursing Beyond Borders: Global Perspectives and Practices.

This theme reflects our shared mission to push the boundaries of nursing practice, research, and education across geographic, cultural, and clinical landscapes.

NWC 2025 stands as a premier international forum for nursing professionals, healthcare leaders, researchers, educators, and policy makers. Over three dynamic days, the conference will spotlight cutting-edge innovations and foster meaningful dialogue across a wide array of topics — including Nursing Informatics, Public Health Nursing, Mental Health Nursing, and specialized care fields such as Clinical Nursing, Cardiac Care, Oncology, and Pediatrics.

We are especially proud to address the evolving roles of nurses in disease prevention, global health emergencies, and the advancement of Evidence-Based Practice. Sessions will also delve into emerging trends in Holistic Nursing, Rehabilitation, and Occupational Health.

Whether you're joining us in-person or virtually, we invite you to engage fully — connect with peers, exchange knowledge, and contribute to the vibrant dialogue that drives our profession forward.

We thank you for your participation and look forward to welcoming you to a truly enriching experience at NWC 2025.

Adele Webb, PhD, RN, FNAP, FAAN
Executive Dean of Healthcare Initiatives
Strategic Education, Inc., United States



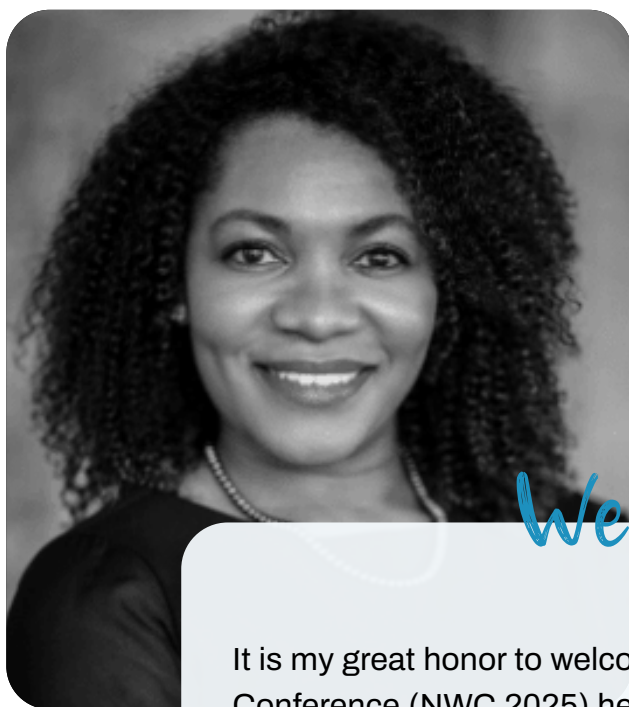
Welcome Message

I am honoured to be speaking at the 2025 Nursing World Conference in Orlando. The theme of this year's conference focuses on: *Nursing Beyond Borders: Global Perspectives and Practices* and will be presented as a hybrid experience. My background in professional nursing practice is now in its 45th year and I look forward towards incorporating methods/modalities to increase learning engagement among students and peers while continuing to build on research and knowledge as a base of inquiry. As we continue to practice and incorporate our experience in the context of evidence-based practice, let us work together to improve professional nursing practice.

All of us on the Organizing Committee are looking forward to meeting you in and developing collaborative partnerships. I wish you an enjoyable and productive conference. I trust and hope that you can connect with your colleagues during this multi-dimensional conference, with both virtual and/or face-to-face interactions.

We are enthusiastic about your attendance and participation. Enjoy the conference!

Daryle Wane, Ph.D., APRN-BC, FNP
Nurse Consultant-Florida, United States



Welcome Message

It is my great honor to welcome you to the 9th Edition of the Nursing World Conference (NWC 2025) here in Orlando, Florida, and to extend greetings to those joining virtually from around the globe. I want to thank the Magnus Group for organizing such a well-planned and meaningful event.

This year's theme, *Nursing Beyond Borders: Global Perspectives and Practices*, reflects the heart of our profession—breaking barriers, building bridges, and expanding our impact across communities and countries. Whether we are exploring innovations in nursing informatics, strengthening our response to global health emergencies, or advancing evidence-based practice in areas like mental health, oncology, pediatrics, or cardiac care, the opportunities here to learn, connect, and grow are boundless.

NWC 2025 offers a premier platform for collaboration among nurses, researchers, healthcare professionals, and policymakers. I encourage you to take full advantage of the sessions, workshops, and networking opportunities, and to embrace this unique chance to both share your expertise and be inspired by the work of others.

As we come together—both in person and virtually—let us celebrate the resilience and ingenuity of our profession. I hope you enjoy your time in Florida, and I look forward to the rich dialogue and discoveries that will emerge over these next few days.

Robin Adams Geiger
Ingenovis Health, United States



ABOUT MAGNUS GROUP

Magnus Group, a distinguished scientific event organizer, has been at the forefront of fostering knowledge exchange and collaboration since its inception in 2015. With a steadfast commitment to the ethos of Share, receive, grow, Magnus Group has successfully organized over 200 conferences spanning diverse fields, including Healthcare, Medical, Pharmaceuticals, Chemistry, Nursing, Agriculture, and Plant Sciences.

The core philosophy of Magnus Group revolves around creating dynamic platforms that facilitate the exchange of cutting-edge research, insights, and innovations within the global scientific community. By bringing together experts, scholars, and professionals from various disciplines, Magnus Group cultivates an environment conducive to intellectual discourse, networking, and interdisciplinary collaboration.

Magnus Group's unwavering dedication to organizing impactful scientific events has positioned it as a key player in the global scientific community. By adhering to the motto of Share, receive, grow, Magnus Group continues to contribute significantly to the advancement of knowledge and the development of innovative solutions in various scientific domains.



ABOUT NWC 2025

Welcome to the **9th Edition of the Nursing World Conference (NWC 2025)**, set to take place in **Orlando, Florida, USA**, and **virtually from October 27–29, 2025**. This year, the conference revolves around the theme ***Nursing Beyond Borders: Global Perspectives and Practices***. Designed to foster learning and collaboration, the program includes keynote lectures, thought-provoking sessions, poster displays, and interactive forums.

Within this abstract book, you will discover a wide spectrum of research and perspectives that highlight the evolving role of nursing across clinical practice, education, leadership, and policy. The work presented here reflects the dedication of professionals who are shaping healthcare systems and improving patient outcomes worldwide.

Whether joining us on-site or online, you will find opportunities to connect, exchange knowledge, and contribute to conversations that will influence the future of nursing. We look forward to your participation in this enriching experience and to the meaningful insights you will share with the global nursing community.

A black and white photograph of a large audience seated in a conference hall, facing a stage where a speaker is visible. The image is partially obscured by a white diagonal shape on the left and a blue geometric shape on the right.

ABOUT CE Accreditation



The Continuing Education (CE) credits available at NWC 2025 hold significant value for participants, recognizing and affirming their dedication to continuous learning and professional growth. Earning CE credits brings numerous advantages, such as advancing one's career, upholding professional credentials, expanding knowledge base, and fostering networking opportunities.

By attending NWC 2025 and acquiring CE credits, individuals showcase their commitment to ongoing education, elevate their professional standing, and open doors to career progression. Moreover, meeting a minimum CE credit requirement is often obligatory for maintaining certifications or licenses in various fields.

The NWC 2025 Conference not only offers ample networking chances with peers and experts but also facilitates the expansion of professional connections and the cultivation of potential collaborations. Notably, each attendee will receive a total of 30 CE credits at the conference.

This Nursing Continuing Professional Development Activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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Adele Webb PhD, RN, FNAP, FAAN

Executive Dean of Healthcare Initiatives,
Strategic Education, Inc., Minneapolis,
Minnesota, USA

Overview of AI in nursing

Augmented Intelligence (AI) is poised to revolutionize the future of healthcare by enhancing the capabilities of medical professionals. Unlike artificial intelligence, which aims to replace human intervention, augmented intelligence serves to complement and amplify human decision-making. By leveraging data analytics, machine learning, and natural language processing, AI can provide healthcare practitioners with real-time insights, leading to more accurate diagnoses, personalized treatment plans, and improved patient outcomes.

In the future, AI will streamline clinical workflows, reducing administrative burdens and allowing healthcare professionals to focus more on patient care. Predictive analytics powered by AI will enhance preventive care, identifying at-risk patients and recommending early interventions. Furthermore, AI-driven decision support systems will aid in evidence-based medicine, ensuring that patients receive the most up-to-date and effective treatments.

Additionally, AI will empower patients through remote monitoring and telehealth, facilitating a shift toward value-based care. The integration of augmented intelligence in healthcare will foster a more proactive, efficient, and patient-centered approach. However, its success will depend on addressing challenges related to data privacy, security, and ethical considerations. Ultimately, augmented intelligence promises a future where healthcare is not only more intelligent but also more compassionate and responsive.



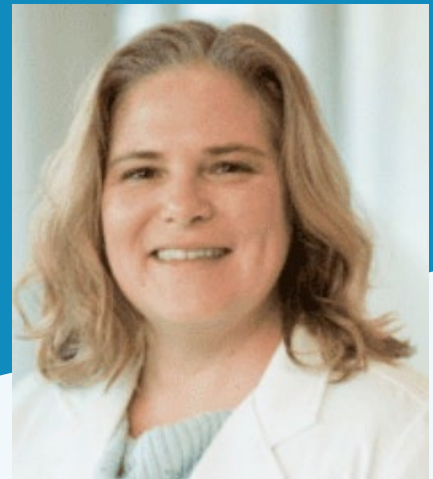
Adele began her nursing career in NICU, then transitioned to the ED. In 1990, Adele began focusing on HIV. Over the last 34 years, her focus has been nurse capacity building for communicable/non-communicable diseases. She has contributed to WHO guidelines and testified to the Institute of Medicine and the White House. Adele has received the Association of Nurses in AIDS Care Lifetime Achievement Award and the Nicholas Andrew Cummings award for Excellence in Interprofessional Practice. Adele is an ICN Global Health Fellow, a Fellow in the National Academies of Practice and a Fellow in the American Academy of Nursing.

Biography

Amanda F. Freedman^{1*} MSN, RNC-OB, APRN, ACNS-BC; Joel Freedman^{2*}

¹Clinical Nursing Resource Services, WakeMed Health & Hospitals, Raleigh, North Carolina, United States

²Quality Control Analyst with North Carolina State Treasurer's Office, USA



Amanda Freedman is a dedicated professional with a 28-year career in obstetrics, including 19 years as a perinatal Clinical Nurse Specialist. She has shared her expertise at numerous conferences and was recognized as one of the Great 100 Nurses of North Carolina in 2010. As North Carolina president for both OB and CNS organizations, Amanda revitalized both groups and led record-high conference attendance. Her professional passion lies in improving patient care and reducing clinical staff workloads. Today, Amanda is here as a family member presenting with her husband, Joel.

Navigating TBI together: A couple's story for healthcare professionals

This lecture highlights the shared journey of resilience and victory as a couple faces the unique challenges posed by Traumatic Brain Injury (TBI). It describes the emotional, practical, and positive aspects a loved one experiences while living with someone with TBI. The presentation provides insights into how healthcare staff can support patients with TBI and their loved ones. Featuring a husband-and-wife team, the lecture offers valuable lessons from their life together, including overcoming challenges, managing word-finding difficulties, and providing hope from the lived experiences of a TBI patient 27 years after the incident.



Joel Freedman has enjoyed his 23-year career in state government, excelling as a Retirement Specialist and now as a Quality Control Analyst. His dedication and attention to detail have earned him several promotions and recognitions. Twenty-seven years ago, Joel experienced a traumatic brain injury in college, spending an extensive period at WakeMed. Though his recovery took years, he truly believes this experience shaped him into a better man. Although new to presenting to large groups, Joel's resilience, and commitment to just living life makes him a remarkable person. Amanda and Joel are celebrating 7 years of marriage this year and truly cherish their lives together. They have an incredible story.

Biography

Bethanne Schott BSN, RN-BC

WellSpan York Hospital, York, Pennsylvania,
United States

Nursing practice beyond medication: Listening to music and anxiety management in the hospital setting

Background: Anxiolytic medications are commonly used to manage anxiety in hospitals. Research shows that alternatives like music listening could have positive effects on anxiety. Using alternative therapy like listening to music to reduce anxiety instead of medications is a simple and cost-effective treatment. In one medical-surgical unit nearly 20% of trauma patients took at least one dose of an anxiolytic medication during September 2024.

Practice Question: In hospitalized non-ICU adult patients how does listening to music affect patient anxiety?

EBP Model: Johns Hopkins Model. A search of PubMed, Google Scholar, and Ovid was completed using the keywords of trauma patients, anxiety or anxious, alternative therapies or CAM, non-pharmacological interventions. Seven research articles (2019-2024) answer the question, containing strong and compelling evidence.

Evidence Synthesis: Research examining the effects of listening to music on anxiety in hospitalized patients consistently shows that music interventions can significantly reduce anxiety. Multiple studies have compared intervention groups (those listening to music) with control groups (no music), demonstrating statistically significant decreases in anxiety levels. The types of music and the specifics of the interventions varied across studies, with consistent results, suggesting that music can be an effective method for anxiety reduction in hospital settings. Results were consistent among all ages and genders. One study showed progressive reduction in anxiety with



Bethanne has worked for WellSpan Health System for 27 years and has worked on the trauma/neuro floor for most of that time. She earned a Diploma in Nursing from Lancaster Institute for Health Education in 2004 and graduated with honors from Chamberlain College of Nursing earning a Bachelor of Science in Nursing in 2014. Bethanne has been an influential leader on her unit and within the system serving on the unit Leadership Committee and System Professional Development Council, serving as the council chair. She earned the coveted Glenn and Dorothy Stafford Excellence in Nursing Professional Practice Award.

multiple intervention sessions.

Practice Recommendations: Research strongly supports the timeless nursing intervention of listening to music to decrease anxiety. Although none of the studies measured anxiolytic medication use, future studies are recommended to assess using music to reduce anxiety compared to medication use.

Practice Changes Planned: A future pilot (Feb 2025) is planned on the unit with patients under the trauma service. Upon admission, nurses will inform patients of the listening to music pilot. Music and anxiolytic medication use will be measured.

Biography

Cheryl Slaughter-Smith Monfee Ph.D., R.N

Professor of Nursing Arkansas Tech University
Russellville, Arkansas, USA

Exploring stress and coping strategies in BSN students: A secondary analysis of a pilot study

Introduction: Nursing school is stressful mentally and physically due to the fast-paced and emotional nature of the field (Kumar, 2020, p. 1). Research shows that healthy stress coping is crucial to gaining knowledge and maximizing productivity (Chaabane, 2021).

Purpose: The purpose of this study was to explore students' perceptions of stress during undergraduate nursing school and identify which coping style, emotional or problem management, they utilized the most. A secondary analysis of the data is aimed at identifying the most common coping mechanisms used by student according to gender and stress level identified.

Research questions: This secondary analysis is aimed to answer the following research questions:

1. What are the most common coping methods, emotion focused or problem focused, used by male students enrolled in a BSN nursing program as compared to females?
2. What are the most common coping methods used by students who report lower levels of stress (1-2) as compared to students who report higher levels of stress (4 or 5)?

Methods: After IRB approval, a descriptive cross-sectional survey research design was used to gain information from nursing students enrolled in one local



Cheryl Slaughter-Smith Monfee PhD, RN is a tenured Professor of Nursing at Arkansas Tech University faculty, entering her 34th year in academia this fall. She completed her undergraduate work at the University of South Alabama, her Master of Science in Nursing from the University of Southern Mississippi and her PhD at The University of Arkansas for Medical Sciences. Her research interests related to stress and coping have been explored within a variety of populations and published in Nurse Educator, The Journal of Pediatric Nursing and The Journal of Addictions Nursing. In addition to teaching, Dr. Monfee serves as President of Omega Iota Chapter of SIGMA, and Regional Director for Arkansas Nurses Association.

university. Participants completed a demographic questionnaire identifying the level of nursing in which they were enrolled, gender, and perceived level of stress and the academic stress coping style inventory.

Results: A total of 117 students (N=117) of the 150 students enrolled in the local university BSN program participated in the study, a 78% participation. The subjects were both male (n=19) and female (n=98). The most used coping strategies among all levels of nursing students were emotion focused coping strategies. A small number of problem-focused coping strategies were also identified. Data analysis comparing coping strategies used by students based on the perceived stress level is still in progress.

Study Limitations: This study was conducted in a local university with a small sample of convenience hence findings are not generalizable. Students from each level in the BSN program participated in the study.

Discussion/Implications for Practice/Future Research: The most common coping strategies used by the male cohort in this study were similar to those identified by the larger sample. The findings from his study support the findings from an earlier study conducted by Valdez Lopez (2022), nursing students most commonly used active emotional coping (60.4%) and problem solving (37.2%). Active emotional coping was identified as the primary coping strategy.

Educating students on active problem focused coping and active emotion coping skills is needed before entering the nursing program. How to do this is the question. A longitudinal study following a single cohort from entry to graduation, to assess stress and coping within the nursing program is in progress. According to Timmins & Kalizar (2002), nurse educators need to educate students on positive coping strategies, ensure adequate support structures for clinical areas, availability of student counseling activities, and preceptorship programs.

Biography

Daryle Wane PhD., APRN, FNP-BC

Nurse Consultant Pasco-Hernando State
College, Florida–Retired, USA

Charting in the clinical setting: SOAP, COWs, AI & beyond!

We will explore the transition of charting in the clinical setting focusing on pre technology (Narrative+SOAP), emerging technology (COWs) and future technology (AI) 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.



Dr. Wane has a PhD in Nursing Science as well as a master's degree from University of South Florida and is a Board-Certified Family Nurse Practitioner. She also has undergraduate degrees in Nutrition and Nursing from Brooklyn College and Downstate Medical Center College of Nursing. After 32 years, Dr. Wane has retired from PHSC and now is focused on the role of Nurse Consultant. She has published numerous supplements in textbooks as well as journal articles, continues to serve as an editorial board member and peer reviewer for several journal publications. She is also a member of Sigma Theta Tau Nursing Honor society and a CCNE site evaluator.

Biography

Mr. David John Wortley FRSA

International Society of Digital Medicine, ISDM,
Alderton, UK

The impact of digital innovation and lifestyle medicine on nursing roles and practices

The convergence of digital innovation and lifestyle medicine is rapidly reshaping nursing roles, offering unprecedented opportunities to enhance patient care, professional practice, and healthcare outcomes. This paper explores how emerging technologies—including wearable devices, mobile health apps, telemedicine, and AI-driven analytics—are transforming the landscape of nursing by enabling more proactive, personalized, and preventive approaches to health management. Simultaneously, the growth of lifestyle medicine, with its focus on evidence-based interventions targeting nutrition, physical activity, stress management, sleep, social connection, and substance avoidance, aligns closely with nursing's holistic ethos and patient advocacy traditions.

Drawing on current research, case studies, and practical examples, this presentation highlights how nurses are increasingly positioned as key facilitators in integrating digital tools and lifestyle interventions into routine care. These innovations empower nurses to lead on health promotion, chronic disease management, and patient education, while also driving new competencies in data interpretation, behaviour change coaching, and interdisciplinary collaboration.

The session will address both opportunities and challenges, including the need for updated training, ethical considerations around data privacy, and the risk of widening health inequalities through digital exclusion. Ultimately, this paper argues that embracing digital innovation and lifestyle medicine will expand nursing's



David Wortley is a Fellow of the Royal Society of Arts, a futurologist and a thought-leader on disruptive technologies such as Artificial Intelligence and the Metaverse. He is a motivational speaker and professional member of the Professional Speaking Association. He has been a keynote speaker at over 100 international conferences over the last 20 years. He is a Vice President of the International Society for Digital Medicine and a respected expert in digital therapeutics and lifestyle medicine. He is also a non-Executive Director of the World Lifestyle Medicine Education Services (WLMES).

impact, offering a pathway to more sustainable, equitable, and patient-centered healthcare.

This topic will be of particular relevance to nurse leaders, educators, and clinicians seeking to future-proof their practice in alignment with global healthcare trends.

Biography

Debra A Hrelc

University of North Carolina Wilmington, United States

Stress, change, and peer-to-peer advice: A qualitative exploration of nursing faculty experiences

The achievement of faculty is crucial for both higher education enrollment and the fulfillment of national workforce needs in nursing. Educational institutions are facing mounting pressure to attract students to their nursing programs and produce competent nurses who are prepared for the job market. Educator stress, burn-out and fatigue greatly affect faculty success and retention. The purpose of this research was to increase understanding of the lived experiences of educators and identify tangible strategies to help them thrive in higher education. nursing A shortage of nursing faculty in colleges and universities presents a significant challenge in meeting this goal. This shortage limits enrollment in nursing programs and is perpetuated by various challenges such as increasing workloads, pay disparities, and staffing shortfalls within academia. These challenges create a stark contrast to the goals of nursing faculty for academic excellence and quality student outcomes.

This study sought to examine the experiences of nursing faculty, with the aim of providing insights that could help educational institutions recruit and retain highly skilled educators, support the success of nurse educators in their roles, and ultimately meet the demand for an increased number of nursing graduates. The study gathered detailed accounts of nursing faculty experiences, challenges they face, changes in teaching practices, and coping advice for the demands of their challenging jobs. Throughout the study, the research team utilized specific research questions to guide their inquiry and analysis.



Dr. Debra A. Hrelc is a Clinical Associate Professor from the University of North Carolina Wilmington, in the United States. She has been a Nurse Educator at the baccalaureate and graduate levels for approximately 40 years. Dr. Hrelc is a well-respected nurse researcher whose research focus is success in education and has included such areas as: student success, student engagement, effects of stress on success, as well as faculty success and stressors. She has presented her research regionally, nationally, and internationally, and is widely published in peer-reviewed academic journals.

The research questions utilized in this research were:

1. **RQ1:** How are nursing faculty experiencing stress?
2. **RQ2:** How have Nursing faculty changed their pedagogical practices including teaching, supervision, advising, and mentoring students?
3. **RQ3:** What advice do current nursing faculty have for new faculty regarding self-compassion, stress, and self-care?

Using an online open-ended cross-sectional survey and content analysis, this study explored qualitative data regarding nursing faculty experiences of stress, changes in their profession, and peer-to-peer faculty advice. Findings from 113 participants highlight recommendations from and for educators including pedagogical approaches as well as insights on compassion, compassion-fatigue, and self-compassion. Educator experiences are shared with the hope that faculty will use peer guidance to reflect on their own activities, make enhancements, and enact change.

This qualitative research examines the experiences of nursing faculty who are currently dealing with increased stress levels and navigating multiple workplace changes. By inviting nurse educators to share their own insights and wisdom, the study aims to view them as experts on their own experiences. The recommendations offered by nurse educators are perceptive and heartfelt. The study also highlights the importance of addressing nurse educator needs for compassion and concerns regarding compassion fatigue, while emphasizing the need for enhanced self-compassion in this challenging profession.

Understanding the experiences of nursing faculty will:

- Help educational institutions identify the needs of nursing faculty, and in doing so, recruit and retain more highly needed nursing faculty in colleges & universities.
- Identify ways in which nursing faculty are currently experiencing heightened levels of stress in the workplace, reducing retention of highly qualified faculty.
- Highlight the insights aligned with faculty's needs for compassion, concerns re: compassion-fatigue, & calls for enhanced self-compassion.
- Assist educators, administrators, campus stakeholders, and clinical placements to use this information to better support nursing faculty & enact change.

Prof. Dr. Habil Bernd Blobel FACMI, FACHI, FHL7, FEFMI, FIAHSI

¹Medical Faculty, University of Regensburg, Regensburg, Bavaria, Germany

²First Medical Faculty, Charles University Prague, Staré Město, Czech Republic

³Faculty European Campus Rottal-Inn, Deggendorf Institute of Technology, Deggendorf, Bavaria, Germany

Managing the transformation towards intelligent and ethical health and social care ecosystems

Healthcare systems around the world are undergoing an organizational, methodological and technological transformation towards Personalized, Preventive, Predictive, Participative Precision (5P) medicine ecosystems. These ecosystems consider individual health status, conditions, genetic and genomic dispositions in personal social, occupational, environmental, and behavioral contexts. For designing and managing the resulting highly interdisciplinary, complex, distributed and dynamic ecosystem, we must formally and consistently represent the system and its components at necessary granularity levels from the perspective of all actors including the subject of care. As those actors from different domains have different education, skills, and experiences, using different methodologies, languages and terminologies, communication and cooperation, i.e. interoperability, must advance from the data level (data sharing) to the knowledge level (knowledge sharing). To understand the business system, it must formally represent each considered use case structurally and functionally. Therefore, the design, implementation and management of intelligent and ethical transformed ecosystems must be realized, using a system-theoretical,

Biography



Dr. Bernd Blobel studied Mathematics, Technical Cybernetics and Electronics, Bio-Cybernetics, Physics, Medicine and Informatics at the University of Magdeburg and other universities in the former GDR. He received his PhD in Physics with a neurophysiological study. Furthermore, he performed the Habilitation (qualification as university professor) in Medicine and in Informatics. He was Head of the Institute for Biometrics and Medical Informatics at the University of Magdeburg, thereafter Head of the Health Telematics Project Group at the Fraunhofer IIS in Erlangen. Thereafter, and then Head of the German National eHealth Competence Center at the University of Regensburg as well as Head of the globally unique International Interdisciplinary PhD and PostDoc College. He published more than 600 paper and authored/edited more than 60 books.

architecture-centered, ontology-based and policy-driven approach, developed by the author over the last 30 years. The related model and framework has been meanwhile standardized as the ISO 23903 Interoperability and Integration Reference Architecture, defined as mandatory for any specification or project at ISO, CEN, IEEE, OMG, etc., addressing more than one domain. Thereby, it manages also security, privacy and trust in detail. The Keynote introduces necessary standards and methodologies for designing and managing 5P medicine ecosystems as well as practical examples.

Biography

Ismat Mikky* BSN, MSN, PhD, RN, Bedh I, Muchotrigo N

FRANCES M. McLAUGHLIN DIVISION OF NURSING Bloomfield College of Montclair State University (BCMSU) Bloomfield- New Jersey- USA

The relationship between empowerment and quality of life (QoL) in clients with chronic health conditions

Purpose: This study focuses on the correlation between clients' empowerment and quality of life. The purpose of this study is to determine whether higher levels of empowerment in clients with chronic health conditions are associated with better quality of life and improved health outcomes.

Objective: Chronic health conditions; such as diabetes, chronic kidney disease, and cardiovascular disease, affect millions of individuals and significantly impact their quality of life (QoL). Empowerment—a person's sense of control and involvement in managing their health—has been identified as a key factor in improving health outcomes and reducing healthcare burdens. Empowered clients are more likely to engage in self-care, follow treatment plans, and experience improved physical and emotional well-being. The relevant review of literature revealed a paucity of research studies focused on examining the correlation between the empowerment construct and QoL among clients with chronic health conditions.

Sample: This study was conducted by senior nursing graduates as part of a capstone project at Bloomfield College of Montclair State University. Participants were recruited from northeastern New Jersey, United States, particularly from hospitals, long-term care facilities, and online chronic illness support groups. Recruitment



Dr. Mikky received his doctoral degree in nursing from the University of Connecticut (UCONN) in 2006. His Master degree in Nursing Education from the University of Hartford was funded by the Fulbright scholarship. He had completed special studies in cardiovascular nursing at Emory University and the program was funded by the United States Information Agency (USIA). Over the past 29 years of experience, since he had earned his BSN degree from Bethlehem University (Palestine) in 1991, he had assumed different nursing positions in various clinical and academic institutions; nationally and internationally. Dr. Mikky was granted Tenure at a full professor rank according to Montclair State University's (MSU) tenure and promotion criteria effective September 2025. He received the Carolyn Ladd Widmer Research Award in acknowledgement of excellence in 2006. His areas of expertise include: nursing education, adult health nursing, cardiovascular nursing, and long-term care. The area of his research interest is focused on the construct of Empowerment in Nursing. Dr. Mikky developed the Client Empowerment Scale-CES to assess the empowerment level in

materials, such as flyers and online posts, were distributed with a permission from support group administrators and facility managers.

This study included adults aged 18 years or older and who have been diagnosed with one or more chronic health conditions. However, the exclusion criteria included adults with: 1) developmental disabilities, 2) active substance use disorders, 3) speech impairments, and 4) life expectancy of less than six months.

The study sample consists of 135 participants recruited from hospitals, nursing homes, and online support groups in New Jersey.

Methods: This study utilized a mixed methodology (triangulation) in which quantitative data and qualitative data have been collected. The quantitative data was collected using the Client Empowerment Scale (CES) and the WHO-5 (World Health Organization) Well-Being Index. The CES consists of 44- items developed to measure clients' perceptions of empowerment. The 5-items WHO Well-Being Index (WHO-5) used to assess participants' personal perceptions of well-being. The quantitative data was analyzed using the most recent version of the SPSS program. The participants' responses to open-ended questions was collected as qualitative data; which has been analyzed using Colaizzi's thematic analysis approach.

Results: After data cleaning, the sample included 59 participants, primarily females ($n = 39$, 67.2%). Most participants were aged 30–49 years ($n=23$, 39%), followed by 18–29 years ($n=17$, 28.8%), 50–64 years ($n=14$, 23.7%), and 65+ years ($n=5$, 8.5%). Participants identified primarily as Hispanic/Latino ($n=26$, 46.4%), followed by White ($n=18$, 32.1%), Asian ($n=8$, 14.3%), Black ($n=3$, 5.4%), and Middle Eastern ($n=1$, 1.8%). Educational backgrounds varied: college degree ($n=21$, 35.6%), some college ($n=14$, 23.7%), high school/GED ($n=11$, 18.6%), and master's or doctoral degree ($n=10$, 16.9%). Most participants were employed full-time ($n=40$, 69%). Reported annual income levels included over \$60,000 ($n=23$, 40.4%), \$20,000–\$39,999 ($n=11$, 19.3%),

clients with different chronic health conditions. His studies have been cited in four professional journals (I. Mikky_Citation in BJSW_3.2021, I. Mikky_Citation in BMC Health Services Research_2017, I. Mikky et.al. Citation in J Nurs Meas_2011, Dr. Mikky_CES_Dissertation_2006). His scholarly work includes: conference presentations, research studies published in nursing journals, and three chapters in a handbook on transcultural nursing. Dr. Mikky has been employed as a nursing professor at Bloomfield College of Montclair State University since 2009. He has been appointed as the chairperson of the aforementioned program from July 2021-July 2023. He reviews manuscripts for four nursing Journals: Journal of Nursing Measurement, International Journal of Nursing Studies, Geriatric Nursing, International Journals of Health Planning and Management. In 2024, he participated in two international nursing conferences as a keynote speaker: Bethlehem University International Nursing Conference (May 27, 2024), 4th Edition of the Singapore Nursing Research Conference (March 21-23, 2024), 5th Edition of the Singapore Nursing Research Conference (March 24-26, 2025), and will present as a keynote speaker at the 6th Edition of the Singapore Nursing Research Conference (March 19-21, 2026).

\$40,000–\$59,999 (n=10, 17.5%), and under \$5,000 (n=5, 8.8%). Physicians (n=43, 72.9%) were the most commonly reported primary care providers, followed by nurse practitioners (n=13, 22%). The most frequently reported chronic conditions were comorbidities (n=16, 35.6%), psychiatric disorders (n=9, 20%), and heart disease (n=7, 15.6%). Use of online support groups varied: rarely (n=33, 57.9%), never (n=13, 22.8%), and daily (n=10, 17.5%).

After careful analysis of the qualitative responses using Colaizzi's method, three major themes emerged: Support, Client Control, and The Paradox of Empowerment and Quality of Life. These themes reflect the emotional, relational, and behavioral aspects of empowerment experienced by individuals managing chronic conditions.

Conclusion: This study investigated the relationship between empowerment and quality of life (QoL) in individuals with chronic health conditions. While empowerment is generally seen as a positive factor in healthcare, this study found a significant negative correlation between empowerment and QoL. Participants who reported higher levels of empowerment also reported lower perceived QoL, suggesting a complex dynamic between control and emotional well-being.

Joi A. McMillon BSN, MBA HA, CRRN, WCC, CIC, CJCP, HACF-CMS

J.A.D Infection Control Experts, Miami, Florida
U.S.A

The challenge of post-acute compliance with infection prevention and control

The post-acute nursing world presents many challenges for the prevention of healthcare acquired infections. CMS has minimum requirements of only 20 hours per week dedicated to infection prevention and control no matter the size and capacity of the building. Many of the infection preventionists do not have the proper training and experience and wear many hats. Most function as the assistant director of nursing and staff development coordinator. Depending on the competing priorities in the facility, proper infection prevention often takes a backseat to patient issues, complaints and regulatory survey issues. This leaves the facility at a greater risk for outbreaks and extended length of stay for patients. It is important to use a proactive approach to infection prevention and control and it requires proper surveillance of compliance with evidence-based practices, as well as role specific education in infection prevention and control. To effectively manage infection prevention and control the infection preventionist must have the time to complete the risk assessments, root cause analysis, construction risk assessments and monitoring of compliance. Proper infection prevention does not fall solely on the clinical departments such as nursing. Infection prevention and control is the responsibility of everyone in the healthcare facility. J.A.D. Infection Control Experts has developed a way to proactively address these issues and develop a tailored blueprint for success.

Biography



Joi McMillon has been nursing for over 31 years. In her 31 years in nursing, leading organizations to clinical excellence by using her passion by applying evidence-based practices and continuous improvement strategies. She has thirty years of experience in infection control and regulatory compliance. She is passionate about speaking to healthcare industry leaders about leading with compassion and accountability, infection prevention and control strategies, and best practices. She engages in strategic planning events and leadership development. CEO of J.A.D. Infection Control Experts a trusted name in the industry, bringing the latest research and best practices directly to their clients.

Biography

Dr. Jolene Carlton DNP, APRN, CPNP-PC/AC, RNC-NIC

Nemours Children's Health, Lakeland, Florida, USA

Transformative effects of in-situ simulation on nursing skill acquisition

Respiratory distress remains a leading cause of infant morbidity and mortality, particularly during the first 28 days of life, the most vulnerable period for newborns. Timely recognition and effective intervention are essential, yet many practicing nurses lack ongoing, hands-on training to manage these emergencies confidently. While simulation is a proven tool in academic settings, its integration into continuing education for clinical nurses is limited. This quality improvement project evaluated the impact of in situ simulation on nursing knowledge, skill and confidence in identifying and managing respiratory distress in newborns. Practicing nurses from a maternal-newborn care unit, ranging from novice to expert, participated in realistic, high fidelity simulations conducted in their actual clinical environment.

Assessments were completed before and after the simulation experience to measure changes in competency. Results showed statistically and clinically significant improvements across skill levels. Participants demonstrated increased accuracy in recognizing respiratory distress and improved execution of resuscitative steps with positive pressure ventilation. Nurses reported enhanced preparedness for real-world emergencies. These gains were seen across all levels of nursing experience.

Participants valued the opportunity to practice in a realistic setting, emphasizing that the in situ format strengthened both clinical judgment and team communication. This



Dr. Carlton is a dual board certified Acute and Primary Care Pediatric Nurse Practitioner with nearly 30 years healthcare experience and nine years as a Pediatric Nurse Practitioner. She earned her DNP in Executive Healthcare and a Post Masters Certificate in Nursing Education from Johns Hopkins University in 2023. She obtained her Acute Care Pediatric Nurse Practitioner from Johns Hopkins in 2019 and her Masters Degree in Nursing as a Primary Care Pediatric NP from the University of Virginia in 2016. She is an active member of NAPNAP and recently completed an evidenced based project supported by a CDC grant on emerging health threats for newborns and infants. She has authored and developed educational podcasts for TeamPeds Talks and Clerkship Ready Pediatrics. She also serves as a section editor for the upcoming 2nd Edition of the AACN Pediatric Procedure Manual set to be published this year.

initiative supports the integration of simulation into routine clinical training offering a practical, effective strategy for improving care delivery. The findings underscore the importance of continuing education that happens in real clinical environments. In situ simulation can play a critical role in elevating nursing competency, promoting patient safety and ultimately improving outcomes for newborns experiencing respiratory distress.

Biography

Maureen Kroning EdD RN

School of Nursing & Allied Health, SUNY Empire State University, Saratoga Springs, NY, USA

Pathway-aligned degrees: A strategic solution to the global nursing shortage

The global healthcare system is facing a critical workforce shortage, with the U.S. projected to lack up to 3.2 million healthcare workers by 2026. The nursing profession is at the center of this crisis, with New York State expected to face a shortfall of nearly 40,000 nurses by 2030. A significant barrier to addressing this shortage is the lack of nurse educators, which limits the number of students that nursing programs can enroll. To combat this challenge, innovative educational solutions are necessary to create a sustainable pipeline of qualified healthcare professionals.

This presentation explores pathway-aligned early credit sequences, a strategic model designed to establish seamless educational pathways from high school to nursing and other healthcare degrees. By integrating early college credit, microcredentials, and Credit for Prior Learning (CPL), this approach provides students with opportunities to gain academic credit for prior work experience, accelerating degree completion while reducing financial burdens. The model supports non-traditional students, working professionals, and underrepresented groups, expanding access to nursing education and ensuring a more diverse and culturally competent healthcare workforce.

As New York State's first and only public online university, SUNY Empire State University is uniquely positioned to lead this initiative, emphasizing access, diversity, equity, inclusion, and innovation in healthcare education. With an extensive presence across the U.S. and internationally, SUNY Empire fosters flexible learning environments that accommodate students balancing education with work



Dr. Maureen Kroning earned her BSN from New Paltz, NY, in 1993, followed by an MSN and EdD from Walden University in 2007 and 2013, respectively. She has held leadership roles in nursing education, including Dean at SUNY Rockland and Interim Dean at Empire State University. Dr. Kroning has spearheaded nursing workforce development, healthcare program expansion, and grant acquisitions. She has published extensively on healthcare education and issues and trends in nursing and serves on various healthcare task work forces to address the healthcare workforce shortage. A recognized speaker and academic leader, she remains committed to addressing healthcare challenges through strategic partnerships and innovation in nursing education.

and personal responsibilities.

Key topics discussed in this presentation include the nursing workforce crisis and faculty shortages, the role of diversity and equity in nursing education, the benefits of stackable microcredentials and early credit, and the global reach of SUNY Empire's workforce development initiatives. Additionally, the session will advocate for policy changes and institutional investments to expand access to structured educational pathways, ensuring a more resilient and well-prepared nursing workforce.

By forming strategic collaborations with high schools, healthcare organizations, and policymakers, the pathway-aligned early credit sequence presents a transformative solution to the nursing and healthcare workforce shortage. This model not only increases the number of nursing and other healthcare profession graduates but also improves workforce diversity and healthcare accessibility, shaping the future of nursing education and strengthening the global healthcare system.

Biography

Dr. Robin Adams Geiger

Ingenovis Health (Trustaff, Fastaff, U.S. Nursing, Vital Solution, HealthCare Support, VISTA, Corazon, and Springboard), USA

Equity in action: Amplifying your voice in nursing leadership

All nurses should be valued for their individual experience and knowledge in patient care. Nursing equity begins with recognizing the value of diverse voices and experiences across all levels of practice. This presentation explores how incorporating the insights and expertise of nurses from varied roles, specialties, and backgrounds can foster inclusivity, enhance teamwork, and improve patient care outcomes. By embracing the rich culture within nursing and leveraging inclusive practices, leaders can create an environment where every nurse feels empowered to contribute.

During the presentation, we will examine practical strategies for amplifying nursing voices, including creating open communication channels, utilizing shared governance models, and implementing training to foster cultural humility. The talk will highlight the transformative impact of equitable collaboration on nursing unit cohesion and quality metrics.

Attendees will leave with actionable steps to cultivate an inclusive culture that prioritizes equity, promotes innovation, and drives sustainable improvements in both nursing retention and patient care excellence. Join us to learn how amplifying every nurse's voice can inspire lasting change and elevate the nursing profession.



Dr. Geiger is the Chief Nursing Officer at Ingenovis Health where she leads the clinical team and the Advocacy, Career, and Tools (ACT) Program. She is board-certified as a Nurse Executive and Nurse Practitioner. She maintains clinical privileges as a co-founder and owner of a concierge-based health clinic for the uninsured. Dr. Geiger serves on multiple advisory boards, including American College of Education Nursing Advisory Board, Member of Board of Directors of National Diversity Council, and she is Chair of the Chief Nurse Advisory Board for Ingenovis Health. She was honored with the Candace Smith Award for Excellence in Nursing Leadership from the Florida Organization of Nursing Leadership (FONL) and named a national Diversity, Equity and Inclusion (DEI) Influencer by Staffing Industry Analysts (SIA). She has served as Associate Dean of Academic Affairs for National University, Vice President of Clinical Services/ Chief Privacy Officer for Muscular Dystrophy Assoc., and Head Nurse for Veterans Affairs Community Care. She has published and presented on multiple healthcare topics internationally. She is passionate about clinician advocacy and wellbeing, health equity, and mentorship. She resides in Florida with her family.

Biography

Robin Ann Foreman Ph. D., MSN, RN, PMH-BC, CNE, CNEcl, PLNC

Assistant Professor, Undergraduate Nursing,
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Acedia: Anergia, apathy, asociality, and alexithymia in nurses

Acedia was the term used during Mediaeval times to describe a person exhibiting laziness, depression, anxiety, sadness, and apathy in the face of completing work known to be in need of completion. Acedia frequently emerged after the afternoon meal. A person knew how to do the good work required, understood that the work must be completed, but volitionally could not motivate oneself to accomplish the necessary task(s). Christians in the fifth century called this phenomenon the Noon-day Demon as people became apathetic, anergic, isolative, sleepy, and negligent toward daily work completion in the afternoon. This reflects the contemporary mid-afternoon lull between 1:00 and 3:00 PM experienced by nurses, students, people in all professional disciplines, and laborers. People seek coffee, soda, energy drinks enhanced with caffeine, candy, doughnuts, and chocolate as a 3:00 PM pick-me-up to combat somnolence and fatigue. This mediaeval noonday demon is affecting contemporary nurses after lunch, throughout the day, and well into the night. Acedia is observed today as nurses complain of insomnia, somatic manifestations, psychological disorders, absent socialization, family disharmony, and emotional pain. Nurses attempt to navigate work, social, personal, and family obligations without time, energy, or resources. Some nurses sadly leave their positions, abandon the discipline of nursing, and give up on life. Nurses need selfcare plans, collegial interaction, employer dedication, and disciplinary resolve to heal the experience of acedia.

Keywords: Acedia, Anergia, Apathy, Asociality, Alexithymia, Nurses.



Dr. Foreman has been a nurse since 1989. She completed her MSN in Nursing Education with a focus on Mental Health at King University in Bristol, TN, in 2007, and her Ph.D. in Nursing Education at East Tennessee State University in 2017. She has taught didactic and clinical nursing courses since 2008. Her research areas include nursing incivility and cognitive rehearsal as a way to interrupt the cycle of incivility. She is a board certified Psychiatric-Mental Health Nurse, a Certified Nurse Educator, and a Certified Academic Clinical Nurse Educator.

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Aghanya T. Nonye MSc, RN, FNP-C

Communication Academy, United States

Communication in healthcare - Why digital innovation is not enough

In the twilight of the twenty-first century, as singularity draws near, we have witnessed the rise of digitization and digitalization in the healthcare sector. However, the recent global pandemic and ensuing social distancing, coupled with fear of the virus resulted in an increased utilization of the virtual healthcare system. A type of digital innovation, it has shown to be a much-needed manner of care delivery in the pandemic era and from 11% in 2019 to 76% in 2020, the use of virtual healthcare technology has increasingly surged and continues to surge with each ensuing year till date. The expanded use of audio, video, and other electronic communications to allow patients to connect with their doctors has offered much-needed relief from the stress of pandemic care demands on healthcare practitioners with a wider reach for digital health innovations including the use of wearable devices, mobile health apps, health information systems etc.

However, while these technological advancements are impressive, they are insufficient to address the unique exploratory holistic approach to care delivery that is required to build and maintain fruitful clinician-patient relationships. Interactions via the use of digital devices lack the transdisciplinary approach which explore the application of such disciplines as psychology and the observation of patient behavioral traits, cognitive biases, and the philosophy of language and its attempt to assist the patient to achieve healthy mental and physical balance.

Patient's distinct personalities affect their outlook and mental status. Tailoring an individual care approach is a necessity for optimal care delivery and complete reliance on digital devices may limit the practitioner's chance of achieving the full scope of engagement for optimal care delivery.

Focusing on patients' and clinicians' relationships, this presentation seeks to avail a systemic use of effective communication to complement digital inventions and innovations in the healthcare system for healing.

Presenting material is derived from the presenter's clinical practice experiences in diverse healthcare settings for over 30 years. This also includes her review of studies on human psychological traits, the analysis of influence of such traits on patient behaviors and applying effective communication styles to improve clinician-patient interactions and trust development in healthcare settings.

Keywords: Patient Personality Traits, Communication, Digital Innovation, Virtual Healthcare, Trust Development.



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Fostering team cohesion on multicultural nursing units: Goodtalk workshop builds bridges

Background: Internationally qualified nurses are increasingly seeking to immigrate to the US, which can create more culturally competent care for US patients; however, workplace integration in a unit with many represented cultures can create challenges. Language barriers, cultural differences, and othering/subgroup creation can cause rifts within a diverse team and create worse outcomes for patients. Our Acute Rehabilitation Unit (ARU) includes over 60 nurses and clinical techs immigrating from 11 different countries with only a small number of staff born in the US. This triggered the unit's clinical director to seek help addressing common communication and relationship concerns among culturally and linguistically diverse units.

Methods: GoodTalk is a simulation-based communication training designed to improve patient-centered and interprofessional communication. In partnership with the ARU's leadership, the GoodTalk team developed simulation scenarios based on real unit challenges. A multidisciplinary facilitation team including nurses, patient experience professionals, and former patients led the sessions using a structured format: reflection, didactic teaching of communication frameworks, two-part scenario demonstrations, small-group practice, and debrief. The in-person session allowed for real-time coaching and observation.

Pre-session surveys captured demographics and baseline confidence in key communication strategies using 5-point Likert scales. Participants self-rated their confidence in module-specific skills before and after the session. After each scenario, facilitators, actors, and peers evaluated learners' use of target skills using a standardized 1–5 scale. Course evaluations included open-ended feedback; narrative data from debriefs and written evaluations informed future sessions and ongoing team coaching.

Results: Fifty staff members from the ARU participated in one of three workshops offered. Participants endorsed positive change for all target viewpoints, including feeling empowered to provide feedback (pre-test mean 4.18, post-test mean 4.85 [$p<0.001$]), comfortable supporting teammates when they need help (pre 4.62, post 4.88 [$p=0.01$]), strong relationship with coworkers (4.26, 4.84 [$p<0.001$]), and my coworkers are interested in my unique perspective and culture (4.19, 7.8, [$p<0.001$]).

Participants were particularly engaged in the small group discussions managed by trained facilitators, universally describing the exercises as psychologically safe, leading them to feel comfortable sharing their unique perspectives, and that their team members were open to learn new ways to support their colleagues. Typical feedback included, This is going to help me have good relationships with my team, and This was a great session that included real life scenarios and an excellent exchange of ideas. Importantly, many participants noted that, I learned when to avoid using my native language at work, and how to avoid gossip.

Conclusion: Differences in culture and language can hinder a nurse's self-perceived ability to speak up or be heard by others. However, nursing management can empower nurses to overcome these barriers and build confidence with interactive programming staffed by skilled facilitators. Creating a welcoming, open environment enables discussion about difficult workplace experiences can improve interprofessional communication and team cohesion.

Biography

Aida Hozanovic RN, MSN is a Patient Experience Performance Advisor at Inova and lead facilitator for the GoodTalk communication training initiative. With a clinical background in the NICU and experience across critical care, compliance, and patient engagement, Aida specializes in simulation-based education and coaching. She leads interdisciplinary workshops focused on improving patient-centered and interprofessional communication. As a key contributor to GoodTalk, she develops and facilitates scenarios that address real-world team challenges, driving cultural change and service excellence. Aida is passionate about creating psychologically safe learning environments that elevate team connection, empathy, and communication at the point of care.

Alexandra Connor

Senior Vice President of Marketing, FlexCare, Roseville, CA, U.S.A

Shaping nursing careers: The case for macro-level job crafting

In many industries, job crafting—reshaping tasks, relationships, and perceptions to better align with one’s strengths and values—is recognized as a powerful way to boost engagement and well-being. The concept was first introduced by organizational psychologists Amy Wrzesniewski and Jane E. Dutton in 2001 in the *Academy of Management Review*, and has since become a widely used framework for understanding how individuals proactively shape their work to increase meaning and satisfaction. Research across sectors shows that employees who engage in job crafting report higher job satisfaction, resilience, and performance.

In 2023, this concept was put to the test in the nursing world. A BMC Nursing study found that nurses who engaged in task crafting experienced measurable gains in psychological well-being (effect=0.15), and those who practiced relational crafting saw higher social well-being (effect=0.22), both driven by increased work engagement (BMC Nursing). The evidence was clear: when nurses can shape aspects of their work, they thrive.

However, in clinical settings, job crafting isn’t just difficult—it’s nearly impossible within the constraints of the role. Bedside nursing operates within rigid protocols, tightly defined scopes of practice, and facility-specific routines. Decision-making influence is low—only 14% of over 1,800 U.S. nurses surveyed in the *Journal of Nursing Management* reported having high control over their schedules, and fewer than 1 in 5 felt they had significant influence over workplace decisions (*Journal of Nursing Management*). This lack of autonomy is consistently linked to burnout and disengagement.

One of the few ways nurses can reclaim this lost autonomy is by changing the context in which they work—through travel nursing. While travel nurses still adhere to each facility’s policies and standards, they control the context in which they work—what can be called macro-level job crafting. This control comes from:

- **Assignment Choice**—Selecting contracts in specialties, locations, and settings that match professional goals or personal needs.
- **Testing Environments**—Trying different facility sizes, patient populations, and care models to find the right fit.
- **Shaping Career Trajectory**—Using short-term contracts to gain targeted experience, pivot specialties, or build competitive skills.

The benefits extend beyond variety. A 2024 BMC Nursing study of 714 nurses found that job crafting buffered the effects of both positive and negative career shocks on occupational well-being, and autonomy support from supervisors amplified these positive outcomes (BMC Nursing). Travel nursing inherently offers more autonomy at the career level, giving clinicians the ability to steer their paths with intentionality.

The trade-off is that travel nursing offers episodic control rather than daily flexibility—you can choose where you go next, but you still work within each hospital's strict structure. This presentation will explore:

- Job crafting origins and present evidence of its measurable benefits in nursing practice.
- Why staff nursing roles make job crafting challenging and how travel nursing enables macro-level job crafting despite rigid bedside parameters.
- Real-world examples of nurses using assignment choice to re-energize or redirect their careers.

In an industry where burnout rates among nurses remain above 30% and retention is a persistent challenge, understanding how to craft a nursing career—even within systemic constraints—is critical. Travel nursing isn't a cure-all, but it offers one of the few structural levers nurses can pull to actively shape their professional path.

- Significant improvements in overall outcomes for units and facilities that leverage the strategic benefits of job crafting at the macro level.

Biography

Alexandra Connor is the Senior Vice President of Marketing at FlexCare, a nationwide leader in travel nursing, allied health, and therapy workforce solutions. With more than two decades of experience driving healthcare innovation, workforce transformation, and clinician advocacy, she specializes in designing systems-level strategies that align clinician well-being with organizational performance. Alexandra is a thought leader in the future of work in healthcare, exploring how autonomy, adaptability, and equity can reframe career trajectories for nurses and allied professionals.



Alexis M. Koenig EdD, MSN, RN, CNE, CCHP

Herzing University, Madison, Wisconsin, USA

Correctional health care nursing is community health nursing

Correctional nursing is a specialty with origins in public health. The first national health care standards were drafted specifically for correctional institutions and published by The American Public Health Association (APHA) in 1976. In 1977, the AMA published standards specifically for jails, and in 1979 the AMA also published the first health care standards for prisons. In 1975 the ANA recognized correctional nursing and proceeded to publish the scope for practice for nurses in 1985. The National Commission on Correctional Health Care (NCCHC) in 1983 established standards for quality correctional health care. Acting on the mission to provide quality correctional health care the NCCHC as a voluntary accrediting body provided the framework for quality care. The NCCHC assisted facilities to comply with the standards through educational resources, publications, conferences, and certifications. National standards of care from all specialties were integrated into care including public health to ensure quality and safety for all within the correctional setting. Research on preventative care is delivered in the correctional setting as are standards for those encountering sick correctional inmates, staff, visitors, etc. ensures that upon discharge from the facility infected patients are not released into the community to spread disease.

Biography

Alexis Koenig completed her EdD in 2015 from William Howard Taft University. Dr. Koenig is certified as a Correctional Health Care Professional, and Nurse Educator. Currently, Dr. Koenig is a full-time professor with Herzing University in the DNP program and teaches part time with Aspen University's Public Health Program.



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Impact of a hybrid educational course for nursing staff on pain assessment and initial treatment in a tertiary care hospitals

Introduction: Nurses work closely with patients and are the first responder to patient's issues. Ward nurses play a vital role in regular assessment and timely management of pain and side effects related to analgesics. Therefore, they must have proper knowledge and awareness regarding post-operative pain. It has been recommended that nurses should have in-service training programs and refresh courses to improve their knowledge to reflect on their clinical practice while working with patients.

Aims and Objectives: The primary objectives were to develop the educational course and assess the impact of the course on the knowledge and skills regarding pain assessment and initial treatment among nursing staff working in adult surgical and medical wards of The Aga Khan University Hospital. The secondary objectives were to assess the impact of the educational course on the retention of knowledge and perceived change in clinical practices among nurses, three months later.

Methods: After the approval from the Institutional Ethical Review Committee, a hybrid education course was developed and then implemented for nursing staff working in adult medical and surgical wards of Aga Khan University Hospital. The educational course had two components, i. Online (web based on VLE) ii. Physical, face-to-face (hands on session). Evaluation method comprising of pre and post MCQ tests and assessment of clinical skill of all participants was done at the start of interactive session and at the end of session using PCIA and Epidural Likert scale. All participants were contacted three months after the course via email and were requested to take online MCQ test (same as post-test) to test their knowledge retention and complete online questionnaire to know perceived change in their clinical practice of pain assessment and initial treatment.

Results: Both pre-test and post-test MCQs were completed by 86 participants, of which 52 (60.5%) were female and 34(39.5%) were male. The overall gain in knowledge after the educational session was statistically significant ($p < 0.001$). Participants showed an overall 90.79% improvement in the skills of assessing patients using PCIA after attending the course. The participants showed overall 79.47% improvement in the skills of assessing patients receiving epidural analgesia after attending the course.

In the univariate analysis, the effect of educational courses was significantly higher in the male gender ($p = 0.041$) and among participants less than 30 years of age ($p = 0.008$).

Conclusion: The hybrid educational course showed statistically significant improvement and impact on the knowledge and clinical skills of the participants after attending the course. There was only 6.59% decline in overall knowledge of participants, three months after the educational course.

Biography

Dr. Siddiqui is Assistant Professor in the Department of Anaesthesiology, Aga Khan University (AKU), Karachi, Pakistan. He completed MBBS in 1998 from Dow University of Health Sciences, MCPS and FCPS (Anaesthesia) in 2010 from CPSP, Fellowship in Interventional Pain Practice (FIPP) in 2018 from Budapest and completed Master of Health Professions Education (MHPE) from AKU in 2023. He is currently Anaesthesia and Pain Consultant and Program Director Pain Medicine Fellowship at AKU. He has more than 50 publications to his credit related to anaesthesia, pain management and medical education.

Amal Alaskar PhD, MSN, RN

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The impact of adopting and applying Total Quality Management (TQM) principles and innovation on the quality of healthcare services: An analytical review

This research explores the impact of adopting and applying Total Quality Management (TQM) principles and innovation on the quality of healthcare services. The study aims to assess the effectiveness of TQM implementation in enhancing service delivery, patient satisfaction, and operational efficiency in a healthcare setting (Donabedian, 2021; Alharbi, 2021). It examines the role of innovative practices in fostering continuous improvement within healthcare organizations (Alfayez & Bashatah, 2023; Sheba Medical Center Innovation Hub, 2022).

The background of the study highlights the increasing importance of TQM in improving healthcare quality, given the rising demand for patient-centered care and the need for operational excellence (Ahmed & Alshahrani, 2022; Alzahrani, 2020). TQM principles such as customer focus, leadership, and process management are crucial for healthcare organizations striving for excellence (Alotaibi & Federico, 2019; Alturki, 2021). The research objectives are to investigate the relationship between TQM practices and healthcare service quality, identify the challenges faced in the implementation of these practices, and evaluate the impact of innovation on quality outcomes (Haroon & Al-Qahtani, 2023).

The sample consists of healthcare professionals, including managers, clinicians, and administrative staff, who have experience in TQM implementation. The methodology is a mixed-methods approach, combining qualitative interviews with key stakeholders and quantitative surveys to measure perceptions of service quality and operational improvements Aiken et al., 2020; Abdelrahman & Yassin, 2021. Data analysis will involve statistical techniques to assess the correlation between TQM practices and quality indicators, with qualitative insights providing context to the findings (Bourouh et al., 2021).

This study aims to provide valuable insights for improving healthcare quality through TQM and innovation, offering a model for other healthcare institutions to follow (World Health Organization, 2023; Ministry of Health Saudi Arabia, 2023).

Biography

Dr. Amal Alaskar is a seasoned nursing leader and academic with over 20 years of experience in healthcare education and administration within Saudi Arabia's military medical system. She currently serves as a Nursing Administrator Consultant of Nursing Administration. Holding a PhD from Loma Linda University and an MSN from George Mason University, she is a published researcher and an active member of national and international nursing bodies. Dr. Alaskar has led key initiatives in accreditation, professional development, and evidence-based practice, earning multiple awards for academic excellence and impactful contributions.



Amanda F. Freedman^{1*} MSN, RNC-OB, APRN, ACNS-BC; Nikki Hines^{2*} RN, BSN, CCDS, CCS; Brooke Strickland³ RHIA, CCS; Corinne Corrigan⁴ PharmD, BCPS, BCPPS, CPPS, CPHQ; Elizabeth Bertocci⁵

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Enhancing patient care: Collaborative efforts of the coding & clinical documentation integrity team and the clinical nurse specialist

Postpartum Hemorrhage (PPH) is the leading cause of maternal mortality globally and a top priority for The Joint Commission with rising rates since 2000. A history of PPH increases the risk in future pregnancies. After analyzing Electronic Medical Record (EMR) reports with comparison to the ICD-10 reports, the Clinical Nurse Specialist (CNS) discovered a 400-patient discrepancy. She worked with coding and Clinical Documentation Integrity (CDI) teams to educate them and revise the provider query process. The team analyzed comparative reports and data with the healthcare system's consultant firm. In 2024, both reports were retrieved and analyzed, showing fewer discrepancies, better documentation, and more accurate patient care.

This CNS-led initiative improved the accuracy of documentation and coding of PPH along with more accurately capturing the Risk Of Mortality (ROM) and the Severity Of Illness (SOI) within our three-hospital healthcare system. Our team reduce the inconsistencies while developing and implementing standardized interdisciplinary team communication for patients who experience PPH. The CNS leveraged her clinical expertise by collaborating with coding and CDI teams to improve documentation and optimize coding practices, promote accurate reimbursement and financial stability, and enhance effective communication throughout the continuum of care.

Within our healthcare system, there were 228 patients (or 31.7%) with Quantitative Blood Loss (QBL) >1000mL in the pre-intervention group who had ICD-10 capture for PPH, and in the post-intervention group, there were 278 patients (or 44.8%), with QBL >1000mL who had a PPH ICD-10 code. Thus, we identified a 13.1% improvement in ICD-10 coding. A Chi-Square Test for Independence (with Yates' Continuity Correction) indicated a statistically significant difference between pre-and post-intervention and ICD-10 code capture, $X^2(1, n=1339)=23.85, p<.001, \phi=.16$, indicating a small effect size. Our analysis also showed statistical improvement in total cost capture as well as more accurate capturing of the severity of illness and risk of mortality between the pre-intervention and post-intervention groups.

Evaluating strategies, including educating the coding/CDI teams on clinical definitions, developing follow-up processes, and educating providers on the importance of consistency in documentation from admission to discharge, can enhance the capture of overall patient care within an organization. At the same time, PPH and SOI/ROM rates will likely increase as documentation improves, and teams will continue identifying ways to improve the overall rates. Other settings can apply these principles, using this model of collaboration to accurately capture patient care and identify the SOI/ROM for other areas outside of obstetrics.

Biography

Amanda Freedman has 28 years of experience in obstetrics and has been a Perinatal Clinical Nurse Specialist (CNS) for 19 years. She has presented at state, regional, and international conferences on various topics. She was named one of the Great 100 Nurses of North Carolina in 2010. As president of the OB and CNS state-wide organizations of North Carolina, she revitalized both, achieving record attendance. Amanda is dedicated to enhancing patient care and working collaboratively with teams to improve patient outcomes.

Nikki Hines has been a nurse for 24 years. Her healthcare journey includes ICU, cardiothoracic surgery, med-surg & eICU. Nikki transitioned into Clinical Documentation Integrity (CDI) and quickly realized she found her passion in healthcare! With a dedicated team of CDI professionals by her side, she has led the WakeMed Hospital & Health System's CDI team through dramatic program changes to include key stakeholder partnerships, multiple quality initiative partnerships, and the recent addition of a physician advisor. She values relationships & believes multidisciplinary partnerships drive improved patient and organizational outcomes.



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Evaluating the use of virtual reality multi-sensory experiences for children with developmental delay

Many children and youth in the United States suffer from sensory processing challenges which create obstacles in their interaction with their environments. This makes it difficult for them to fully participate in society, especially for those with developmental delay or Intellectual and Developmental Disabilities (IDD). Multisensory Environments (MSE) offer a mode of therapy to support sensory exploration for those with unique sensory needs and have been shown to have positive therapeutic impacts. However, physical MSEs can have high costs in both monetary funds and space, creating a potential barrier to access. Virtual Reality (VR) is an established and improving technology which offers a unique opportunity to simulate real world environments. We developed and piloted virtual reality MSE to resemble existing physical MSE. The VR MSE will simulate visual and auditory stimuli (e.g., fiber optics, bubble tubes, color switches, projectors, nature sounds, music, etc.). In this presentation, I will discuss the outcomes of this pilot study in which we assessed the acceptability and feasibility of a Virtual Reality (VR) Multi-Sensory Environment (MSE) for children/youth with developmental delays, with the following aims:

Aim 1: We identified the stakeholders' (e.g., caregivers, clinicians, therapists, special education teachers) perceptions on the appropriateness and acceptability of the VR MSE design.

Aim 2: We assessed VR goggle tolerance including signs and symptoms of the VR MSE cybersickness among children/youth with developmental delay.

Biography

Dr. Nguyen is an Associate Professor at the Fran and Earl Ziegler College of Nursing, bringing more than two decades of clinical experience in pediatric healthcare, particularly for children with complex medical needs. As a nurse educator, she teaches across undergraduate and doctoral programs, grounding her approach in the principles of adult learning and constructivist theory to foster meaningful, student-centered education. As a nurse scientist, Dr. Nguyen is experienced in mixed methods research, ethnographic methodology, and population health. Dr. Nguyen earned her PhD, Master's, and Bachelor of Science in Nursing from the University of Oklahoma Health Sciences.

Barbara S DiggleFox

The University of North Carolina in Wilmington, United States

Who wants to live longer and healthier?

Health Promotion is primary to prevent functional decline, that is not caused by aging and maybe caused by illness and diseases and/or caused by unhealthy lifestyle decisions. Centers for Disease Control (CDC), in 2023, stated that the most common causes of death in people over the age of 65 is heart disease (including cardiac arrest), malignant neoplasms, COVID, CVA, Alzheimer's Disease or other types of dementia, chronic lower respiratory diseases, diabetes, unintentional injury, nephritis and Influenza along with pneumonia and infectious diseases (CDC May 2023). The above diseases are exacerbated by some of the following life-style choices, smoking, alcohol, poor sleep behaviors, lack of exercise and poor dietary habits. Levels of prevention will be discussed, for example, primary prevention measures to prevent an illness or disease from occurring. For example, utilizing vaccines. Atherosclerotic Cardiovascular (C/V) disease is the number one cause of death worldwide! (Cobos-Palacios, 2021). C/V disease affects heart and or blood vessels and more than 800,000 people die from C/V diseases yearly in the US (1 In 3 deaths). Almost 650,000 Americans die yearly from heart disease, and this may cause: Stroke, heart failure and peripheral artery disease. Ways to decrease C/V signs and symptoms will be discussed along with ways to decrease the incidence of C/V disease. Secondary health care prevention are methods and Procedures to detect the presence of illnesses and diseases early on so effective treatment can begin ASAP to increase incidence of a possible cure. For example, Labs: Cholesterol Starting at age 20 then every 5 yrs), PSA, tumor markers, stool: fecal occult blood yearly, colonoscopy and mammograms. Tertiary is the 3rd Levels of Prevention is needed after a diagnosis is made to return the individual to optimal level of care, for example, PT, OT, ST after a stroke, diabetic education, cardiac rehab after MI, decreasing obesity. We will discuss older adults' barriers to types of prevention, such as, lack of reimbursement, misconceptions about health promotion, motivation issues, knowing what normal aging is and what is pathological. Most preventable cause of premature death in US is to quit smoking. Approximately one half of smokers die from tobacco related causes. We will review the negative side effects of smoking and ways to quit. In addition, we will review alcohol, socialization, stress, good nutrition including super foods, importance of oral and skin care, hydration, sleep and medication safety, cognitive functioning, screening and caring for mental illnesses as well chronic illnesses and aging. We will discuss the Immunizations for Primary Prevention regarding the following vaccines, Flu, Pneumonia, RSV, Shingles, TD, Hep A, Hep B and Covid. Lastly, we will discuss the importance for the following screening within aging, HTN, colonoscopy, sigmoidoscopy, stool tests, cervical and prostate cancer, HPV, and Abdominal Aortic Aneurysm. Healthy choices are as important in our older years than they are in our younger years. It is never too late to improve your lifestyle behavior habits.

Barbara S DiggleFox

The University of North Carolina in Wilmington, United States

Growing older and being prepared to enjoy your sexuality!

Both providers and the older adults were not comfortable bringing up and discussing sexuality (Bauer, 2022). In addition, it was found that frequently older adults may not be aware of how to approach sexual concerns, so they do not share the problem or question with healthcare providers or their partners or potential partners. Older adults may not have any knowledge of what sexual health is and they may end up living with a treatable issue secondary to not knowing what is normal and what is not (Haesler, 2016). Frequently healthcare providers display ageism toward older adults that can lead to poor communication regarding sex and related issues, and this has limited important education regarding Sexually Transmitted Infections (STI) and healthy sexuality (Velloso et al, 2021). Sexual education is necessary to increase sexual knowledge and improve attitudes regarding sexuality within the older population along with reducing STI's (Chen et al, 2020). The purpose of this study was to assess sexual knowledge, attitudes, and self-efficacy in older adults pre- and post-participation in a 6-week holistic sexuality education program. This was a mixed pretest, posttest quantitative design study with qualitative focus group follow-up. Twenty-three older adult participants (over 50) participated in one of three 6-week sexuality education courses for older adults. Each participant completed the Aging Sexual Knowledge and Attitudes Scale (ASKAS) and the Sexual Self Perception and Adjustment (SSPAQ) Questionnaire pre- and post-course. Focus groups held post-course to gather qualitative data on participant experience. Sexual knowledge increased as a result of course participation. There was no significant change in attitudes, or self-efficacy. Participants described the course helped them become better communicators, self-advocates, and reinforced their sexual self-efficacy. Self-efficacy increased in this study, but it was not significant. Holistic sexuality education can have a positive impact on older adults. There are many benefits regarding a healthy sex life one being a longer life span and an increase in quality of life. (Levkovich et al, 2021 & Allen, 2022). Many older adults remain sexually active. Older adults and health care providers both need more education regarding sexuality and older adults. We need to communicate and learn more about sexuality and older adults, so knowledge and being comfortable with this topic increases. Not asking questions could lead to either delayed or no diagnoses and/or treatments. The stigma regarding older adults by others and as well as within older adults themselves and sexuality may often cause negative effects. For example, there is not enough appropriate available health care for this population regarding sexuality (Syme, 2015).



Bethanie Simmons-Becil DNP, APRN, PMHNP-BC, APHN-BC

Brooks College of Health, Nursing, University of North Florida, Jacksonville, FL, USA

Holistic treatment considerations in management of depression and anxiety

Interest and use of integrative and/or holistic interventions are growing in popularity among care providers and patients alike. Recent research shows an increase in interest in holistic and non-pharmacologic management of mental health illnesses such as depression and anxiety. Understanding the function, efficacy, and management of these therapies can assist the advanced practice nurse with incorporation of integrative medicine within their own practice, offering the potential to improve patient outcomes as well as offer a more holistic patient-focused approach to mental illness and wellness. Using an educational PowerPoint, interactive discussion, and case scenarios within the session, the learner will gain new knowledge regarding evidenced-based supplemental therapies for treating depression and anxiety, including selection, dosing, and continued management. The presentation will include information on common supplemental therapies, holistic energy therapies, and alternative options for depression and anxiety treatment beyond traditional pharmacotherapeutic intervention. By the presentation's end, participants will be able to evaluate and apply learning in identifying common signs and symptoms of depression and anxiety as they present in practice. Additionally, participants will be provided with evidence-based information regarding efficacy, dosing, and management of supplemental holistic therapies in treating depression and anxiety. Finally, by presentation's end participants will be able to evaluate and apply gained knowledge in recommendations for supplemental treatment options for non-pharmacotherapeutic management of depression and anxiety. Through this educational program, advanced practice nurses will gain valuable knowledge, evidence-based insight, and holistic treatment recommendations designed to provide clients with depression and anxiety holistic, non-pharmacologic options for treatment and maintenance of their mental wellbeing.

Biography

Dr. Becil is a dedicated Psychiatric Mental Health Nurse Practitioner and educator. She has over fifteen years' experience with providing evidence-based, holistically focused mental health care to multiple patient populations. Bethanie is an Assistant Professor with the University of North Florida with specialty in psychopharmacology and neuroanatomy. Her university research foci include evidence based holistic interventions in nursing education and implementation of mindfulness based therapies in depressive symptoms remission. Her ultimate desire is to provide her patients, students, and peers with research based, holistically focused, psychiatric management education and strategies for improving the mental health community.



Brian Ace J. Mones MSN, RN, NPD-BC, CCRN, MEDSURG-BC, CNRN, SCR

Houston Methodist Hospital, Houston, Texas, USA

Leading the shift: Staff empowerment in redefining post-thrombolytic care excellence

Background: Acute ischemic stroke is an urgent condition where blood flow to the brain gets blocked causing sudden onset of focal neurological deficits, which requires immediate attention. Thrombolytic therapy is a cornerstone intervention for patients at risk of life-threatening blood clots, with its efficacy closely tied to the quality of post-treatment care. Critical components of this care include vigilant monitoring and precise documentation, both of which are essential in mitigating complications and optimizing clinical outcomes. Recognizing the evolving demands of stroke care, The neuro Acute Care Unit (ACU) has recently expanded its services to accommodate post-thrombolysis patients, reflecting the unit's commitment to comprehensive stroke care.

Purpose/Objective: (1) Expand Admission Capabilities: Enable the Neurology ACU to safely admit and care for post-thrombolytic patients, aligning with best practices traditionally seen in ICU or intermediate care settings; (2) Ensure Staff Adherence: Provide education, training, and resources to equip staff with the necessary knowledge and skills to comply with monitoring and documentation while ensuring patient safety and good outcomes among those patients treated with thrombolytic for acute ischemic stroke.

Methods: To guide this process effectively, the PDCA (Plan-Do-Check-Act) model was utilized starting in April 2023, facilitating seamless implementation, evaluation, and continuous improvement. A combination of in-service education, simulation training, badge buddy usage, chart audit and case reviews, and feedback mechanisms were used as part of a hybrid approach. Chart audits and case reviews were conducted for patients admitted to the Neuro ACU after receiving thrombolytic therapy between August 2023 and August 2024 (N=70) to assess both staff compliance with established protocols and patient outcomes.

Results: Overall, the data trends showed a relatively consistently high compliance rate in monitoring activities and documentation in vital signs, neuro checks, and adverse reaction assessment within the Neuro ACU throughout the thirteen-month period. Regarding clinical outcomes, 90% of patients showed symptom improvement. Additionally, 69% showed no adverse reaction within the first 24 hours post-therapy. Overall, most patients demonstrated positive outcomes, with 81% being discharged home, indicating the treatment's effectiveness in facilitating their return to a normal living environment.

Conclusion: The initiative to expand admission capabilities and ensure staff adherence for managing post-thrombolytic patients in the Neurology ACU has been highly successful. By aligning practices with those traditionally seen in ICU or intermediate care settings, the unit was able to safely admit and care for these patients. Comprehensive staff education and training led to high compliance with required assessments and documentation, ensuring quality patient care. Additionally, the majority of patients experienced improved outcomes, as evidenced by their ability to discharge home in better condition. These results demonstrate the effectiveness of the project in achieving its objectives and delivering safe, high-quality post-thrombolytic care to patients, a service typically managed in the intensive care unit and intermediate care unit.

Biography

Brian Ace J. Mones MSN, RN, NPD-BC, CCRN, MEDSRG-BC, CNRN, SCRNP, holds a Master's Degree in Nursing Administration (2016) and a Bachelor of Science in Nursing (2007) from Central Philippine University. With over 13 years of extensive nursing experience, his expertise spans neuro and general critical care, acute care, and nursing education. Currently, he serves as an educator for neurology and neurosurgery acute care units, specializing in staff education, training, and professional development. A recognized subject matter expert in neuroscience, he serves as a clinical resource, skill validator, simulation facilitator, neuro examination reviewer, and course lecturer. His dedication to nursing education has earned him the 2024 Good Samaritan Foundation's Excellence in Nursing Award (Clinical Educator) and recognition as one of Houston's Top 200 Nurses (2024).



**Cao Mengdi^{1*}, Wang Yanyan², Li Jing³, Li Xing²,
Wang Zhezhao¹**

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A scoping review of the current status of adherence to lymphedema prevention behaviors and factors influencing them in postoperative breast cancer patients

Objective: To conduct a scoping review of the status of behavioural adherence to lymphoedema prevention and its influencing factors in postoperative breast cancer patients, in order to provide a scientific basis for future intervention studies.

Methods: Following the scoping review methodology, a systematic search was conducted for relevant studies in Chinese and English databases, with a search timeframe of the period from the establishment of the database to 31 August 2024, and the retrieved literature was screened and information extracted to analyse the status of patients' behavioural adherence, and the extracted influencing factors were mapped to the various domains of the theoretical domains, identifying and analysing the key factors for behavioural change.

Results: A total of 15 papers were included, with nine quantitative studies, including seven cross-sectional studies, one cohort study, one longitudinal study, and six qualitative studies. The results of the analyses showed an overall low level of adherence to lymphoedema prevention behaviours in postoperative breast cancer patients, and 25 influencing factors were integrated and summarised across eight theoretical domains, including knowledge (level of knowledge about lymphoedema), skills (coping styles, postoperative time), competence beliefs (self-efficacy, disease perception, unclear tumour stage, surgical modality, symptom distress), outcome beliefs (outcome expectations, attitudes), emotions (negative emotions, fatigue level, age), behavioural regulation (self-regulation, exercise habits, behavioural control), social influences (social support, family support, marital status, behavioural cues), and environment and resources (healthcare resources, ethnicity, healthcare staff supervision, economic status, work status).

Conclusion: Patient behavioural adherence is not promising and the influencing factors are differential, multi-source and cross-cutting. Future focus should be on dissecting the potential associations and mechanisms between different influencing factors in order to improve patient behavioural adherence.

Keywords: Breast Cancer, Lymphedema, Preventive Behavior, Compliance, Influencing Factors, Scoping Review.

Biography

Cao Mengdi is studied at Henan University of Science and Technology, School of Nursing, Nursing Major, from 2018 to 2022, and obtained a Bachelor's degree in Nursing in June 2022. In 2023, due to her outstanding academic performance, she continued to pursue a Master's degree in Nursing at the School of Nursing and Health, Zhengzhou University. During both her undergraduate and postgraduate studies, she has participated in multiple innovation and entrepreneurship competitions as well as social practice activities.



**Cheristi Cagnetta-Rieke* DNP,
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Mayo Clinic, Rochester, MN, USA



Leveraging technology to transform care at Mayo clinic

The Mayo Clinic Department of Nursing (DoN) has implemented a strategic framework for implementing technology and Generative AI (Gen AI) to augment and support nurses and clinical staff. Examples of this include implementation of Macros in the inpatient setting easing documentation burden, In-Basket Augmented Response Technology (ART) which is a Gen AI tool to ease administrative and cognitive burden in the ambulatory care setting and we are leveraging Gen AI capabilities to reimagine care planning and documentation. This strategic framework is designed to implement new technology, Gen AI and automation to shape the future of nursing practice and includes these four principles:

1. **For nurses, by nurses:** Front-line nursing engagement in initial feedback and rollout strategies, with nursing leadership engaged in project approval and oversight.
2. **Leveraging technology:** Augmenting and supporting nurses and nursing staff with tools that allow them to focus on patient care.
3. **Human in the Loop:** Ensuring that nurses determine what to use and what goes in the electronic record as expanded on above.
4. **Team sport:** Leveraging teamwork from multiple teams across Mayo Clinic to transform clinical practice together.

A case study on the Mayo Clinic Department of Nursing strategic framework for implementing Gen AI: The In-Basket Augmented Response Technology (ART).

ART was the first use case for nurses delivering direct patient care using Generative AI and the first Mayo Clinic enterprise-wide deployment of AI in patient care. This care delivery transformation uses natural language processing to interpret patient inquiries and generate draft replies, streamlining communication and ensuring high-quality interactions.

The design strategy engaged direct-care nursing staff and informaticists for feedback, development, and rollout, with leadership providing oversight. This approach tailored ART to meet users' needs. Employing a human in the loop model, RNs, LPNs, and non-licensed delegates transitioned from generating to reviewing and authenticating messages, enhancing workflow and reducing cognitive burden without altering clinical judgment or practice scope.

Implemented enterprise-wide in June 2024, ART now supports approximately 14,000 staff. Results show patients receive responses 89 minutes faster when staff start with an ART draft, with a 5-second reduction in message drafting time. A qualitative review confirmed ART-generated messages are empathetic, appropriately detailed, and at the right reading level.

This innovative approach enhances resource efficiency and patient satisfaction, marking a significant step forward in healthcare operations. Keys to success include nursing-led implementation and nursing/clinical informatics support, which increases trust and buy-in. We ensured the right use case, right staff, right time, right clinical workflows and for the right reason. Some examples of successfully leveraging technology to transform care at Mayo Clinic include:

- Implementation of Flowsheet Macros in the inpatient setting.
- Implementation of the Gen AI ART tool to decrease cognitive and administrative burden related to in-basket messages in the ambulatory setting.
- Ongoing development of Gen AI to reimagine how we develop, implement, and document patient-centered care plans for hospitalized patients.

Biography

Cheristi Cognetta-Rieke DNP, MBA, RN is an Assistant Professor of Nursing at the Mayo Clinic College of Medicine and Science and serves as the vice chair nursing for Mayo Clinic leading the enterprise Department of Nursing transformation work. She is the creator of MyStory© a tool to capture each hospitalized patient's story to personalize their care and was one of the first advisory board members for NarrativeDX which is now a Press Ganey natural language processing solution. In her current role, Cheristi and the transformation team are leveraging generative AI to build transformative tools for nurses, with nurses such as a new Nurse Virtual Assistant tool, the first nursing ambient documentation tool, and a curated digital platform for Mayo Clinic nurses and more.

Kathie Helms MSN, RN is the Senior Administrator of Clinical Informatics and Practice Support Division at Mayo Clinic, where she has been advancing healthcare since 2001. With over two decades of clinical experience in cardiac intensive care, emergency medicine, and renal dialysis, Kathie is dedicated to optimizing healthcare delivery through technology and innovation. Certified in Epic Clinical Informatics and as a Mayo Clinic Quality Fellow, Kathie and her team are actively harnessing generative AI and automation to enhance healthcare processes and support clinical excellence. In her role, she collaborates on innovative solutions to support evolving patient and organizational needs, drawing from her leadership in committees, projects, and councils.



Cheryl Coale MS, RN

University of Maryland Global Campus, Baltimore, MD, USA

Emotional intelligence as a catalyst for transformational leadership in nurse managers: A rapid evidence assessment

As healthcare organizations face unprecedented workforce challenges, including increased staff turnover, burnout, and operational complexity, the role of nurse leaders has never been more pivotal. Leadership effectiveness is no longer defined solely by clinical expertise or managerial oversight, but increasingly by the ability to build resilient teams, cultivate trust, and foster engagement. Emotional Intelligence (EI)—the capacity to recognize, understand, manage, and apply emotions constructively—has emerged as a critical leadership competency, particularly within the nursing profession.

This Rapid Evidence Assessment (REA) investigates the role of emotional intelligence in shaping transformational leadership behaviors among nurse managers. Drawing from peer-reviewed, evidence-based literature, the appraisal synthesizes key findings that demonstrate how emotionally intelligent nurse leaders foster improved communication, stronger team cohesion, higher staff satisfaction, and enhanced performance outcomes. The appraisal also explores the intersection between EI and span of control, particularly how broader supervisory scopes can strain a leader's ability to maintain close, supportive relationships with frontline staff—making emotional intelligence even more vital in large or complex units.

Research consistently shows that emotionally intelligent leaders are more effective at managing conflict, reducing burnout, and inspiring their teams toward a shared vision. These qualities align directly with the core tenets of transformational leadership: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. Leaders who demonstrate high EI are better equipped to support nurses through change, manage the emotional demands of healthcare work, and drive cultural and quality improvements within their organizations.

This presentation provides attendees with an overview of the current evidence on emotional intelligence in nurse leadership, its practical applications, and strategic recommendations for integrating EI training into leadership development programs. The goal is to inform and inspire healthcare organizations to intentionally cultivate EI competencies among nurse leaders as a foundation for sustainable team engagement, quality patient care, and long-term organizational resilience.

Biography

Cheryl Coale MS, BSN, RN serves as the Nurse Manager of the Cardiac Cath Lab, Cardiac Prep and Recovery Unit, and the Department of Cardiology, overseeing a diverse team across multiple high-performing units. A second-career nurse with a successful background in business, Cheryl brings a distinctive leadership perspective that blends clinical expertise with strategic, data-driven decision-making. She is passionate about balancing operational demands with fostering a healthy work environment. Cheryl holds a Master of Science in Health Leadership and Management and is currently pursuing a Doctor of Business Administration, reflecting her commitment to lifelong learning and transformative healthcare leadership.



Cuihong Xie

Academy of Nursing, University of Exeter, Exeter, Devon, United Kingdom

Prospective acceptability of drama in nursing education: A focus group discussion study with nursing students

Nursing is both science and art. Therefore, recent advances in nursing education have designed the drama art activity, which can simulate clinical practice in drama with process-oriented and reflective experiences, to practice the scientific nursing care and improve the clinical competency. However, engagement of drama in nursing education is low. To address this engagement problem, this study explored nursing students' prospective acceptability of drama in nursing education. Including their perceptions, perceived effects, and underlying mechanisms of the effects.

To achieve this aim, this study recruited nursing students without previous experiences on drama in nursing education, to discuss their views in the focus group discussion (OSF Pre-registration: To facilitate the focus group discussion, a workshop included a brief introduction of drama in nursing education (20 minutes), and a semi-structured focus group discussion (90 minutes). After the workshop, participants' responses were and analysed with Thematic Analysis. Within 30 days after the discussion, identified themes and codes in the discussion were shared with participants, for verification and consensus from them. This study got the ethical approval from the University of Exeter (Application ID: 8559547).

The workshop was scheduled to take place on two occasions. For the first session, participants had initially agreed to attend; however, none were able to join due to scheduling conflicts between their clinical practice and the workshop. Then, they proposed an alternative time. At the second session, 21 nursing students participated. In the discussion, participants perceived positive impacts of drama, including fun, self-awareness, and becoming professional. However, they perceived negative impacts of feeling difficult, feeling fake and sceptical attitudes, unwillingness, and vulnerability. They explained that these negative perceptions were raised from their insufficient clinical knowledge and their shyness. To reduce their uncomfortable feelings and engage them with drama, they proposed solutions, including three aspects of the drama design: (1) participation benefits (refreshments and counting simulation hours); (2) delivery protocol (conditional participation and appropriate scheduling); as well as (3) delivery competence (the small group design, authentic scenarios, an experienced facilitator in drama, and psychologically safe climate in drama).

The process-related incident of organizing the workshop and their responses to drama in nursing education implicitly reflected nursing students' desire to be placed at the centre of the design. This aligns with principles of person-centred care—being respect during participation, and engaging in activities meaningfully connected to person-centred clinical practice. Notably, the relatively low engagement in the initial workshop may itself reflect a lack of perceived person-centredness in the educational process.

In conclusion, this study further explored nursing students' perceptions of drama in nursing education, explained their low engagement with its feasible solutions. These findings suggest that person-centred care should not be taught solely as a professional standard, but modelled within nursing education itself. Educators must strive to create learning environments that reflect the same values of respect and responsiveness that we expect students to uphold in their future clinical practice.

Biography

Cuihong Xie received a B.Sc. degree from Guangdong Polytechnic Normal University, China, in 2020, and a M.Sc. degree from University of Exeter, UK, in 2022. She is currently a Ph.D student with the Academy of Nursing, University of Exeter, UK. Prior to joining in the Academy of Nursing, University of Exeter, she was a research assistant with Department of Psychology, Southwest University, China. She also was a teacher focusing on drama in education for mental health in China.



Debra A Hrelc

University of North Carolina Wilmington, United States

Learning beyond content in graduate nursing: A descriptive qualitative analysis of the online experience

Online education has become an integral part of higher education programs. There has been much research demonstrating student satisfaction with online learning, yet there is a lack of focus on how it affects students' engagement and connection with their classes and classmates. The shift to online education has reshaped learning dynamics, necessitating insights into graduate students' online experiences to optimize engagement, satisfaction, and ultimately learning. Understanding students' online experiences will help nurse educators create interactive, connected digital classrooms catering to meet diverse learning needs and styles. This study explores these experiences among 22 graduate nursing students enrolled in asynchronous pedagogy courses, using Sandelowski's (2010) descriptive qualitative approach to capture a nuanced understanding of their online learning journeys. Data from reflective discussion posts were analyzed through NVivo 14 analysis software, yielding five key themes: engaged teaching strategies, connected classroom, integrated learning theories, effective course design, and misaligned learning and technology. Results indicated that students valued active teaching strategies, a supportive learning community, and clear course structures for positive experiences, whereas misalignment in engagement methods and technology led to dissatisfaction. Notably, Instructor Social Presence (TSP) emerged as essential for fostering connections and enhancing student engagement. This study underscores the need for continuous faculty development to foster effective TSP and align course design with interactive, student-centered approaches. Future research should investigate the impact of these factors on actual learning outcomes to further support effective online education practices for graduate-level learners.

Biography

Dr. Debra A. Hrelc is a Clinical Associate Professor from the University of North Carolina Wilmington, in the United States. She has been a Nurse Educator at the baccalaureate and graduate levels for approximately 40 years. Dr. Hrelc is a well-respected nurse researcher whose research focus is success in education and has included such areas as: student success, student engagement, effects of stress on success, as well as faculty success and stressors. She has presented her research regionally, nationally, and internationally, and is widely published in peer-reviewed academic journals.



Debra Miller* MSN, RN, CPN, CNL, CPN; Meredith Reape* MSN, RN, CPN

3 West, Nemours Children's Health, Wilmington, DE, USA

Pediatric evacuation drills: The process, the implementation and the learnings

Pediatric patients in a hospital setting are an at-risk population that require safe and efficient evacuation in the event of a natural disaster. Since 2014 there have been 278 Natural Disasters in the United States (Em-Dat). At Nemours Children's Hospital, Delaware (NCH-D), a Level 1 Pediatric Trauma Center, nationally ranked in 9 specialties, and a 3-time Magnet Facility, our unit has implemented an annual simulation-based curriculum focusing on the evacuation of medical complex pediatric patients in a disaster. 3 West is a 24-bed unit that cares for orthopedic patients, patients in need of acute rehabilitation of traumatic brain injury, spinal cord injury, and comprehensive rehabilitation, as well as ventilator-dependent patients with tracheostomies. For the past 37 years, we have held the accreditation through The Commission on Accreditation of Rehabilitation Facilities (CARF). As the only CARF-certified rehabilitation program for pediatrics in the region, to maintain our certification, our nurses are required to perform evacuation drills yearly. Preparation for the drill begins in the months prior to the exercise starting with a web-based training on the use of med sleds. Med sleds facilitate a safe and rapid vertical evacuation down a stair-well. The nurses are also educated on the designated meeting area outside of the hospital. The goals of the evacuation drill are to educate the staff, execute the drill, and evaluate the process. Following the drill, we perform an interdisciplinary debrief. This includes nurses, nursing assistants, physical therapists, respiratory therapists, public safety officers, the emergency preparedness coordinator, and executive leadership. We implement changes based on feedback from those who participated in the drill as healthcare team members, patients, and observers. Every year lessons are learned. The nurses recognize barriers and offer recommendations for improvements. Sometimes the barriers are physical, for example part of the facility, or individual, such as patients with mobility impairments and technology dependence who will need special consideration. The interventions developed during the debrief help advance nurses knowledge and self-confidence concerning disaster education and evacuation. Nurses are heroes. We need the education and skills for disaster preparedness to be able to safely evacuate our pediatric patients. Preparing and implementing disaster drills gives our nurses and vulnerable patients the ability to have hope, resources, and processes in place to keep them safe.

Biography

Debby Miller MSN, RN, CPN, CNL is a Nurse Manager on 3 West, a pediatric rehabilitation, orthopedic and neurology unit at Nemours Children's Health in Wilmington, DE. Debby has been at Nemours since 1999. She began her career as a nursing assistant and became a nurse in 2006. She furthered her education at Wilmington University for her BSN and then Drexel University for her MSN as a clinical nurse leader in 2019. Debby holds a Clinical Nurse Leader certification as well as Certified Pediatric Nurse certification. Nurses working on 3 West started the Delaware Chapter of Rehabilitation Nurses in 2019; Debby currently serves as the Vice President for this chapter. Debby was the process owner for bedside reporting, and utilized evidence-based findings, education and a toolkit, and created a successful process change and a new policy. Community service is a passion of Debby's and through her leadership, members of her staff have provided meals every month for food insecure people of Elkton Maryland, over the past 14 years. Preparing and serving meals every month was something she thought would touch the people they serve, when in reality it is the people that serve who are touched.

**Dequan Sun**

Zhengzhou University, Zhengzhou, Henan, China

Advances in enhanced recovery after surgery for perioperative management of esophageal cancer: A narrative review

Background: Esophageal cancer ranks among the most lethal malignancies worldwide, and surgical intervention remains the primary curative modality. However, traditional perioperative care is often associated with significant physiological stress, delayed recovery, and high complication rates. Enhanced Recovery After Surgery (ERAS) protocols represent a paradigm shift in perioperative management, aiming to improve clinical outcomes through evidence-based, multidisciplinary strategies.

Objective: This review examines recent progress in the implementation of ERAS protocols in the perioperative care of esophageal cancer patients, with particular attention to their core components, clinical efficacy, and practical challenges in nursing practice.

Methods: A narrative literature review was conducted by systematically searching domestic and international databases for relevant studies published in recent years. Inclusion criteria focused on clinical trials, cohort studies, and reviews evaluating the application and outcomes of ERAS interventions in esophageal cancer surgery. Key components and effectiveness were synthesized and analyzed thematically.

Results: Current ERAS pathways in esophageal cancer surgery integrate preoperative counseling and nutritional optimization, minimally invasive surgical approaches, multimodal analgesia, early enteral nutrition, and early mobilization. These measures have demonstrated benefits including reduced postoperative complications, shorter length of hospital stay, enhanced gastrointestinal recovery, and improved psychological outcomes. Nonetheless, inconsistent implementation, limited nursing-specific protocols, and insufficient high-level evidence in certain areas remain ongoing challenges.

Conclusion: ERAS has emerged as a valuable approach to optimizing perioperative outcomes in esophageal cancer care. To maximize its effectiveness, future research should focus on standardizing protocol elements, strengthening interdisciplinary collaboration, and tailoring ERAS pathways to cultural and institutional contexts. The role of perioperative nursing, as a core component of ERAS success, warrants further empirical exploration.

Keywords: Esophageal Cancer, ERAS, Perioperative Nursing.

Biography

Dequan Sun studied Nursing at Henan University, China, and graduated with a Bachelor's degree in 2023. He then joined the research group of Prof. Sun at Zhengzhou University to pursue his Master's degree. Prof. Sun's research team has published over 150 influential academic papers in prestigious domestic and international journals indexed by SCI, SSCI, and CSSCI, and has authored or co-authored 8 books and textbooks. The team has successfully led and completed 17 international collaborative projects, national funding initiatives, and provincial-level research projects.



Eliane Cristina Sanches Maziero*, Elaine Drehmer de Almeida Cruz

Universidade Federal do Paraná, Brazil

Study of workload, professional qualification in nursing and occurrence of health incidents

Studies have confirmed that work conditions are important factors for the quality of nursing care, patient safety and the satisfaction of the professional. Among the nursing action fields is the intensive treatment in pediatrics and neonatology, population that, because of its vulnerable condition, is more exposed to incidents and adverse events. This research investigated whether there is an association between the work conditions of intensivists nursing and the occurrence of adverse events in patients hospitalized in a neopediatric Intensive Care Unit. This is an evaluative, descriptive and documentary research, with a cross-sectional, analytical design, carried out in the Neonatal and Pediatric Intensive Care Units of the State Health Department of Paraná hospitals. The participants were organized in Group I, composed of nurses and nursing technicians (n=143) and Group II, divided into two subgroups. Subgroup I, patients hospitalized for more than 24 hours, in the week of data collection (80); and Subgroup II: medical records of patients who were discharged, transferred or died during the month of the collection (n=79). For the evaluation of predictive variables, related to the qualification, workload, personnel size and working environment, the following instruments were applied: sociodemographic questionnaire, Nursing Activities Score and Brazilian Nursing Work Index-Revised. For the identification of the adverse events, considered as outcome variable, patients' medical records were consulted, and the Global Trigger Tool methodology was applied, using the tools provided by the National Health Service. The data were collected between April 2017 and January 2018 on seven consecutive days in each unit. The confirmation of adverse events was performed by a pediatrician with experience in incident analysis. For the analysis, the results of quantitative variables were described by mean, maximum, minimum and standard deviation. The student's t-test was considered in the analysis workload and sizing. The analysis of the association among the variables was performed by calculating the chances ratio, by logistic regression. The results showed that the team seeks qualification, since 21% of nursing technicians have graduation degree, 61% of them in nursing, and 76.4% of nurses have post-graduation degree, with 80.1%, specialists in intensive care. 53.1% of the participants consider the professional qualification for intensive care unit action as the most important factor to avoid incidents and adverse events. The workload measured in the units varied between 55.7% and 93.9%, converted into hours resulted between 13.38 and 22.53, respectively. The sizing showed oscillations when compared to the parameters of the current legislation, but with the exception of the neonatal unit of hospital A, where all work scales exceeded the quantitative stipulated by the Nursing nursing activities score application. The environment was considered

favorable by four of the six units surveyed. From the 79 medical records analyzed, 32 (40.5%) presented a total of 85 triggers. Thirty adverse events were confirmed in 22 patients (27.5%), with an average of 1.36 AE / patient and a prevalence of 38%. Infection was the most prevalent AE, totalizing 12 cases (40%), followed by skin lesion; 28 (93.3%) adverse events were categorized as temporary damage. The analysis found no association between workload, sizing, environment and qualification with adverse events. However, the daytime work period, female professionals and the existence of Continuing Education Service in the institution were considered protective factors. It was concluded that there was no association between the working conditions and the occurrence of adverse events. The hospitals with exclusive care by the Unified Health System, show efforts to keep staff in appropriate numbers and encourage training and professional qualification.

Keywords: Neonatal Intensive Care Unit, Pediatric Intensive Care Unit, Pediatric Working Conditions, Patient Harm, Patient Safety.

Biography

Dr. Eliane C. S. Maziero holds a Nursing degree from the Federal University of Paraná (UFPR) in Brazil (2008). She completed her specialization in Pediatrics and Neonatal Intensive Care at Faculdade Pequeno Príncipe (2011). Dr. Maziero earned her Master's in Nursing from the Postgraduate Program in Nursing at UFPR (2011-2013) and went on to obtain her PhD in Nursing with an emphasis on Patient Safety from UFPR (2014-2019). She is an active member of the GEMSA Research Group at UFPR and serves on the Editorial Board of the Paraná Public Health Journal (RSPP/SESA). Dr. Maziero is also the Coordinator of the Brazilian Nursing and Patient Safety Network (REBRAENSP) Polo Paraná. She has published numerous scientific articles and book chapters in her field.



Ella S. Bermudez DNP, RN, EBP-C, CCM, CCRN, Amos Maru, Lirio Sumera Jr., Manuel Fernando Dy, Smita Mathews, Lalaine Smith, Racquel Glass, Leonor Lopez, Lihua Liu, Tamara Pomerantsev, Rafael Rodrigues-Torres, Vanessa Villegas, Terri Tang, Sharmine Stewart

VA Palo Alto Health Care System, California, USA

Prevention and management of medical adhesive-related skin injury: An EBP-QI project

Purpose: This EBP-QI project had two purposes: (1) To determine the best evidence for preventing and managing Medical Adhesive-Related Skin Injury (MARSI), using the following PICO question: For patients with medical adhesives (P), how do the best evidence-based interventions (I) compared to current practice (C) affect skin injury (O)? (2) To influence and validate clinicians' knowledge and practice of preventing and managing MARSI using a pre- and post-implementation knowledge tests.

Participants and Setting: The project was located in the western United States and provided healthcare in acute and long- term care settings. Out of the 1200 nursing staff employed by the healthcare system, we received 452 and 515 voluntary responses for the pre- and post-implementation knowledge tests respectively.

Approach: During the EBP initiative, the Fuld Institute's 7 Steps of Evidence-Based Practice model guided this project to integrate the best evidence. Our search yielded 571 articles from 4 databases. This study adhered to criteria established by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Protocols statement, resulting in 11 significant findings. Based on the evidence, we implemented a QI initiative to identify, prevent, and manage MARSI using the sequential Plan-Do-Study-Act cycles in 2 phases.

Outcomes: The best evidence-based interventions was a 5-step prevention and management plan for MARSI, including identifying risk factors, selecting the appropriate adhesive, using proper application and removal of adhesives, and managing MARSI based on the type of skin damage. The interdisciplinary Team MARSI provided education and training as to over 450 clinicians. The post-test scores from the in-person and online education and trainings showed an improvement in knowledge acquisition in preventing and managing MARSI.

Implications for Practice: Team MARSI expanded the delivery of evidence-based medical supplies including skin barriers and adhesive removers for small and large skin injuries easily accessible to clinicians. Clinicians, not only nurses, must continue to strive to acquire tools and training to prevent MARSI. Healthcare organizations must provide evidence-based tools and education to prevent and manage avoidable healthcare- related injuries.

Biography

Dr. Ella Bermudez studied nursing at Lyceum Northwestern University in the Philippines. She earned her Master of Science in Nursing (MSN) from Johns Hopkins University and her Doctor of Nursing Practice (DNP) from the University of San Francisco. Since 2008, she has been with the Veterans Health Administration (VA) in various roles, including case manager, project coordinator for re-engineered discharge (RED), home care coordinator, and evidence-based practice (EBP) coordinator. As a doctoral-prepared EBP coordinator, Dr. Bermudez collaborated with an interdisciplinary team to explore knowledge translation and implementation science within a complex healthcare system.



Emmanuel Shyllon

North Metropolis Health Services Graylands Hospital & State Forensic Mental
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On nursing informatics: Defining information quality needs in Western Australian electronic medical record program for better health

Western Australian (WA) Health System is statewide using same policies, processes and documentations in all the clinical settings. Many times, nursing information is collected by our clinicians who carry out:

- Transfers of care from one hospital to another via ambulances and Flying Doctors, and
- Clinical Point of Care (POC) services to our consumers across community settings.

Currently, a statewide Electronic Medical Record (EMR) is being implemented in WA. It aims to be a unique and a secure electronic medical record for every consumer. As a result, WA Health Information Quality Policy indicates that high information quality in the health sector is needed to support consumer care, funding, management, planning, monitoring, reporting, National Data Provisions, and strategic decision making.

This paper will present ...how the current assessment scales (Low: Needs attention; Medium: Adequate; High: Excellent) of the information quality can be improved such that we can have maximum benefits from it....

Firstly, in the context of nursing information assets, the principles of the WA Health Information Quality Standards are discussed, which are: Relevance; Timeliness; Coherence and comparability; Accessibility and Clarity.

Further, this paper will illustrate how Geospatial Information Quality handling techniques are effectively utilised to address the Information Quality needs, that is the extent that nursing information is fit for purpose of real time sharing that is required to monitor, diagnose, treat and manage illness continuity of care,

Finally, the that values such techniques will add to WA Health System, for example: Location-Based Information Assets Management will be mentioned.

Biography

Dr. Shyllon holds PhD in GIS–University of Melbourne, Victoria, Australia. An M.Sc. in Project Management–Curtin University, Perth, Australia and a Diploma of Nursing–Notre Dame University, Perth, Australia (Enrolled Nurse). MPhil. GIS–University of Newcastle Upon Tyne, UK. His summary of working experience in previous and current but not limited to the following: Nursing experience (General & Mental Health) 2018-Todate, Spatial & Non-Spatial Information Management/System (GIS) in Australia and Overseas: On intelligent Geocoding in Australia under the Cooperative Research Centre for Spatial Information (CRC-SI), 2002-2007. With over 15 years' experience of Project Management, Asset (Data & Information) Management and Monitoring projects-Health (using GIS). An Associate Member of the Health Information Management Australia Association, Dr. Shyllon has also published many research articles in journals.



Ericka Castillette* MSN, RN, CPN, CDCES, CNE, ped-CCRN; Melissa Coon* MSN, RN, CPN, CNML

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Improving nursing competence and patient care through mock codes

Many nursing students don't get the opportunity for direct patient care following the pandemic; their opportunity to use equipment was almost nonexistent. Our 30 bed pediatrics/PICU unit experienced an influx of new nurses, both recent graduates and nurses transferring from other units, usually adult. The amount of anxiety surrounding a pediatric code was almost palpable with new employees. Informal conversations and a short questionnaire yielded results that said a few things. One was that the nurses without code cart experience were very apprehensive about opening it. Several responded that they didn't want to waste anything by cracking the lock off the code cart. The new graduate nurses only saw an adult code cart in orientation and verbalized being frightened with the amount of things in it. The nurses that transferred from adult units were amazed at the amount of items in the code cart and how precise everything needs to be drawn up. During the literature review, the same impression was evident; effective mock codes include high quality cardiac compressions/CPR, effective code team leadership, rapid code team assembly, and knowledge of code cart/meds.

The purpose of this educational intervention was to have regular in situ mock codes as an extremely effective way for interdisciplinary teams to build high-risk skills in a safe yet realistic environment. Using an adult learning theory framework, engagement strategies included teambuilding exercises, role-playing, teach backs, and team competitions. The implications this educational intervention had was keeping staff members' resuscitation skills sharp in a nonthreatening environment, clarifying the roles of team members during a code, establishing a traffic control plan to maintain order, and ensuring that equipment and medication is available. Mock codes and the ability to be hands on with code cart medications and equipment is relevant to nursing. The training increased staff satisfaction, improved team dynamics, and brought staff back to basics which is having increased compliance to AHA resuscitation standards.

Biography

Ericka Castillette began her career over twenty years ago in pediatrics; she then trained in the pediatric ICU. After becoming the Clinical Nurse Educator, she has completed projects that have been presented locally, nationally, and internationally. Ericka holds four certifications, has been awarded Clinical Nurse of the Year at Good Samaritan University Hospital and nominated for the Nassau/Suffolk Nurse of the Year.



Etti Rosenberg*, Stefan Cojocaru

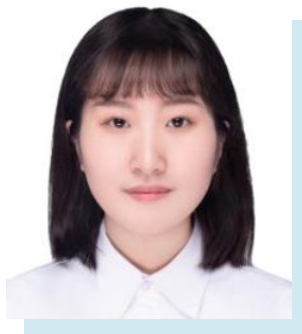
Alexandru Ioan Cuza University, Romania

Virtual community, real impact: The role of a social media platform in shaping nurses' professional identities and practice

The article *Virtual community, real impact: The role of a social media platform in shaping nurses' professional identities and practice* explores how social media platforms influence nurses' professional identities and practices within a healthcare organization. Using a qualitative methodology, the study involved semi-structured interviews with 20 nurses from various specialties and regions in Israel, examining their experiences with a dedicated Facebook group for nursing professionals. The findings reveal that the platform fosters a strong sense of community, emotional support, and professional growth among its members. Participants articulated feelings of belonging, akin to being part of a virtual family, where they could share challenges and seek advice. Moreover, the study illuminates themes of pride and unity within the community, showcasing how active participation enhances professional knowledge and self-efficacy. However, challenges such as information overload and concerns about professional image in a hierarchical setting were also identified, reflecting the complex dynamics of social media in healthcare. The research underscores the need for healthcare organizations to harness the positive impacts of social media while addressing potential downsides. Future research directions include quantitative studies to measure the community's effects on burnout and self-efficacy among nurses. This work contributes to the growing scholarship on the intersection of social media and healthcare, offering insights for developing strategies that promote a supportive and connected workforce. The implications of these findings are particularly relevant for healthcare organizations seeking to enhance nurse well-being and professional development through innovative digital tools.

Biography

Etti Rosenberg, head of innovation in Nursing at Clalit Health Organization, is a nurse practitioner in policy and management. She was recognized as one of the WHO/WIGH/ICN/Nursing Now's 100 Outstanding Women Nurses in 2020. Rosenberg was highlighted for her role in policy and her innovative use of social media to connect and support the nursing community. Her efforts brought visibility to the vital work and challenges faced by nurses. She is a keynote lecturer worldwide and currently pursuing her PhD at the Alexandru Ioan Cuza University.



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Research advances in identification tools for non-suicidal self-injury behavior in adolescents

Non-Suicidal Self-Injury (NSSI) is primarily characterized as deliberate, recurrent, and direct damage to body tissues without suicidal intent, resulting in mild to moderate tissue injury. Common manifestations include cutaneous cutting, abrasion, piercing, and laceration. With accelerated societal development, evolving family structures, intensifying academic pressures, and heightened social competition, the incidence of NSSI among adolescents has demonstrated progressive annual growth. Global epidemiological data indicate that the lifetime prevalence of NSSI in adolescents between 2010 and 2021 approximates 22.0%. Substantial evidence identifies NSSI as a significant predictive factor for suicidal ideation and behaviors, with markedly elevated risks of both suicide attempts and completed suicides among NSSI-engaged individuals. Clinical studies reveal that 70% of patients with NSSI histories have attempted suicide at least once, while 55% report multiple suicide attempts. The mortality risk from suicide peaks during the first 6 months post-NSSI episode and typically declines thereafter. Adolescence constitutes a high-risk period for NSSI onset. Early identification and timely intervention of NSSI are critical for mitigating suicide risks in this vulnerable population.

The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) categorizes NSSI as an independent clinical disorder. Conventional assessment tools for NSSI include clinical interviews, standardized questionnaires, and clinician evaluations. In recent years, researchers have incorporated novel technologies such as machine learning, electroencephalography, and magnetic resonance imaging to enhance risk assessment, effectively improving the accuracy and efficiency of NSSI risk prediction. This review examines existing NSSI assessment instruments, compares their diagnostic accuracy and application limitations, explores practical implementation challenges and ethical considerations, and proposes potential improvement strategies to facilitate early identification of NSSI behaviors in adolescents.

Biography

Fei Du graduated from Zhengzhou University with a Bachelor's degree in Nursing in 2022. Publish a core thesis at Peking University during her undergraduate studies. In 2023, she joined Professor Xu Hui's research group at Zhengzhou University to pursue a master's degree.



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Optimizing IV access for CT: A quality improvement initiatives to reduce infiltration outpatient CT

At the HMH outpatient CT scan unit, the intervention aimed to address a pressing issue: the high rate of IV infiltration during power injection of the CT contrast. In December 2023, data revealed an infiltration rate of 0.50% to 0.54% spanning 8,000 outpatient procedures. These infiltration events resulted in notable patient discomfort, procedural delays, and serious risks of tissue damage, underscoring the urgent need for effective strategies to mitigate these complications (Smith et al., 2022). Previous research has established a correlation between higher infiltration rates and decreased patient satisfaction, as well as compromised safety (Johnson, 2023).

In response, the CT scan unit staff implemented a comprehensive strategy focused on reducing these rates. Central to this initiative was an extensive training program on ultrasound-guided Peripheral IV (PIV) insertions, which have demonstrated improved success rates, particularly for patients with difficult venous access (Adams & Lee, 2023). Additionally, the use of 1.75-inch catheters was recommended to ensure better stability in at-risk patients. To further enhance patient safety, a standardized set of flushing and blood return guidelines was established (Miller et al., 2023), alongside efforts to promote pre-scan hydration, aimed at improving vein visibility (Gonzalez, 2023).

The primary objective of this initiative is to validate the hypothesis that targeted interventions can lead to a significant reduction in IV infiltration rates during CT contrast injections. A multifaceted approach will be taken to assess the effects of ultrasound-guided PIV insertions on first-attempt success rates, compare the efficacy of 1.75-inch catheters to shorter alternatives, and evaluate adherence to standardized flushing and verification protocols. Furthermore, the relationship between pre-scan hydration and vein visibility will be analyzed. The overarching goal is to lower the infiltration rate from 0.21% to an ambitious 0.10% by June 2025, thereby significantly enhancing patient safety and overall care quality.

To systematically evaluate the interventions' effectiveness, the HMH outpatient CT scan unit will employ a Plan-Do-Study-Act (PDSA) cycle. In the Plan phase, specific objectives such as improving first-attempt success rates for ultrasound-guided IV insertions and ensuring adherence to flushing guidelines will be outlined. The Do phase involves staff training and the establishment of a new standard of care. During the Study phase, data will be collected over six months to assess the impact of the implemented changes. In the Act phase, insights derived from this data will be utilized to refine protocols and training, further enhancing patient safety.

Initial outcomes suggest that implementing these targeted interventions has already led to a notable reduction in IV infiltration rates, dropping from the pre-intervention range of 0.50% to 0.52% to 0.21% by June 2024. This significant improvement has alleviated patient discomfort and procedural delays while reducing the risk of potential tissue damage. The findings validate the critical role of thorough training in ultrasound-guided PIV insertions, the utilization of longer catheters, adherence to established protocols, and encouraging pre-scan hydration.

To sustain and further improve these positive results, several key actions will be undertaken. An ongoing reinforcement training program will be established, alongside a data monitoring system to track IV access rates and infiltration incidents. This system will produce monthly and quarterly reports to identify trends and areas for enhancement. Additionally, gathering patient feedback through surveys and focus groups will be instrumental in refining the patient experience. Emphasis on interdisciplinary collaboration among nurses and CT technologists will ensure a unified approach to IV insertion practices, ultimately setting a high standard for outpatient imaging services.

Biography

Gary J. Bolanos, RN, BSN, CRN a graduate of Aquinas University of Legaspi (1991). Currently work at radiology department outpatient CT (18 years), he is a clinical mentor, unit resource and a skills validator. In 2013, he recieved the award for Nurse Clinician of the Year for Houston Methodist hospital.



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Research progress of nonpharmacological management of resistiveness to care in patients with dementia

The World Health Organization estimates that there are about 10 million newly diagnosed dementia patients in the world every year, and the prevalence rate of dementia in China is about 7.20%, which is the country with the largest number of dementia patients. Resistiveness To Care (RTC) is a common abnormal behavior in the mental and behavioral symptoms of dementia patients, which refers to all behaviors of dementia patients resisting or opposing nursing work caused by nursing activities. Although the concept of RTC is widely discussed in various disciplines such as nursing, clinical medicine, dentistry, and psychology, its definition and understanding differ between different fields, and this inconsistency has led to the failure to systematically integrate and present non-pharmacological interventions for RTC.

RTC can cause serious adverse consequences for patients, such as psychological distress, malnutrition, skin damage, self-harm, and increased risk of abuse. In addition, RTC seriously interferes with the effective implementation of nursing work, making nursing work full of pressure and challenges. Given the negative impact of RTC on patient health and care, effective RTC management is particularly important. Measures to manage RTC include pharmacological and non-pharmacological interventions. Drug treatment has such problems as limited effect, high cost and many adverse reactions. Therefore, national policy initiatives prioritize the use of non-drug interventions. Non-pharmacological interventions focus on the interaction of patient, caregiver, and environment in treatment. It is often possible to provide more personalized care to patients, taking full account of their needs. Therefore, This article reviews the non-drug intervention methods such as improving the environment, sensory stimulation, care techniques and interventions based on digital technology, in order to provide reference and guidance for the care of the RTC behavior of the patients with dementia.

Biography

Han Li graduated from Zhengzhou University with a Bachelor's degree in Nursing in 2021. In 2023, she joined Professor Xu Hui's research group at Zhengzhou University to pursue a master's degree.



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Multidimensional preferences in COPD health management: A scoping review of discrete choice experiments

Background: Chronic Obstructive Pulmonary Disease (COPD), the third leading cause of death globally, faces critical challenges in health management including insufficient prevention and suboptimal therapeutic outcomes. These issues stem from the inability to precisely identify multidimensional preferences of patients and stakeholders. While preferences are pivotal for optimizing clinical decision-making, traditional research methods fail to quantify attribute importance and dynamic interactions. Discrete Choice Experiments (DCEs) effectively simulate multi-attribute decision-making in real-world healthcare scenarios. However, existing COPD studies predominantly focus on unidimensional preferences, with methodological inconsistencies leading to fragmented evidence. Systematic analysis of multidimensional preferences is essential for developing targeted interventions in COPD health management.

Purpose: This scoping review aims to examine and compare studies employing DCEs to quantify preferences in COPD health management, addressing three questions: 1) What are the global distribution characteristics of these studies? 2) What multidimensional preference outcomes have been identified? 3) What methodological features characterize DCE designs in this field?

Methods: We systematically searched Chinese and English databases from inception to June 2025. Articles meeting predefined criteria were included and assessed using the PREFS checklist. General characteristics, DCE design features, and multidimensional preference outcomes were synthesized through narrative analysis.

Results: Eighteen English-language studies were included, with a mean PREFS score of 3.6 (SD=0.5). The reviewed preferences spanned three key COPD management phases (prevention, treatment, and care), covering six domains: clinical communication, non-specific treatment, inhaler selection, symptom improvement, early discharge, and pulmonary rehabilitation. Participants primarily included COPD patients (n=16), with single studies involving informal caregivers, COPD nurses, and high-risk smokers. Attribute numbers ranged 4-11 with 2-5 levels per attribute. Most studies (n=17) adopted fractional factorial designs, with only one incorporating an opt-out option. Mixed logit models were predominant (n=6).

Conclusion: This scoping review synthesizes applications of Discrete Choice Experiments (DCEs) in COPD health management, revealing multidimensional preferences across health management phases. High-risk populations prioritized symptom interpretation, authoritative information sources, and hope-oriented messaging during prevention, while significant preferences emerged for symptom relief, sleep quality improvement, low-cost interventions, and minimized side effects in non-specific treatment. Attributes including dose counters, user-friendly inhalers, and soft mist devices were strongly preferred in therapeutic device selection. Patients and stakeholders emphasized early discharge models with low care burden and out-of-pocket costs, alongside pulmonary rehabilitation programs with exercise training as the foundational component. Future studies should prioritize prevention and rehabilitation dimensions, particularly exploring screening adherence and rehabilitation protocols through original DCEs. Methodological standardization is warranted to refine attribute-level development processes, integrate opt-out options for ecological validity, and select context-specific analytical models. These strategies will optimize patient-centered COPD health management.

Keywords: Chronic Obstructive Pulmonary Disease, Discrete Choice Experiment, Health Management, Patient Preferences.

Registration Number: The scoping review was registered with the Open Science Framework (OSF) on 26 May 2025.

Biography

Han Su graduated from North China University of Science and Technology with a bachelor's degree in nursing in 2024. In 2024, she entered the research group of Professor Weihong Zhang of Zhengzhou University to pursue a master's degree. The team has been committed to community and public health nursing research, using modern information technology, clinical trials, simulation scenario training and other technologies. It has been approved for 2 National Natural Science Foundation projects, published 12 research articles in SCI (E) journals, 36 Peking University Chinese core journal papers, authorized 4 national invention patents, and edited 4 monographs and 3 textbooks.



Hanbing Zhao

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The correlation between recurrence risk perception and self-management behaviors in first-ever stroke patients

Objective: To explore the correlation between recurrence risk perception and self-management behaviors in first-ever stroke patients.

Methods: A total of 115 first-ever stroke patients who visited the neurology and neurorehabilitation departments of two tertiary Grade A comprehensive hospitals in Zhengzhou from October 2024 to December 2024 were selected as the study subjects. A general information questionnaire, the Stroke Recurrence Risk Perception Scale, and the Stroke Patient Self-Management Behavior Rating Scale were used for the survey.

Results: The recurrence risk perception score of first-ever stroke patients was (33.25 ± 11.19) points, and the self-management behavior score was (168.93 ± 19.81) points. There were statistically significant differences in self-management behavior scores among patients with different educational levels, occupational types, monthly household income per capita, and residential areas ($P < 0.05$). A positive correlation was found between recurrence risk perception and self-management behaviors in first-ever stroke patients ($r = 0.295$, $P < 0.01$).

Conclusion: The recurrence risk perception of first-ever stroke patients was at a moderate level, while their self-management behavior level needs improvement. Recurrence risk perception was positively correlated with self-management behaviors, indicating that higher recurrence risk perception was associated with better self-management behaviors. This suggests that healthcare professionals can improve the self-management level of first-ever stroke patients by enhancing their recurrence risk perception.

Biography

Zhao Hanbing studied Nursing at the Nursing and Health School, Zhengzhou University from 2019 to 2023, and obtained a Bachelor's degree in Nursing in June 2023. In the same year, due to her outstanding academic performance, she was granted a recommendation for postgraduate studies and continued to pursue a Master's degree in Nursing at the School of Nursing and Health, Zhengzhou University. During both her undergraduate and postgraduate studies, she participated in multiple innovation and entrepreneurship competitions as well as social practice activities.

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Empowering and engaging unlicensed nursing personnel

Unlicensed nursing personnel make up more than forty percent of the medical surgical unit team. Therefore, their role is important and plays an essential role with patient safety, quality, and unit engagement.

Due to the COVID pandemic, significant disruptions occurred on the unit. These had direct implications on turnover, morale, and engagement on the team. This was even more evident in the unlicensed nursing personnel team, creating challenges that affected the team's engagement and ability to maintain the highest level of care. Like many other healthcare organizations, the challenges faced were universal.

To empower and engage the unlicensed nursing personnel to work to the top of their scope while exhibiting the mission, vision, and values of the organization.

The nursing leadership team identified the need to support the unlicensed nursing personnel and proposed a weekly structured huddle, brief, focused meeting, for this group. This huddle is held every Thursday morning in the conference room. The meeting's structure consists of a round table reviewing the organization's mission, vision, and values, reviewing the weekly topic, and caregiver recognition from staff and patients.

Since implementation, outcomes can be measured in quality, safety, and engagement. The unit has had one hundred percent participation for the engagement survey for two years and a 0.74 increase with the Safety Culture Index. The Safety Culture Index is an assessment of the employees' perceptions of safety and culture within the unit. Indirect outcomes have been observed in a decrease in falls and elimination of annual CLABSI occurrences in 2024.

These huddles provide tools for the unlicensed nursing personnel to deliver safe, hi-quality care, work to the top of their scope, and improve job satisfaction and retention on the medical surgical unit while exhibiting the mission, vision, and values of the organization.



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²Simulation Coordinator Department of Nursing Bowie State University, Bowie, Md., USA



Empowering undergraduate nurses: Advancing competency through student-directed open simulation labs

Undergraduate nursing students at Bowie State University articulated a clear need for expanded access to simulation-based learning experiences to enhance clinical preparedness and address gaps in Knowledge, Skills, and Attitudes (KSAs) essential for safe, effective patient care. In response, the Department of Nursing conducted a SWOT analysis to identify innovative strategies for increasing simulation opportunities amid existing faculty limitations.

This initiative led to a collaborative effort among undergraduate and graduate nursing faculty, in partnership with simulation personnel, to design and implement a student-driven open simulation lab model. Grounded in learner-centered pedagogy, the model empowered students to identify their individual learning objectives—aligned with course content—via a structured sign-up process. Faculty and simulation staff then designed tailored simulation scenarios that addressed these objectives, ensuring alignment with curricular and clinical competencies.

Each session adhered to best practices in simulation pedagogy, incorporating a pre-briefing, a high-fidelity or task-based simulation, and a structured debriefing. Sessions were delivered in one-hour blocks, with participation available to individuals or small groups. Post-session evaluations were administered to capture student perceptions and inform continuous quality improvement.

This presentation will outline the development, implementation, and preliminary outcomes of the open simulation lab initiative. It will also explore the benefits of interdisciplinary collaboration and student engagement in simulation design. Preliminary findings from informal evaluations indicate increased student confidence, competence, and satisfaction, suggesting that this model effectively addresses learner needs and enhances readiness for clinical practice.

Biography

Dr. Janice K. Williams is an Associate Professor at Bowie State University and a board-certified Family Nurse Practitioner and Certified Nurse Educator. She holds a Doctor of Nursing Practice in Executive Leadership from Johns Hopkins University. Dr. Williams has over 20 years of clinical and academic experience, with scholarly interests in simulation-based education, curriculum development, and faculty advancement. She has authored more than 10 peer-reviewed publications and delivered over 15 national and international presentations. Her academic work is grounded in evidence-based practice and reflects a commitment to advancing equitable learner-centered nursing education through innovation, interprofessional collaboration, and academic leadership.

Allison Griffith is a registered nurse with over 25 years of experience across diverse clinical settings, including Surgical Trauma, Emergency Medicine, and outpatient care. Currently, she serves as the Simulation Resource Coordinator at Bowie State University, where she helps nursing students build clinical confidence and competence through immersive, simulation-based learning experiences. She holds a Master of Science in Nursing Education and is nationally credentialed as a Certified Nurse Educator (CNE) and an Advanced Simulation Educator Level III (ASEL III). She is currently pursuing a PhD in Health Professions Education, with a focus on advancing evidence-based teaching practices and improving learning outcomes in nursing education. At this year's conference, she is honored to co-present with Dr. Janice Williams on Empowering Undergraduate Nurses: Advancing Competency Through Student-Directed Open Simulation Labs. Their session will highlight how open-access, student-led simulation initiatives can enhance clinical judgment, foster autonomy, and prepare students more effectively for real-world practice. She is deeply committed to creating innovative, student-centered learning environments that inspire future nurses and support their professional development.

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Family resilience and its influencing factors in primary caregivers of children with cancer

Background: Childhood cancer is the second leading cause of death in children. Families of affected children face significant economic burdens from the disease and psychosocial distress. Family resilience can help these families adapt and grow when facing adversity. This study aimed to investigate the current status of family resilience and its influencing factors among primary caregivers of children with cancer within one month of diagnosis.

Methods: From November 2024 to June 2025, children and their primary caregivers who sought treatment at four tertiary first-class hospitals in Henan Province, China, and met the inclusion and exclusion criteria were enrolled. A total of 285 participants were finally included. Family resilience was measured using the Chinese version of the Family Resilience Assessment Scale. Univariate analysis and multiple linear regression were employed to explore the influencing factors of family resilience among primary caregivers, with statistical significance tested at $P < 0.05$. Latent Profile Analysis (LPA) was further conducted using Mplus 8.3 to classify family resilience types, based on model fit indices (including AIC, BIC, RMSEA, and entropy) to determine the optimal number of subgroups.

Results: The study found that the child's gender, cancer type, medical insurance type, and the caregiver's educational level were influencing factors of family resilience among primary caregivers. LPA identified three subgroups of family resilience: vulnerable type (51.58%), average development type (44.21%), and resilient-integrated type (4.21%).

Conclusion: This study highlights that family resilience in primary caregivers within 1 month of childhood cancer diagnosis is shaped by demographic and disease factors, identifying subgroups to inform targeted resilience-building interventions.

Biography

Jiale Han obtained a Bachelor of Nursing degree from North China University of Science and Technology from 2019 to 2023. Since September 2023, Han has been pursuing a Master of Nursing degree at Zhengzhou University.



Jos Boer^{1,2*} MSc, Prof. Nynke Boonstra¹, Prof. Bram Sizoo³, Dr. Sonja Kuipers⁴, Dr. Richard Vuijk⁵, Dr. Linda Kronenberg²

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Eye contact seen from autism. A descriptive qualitative multicenter study into visions and experiences with regard to eye contact, a comparison between adults with and without autism

Background: Eye contact in autism is said to be different than in all other populations worldwide. But despite decades of research on the nature of eye contact in autism, no definitive conclusions can be made. This while more understanding of this phenomenon could help overcome social problems that arise from atypical eye contact. One of the reasons for this lack of understanding could be that the visions and experiences of people with autism are barely taken into account.

Aim: To compare visions and experiences related to eye contact in adults with and without autism in the Netherlands and to explore which nursing interventions could contribute to the experience of less problems because of eye contact.

Method: A descriptive qualitative multicenter study with use of semi-structured interviews and thematic analysis. N=15 adults with autism who getting treatment at different mental health institutions in the Netherlands (region of Zwolle, Rotterdam and Amsterdam) and N=15 adults without autism living all across the Netherlands. Adults with and without autism were matched based on characteristics: nationality, sex, age, educational degree and living situation.

Results and Conclusions: Data analysis is almost complete. Preliminary conclusions that can be drawn are that adults with and without autism indeed have different opinions about what eye contact is and how it should be handled. Adults with and without autism also experience eye contact differently. Further, adults with autism have different opinions on which nursing intervention could contribute to experiencing less problems because of eye contact. The article is expected to be published mid 2025, after which the views and experiences of adults with and without autism can be explained in more detail.

Implications for Practice: Insight into the nature of eye contact in autism provides more guidance for nursing disciplines on how this can best be dealt with in the future. This makes it easier to work towards fewer problems in social interactions as a result of atypical eye contact in this population.

Biography

Jos Boer studied Nursing Specialist Psychiatry (Honor Program) and graduated cum laude in 2022. After that, he started working as a primary practitioner at the Specialistic Center for Developmental Disorders, a top clinical center. There he is both team leader of the outpatient team and of the whole treatment staff. Jos Boer is also PhD candidate at UMC Utrecht, where he focuses on the nature of eye contact in autism. Besides that, he participates in many projects, for example in national guideline development and in the department for Nursing Specialists of V&VN; the national nursing association in the Netherlands.



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Fostering professional identity formation in first-semester graduate nursing education students

Professional identity formation has many facets. Firstly, Landis et al., (2024) simply stated that professional identity formation is the transitioning from one role to another. In the case of graduate students in a nursing education program, at the end of their three-year program, they are transitioning from bedside nurse to nurse educator in institution service lines or academia. Additionally, professional identity formation is fostered by the socialization and transformation that comes from collaboration with professional nurse educators during their graduate program. Lastly, this socialization process is deepened by the understanding of professional identity concepts, attitudes, and behaviours demonstrated in professional nurse educators.

Beginning the professional identity process early in the nursing education graduate program enhances their transition to the nursing educator role. This seamless transition benefits future students, learners, and institutions that utilize the nurse educator role and have a nursing education graduate program.

This presentation will discuss an assignment implemented in the University of Rochester, School of Nursing graduate program in nursing education. First semester students enrolled in the first semester Foundations of Teaching and Learning in Nursing Education were charged with the task of identifying professional identity formation behaviours in graduating nursing education students. Specifically, first semester students attended the final summative presentation of the graduating master's in nursing education students. First semester students had the opportunity to use Halversen et al., (2022) Attributes of Professional Identity in Nursing to compare behaviors and attributes observed in the graduating nursing students. Moreover, this assignment provided an opportunity for first semester graduate students to collaborate with the final semester students and witness the transformation in their professional nursing educator identity.

Biography

Dr. Lent studied education at the State University of New York at Brockport, and taught health education for ten years. She then obtained a bachelor's and master's in nursing and practiced as an oncology nurse for 8 years. With her passion for education, Dr. Lent combined teaching and nursing and became an Assistant Professor of Clinical Nursing and at the University of Rochester, School of Nursing. Additionally, Dr. Lent obtained her Doctorate in Education in 2022 with a focus area in capstone experiences and transition to professional practice. Dr. Lent currently teaches graduate students pursuing a master's in nursing education.

Julie Jackson

University of Bradford, United Kingdom

Student-led simulation based learning debrief: A phenomenological exploration of critical self-reflection and engagement with student nurses and faculty

Background: Simulation Based Learning (SBL) is used in nurse education to replicate real world nursing problems in a safe simulated environment to facilitate critical thinking, clinical judgement and decision making. Debrief is usually tutor led, follows SBL and is essential for reflection and learning synthesis.

Aims: This research was a critical phenomenological analysis exploring the potential of a student-led SBL debrief to support: student engagement, critical self-reflection and engagement with learning in this context. The aim was to examine student nurse and facilitator lived experience, and perception of engagement with a student-led debrief.

Methods: The research setting was a UK University, the participants were a purposive sample of 21 year 2 & year 3 BSc Adult student nurses, and 2 experienced SBL nursing faculty. Semi-structured interviews and a post SBL questionnaire were used for data collection. Template Analysis (TA) was used to code and extract themes from the data.

Findings: Engagement, reflective triggers, clinical challenge, connection and teamwork were key emergent themes. One of the most significant findings of this research was the importance of student nurse autonomy in the SBL debrief space for truth telling and emotional awareness. Freedom to talk and the shared simulated clinical experience enabled peer feedback and mutual support.

Implications for Nurse Education and Professional Practice: In student-led SBL debrief, autonomy was vital for connection and the development of conscious self-awareness, which is an essential component of being reflective. There is an important professional distinction between doing reflection and being reflective. SBL and debrief should include clinical challenge, feedback, autonomous space, structure and connection, to facilitate the development of critical self-reflection and the skill of being reflective.



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I felt really unsupported: How the health care system can better engage with informal caregivers of people with heart failure

In Australia, the self-management of heart failure in the patient's home is recommended by Clinical Guidelines to decrease (re) hospitalisation and mortality and should actively include both the patient and their caregiver. However, there is an expectation that as part of the self-management process, high quality clinical care is delivered by a lay person with little to no education and training on how to do so. The significant contribution informal caregivers have to their loved ones' ongoing stability and wellbeing cannot be understated, and yet, it is well documented that the role of an informal caregiver of someone with heart failure is complex and demanding.

This can lead to high levels of stress and burden on the caregiver, resulting in poor health outcomes for both the caregiver and their loved one.

This paper explores the experiences of caregivers of people with heart failure and the health care system as they navigate the complexity of caring for their loved one with heart failure.

A series of semi-structured interviews were conducted with eleven primary caregivers of people with heart failure. These interviews were transcribed verbatim and analysed using Braun and Clarke's framework for thematic analysis.

Caregivers experience a high level of dissatisfaction with the engagement and support from the health care system. They felt they were expected to implement or support complex care regimes, medication adherence, and timely clinical decision making that seemed unreasonable to place on a layperson, whose only qualification is that they are the loved one of the individual with heart failure. Caregivers believed they were not provided with the appropriate knowledge or skills to manage their loved one's heart failure and were forced to search elsewhere-primarily the internet-for information to help them make decisions. Additionally, caregivers felt the health care system did not provide appropriate emotional or psychological support or guidance on where such support can be accessed.

The level of responsibility placed on informal caregivers of people with heart failure appears to be disproportionate to the knowledge and support provided to them. If caregivers are to be held responsible and accountable by the health care system to deliver and support a self-management plan at home, then they need to be actively engaged throughout the caregiving journey by the health care system and provided with the appropriate resources to be successful.

Biography

Ms Carleton Eagleton has an extensive background in public health and health administration. She studied public health at the University of Wollongong, Australia and graduated with a BSc (Health Science) in 1998, a Master of Public Health in 2006 and MSci (Research) in 2011. Katherine is currently enrolled in a public health doctoral program at the University of Canberra, Australia. Her research is exploring how relationships and role transitions within the heart failure caregiving dyad impact the health and wellbeing of the caregiver. She has 16 publications including peer reviewed journal articles, conference proceedings and a book chapter.



Kathleen Eid-Heberle PhD, RN, CNE

Eleanor Wade Custer School of Nursing, Shenandoah University, Winchester, VA, USA

Integrating disaster education into the nursing curriculum

The ongoing and increasing global threat of terrorism, natural and man-made disasters, and pandemic incidents means that nurses in every discipline must possess the knowledge to safely and effectively respond to an incident. From emergency rooms to community clinics, nurses play an integral role in disaster response but are often unprepared to handle the complex consequences of disasters. Yet, most nurses feel an innate responsibility to respond while perceiving themselves as ill-prepared to do so. As a profession, nursing has a humanitarian duty to incorporate evidence-based disaster education into nursing curricula to ensure that future nurses possess the necessary knowledge and skills to respond to local, national, and global incidents. This presentation will provide an overview of how to integrate and sustain disaster education into the curriculum, along with strategies for creating an interactive and interdisciplinary course.

In 2005, the School of Nursing (SON) at Shenandoah University identified a gap in the nursing curriculum related to disaster education. Consequently, the faculty developed and integrated a three-credit course on emergency and disaster preparedness and response into the curriculum. This course has been consistently offered twice a year for 20 years and remains a required course for all senior undergraduate nursing students. As the disaster course was being created, the SON partnered with the local American Red Cross chapter to receive supplemental disaster training, equipping faculty and students to participate in local disaster responses if needed.

A multitude of innovative pedagogical approaches to teaching the disaster course are utilized. Strategies include, but are not limited to, theoretical analyses, tabletop exercises, interactive activities, video-based discussions, disaster drills, simulations, and Virtual Reality (VR). Specialty training has also been added to teach strategies for controlling severe bleeding (Stop the Bleed) and administering naloxone for opioid overdose in community settings (Revive! Training).

The disaster content presented in these courses fulfills the expected program outcomes set forth by nursing organizations and accrediting bodies and prepares students for NCLEX licensure in disaster-related topic areas (American Nurses Association [ANA], n.d.; Commission on Collegiate Nursing Education [CCNE], 2021; National Council of State Boards of Nursing [NCSBN], 2023). Disaster knowledge is imperative for every nurse and disaster education begins in every nursing program.

Nurses unprepared for disasters are less willing to respond when called upon. The lack of available nurses can create a cascading effect that adversely affects the health and well-being of populations and communities.

Biography

Dr. Kathleen Eid-Heberle, PhD, RN, CNE, is an Associate Professor at Shenandoah University in Winchester, VA. Before joining Shenandoah University, she taught at the University of North Carolina at Charlotte and worked as a critical care and emergency room nurse. Dr. Eid-Heberle has actively volunteered with the American Red Cross Disaster Health Services for 36 years and has responded to disasters across the United States and its territories. Additionally, Dr. Eid-Heberle has volunteered with the Medical Reserve Corps (MRC) for 19 years and currently serves on her county's Medical Reserve Corps Advisory Board. She has co-created disaster courses and designed numerous disaster experiential learning opportunities for nursing students.



Kimberly Johnson* MSN, RN, AGPCNP-BC, CDP, CMDCP; Danielle Cassano MSN, RN-BC, NE-BC; Nirmal Sharma MS, RN, CMSRN; Ashley Cunningham* MSN, RN, CMSRN

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Improving healthcare workers' perspectives of older adults using geriatric education

Over the last several years geriatric patient admissions to acute care settings have increased due to the complex needs of this population. To prevent ageist perspectives from impeding care of these vulnerable populations, healthcare workers must recognize and understand any unconscious or conscious biases. On a medical observation unit in an acute care academic medical center, we identified an increase in the number of Code Manpower (M) events totally over 150 events. This is an emergency response code for aggressive or violent patient behavior. These codes were frequently and sometimes inappropriately called, particularly with older adult patients.

Nursing leaders were concerned that staff were using Code M to mitigate complex patient behavioral expressions instead of implementing appropriate age-friendly de-escalation techniques. A windshield survey demonstrated that only 24% of the 79 healthcare workers surveyed completed any prior formal geriatric education. The purpose of the project was to develop, implement, and evaluate an educational program aimed at improving staff understanding and base knowledge of ageism and its impact on older adult population. Additionally, the staff were equipped with the tools to identify their own potential bias and ageism. An anonymous pre-survey using modified questions from the Facts on Aging Quiz was conducted. Education was simplified from our Nurses Improving Care for Healthsystem Elders (NICHE)-inspired class and presented as team and individual 15-minute huddles presented to a mix of healthcare worker roles such as nursing assistants, nurses, and other ancillary staff. Key terms for bias, ageism, stereotypes, and discrimination were presented. Each participant also watched a World Health Organization presentation of the impact of ageism in the perspective of older adults. Staff completed a post-survey to measure the impact of the program on staff's knowledge of ageism. Total surveys completed included 51 participants for pre-survey and 15 participants for post-survey. Staff surveyed were from diverse ethnic backgrounds and varying levels of education from high school to collegiate. Several participants had prior knowledge of geriatric care with 47% responding yes and 53% responding with no prior knowledge. Only 29% had lived exposure to older adults, while 71% had none. Using the Likert scale, we identified the average agreement with each Facts on Aging Quiz statement. The Facts on Aging instrument contains a mix of frequent misconceptions about aging. Each answer allows for us to determine if participants totally disagree with these misconceptions indicating knowledge about the subject. On the pre-survey 24.9% of participants selected totally disagree and 18.2%

selected somewhat disagree for all questions. On the post-survey, 28.2% of participants selected totally disagree and 12.4% selected somewhat disagree indicating an approximate 13% improvement in knowledge shift to total disagreement with ageist misconceptions. This demonstrated a shift in overall geriatric knowledge as true and an improvement in identifying potential ageist statements.

Biography

Ms. Cunningham graduated from Farmingdale State College with a Bachelor of Nursing degree & a Master of Nursing Education from St. Joseph's College. Focused on medical-surgical telemetry nursing at Stony Brook University Hospital, she completed her Certified Medical Surgical Registered Nurse board certification. During her career as Unit Nurse Educator & Clinical Nurse Specialist, she has trained nurses in Basic Life Support, Crisis Prevention Intervention, & TRUST Training. Ms. Cunningham's expertise provides unit support to ensure hospital-wide quality care focused on patient safety & best practice, leading to unit improvements for multiple quality measures such as patient safety & infection rates.

Kimberly Johnson NP, RN is a board-certified Adult Gerontology Primary Care Nurse Practitioner (AGPCNP-BC) with over 17 years of nursing experience. She holds an MSN from Stonybrook University and a BSN from Chamberlain University. Ms. Johnson is also a Certified Dementia Practitioner (CDP®) and Certified Montessori Dementia Care Professional (CMDCP®). Currently, she serves as the Geriatric Nurse Specialist, NICHE Coordinator, and Hospital Elder Life Program Volunteer Coordinator at Stonybrook University Hospital. Her clinical expertise includes chronic care management, dementia & delirium management. Ms. Johnson also works in private practice and volunteers frequently to mentor new nurses.

**Laura Cline DNP, FNP-BC, CPNP, RN**

MGH Institute of Health Professions, Assistant Professor, School of Nursing,
Boston, MA. USA

Implementing a zone-based congestive heart failure protocol in a skilled nursing facility: A retrospective study on hospital utilization outcomes

Background: Congestive Heart Failure (CHF) remains a leading cause of hospital readmissions, particularly among older adults in post-acute care settings.

Objective: This study evaluated the impact of a zone-based CHF protocol on hospitalizations and 30-day readmission rates in a skilled nursing facility.

Methods: A retrospective cohort analysis was conducted involving 155 patients with CHF from January 2023 to December 2024, utilizing a color-coded protocol to guide daily monitoring, symptom escalation, and post-readmission quality review. Statistical analysis included paired t-tests, subgroup analysis, and multiple linear regression.

Results: Hospitalizations decreased from a mean of 5.85 in 2023 to 3.66 in 2024 ($p < .001$). 30-day readmissions declined from 4.21 to 1.90 ($p < .001$). No significant differences in outcomes were observed by age, sex, or race.

Conclusions: Implementation of a structured, nurse-led CHF care protocol was associated with significant reductions in hospital utilization. Findings support the use of zone-based symptom monitoring to improve outcomes, regardless of patient demographics. This model is scalable for similar post-acute care settings.

Biography

Dr. Cline studied Nursing to become a Nurse Practitioner at the MGH Institute of Health Professions and graduated with an MSN in 2014. She has worked in a variety of settings, across the lifespan, including Urgent Care, Primary Care, Aesthetic Medicine, and SNFs, where she developed a Congestive Heart Failure (CHF) program. She received her Doctor of Nursing Practice degree in 2020 from Simmons College. After graduating with her DNP, she obtained the position of an Assistant Professor at the MGH Institute of Health Professions.



Lauren Boardman

Brooks College of Health School of Nursing, University of North Florida,
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Creating caring cultures: A blueprint for future nurse leaders

With a focus on mental health and wellness, the new nurse leader must be equipped to meet the demands of a post-pandemic healthcare system and the new nurse graduate. COVID-19 refaced nursing and healthcare, exposing cracks in systems of care delivery, deepening into fissures as the pandemic reached its peak in late summer 2020. The stress on the healthcare system left lasting impressions on nurses at the bedside. Nurses experienced distress, not just from being short-staffed. Post-pandemic literature is filled with incidents of nurses feeling abandoned by their leaders, further impacting mental health and wellness. During the pandemic, we saw retired practices, such as team nursing, return as a solution to address the chaos and overcrowding of Emergency Departments (ED) and hospital units. Future needs of the nursing workforce was published by the American Association of Colleges of Nursing (AACN) in *The Essentials: Core Competencies for Professional Nursing Education* (2021). As a response, holistic leadership was chosen as a model to develop a new leadership and management curriculum aimed at addressing the needs of healthcare systems, employees, and their patients. Leaders of the future will be required to build cultures of care in which wellness, equity, and interprofessional collaboration are at the forefront, showing again that something old can be made new.

Biography

Dr. Boardman studied nursing at the Ohio State University and graduated in 2005 with a BSN. She then continued her education, completing her MSN in Clinical Nurse Leadership in 2010 and her Doctor of Nursing Practice degree in 2012. She has been in nursing education since 2010 and is currently the Online Nursing Program Director and Assistant Professor of the School of Nursing at the University of North Florida. Past publications and research include simulation, interprofessional collaboration, self-efficacy, and resiliency in nursing education.



Lauren Williamson^{1*} MPH, BSN, RN, CPH; Dr. Kristie Richardson^{1*} DNP, RN, CNE; Catherine Palmer¹ Dr.PH, RN; Alex Fuqua¹ BSN, RN; Andrea Wilkins-Howard¹ MSN, RN; Miranda Hawks² PhD, RN, CNL

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Evaluating the effectiveness of wellness education in transition to practice programs for new graduate nurses

Purpose: This study evaluates the effectiveness of the resilience education built into the Transition to Practice Program (TTP).

Research Question: Does prioritizing wellness in a TTP build a resilient New Graduate Nurse (NGN)?

Background: Fontanie et. al., (2021) define resilience as an individual's ability to overcome and rebound from adversity. NGN are rapidly entering the workforce ill-prepared for the stressful environments (Fontaine et.al., 2021). Within the first year, approximately 23.8% of these NGN will leave the profession (National Healthcare Retention & RN Staffing Report, 2024). TTP aid NGN in their transition from student to professional (Fontaine et. al., 2021). A desired outcome of TTP is an increase in NGN resiliency. When met with transition challenges, it's key for NGN to develop resiliency to healthily continue nursing practice. TTP aids in fostering resiliency through support, cohort interactions, and wellness initiatives. As the NGN becomes more resilient, it is anticipated that retention rates will improve and staffing within facilities will stabilize.

Methodology: The study design is a retrospective mixed method in a multi-site hospital setting in a Southern US state. A total of 1438 nurses were surveyed from a larger sample size of 1939 NGN onboarded from July 2022 through April 2024 with a 54% return rate. All NGN were polled at 6 and 12 months of employment using a revised Casey Fink graduate nurse experience survey. In addition, all 1939 were polled monthly about their wellness using an internal, self-evaluation tool.

Results: The results demonstrated a mix of effectiveness. The data shows 51.48% of returned surveys were answered showing signs of not coping with stress. This stress often leads to NGN leaving the system or nursing altogether. Shifting the focus of wellness initiatives is imperative to build resiliency.

Practice Implications: Operationalization of wellness strategies is necessary to build a foundation of resilience among NGN. As hospitals increasingly need to hire NGN to fill their vacancies, dedication must be paid to improving their mental well-being to prevent burnout and improve job satisfaction alongside retention. Ultimately, NGN individual ownership of professional growth and wellness is key to the development of resiliency.

Keywords: Transition to Practice, New Graduate Nurse, Resilience, Wellness, Stress.

Biography

Lauren Williamson obtained her Bachelors of Science in Nursing at Georgia State University in 2014 and her Masters in Public Health and Graduate Certificate in Social Marketing at the University of South Florida in 2019. Her career stretches over a decade in progressive care nursing. She also has experience in occupational health nursing for a Fortune 500 company and clinical education and leadership at Emory Healthcare. After COVID, Lauren served as nursing and healthcare faculty at both Chattahoochee Technical College and Kennesaw State University. She is now working in Nursing Professional Development for the Piedmont Healthcare System.

Dr. Kristie Richardson has been a nurse for 30 years and worked as an Emergency Department nurse for the majority of her career. After receiving her Masters in Nursing Education she transitioned to the unit based educator. She graduated with her DNP in 2022. Her dissertation topic was improving new graduate nurse education and works as a Nurse Residency Coordinator.

Li Jiahao

Beijing Sports University

Research on the construction of sports injury rehabilitation system under the concept of integration of rehabilitation and physical fitness

In the process of engaging in sports activities, sports injuries can never be avoided, both professional athletes and amateurs have suffered different degrees of sports injuries in their sports career, and the pain state caused by the injury will further produce a series of problems such as pathology, tissue damage and dysfunction. The goal of rehabilitation is to eliminate pain, and therapeutic exercise is considered to be the core element in the treatment plan for musculoskeletal pain. The core of the concept of integration of rehabilitation and physical fitness lies in the in-depth integration of medical rehabilitation and athletic training, and the comprehensive use of techniques and methods of athletic rehabilitation, functional training, and physical fitness training, emphasizing systematic and comprehensive rehabilitation programs, thus accelerating the rehabilitation of the injured person. It emphasizes the systematic and comprehensive nature of the rehabilitation program so as to accelerate the recovery from injuries and illnesses, eliminate chronic pain, establish correct movement patterns, and ultimately restore the body to its normal working condition. Meanwhile, in the background of the academic discipline of integration of sports and medicine, the concept of integration of rehabilitation and physical fitness breaks down the barriers of academic disciplines, and will play an active role in reducing the pressure of medical treatment and improving the health of the general public in the future.

Ligy C Ittup

Holy Spirit Hospital, India

Empowering nurses to recognize early stroke signs: Evaluating the impact of a 'Code White' alert training program in a Mumbai multispecialty hospital

Introduction: Stroke is a critical global health issue and a leading cause of mortality and long-term disability. According to the World Health Organization (WHO), approximately 15 million people worldwide experience strokes annually. Of these, around 5 million die, and many survivors live with lasting disabilities, imposing a significant burden on families and communities.

In India, stroke accounts for 3.5% of Disability-Adjusted Life Years (DALY), marking it as a prominent Non-Communicable Disease (NCD). While common risk factors include hypertension, diabetes, heart disease, and genetic predisposition, lifestyle choices—such as poor diet, obesity, physical inactivity, stress, and tobacco use—also play a major role. Rapid lifestyle, behavioural, demographic, and technological shifts have further heightened stroke prevalence. Fortunately, stroke risk can often be mitigated through simple lifestyle changes.

Background for the Study: Globally, stroke ranks just behind ischemic heart disease as a leading cause of death. In 2016, stroke was responsible for 5.5 million deaths and 116.4 million DALYs, with 80.1 million cases and 13.7 million new cases reported that year. Developing countries bear a considerable share of this burden, accounting for over two-thirds of stroke-related deaths. In India alone, there were 6,94,144 stroke-related deaths and 11,75,778 new cases in 2016. By 2050, more than 80% of the projected 15 million new stroke cases will likely occur in low- and middle-income countries, with Indian stroke incidence estimated between 116 and 163 cases per 100,000 people.

A stroke occurs when the brain's blood supply is reduced or interrupted, depriving brain cells of essential oxygen and nutrients. Without immediate intervention, stroke can lead to irreversible brain damage, long-term disability, paralysis, or even death. Although stroke is uncommon in individuals under 40, recent trends show a concerning rise in cases among individuals as young as 30, creating new challenges for healthcare providers.

To support early stroke detection, healthcare teams have implemented early identification protocols, including an Alert Code White system. Increasing awareness among healthcare providers and the general public about recognizing early stroke warning signs is crucial. Prompt activation of Code White can help reduce stroke's impact, ultimately alleviating its significant healthcare burden.

Need for the Study: Recognizing early warning cues of stroke is vital for nurses to ensure patient safety, improve outcomes, and fulfil their professional obligations. Timely recognition and intervention in stroke cases can make a significant difference in the quality of care provided to patients.

Problem Statement: Effect of Educational program on Early warning Cues on Stroke among Nurses, with a view to develop High-risk alert system Code white in multispecialty Hospital in Mumbai.

Objectives:

1. To compare Pretest and posttest Score Before and after implementation educational program on Early warning Cues on Stroke among Nurses.
2. To develop High-risk alert system Code white.

Hypothesis:

1. **H0:** There will be no significant difference in pretest and post-test scores before and after implementation of educational program on Early warning Cues in Stroke among Nurses.
2. **H1:** There will be significant difference in pretest and post-test scores before and after implementation of educational program on Early warning Cues in Stroke among Nurses.

Methodology: Pretest and post-test Design was used in this Study. This study aimed to evaluate the effectiveness of a planned teaching program on nurses' knowledge of Early Warning Cues of stroke, with the objective of raising awareness about the high-risk alert system, Code White. Conducted in a multispecialty hospital, the study involved an initial assessment (pre-test) of the nurses' knowledge. Following this, 300 nurses participated in a structured educational session focused on identifying early stroke symptoms and appropriately activating Code White. After the teaching session, a post-test was administered to assess knowledge gained. The results were then analysed to determine the impact of the program on enhancing nurses' awareness and preparedness to respond to early stroke warning signs.

Results: The analysis revealed a significant improvement in knowledge levels among nursing staff, as indicated by the difference between pre-test and post-test scores. This finding demonstrates that the planned teaching program effectively enhanced nurses' understanding of early warning cues of stroke and the importance of activating Code White. The increased post-test scores highlight the program's impact on raising awareness and equipping staff with the knowledge necessary to respond promptly to early signs of stroke.

The Shapiro-Wilk test was conducted to check for data normality. The results indicated that the data is not normally distributed. Consequently, the non-parametric Wilcoxon Signed-Rank Test was applied for Inferential Statistics.

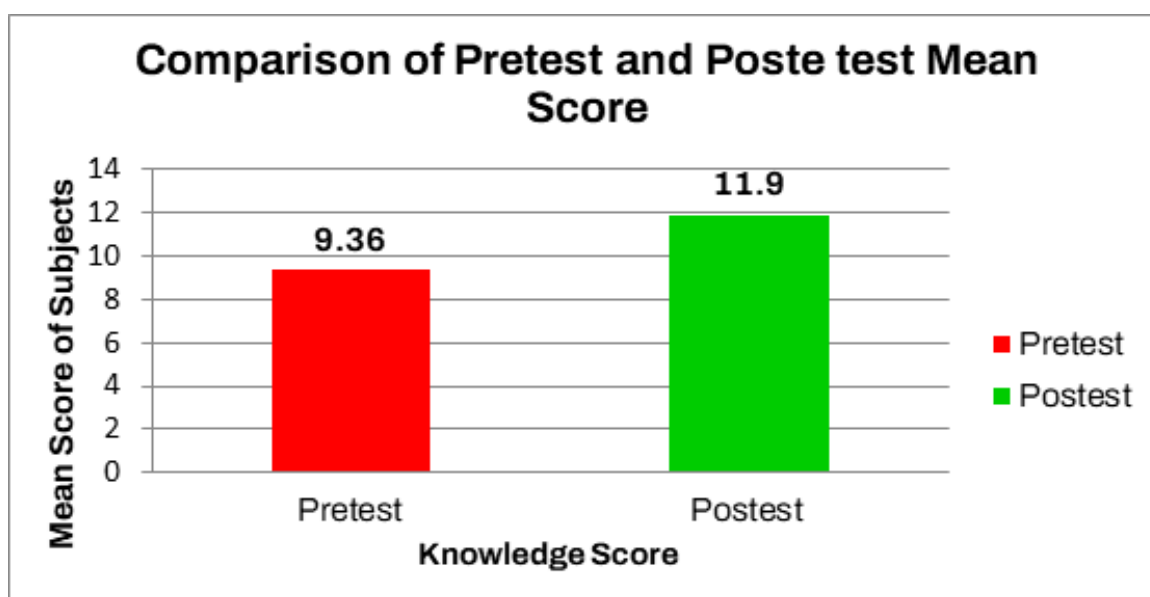
Sr.no	Knowledge Score	Mean	Median	SD	Sum of Positive Ranks	Sum of Negative Ranks	W Value	Z Value	p value
1	Pre test	9.36	10	2.42	511	3584	511	-6.1824	< 0.001
2	Post test	11.9	12	2.37					

The Z-value of -6.1824 is significantly far from zero, indicating a substantial deviation from the null hypothesis. This extreme value reflects a very strong effect.

The corresponding p-value for this Z-value is extremely demonstrating strong statistical significance.

Thus the Null Hypothesis is rejected and alternate hypothesis is accepted.

A cross-sectional population-based survey was carried out on Awareness of stroke, its signs, and risk factors among 1000 participants completed self-administered structured questionnaire. The participants exhibited an overall knowledge range of 25.9% to 47.2%



concerning stroke signs and symptoms, and a range of 24%–39% regarding its causes and risk factors. Notably, paralysis (70.8%) and diet (59.9%) were the most easily recognized warning signs and risk factors for stroke, respectively. The study's results indicated a widespread lack of knowledge concerning the cause and risk factors of stroke among the population highlighting the necessity for increased public education efforts to raise awareness about this condition.

Limitations: This study is limited to Nurses working in the hospitals.

Conclusion: The study findings clearly indicate that the planned teaching program significantly improved nurses' knowledge of early warning cues of stroke and their understanding of the Code White alert system. The notable increase in post-test scores demonstrates the program's effectiveness in enhancing awareness and preparedness among nursing staff. By equipping nurses with the necessary knowledge to identify early stroke symptoms and promptly activate the high-risk alert, this program contributes to timely interventions, potentially reducing the risk of severe stroke outcomes. These results suggest that structured educational sessions on stroke warning signs can play a vital role in strengthening hospital protocols and improving patient care.

Recommendation: Based on the study's findings, it is recommended to expand the stroke awareness program to include all healthcare workers as well as the general public. Broader training on recognizing early warning signs of stroke and activating the Code White alert could play a crucial role in early intervention, helping to prevent strokes, reduce the severity of outcomes, and lessen the overall burden of stroke-related disabilities. By extending this program, healthcare facilities and communities can promote better health outcomes and enhance overall stroke preparedness.



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Comparative effectiveness of multi-sensory interventions for reducing pain among premature infants: A systematic review and network meta-analysis

Background: Multi-sensory interventions yield positive effects in reducing pain among premature infants. Nevertheless, the effectiveness of different multi-sensory interventions for pain relief in premature infants remain inconclusive.

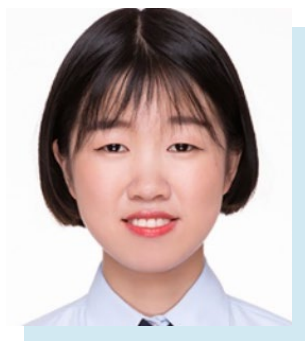
Objective: This systematic review and network meta-analysis aims to compare the effectiveness of various multi-sensory interventions, and identify the optimal intervention for alleviating pain in premature infants. **Methods:** A comprehensive literature search was performed across eight electronic databases on January 17, 2024 to identify pertinent clinical trials. Additionally, a grey literature search was conducted on June 29, 2024. Network meta-analysis were used to assess the effectiveness of multi-sensory interventions and identify the optimal intervention components. The Cochrane Risk of Bias (version 2) was used to assess the quality and potential bias of each included study. The certainty of evidence was assessed using the grades of recommendation, assessment, development, and evaluation system.

Results: A total of 18 clinical trials involving 1408 premature infants were included. The network meta-analysis revealed that, tactile-auditory intervention, tactile-kinesthetic intervention, and tactile-visual- gustatory-auditory-olfactory intervention were superior to routine care for pain reduction (all, $P < 0.05$). Among these measures, tactile-kinesthetic intervention ranks the best for alleviating pain among premature infants with very low certainty of evidence. Closely followed by tactile-auditory intervention, which has low certainty of evidence.

Conclusions: Our study suggests prioritizing the tactile-auditory intervention for pain reduction in premature infants. Future studies should provide higher-quality evidence, and adapt it to various clinical settings to enhance the overall well-being and optimal development of premature infants.

Biography

Dr. Ren Lihua is an associate professor at Peking University School of Nursing. She has a nursing and preventive medicine interdisciplinary background. Her research mainly involves two fields. On one hand, she focuses on maternal and child health, mainly focusing on early life health management, and the impact of early life environment on maternal and child outcomes. On other hand, she focuses on the impact of environmental pollution on reproductive health. From the perspective of early life, she explored the effects of environmental pollutants in early life on the reproductive function of offspring and the epigenetics mechanism. She has published more than 50 research articles in SCI (E) journals.



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Development and implementation of evidence-based quality improvement project for enteral nutrition in prone mechanically ventilated patients

Background: Available evidence suggests that enteral nutrition could not be delayed in patients with mechanical ventilation in a prone position. However, the incidence of malnutrition among patients undergoing ventilation in a prone position can reach up to 70%. Therefore, although enteral nutrition is essential for patients undergoing prone mechanical ventilation, evidence-based management protocols are deficient in clinical practice.

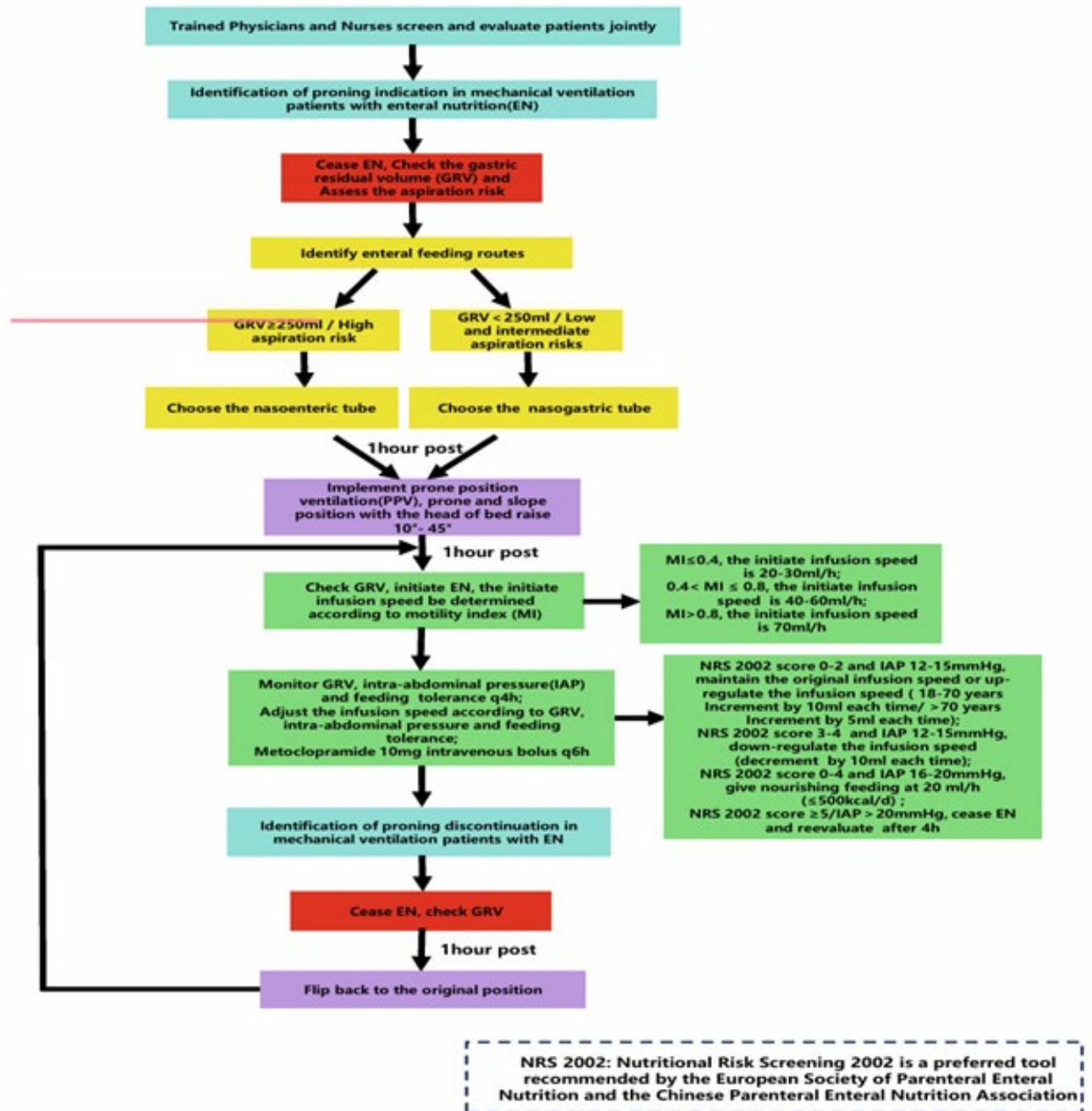
Aim: To develop an evidence-based enteral nutrition management protocol for patients undergoing prone mechanical ventilation, and implement the healthcare quality review and improvement project.

Method: This was a before-and-after study. The enteral nutrition management protocol was developed based on quality evidence from the literature search. The healthcare quality review and improvement project mainly included a baseline investigation of all stakeholders (ICU healthcare workers and patients), improvement action and effectiveness evaluation. The knowledge, attitudes and behavior regarding enteral nutrition for patients undergoing prone mechanical ventilation, as well as the nutritional status of patients were compared before and after the improvement.

Results: A total of 3 guidelines, 3 evidence syntheses, 1 expert consensus, 2 literature reviews, and 3 randomized controlled studies were included in the best evidence. The enteral nutrition management protocol in patients undergoing prone mechanical ventilation was developed, including staffing and training, assessment, selection of feeding routes, initiation and interruption timing, monitoring, feeding regimens, and the use of substances (Figure1). The improvement action, including the establishment of a multidisciplinary research team, the implementation of an evidence-based enteral nutrition management protocol, and the routine evaluation of healthcare quality, was implemented. The attitudes of ICU healthcare workers regarding enteral nutrition for patients undergoing prone mechanical ventilation remained consistent before and after improvement action (28.21 ± 2.81 vs. 28.82 ± 2.08 , $P=0.265$). However, there was a significant increase in both knowledge and behavior following the improvement action (knowledge: 59.37 ± 12.35 vs. 82.46 ± 15.76 ; behavior: 67.18 ± 7.70 vs. 71.28 ± 5.98 , $P<0.05$). The standard-reaching rate of serum albumin/serum prealbumin was increased significantly among patients undergoing prone mechanical ventilation before and after improvement action (8.7% vs. 29.7%, $P<0.05$).

Conclusion: This evidence-based quality improvement project can enhance ICU healthcare workers' knowledge, attitudes and behavior regarding enteral nutrition for patients undergoing prone mechanical ventilation and improve their nutritional status.

ICU Prone Mechanical Ventilation Enteral Nutrition Management Protocol



Biography

Ms. Sun earned her nursing degree from Fujian Medical University in 2019. She then worked as an ICU nurse at Xiamen Cardiovascular Hospital, focusing on advancing critical care research and practice.

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Examining Chinese Canadian family carers' decision-making on long-term care: Application of Andersen's behavioral model

Chinese Canadian family cares face significant challenges in meeting the caregiving needs of their aging parents in Canada, often influenced by traditional values and limited access to culturally appropriate resources (Lai, 2007; Lai & Surood, 2008). Guided by Andersen's Behavioral Model (1995), the purpose of this study was to examine relationships among predisposing factors (e.g., demographic characteristics, filial piety), enabling resources (e.g., access to health services), and need factors (e.g., level of caregiver burden) with the intention to use long-term care services. Employing a quantitative data collection supplemented by two open-ended qualitative questions, data were collected from 61 Chinese Canadian carers in Winnipeg using an online survey. Study findings revealed that carer gender significantly influences the intention to use long-term care, with female carers less likely to opt for institutionalization. Key barriers in the decision-making process included financial constraints and language difficulties, and facilitators, including social support. The high levels of filial piety among participants suggest that traditional cultural values significantly impact caregiving decisions. These insights underscore the need for culturally sensitive nursing interventions and the provision of accessible information and support services to assist Chinese Canadian family carers. Future research should focus on larger, more diverse samples and consider longitudinal designs to better understand the evolving dynamics of caregiving in this community.

Keywords: Chinese Canadian Carers, Filial Piety, Long-Term Care, Andersen's Behavioral Model, Caregiving, Gerontological Nursing.

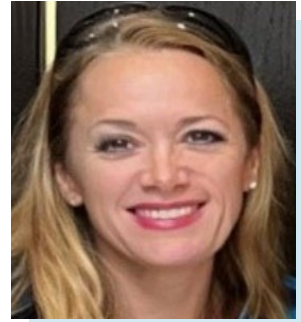
Biography

Ms. Liying Qiao graduated from the University of Manitoba Nursing program in 2013 and has since gained extensive experience working in various nursing fields as a bedside nurse. She completed her Master's degree in Nursing in 2020, with her thesis focusing on the experiences of Chinese Canadian family caregivers. Her research passion centers on the aging experiences of new immigrants in Western countries, exploring systemic barriers and strategies for support. She is currently pursuing her PhD, further advancing her research in this area. Currently, she serves as an instructor at the University of Manitoba, where she combines her clinical expertise and research interests to enrich nursing education and practice.



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Clinical treatment updates for OSA: What really works

Almost one billion people over the world have Obstructive Sleep Apnea (OSA). Generally, up to 50% of males and 23% of women experience OSA. For years, the only treatment was Positive Airway Pressure (PAP) therapy and or surgeries such as Uvullectomy or Uvulopharyngotomy (UPPP) were utilized. Currently, new modalities have emerged, and treatment options will be reviewed based on the clinical guidelines for specific populations. This presentation will look at the criteria for each treatment with recommendations on care for specific populations.

Biography

Dr. Marquetta Flaughner earned her PhD from the University of Alabama at Birmingham with her focus on Adult Health and a minor in Education. She also earned her Family Nurse Practitioner degree from the University of Kentucky. She also earned her ANCC certification in Psych and Mental Health to better treat sleep disorders. She has worked in the area of sleep medicine for over 15 years and has published and given presentations on this topic.

Laurie Laurino earned her Masters' Degree in Nursing (MSN), with emphasis on Education from the University of Central Florida. She is currently a Nurse Professional Development Practitioner at Bay Pines VA Medical Center and is assigned to the cardiac clinics, interventional radiology and telemetry units for education, professional development and skill training. She maintains certification in perianesthesia nursing (CPAN) and has both taught this topic on a state and local level to nurses and cared for patients with sleep apnea in the clinical setting.



Melika Mazinani* MSc Student, Dr. Simge Evrenol Öçal

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The relationship between dysmenorrhea impact and women's pre-pregnancy childbirth fear and traumatic birth perception

Objective: Dysmenorrhea, characterized by severe uterine contractions during menstruation, not only causes physical pain but also has psychological effects. These psychological impacts can contribute to anxieties about childbirth, particularly fear of childbirth in the pre-pregnancy period. Intense pre-pregnancy childbirth fear is an important psychological variable that increases the risk of perceiving childbirth as traumatic. This study aimed to examine the relationship between the impact of dysmenorrhea, pre-pregnancy fear of childbirth, and the perception of traumatic birth among women experiencing dysmenorrhea.

Methods: This cross-sectional study included 313 women with dysmenorrhea who completed an online survey. Data were collected using a Descriptive Characteristics Form, the Revised Dysmenorrhea Impact Scale Short Form (DIS-R), the Traumatic Birth Perception Scale (TBPS), and the Childbirth Fear–Prior to Pregnancy (CFPP) Scale. Analyses included descriptive statistics, one-way ANOVA, independent samples t-tests, Pearson correlation, and multiple linear regression.

Results: Participants' mean age was 27.91 ± 7.19 years; 81.5% were high school or higher graduates, 76.7% were employed, 63.9% had an ideal BMI, 66.5% were non-smokers, 62.6% did not exercise regularly, and 75% had regular menstrual cycles. The mean DIS-R score was 50.11 ± 9.28 (range 14–65), indicating a high impact, while mean TBPS and CFPP scores were 59.69 ± 30.61 (range 0–122) and 40.89 ± 11.80 (range 10–60), respectively, indicating moderate levels. Multiple linear regression showed that the level of being affected by dysmenorrhea significantly predicted both pre-pregnancy childbirth fear ($\beta=0.228$, $p<.001$) and traumatic birth perception ($\beta=0.228$, $p<.001$), explaining 11.8% and 11.6% of the variance, respectively.

Conclusion: Being more affected by dysmenorrhea is associated with higher pre-pregnancy childbirth fear and greater perception of childbirth as traumatic. These findings suggest that healthcare providers should consider dysmenorrhea-related experiences when planning interventions aimed at reducing childbirth fear and improving birth experiences.

Biography

Melika Mazinani graduated with a Bachelor's degree in Midwifery from Sakarya University, Turkey, in 2020. She then worked for two years in the Department of Obstetrics and Gynecology and in the labor ward. In 2024, she began her MSc studies in Obstetrics and Gynecology Nursing at İzmir Katip Celebi University, where she is currently continuing her education.

Mengjia Wanga*, Mengqiao Lia, Kodzo Lalit Dzifaa, Zilong Ma, Ruixing Zhanga

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Exploring the relationships among moral courage, social responsibility, and mature happiness in nursing students: A cross-sectional study

Background: Compared to traditional happiness, mature happiness has a greater advantage in reducing negative emotions and feelings of loneliness, as well as enhancing psychological resilience. The happiness of nursing interns significantly impacts their professional competence and the quality of care they provide to patients. Therefore, understanding the factors that influence mature happiness among nursing interns can yield valuable insights for nursing education and workforce planning policies.

Aims: This study aims to investigate the relationship between moral courage, social responsibility, and mature happiness, while exploring the mediating role of social responsibility in the connection between moral courage and mature happiness among nursing interns.

Methods: A convenience sample of 811 nursing interns was recruited from five universities across three provinces between November and December 2023. Participants were assessed using the Mature Happiness Scale-Revised, the Nurse Social Responsibility Questionnaire, and the Nurses' Moral Courage Scale. The mediation model was analyzed using SPSS version 27 and the Process Macro version 4.0. This study was conducted in accordance with the STROBE guidelines.

Results: The findings revealed a significant positive relationship among mature happiness, moral courage, and social responsibility among nursing interns. Social responsibility was found to partially mediate the relationship between moral courage and mature happiness (95% CI: 0.136–0.174, $p=0.01$). The direct effect of moral courage on mature happiness (0.024) and its mediating effect (0.155) account for 13.32% and 86.68% of the total effect (0.174), respectively.

Conclusion: The mature happiness of nursing interns is in the middle to upper range, and it is crucial to enhance moral courage and social responsibility to improve their mature happiness. Nursing educators should prioritize the physical and mental health of undergraduate nursing interns, implementing diverse strategies to alleviate moral distress and foster social responsibility. Additionally, nursing educators and hospital administrators are encouraged to develop moral training programs that promote nursing interns' engagement in social practice, thereby enhancing their mature well-being.

Biography

Dr. Wang Mengjia studied Nursing at the Zhengzhou University, and graduated as MS in 2021. She then joined the research group of Prof. Zhang Ruixing at the School of Nursing and Health, Working on her PhD degree. She has published 4 research articles in SCI (E) journals.



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A qualitative study on family health needs of community-dwelling functionally disabled elderly based on ERG theory

As the primary living environment for disabled elderly individuals, families play a crucial role in disease prevention and maintaining their health. However, studies have shown that disabled elderly people and their family members often encounter numerous physical, psychological, and social adaptation issues when adjusting to the changes brought about by disability, which significantly affects the overall health of the family. Guided by the ERG theory of needs, this study conducted semi-structured interviews with 12 pairs of disabled elderly individuals and their primary caregivers in communities under the jurisdiction of Zhengzhou City, Henan Province from December 2024 to February 2025 using purposive sampling. Thematic analysis was applied to organize and analyze the interview data. The deductive analysis revealed that the family health needs of disabled elderly in the community can be summarized into three themes: survival needs (daily living needs, economic support needs, and environmental modification needs), relatedness needs (family communication needs, social resource connection needs, and social participation needs), and growth and development needs (autonomy and dignity maintenance needs, family development needs, and information and technology support needs). The results indicate that the health needs of families with disabled elderly in the community exhibit specificity and diversity. Community health service providers and social workers can develop and implement effective strategies based on the varying levels of family needs, thereby improving the health status of families with disabled elderly and enhancing their overall quality of life.

Biography

Mengyuan Zhao is enrolled in the Nursing program at Tianjin Medical University's School of Nursing, where she obtained her bachelor's degree in 2018. Subsequently, she joined Dr. Zhang Yan's research team at Zhengzhou University's School of Nursing and Health to conduct research related to geriatric nursing. She is currently pursuing her master's degree.



Michele A. Gerdes* EdD, MSN, RN, CNE; Jennifer L. Wessol* PhD, RN, CCRN-K, CNRN

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The state of artificial intelligence use in nursing education and future exploration needs

Artificial Intelligence (AI) positively impacts nursing students' learning experiences and can be used to promote clinical reasoning. Additionally, AI facilitates the provision of personalized learning experiences and evaluation, which promotes engagement and performance improvement. However, little information exists regarding precise AI tools are being used in nursing education environments or the prevalence of use in the United States. Hence, the development of best practices and guidelines regarding the use of AI in these learning environments still eludes nurse educators. This program explores the current state of literature regarding AI use in nursing education and proposes future exploration needs. The presentation will guide nurse educators toward a focus area for nursing research to fill this knowledge gap.

Biography

Dr. Michele Gerdes is a Registered Nurse with experience in critical care, telehealth, and cardiology clinic environments. She received her Doctor of Education in Nursing Education from the University of West Georgia. She currently works as an Associate Professor of Nursing and is the Master of Science in Nursing Foundational Curriculum Coordinator at Rockhurst University in Kansas City, Missouri. Her interest areas are nursing student resilience, artificial intelligence, and NCLEX preparation.

Dr. Jennifer Wessol is an experienced registered nurse who has experience in adult neurocritical care and in the cardiac catheterization/electrophysiology lab. She received her PhD in nursing and post graduate certificate in Nursing Education from the University of Missouri, Kansas City. She currently holds the position of Associate Professor of Nursing and is the Chair of the Institutional Review Board at Rockhurst University in Kansas City, Missouri. Her interest areas are developing nursing student's clinical reasoning, artificial intelligence.



Wahg Al Mashaer El Hag, Noha Saleh Othman Saleh Ahmed, Hany Abdelsalam Ibrahim Abdelsalam, Rhenna Berania Gedalanga, Mohammed Ahmed Ismail Ali*

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Leveraging nursing informatics to streamline IPOC workflows and improve clinical efficiency

The Interdisciplinary Plan of Care (IPOC) plays a pivotal role in delivering comprehensive and holistic patient care. Despite its importance, the current documentation process within Electronic Health Records (EHR) at Hamad Medical Corporation was found to be redundant and inefficient, leading to delays, increased nursing workload, and potential risk to patient safety. To address these issues, the Nursing Informatics (NI) team initiated a quality improvement project aimed at optimizing IPOC documentation by integrating associated Documentation Tasks (DTAs) and automating trigger-based IPOC activation.

The project's primary scope included enhancing four high-priority IPOCs: Risk of Urinary Catheter-Associated Urinary Tract Infection (CAUTI), Risk of Central Venous Catheter-Associated Bloodstream Infection (CLABSI), Acute Pain (Adult), and Risk of Impaired Skin Integrity. Key interventions involved linking 50 relevant DTAs to their respective IPOCs and developing automated triggers to suggest the appropriate IPOC based on nursing documentation. These triggers—such as catheter or central line insertion dates and detection of pain or skin abnormalities—were designed to activate the IPOCs in real time, improving documentation accuracy and efficiency.

Launched in August 2023 and concluded in September 2024, the project's objectives included streamlining documentation, reducing redundancy, saving nursing time, and improving user satisfaction. Additionally, the integration allowed for real-time data capture from interactive view into the care plan, reducing the need for duplicative documentation and ensuring accurate date-time stamping.

Quantitative outcomes demonstrated significant time savings across all four IPOCs, with documentation time reduced by an average of 32%, equating to 381 seconds saved per documentation cycle. For instance, the time required to document the CVC infection risk plan decreased from 5 minutes and 26 seconds to 3 minutes and 6 seconds (a 42% reduction), while the CAUTI risk plan saw a 35%-time savings. Nurses reported a 90% satisfaction rate with the improved workflow, indicating strong end-user support and perceived value.

The project was executed in two phases: phase one involved mapping and proposal development, while phase two focused on implementation, testing in the CERT domain, training, go-live, and post-implementation evaluation. Challenges encountered included limited SME availability, approval delays, and technical build issues; these were effectively mitigated

through proactive communication, flexible scheduling, and tight follow-up with stakeholders and the Health Information and Communication Technology (HICT) team.

Key lessons emphasized the importance of realistic timelines, sequential focus on IPOCs, and early stakeholder engagement, especially with HICT and clinical leadership. Based on the successful outcome, the team recommends future review of existing IPOCs for further optimization and expanding similar integration strategies to additional clinical areas.

This project exemplifies a model for operational excellence in nursing documentation and offers a replicable framework for other healthcare facilities aiming to enhance documentation quality, reduce the nursing workload, and ultimately improve patient outcomes through informatics-driven solutions.

Biography

Dr. Mohammed Ahmed Ismail graduated from the Faculty of Nursing, Egypt, and joined Hamad Medical Corporation in 2012 as a staff nurse. He later transitioned to the Nursing Informatics Department, where he continues to serve. He holds a master's degree in quality and a PhD in Risk and Crisis Management. He is certified in Clinical Care Information Technology (CCITP) and ICDL. His professional interests include electronic health records (EHR), quality improvement, and risk management in clinical practice.



**Mulakoli Festus^{1*}, Dr. George Gachara²,
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Dengue virus detection in Kenyan blood donors: Implications for transfusion safety

Background: Dengue Virus (DENV) infection in blood donors poses a significant risk to transfusion safety because asymptomatic individuals may harbor the virus and transmit it through blood products. Globally, the prevalence of DENV markers in blood donors varies widely, reflecting regional endemicity and surveillance practices. For instance, studies have reported IgG seroprevalence rates of 24.8% and 38.9% in Cameroon and Saudi Arabia, respectively. In India, 1.2% of donors tested positive for the NS1 antigen during peak transmission periods, whereas in Saudi Arabia, NS1 positivity reached 5.3%, indicating active viremia in asymptomatic individuals. The global burden of dengue is substantial, with an estimated 390 million infections annually, of which approximately 96 million manifest clinically. The disease is endemic to over 100 countries, particularly in tropical and subtropical regions, and is primarily transmitted by *Aedes aegypti* mosquitoes. Factors such as urbanization, climate change, and increased human mobility have contributed to the expanding geographic range and intensity of dengue outbreaks. Routine screening for DENV in blood donation services is recommended in several endemic regions to mitigate the risk of transfusion-transmitted dengue. In Kenya, dengue is endemic to coastal counties, with Mombasa County experiencing recurrent outbreaks in recent years. Despite this, there are limited data on the prevalence of DENV among Kenyan blood donors, underscoring the need for targeted surveillance and risk assessment.

Objective: To determine the prevalence of dengue virus markers among blood donors in Kenya and assess their implications for transfusion safety.

Methods: A descriptive cross-sectional study was conducted among blood donors in Nairobi and Mombasa counties. Participants completed self-administered questionnaires, and serum samples were screened for DENV IgG, IgM, and NS1 antigens using the Bioline™ DENGUE DUO rapid test (Abbott, USA). Selected positive and randomly chosen negative samples were further analyzed at the Kenya Medical Research Institute (KEMRI) for DENV RNA and serotyping using the Bosphore Dengue Virus Detection Kit v1 (Anatolia Genework, Turkey) and an ABI 7500 FAST Dx thermocycler (Applied Biosystems, USA). Data were analyzed using IBM SPSS Statistics v20.0, with chi-square tests applied to assess associations at the 95% confidence level.

Results: The majority of donors were males aged 21–30 years (70.9%). The overall IgM seroprevalence was 6%, with significant variations according to location, sex, and religion. Mombasa County exhibited higher seroprevalence rates (IgM: 13%, IgG: 25%, NS1: 2%) compared to Nairobi (IgM: 2%, IgG: 5%, NS1: 0%). All 35 samples subjected to molecular testing tested negative for DENV. Statistically significant associations were found between dengue seropositivity and donor location ($p=0.002$), recent fever ($p=0.001$), and cohabitation with a dengue patient in the past six months ($p=0.007$). No significant associations were observed with other demographic variables.

Conclusion: This study confirmed the presence of DENV IgG, IgM, and NS1 markers in blood donors in Kenya, particularly in Mombasa County. Although active viremia was not detected, these findings highlight the potential risk of transfusion-transmitted dengue. Further research is warranted to inform policies on routine DENV screening in blood donation services, especially in the endemic regions of Africa.

Biography

Festus Mulakoli is a Kenyan medical scientist and educator specializing in immunology and medical laboratory sciences. He is pursuing a Ph.D. in Medical Virology and Immunology at Kenyatta University, where he earned his Master's degree in Immunology. He teaches at Aga Khan University and previously led the lab operations at Aga Khan University Hospital. His research focuses on tumor immunology, infectious diseases, and reproductive immunology. He co-authored a 2024 study titled Prevalence of Dengue Virus Among Healthy Blood Donors in Mombasa County, Kenya, highlighting transfusion-related dengue risks. He also completed short courses on global health training at the University of Washington.



**Dr. Namrata Makkar^{1*}, Dr. Kanika Jain¹, Dr. Kiran Bala²,
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A study of surveillance of hospital acquired infections in geriatric population admitted in ICU

Introduction: The lack of knowledge regarding appropriate infection prevention in ICU has contributed to substantial rates of HAI in this arena, which effect the prolonged ICU stay.

Aims & Objectives: To observe various HAI and their impact on geriatric population with regards to ICU stay.

Methodology: Retrospective review of the elderly inpatients more than 65yr of age with or without HAI at Geriatrics facility over 9months.

Results: Total 379 patients admitted in ICU were analysed. The study states, male's patients 60.2% (228), females' number was 39.8% (151). Direct admissions were 61.5% where as 38.5% were up triaged. In the graph of age distribution, the max. admission was btw the age 65-75yrs (51.18%), 75-85yrs were (38.2%) and >85yrs were 26.38%. the min. ICU stay was 7.2hrs, whereas the max. stay was 1896hrs (79days). Total 69 episodes of HAI were noticed for patients with devices (CVC, foleys, ventilator). Among the 69 episodes, Klebsiella pneumoniae (21) Acinetobacter Baumannii (15) Enterococcus Faecium (12) E. Coli (10) Pseudomonas Aeruginosa (9) others 2 cases. The max. HAI were in age of 65-75yrs (53.6%) and min. were in >85yrs (5.9%) and for 75-85yrs (40.5%). HAI compared to ICU stay the p value of $p < 0.001$. The death rates for patients with HAI episodes were 60.34% and patients without exposure to any HAI were 41.74%.

Conclusion: The elderly population is increasing exponentially and healthcare-associated infections along with external devices effects their outcome.

Biography

Dr. Namrata Makkar, MBBS, DNB (Health Administration including Hospital Administration), Post graduate Diploma In Medical Law and Ethics, a qualified Medical Administrator having 18 years of experience in various fields of Hospital Administration including private and Govt. sector in India. She received prestigious awards for her work done during COVID-19 and Best Women Medical Doctor by Delhi Medical Association. She is member of prestigious Medical Administration, Geriatrics Association in India. She is currently working as Faculty, Department of Hospital Administration, All India Institute of Medical Sciences, New Delhi, an Institute of National Importance, New Delhi (INI).



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A qualitative Interpretive Phenomenological (IPA) study exploring the experiences of adults with chronic neuropathic pain having a Capsaicin 8% patch as a treatment for managing their pain

Background: Chronic neuropathic pain is caused by a lesion or disease of the somatosensory nervous system, and the pain duration extends beyond three months and this contributes significantly to the worldwide illness and disease burden. Unfortunately, this pain typically results in suffering and disability when it manifests.

Aim: The study explored experiences of patients with chronic neuropathic pain who were treated for their pain with a Capsaicin 8% patch to understand their experiences and reflect on if the Capsaicin 8% patch treatment provides pain control.

Research Method: An Interpretive Phenomenological Approach (IPA) was employed, using face-to-face interviews with prompts to gather the data from three participants. Data was analysed using NVivo specialist software generating codes that were organised into themes.

Results: Key themes were a significant impact on the participants' thoughts and feelings, experience of pain and quality of life. Findings showed pain resulting in deteriorating mental health, with suicidal ideation and their pain journey was challenging. Participants spoke of acceptance of pain and how pain impacted upon their lives, including their mobility, sleep and appearance.

Conclusion: Neuropathic pain has a significant impact on patients and Capsaicin 8% patch treatment was effective in managing neuropathic pain and improving quality of life. It is therefore recommended that patients are given the option of Capsaicin 8% patch treatment and that Acceptance and Commitment Therapy be offered to assist them in accepting their pain.

Biography

Nicola qualified as a registered nurse in 2001 and worked for many years in critical care. She is now a pain management specialist nurse in the National Health Service. She studied an MSc in Advanced Clinical Practice at the University of Wolverhampton, UK. The study being presented was her dissertation for the MSc.



Dr. Paula R. Sutton* PhD, RN, CNE; Dr. Euwanna Heard* EdD, MSN, CRNP, APRN, FNP-BC; Dr. Sharon Wilks* PhD, RN, CNE

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Integration of data analytics into nursing curricula: A pilot study

Big data collection within healthcare has grown significantly over the last decade. Bi et al. (2023) report that there is a need to focus on data science literacy, given that big data processing is generated in multiple sectors of the healthcare arena. Furthermore, the National League of Nursing has listed data science and big data as key areas within nursing education that need further research development that produces innovative teaching and learning strategies in its NLN Research Priorities in Nursing Education 2024-2027 (NLN, 2024). Graduate nurses' and nursing students' perceptions of big data and analytics largely reflect a tension between recognizing the importance of data competencies and feeling underprepared to meet these expectations. For instance, a 2023 study by Raghunathan et al. found that 84.5% of nursing students reported no formal informatics education in their curriculum. Similarly, a 2021 bibliometric analysis by Carter-Templeton et al. highlighted that while there is a growing interest in big data within nursing scholarships, there is notable lack of application of big data approaches in nursing education and practice. The purpose of the study was to increase the knowledge base of master's in nursing education students use of health informatics to examine, analyze, interpret data and analyze population health and nursing education datasets by applying the data analysis process. Online learning modules were designed and placed into a Learning Management System (LMS) to assist advanced-level nursing participants with acquisition of knowledge, understanding, competency, and skills to use the Statistical Analysis System (SAS) to manage big datasets. Pre- and post-survey data were collected using the Modified Data Science Self-Efficacy Tool. Two datasets were provided for manipulation with participant screen recordings captured to demonstrate the use of SAS. Based on participant responses in the pre-survey, participants anticipated their ability in two of the five data science skillsets most strongly which included 1) the ability to formulate investigative questions that align with the nature of a problem, reflects the research and planning skillset and 2) the ability to understand the structure and characteristics of diverse datasets which reflects data management and handling skills. The weighted Likert scale average of these two skills sets was four (4) which corresponded to participants selecting 'agree on the Likert scale. Post-survey responses demonstrated a high level in the data science skillsets of researching and planning, and business and communication. The average of Likert score range for these skillsets was also four (4). One limitation in this pilot [case] study is that a single participant responded to the post-survey, whereas three participants responded in the pre-survey. Therefore, a follow-up study needs to be conducted with a larger sample, performing both pre- and post-assessment surveys. When data analytics are integrated into nursing curricula as a valuable clinical skill

rather than a peripheral technical task, students are more likely to view it positively (Foster & Tasnim, 2020). This suggests that early, frequent, and contextually relevant exposure to data concepts is critical in shaping positive attitudes and reducing apprehension among nursing students.

Biography

Dr. Sutton began her studies in nursing at East Carolina University and received her BSN in 1996. She worked several years in medical-surgical, oncology, long-term care, and managed care organizations as a staff nurse in some roles and a clinical manager in another. She received her MSN degree in Nursing-Health Systems Leadership in 2009 at the University of West Georgia. She ultimately achieved her PhD in Nursing from Georgia Baptist College of Nursing of Mercer University in Atlanta, GA in 2022. She currently works as an Assistant Professor in the nursing department at Bowie State University.



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Ascertaining the residency experience of older adults in nursing home through a journey mapping: A qualitative study

Objective: To clarify the comprehensive residency experience of older adults in nursing home, to identify touchpoints, pain points, needs, opportunities, and to provide evidence for developing holistic experience optimization strategies to improve care quality and enhance the well-being of residents.

Methods: The research team constructed a journey map framework based on Maslow's Hierarchy of Needs through a literature review. From January to March 2025, purposive sampling was used to recruit 22 older adults residing in senior care facilities for semi-structured interviews. Interview transcripts were imported into NVivo 12.0 for data organization and coding, followed by directed content analysis to analyze the data and visualize the journey map.

Results: Guided by Maslow's theory, the horizontal axis of the user journey map was categorized into five scenarios: physiological needs, safety, social belonging, esteem, and self-actualization. The vertical axis focused on residents' behaviors, needs, touchpoints, emotions, satisfactions, and pain points across these scenarios. Key opportunities were systematically analyzed, culminating in a comprehensive residency journey map for older adults in senior care facilities.

Conclusion: The residency experience of older adults in nursing home is dynamic and multidimensional. Future interventions should integrate age-friendly environmental modifications, training programs to enhance caregivers' humanistic care competencies, emotional management support for residents, and health empowerment education. These strategies aim to optimize residents' experiences and elevate the overall quality of care in senior care facilities.

Biography

Peiyao Yuan enrolled in the Master's program in Nursing at the School of Nursing and Health, Zhengzhou University in 2023, under the supervision of Professor Yan Zhang. She has participated in two academic conferences both domestically and internationally. Additionally, a Chinese-language research paper on user journey mapping, authored by her as the first author, has been accepted and is pending publication in the journal *Nursing Research*.



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Development of a seamless integrated palliative cancer care nursing system within the Maharat Nakhon Ratchasima hospital network in Nakhon Ratchasima province

Palliative care for terminal cancer patients in Thailand continues to face challenges due to fragmented service delivery across healthcare settings. The key problems identified are resource allocation and disparities in service accessibility. This study aimed to 1) develop a seamless nursing care system, 2) examine the outcomes of the seamless nursing care system, and 3) synthesize policy recommendations. This action research was conducted from September 2024 to August 2025, divided into three phases: 1) situational analysis, 2) development of the seamless nursing care system, and 3) outcome evaluation with 46 end-stage cancer patients and 46 caregivers, divided into experimental and control groups of 23 participants each. Data were collected through in-depth interviews, focus group discussions, natural conversations, observations, document analysis, palliative care outcome evaluation forms, quality of life assessment forms, caregiver perception assessments of patients' peaceful end-of-life, and caregiver satisfaction questionnaires regarding palliative care. Descriptive statistics, two-way repeated ANOVA, t-tests, and content analysis were applied. The research findings revealed that the seamless nursing care system comprised three main components: 1) Input factors including patient factors, nursing factors, and service system factors; 2) Process components consisting of a 5-phase care plan driven by the peaceful end-of-life theory concept, case management, primary nursing, nursing process, and telenursing; 3) Outcomes of nursing system implementation revealed statistically significant differences between experimental and control groups in palliative care outcomes, quality of life, caregivers' perception of patients' peaceful end-of-life, and satisfaction at significance levels of .017, .001, <.001, and <.001, respectively. The proposed system can serve as a prototype for developing nursing care systems and has led to significant policy recommendations: 1) consideration of curriculum revision for Bachelor of Nursing Science and advanced specialty nursing programs; 2) identification of case manager roles in health service plans; 3) support for telenursing information technology, and 4) adjustment of indicators to reflect good death through peaceful end-of-life.

Biography

Dr. Pensri Rukwong received her Bachelor of Nursing Science with second-class honors from Khon Kaen University and her Master of Nursing Science from Mahidol University. She completed her PhD in Nursing at Khon Kaen University under the Royal Golden Jubilee PhD Scholarship. She is currently serving as a Registered Nurse at the Advisory Level in the Health Technical Office, Ministry of Public Health, Thailand. Her research has been published on end-of-life cancer care, and she has been recognized for her significant contributions to the development of the national nursing system in Thailand.

Dr. Will Brewer; Dr. Rachel Winston*; Dr. LaKeva Harris PhD, FNP-C; Dr. Lisa V. Harrington* EdD, MSN, RN, CNE; Mrs. Vickie Green* MSN, BSN

University of North Alabama, Florence, AL, USA

Using an electronic book to increase DEI comprehension in nurse educators

The integration of Diversity, Equity, and Inclusion (DEI) into nursing education is essential for equipping future nurses to meet the needs of a diverse society. Nurse educators play a pivotal role in fostering inclusive learning environments and preparing students for equitable healthcare delivery. This faculty-driven initiative aimed to enhance nurse educators' understanding and implementation of DEI strategies in their teaching practices. Recognizing the demanding schedules of instructors in higher education, this project emphasized the utility of electronic resources, which offer flexibility and accessibility for professional development.

The Basic Diversity Toolkit was developed as a convenient, electronic resource to support educators in building their DEI competencies. Feedback from users highlighted the toolkit's value in improving both knowledge and instructional practices. Positive responses underscore the importance of continued research into how electronic tools can enhance nurse educators' professional experiences, particularly in the realm of DEI. These resources empower educators to create inclusive and equitable educational settings, thereby fostering students' holistic growth and competency.

Overall, the findings suggest that faculty-driven initiatives, such as the Basic Diversity Toolkit, can support professional growth by equipping educators with practical strategies to transform their teaching environments. Future research should explore the broader impact of such tools on faculty development and student outcomes, ensuring that DEI remains a foundational component of nursing education. This project highlights the need for ongoing innovation and collaboration to advance DEI efforts in healthcare education. Finding effective and efficient means to provide this educator-based training can include the development of electronic resources that can be pushed out to faculty via their common technology equipment such as a tablet.



Biography

Mrs. Green earned her BSN from the University of North Alabama in 1991 and began her career in Home Health before transitioning to a role in Case Management. In 2009, she completed her MSN degree in Nursing Education: Teaching and Learning track. Her experience teaching began in the Community college setting and she currently serves as a faculty member in the undergraduate nursing program at UNA. Mrs. Green is pursuing an Ed.D. in Instructional Leadership at the University of Alabama, in Tuscaloosa with her dissertation focusing on nurse educators' perspectives on gamification as an innovative teaching strategy in didactic settings.



Dr. Lisa Harrington is a tenured professor of nursing at the University of North Alabama. She has nearly 25 years' experience as a mental health nurse in acute care settings. As an undergraduate nursing professor, she has a passion for student-centered, empowering teaching. She received her EdD from The University of Alabama in Instructional Leadership in 2021. She has published articles related to innovative and diverse simulations and novice nurse experiences.



Dr. Rachel Winston obtained her BSN from the University of North Alabama (UNA) in 2004. She went on to earn an MSN and DNP from the University of South Alabama. After working several years in the hospital and rehab settings, Dr. Winston pursued a career in higher education. Dr. Winston has taught undergraduate and graduate students, and is currently a Full Professor in the Graduate Nursing Program at UNA. She is also the Director of Intercultural and Engagement Initiatives (IEI) for the UNA College of Nursing. She has published articles related to DEI, classroom collaboration, experiential learning, patient advocacy, etc.



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The relationship between nurses' contingent self-esteem and error orientation: The mediating effect of achievement motivation

Aim: Error orientation refers to an individual's attitude toward errors and how they deal with them. In nursing, nurses' error orientation plays a crucial role in improving nursing quality and fostering innovation. Despite its importance, few studies have explored the relationships among nurses' contingent self-esteem, achievement motivation, and error orientation. This study aimed to explore the mediating effect of achievement motivation on the relationship between contingent self-esteem and error orientation.

Design: A questionnaire-based, descriptive cross-sectional study was conducted.

Methods: A convenience sampling method was used to select 340 nurses in a third-grade A hospital in Henan Province from September to October 2024. A general information questionnaire, contingent self-esteem scale, achievement motivation scale, error orientation scale were used to investigate. Structural equation modeling was used to analyze the mediating effect of achievement motivation on contingent self-esteem and error orientation.

Results: A total of 339 valid questionnaires were collected. Achievement-seeking and failure-avoidance motivations formed a suppression effect of mediating effect between contingent self-esteem and error orientation. The indirect effect values were 0.12 and 0.07, with mediating effect shares of 48.4% and 27.8%, respectively. The direct and total effect values were -0.24 and -0.06 , respectively.

Keywords: Nurse, Motivation, Orientation, Self Concept, Mediation Analysis.

Biography

Renke Gao is a second-year graduate student in the school of Nursing and Health, Zhengzhou University, China, focusing on neurological nursing, particularly stroke nursing. During her postgraduate studies, she has actively participated in multiple conferences organized by the Chinese Nursing Association, delivered a poster presentation, and contributed to one provincial-level project and one institutional-level project. Additionally, he participated in writing the stroke nursing chapter of China Stroke Prevention and Treatment Report (2024). Proficient in R and SAS software, she specializes in applying data analysis techniques to nursing research.



Robin Whelpley PharmD, BCPS

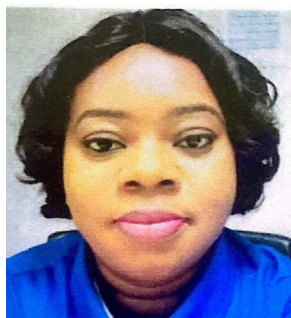
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Evidence-informed pedagogical approaches to improve undergraduate nursing student's pharmacology knowledge: The integration of conveyance, competency, connection, and caliber framework

Pharmacology courses in undergraduate nursing curriculums have traditionally been considered difficult for students which is evidenced by the numerous literature examples of low pharmacological knowledge in practicing nurses potentially leading to medication errors and patient harm. Although best practices of teaching pharmacology have been presented, there is no consistent recommendation for course curricula placement, course design, or content delivery noted in literature. Based on current evidence, a literature review of best practices was aligned with known educational delivery excellence and student satisfaction to develop a framework for student success in acute and chronic knowledge of pharmacologic principles. This framework is described as the Four C's: Conveyance, Competency, Connection, and Caliber.

Biography

Dr. Robin Whelpley received her Doctor of Pharmacy from Virginia Commonwealth University in 2009. She became board certified as a Pharmacotherapy Specialist in 2011. She completed her post-graduate residency with Bon Secours Health System in 2010 and served as pharmacy clinical specialist in psychiatry for seven years. Dr. Whelpley has a wide array of teaching experience with nine years as a full-time nursing faculty, eight years as an adjunct clinical faculty at South University Physician Assistant Program, seven years as a preceptor for pharmacy and medical residents, and 16 years as a preceptor for fourth year pharmacy clinical students. Her specialties include behavioral health, putting teaching theories to practice, and bridging didactic pharmacology content to real world practice at the bed side.



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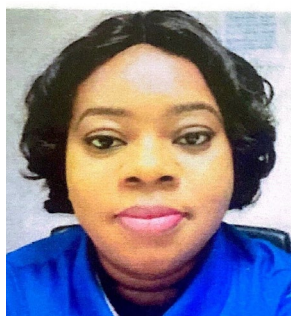
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Prevalence of maternal prenatal agbo consumption as a correlate to neonatal anthropometric outcomes among postnatal women in Alimosho General Hospital, Igando, Lagos, Nigeria

The development of the fetus is impacted by a complex interaction of environmental, maternal, and genetic factors, such as placental circulation and maternal nutrition. The probability of contracting certain diseases in childhood, and their total burden may have been influenced by changes in lifestyle and environmental exposures throughout pregnancy. Developing successful measures to encourage healthy growth and avoid disease requires an understanding of these aspects. This cross-sectional study focused on maternal consumption of Agbo—a herbal drink believed to ease labor by reducing baby size, and its implications on neonatal health outcomes which consist of the weight, length and head circumference of the neonate at birth. Two (2) research questions and two (2) hypotheses. A multi-stage sampling technique was utilized in selecting 185 mother-baby pairs, from which maternal and cord blood samples, as well as questionnaires were used for data collection. The direct ion selective electrode method was used to determine the blood's calcium content. The statistical software for social sciences (SPSS) version 25 was used to process data collected, and simple frequencies, percentages, and mean were used to display the results on tables. Inferential statistics was analyzed using the Pearson product-moment correlation coefficient (r). The results showed that women with tertiary education ($n=88$, 47.6%), those from the Igbo tribe ($n=71$, 38.4%), and mothers between ages 31 and 35 ($n=57$, 30.8%) outnumbered the others. Findings revealed that over three-quarters of the women ($n=158$, 85.4%) affirmed to the consumption of Agbo during the index pregnancy. With regards to the anthropometric outcomes of the newborns, findings revealed that the birth weight of all newborns was appropriate for gestational age, as well as the head circumference which was within normal range. However, over four-fifth of the neonates ($n=155$, 83.8%) were shorter than expected. Result on the test of relationship between maternal consumption of Agbo during pregnancy and the birth weight of the newborns indicated no connection where $r=-0.033$ and $p=0.657$. No significant connection was also found between maternal consumption of Agbo during pregnancy and the neonatal length at birth ($r=0.099$, $p=0.180$). Similarly, there was no link between maternal consumption of Agbo during pregnancy and the head circumference of newborns at birth ($r=0.053$, $p=0.471$). In conclusion, the prevalence of maternal consumption of Agbo during pregnancy is worrisomely high. Although herbal remedies are widely used in many African societies, their uncontrolled use during pregnancy can be harmful, making this finding culturally relevant. Consequently, this draws attention to an important area of public health education.

Biography

Rosemond Chidimma Iwu is a seasoned nurse with robust experience working in diverse settings, currently a Lecturer where she lectures, supervises and mentors over thirty Nursing students per session. She has passion for women empowerment, with a strong commitment to research, project management and constantly seeks opportunities to make contributions towards better maternal care delivery in Africa. She has her works published at both local and international journals. Rosemond is currently enrolled in and will shortly finish a PhD degree in Midwifery. Rosemond has excellent communication skills and has featured as an anchorwoman in several events and radio talks locally.



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Knowledge of obstetric danger signs among women attending antenatal clinic in selected primary health centres in Alimosho Local Government Area, Lagos State, Nigeria

Maternal morbidity and mortality are still major health issues, and pregnancy can present obstetric risks if not well handled. Direct obstetric problems such as infection, bleeding, and pregnancy-induced hypertension account for 80% of maternal deaths. One of the causes of the high maternal mortality rate is mothers' inability to recognize these warning indicators. Early detection of these warning indicators is therefore crucial to prevent delays in seeking medical attention, which is the second leading cause of maternal death. This study assessed the knowledge of obstetric danger signs among women attending Antenatal Clinic in Primary Health Centers in Alimosho Local Government Area, Lagos State. It employed a quantitative cross-sectional design where a sample size of 200 antenatal women were selected using multistage sampling technique. Data was collected using questionnaires and analyzed using EPI Info statistical software version 7, and then presented on tables using frequencies and percentages. Chi-square was used to test for inferential statistics. All questionnaires administered were retrieved. The findings of this study revealed that 114(57%) of the respondents portrayed overall poor knowledge about obstetric danger signs while 86(43.0%) showed good knowledge of obstetric danger signs. With regards to the source of information on obstetric dangers, 98(49.0%) of the respondents had read about them, while 102(51.0%) have never. Moreover, 131(65.5%) of the women accepted to have been educated on obstetric danger signs by their health care provider while 69(34.5%) claimed they were not. Among the symptoms that could indicate an obstetric danger, most of the respondents agreed that vaginal bleeding is a danger sign before delivery 102(51.0%), during delivery 140(70.0%) and after delivery 104(52.0%). Other symptoms recognized as dangerous by the women before delivery include severe unusual abdominal pain 80(40.0%), premature onset of contraction 62(36.0%) and loss of fetal movement 71(35.5%) while during delivery, some of the respondents recognized convulsion 122(61.0%) and prolonged labor 99(49.5%) and during the postpartum period, about two-fifth of the respondents recognized difficulty in breathing 80(40.0%) and loss of consciousness 79(39.5%) as danger signs after childbirth. Furthermore, this study revealed a significant connection between the knowledge of obstetric danger signs and the educational level of women attending Antenatal Clinic. The overall knowledge about obstetric danger signs is still unacceptably poor. Higher level of education improved the knowledge about obstetric danger signs. This shows that in order to help with early detection and treatment of warning symptoms, it is necessary to consistently raise awareness and provide orientation regarding obstetric danger signs to women as well as to their family members and support systems.

Biography

Rosemond Chidimma Iwu is a seasoned nurse with robust experience working in diverse settings, currently a Lecturer where she lectures, supervises and mentors over thirty Nursing students per session. She has passion for women empowerment, with a strong commitment to research, project management and constantly seeks opportunities to make contributions towards better maternal care delivery in Africa. She has her works published at both local and international journals. Rosemond is currently enrolled in and will shortly finish a PhD degree in Midwifery. Rosemond has excellent communication skills and has featured as an anchorwoman in several events and radio talks locally.

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Study to analyse the factors causing delay in dispatch of dead bodies declared in or to mortuary

Background: Working in the OR requires highly skilled staff members to coordinate and deliver care. As the advancement in new instruments increases, there is a growing need for trained staff. The intense, fast-paced, detail-oriented environment in the OR requires the staff to be organized yet flexible. The aim of this study was to determine the total mortality in the OR, the types of cases classified as OR mortality, the demographic profile of such cases, the reasons for delay in dispatch, and the scope for improvement in this process.

Method: The present study is a retrospective analysis of prospectively maintained data records from the OR and interviews with staff members.

Results: We analyzed 6 years data. The total OR mortality cases were 127. Patients aged <18 years were 11%, and those aged >18 years were 89%. 85% were males and 15% were females. The maximum cases consisted of RTIs (65.3%); other modes included falls (20.4%), assault (7%), suicide (0.7%), and railway track injuries (4.7%). Blunt trauma was the cause in 95.2% of cases and penetrating trauma in 4.8%.

The main reasons for delay in the process of body dispatch were:

- Delay in making the death note by the concerned resident,
- Delay in getting the MLC death note,
- Delay in getting the required signatures (from concerned SR, MLC stamp from the registration counter),
- Delay in obtaining the final approval from the concerned senior resident.
- The maximum time of delay was found to be 3 hours 40 minutes, with a minimum delay of 2 hours 30 minutes.
- During the study, it was found that there is no standard format for writing the death note by the nurses in the OR, which may sometimes lead to missing data.

Conclusion: As per the study, there is an increasing number of deaths in the OR each year, as the patient ratio in the trauma centre is rising. There should be a decrease in the time taken for dead body dispatch to the mortuary, and a standard format for writing death notes by nurses should be maintained in OR records.



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Enhancing nurse productivity and patient safety through generative AI integration

Generative Artificial Intelligence (AI) is increasingly influencing the healthcare delivery and providing transformative opportunities for the nurses. With increased challenges faced by the healthcare systems, such as growing patient demands, complex care needs, and resource constraints, AI offers promising solutions to improve efficiency, accuracy, and patient outcomes (Reddy et. al, 2020). This presentation demonstrates how generative AI can be leveraged to enhance nurse productivity and patient safety through prescription review simulations.

A realistic synthetic dataset was created to simulate doctors' prescriptions for hypothetical patients typically admitted to a medical-surgical unit in a large acute care hospital in the USA. The dataset included diagnoses or procedures, treatments, drug names, dosages, routes, and frequencies for each diagnosis and procedure. Several intentional errors were introduced into selected records, including incorrect medications, doses, routes, frequencies, and drug interactions to assess error detection capacity of generative AI. This study used two commonly used Large Language Models (LLMs), ChatGPT 4.0 and Gemini, to review prescription records and identify potential medication errors. For each flagged record, it was also asked to provide detailed clinical reasoning, focusing on patient safety, pharmacology, and clinical best practices. The accuracy of generative AI in detecting introduced errors was evaluated in terms of both precision and recall.

The study results suggest that using generative AI-powered simulations is an effective way to detect medication errors and support nurses' learning. This study simulated 20 patients for various diagnosis and treatments. There were total of 62 drugs and supportive treatments. In each replication, four to eight errors were introduced. All errors were correctly identified by both ChatGPT and Gemini except one instance where both generative AI failed to point potential contraindication of medications. Since generative AI could not explicitly call out dangerous combination of three CNS depression, it highlights the importance of careful review from the medical provider and the limitations of AI system in fully replicating expert clinical judgement. This study highlights that having a human in the loop is essential, as generative AI technology is maturing and not yet completely free from hallucinations. With improved efficiency in reviewing prescriptions observed in this study, generative AI has promising implications for nursing education and promoting a safe healthcare environment. Nurses can learn with AI because

AI acts as a real time mentor, guide and tool that allows nurses' critical thinking skills, error reduction, workflow efficiency, clinical decision support, and professional growth.

Although integration of AI has huge potential to make a positive impact in healthcare, there are several challenges. Collaboration among the healthcare providers, educators, policy makers, and technology developers are essential to overcome those challenges. While integrating AI, it is important to maintain the core value of nursing such as compassion, patient centered care, advocacy, and ethical practice (Wei, Pan, Liu, Hong, Nong C Zhang, 2025).

Keywords: Nursing, AI integration, AI Literacy, Patient Safety.

Biography

Shanta Paudel Subedi - A registered nurse with 18 years of medical-surgical experience, thriving in nursing innovation and research. For the past two years, she has primarily worked as a Virtual Nurse while also precepting and mentoring fellow nurses. Since joining the Implementation Science team in 2021, she has contributed to a pilot study focused on preventing non-ventilator-associated hospital-acquired pneumonia. A recipient of the Nursing Excellence Scholarship Award, she has presented at nursing conferences and published research. As an American Heart Association instructor, she promotes CPR awareness through volunteer health talks alongside physicians. Her work reflects a strong commitment to improving patient care through the integration of Artificial Intelligence.



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Saleh Ahmed, Sherman Jabonete Dumaguin***

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Examining the competency framework: Assessing skills required for health informatics practitioner in the digital health landscape

As healthcare systems transitioned towards digital transformation, health informatics practitioners particularly nursing informatics professionals were required to evolve beyond foundational IT skills to master advanced competencies in data management, clinical decision support, system optimization, and digital health technologies. Despite the availability of several competency frameworks in the literature, gaps remained in their applicability to specific roles. As digital health advanced, regularly updating and refining these frameworks is key to ensuring nursing informatics professionals could adapt, make informed decisions, and enhance patient care in a rapidly changing healthcare environment.

This study aimed to evaluate existing competencies, suggest enhancements and recommend a role-based framework that empowered nursing informatics professionals to address the evolving demands of their roles. Using a multi-method qualitative approach including job description analysis, semi-structured interviews, expert reviews, and focus group discussions, the study assessed the existing skill set, identified competency gaps, and contextualized key informatics roles within Hamad Medical Corporation–Qatar.

At Hamad Medical Corporation, nursing informatics professionals play multiple roles ranging from analytics, system optimization to staff education and applied research. The findings indicated that many frameworks often overlooked key areas such as the software development life cycle, change management, project management, and data management. Through semi-structured interviews, the study team developed a refined competency framework (with basic, intermediate, and advanced levels), ensuring it reflected the actual practice model and covered all main areas of informatics roles. It defined competencies across levels based on knowledge, work standards, autonomy, and decision-making. The framework was reviewed by nursing informatics experts, who ensured alignment with real-world practice and reinforced relevance in areas such as research, education, and clinical information systems.

This initiative offered a structured, localized framework designed to strengthen informatics capacity, support digital integration, and contribute to quality patient care. The framework also served as a foundational tool for workforce planning, training, and policy development, ensuring nursing informatics professionals were equipped to thrive in a technologically advanced healthcare environment.

In light of these findings, it is recommended that Hamad Medical Corporation expand the application of the developed informatics competency framework to other specialties, ensuring a comprehensive and standardized approach across the organization. Additionally, conducting follow-up studies to evaluate the framework's impact on nursing informatics practice, staff retention, and operational efficiency will provide valuable insights for ongoing improvements. Furthermore, collaborative efforts with academic institutions to integrate digital literacy and informatics competencies into nursing education were considered essential for fostering early skill acquisition among future professionals. Leveraging competency data for recruitment, role delineation, and succession planning would further support the creation of a future-ready nursing informatics workforce.

Collectively, these actions offered a strategic path forward for strengthening informatics capabilities, advancing digital transformation, and enhancing the quality of services within the dynamic landscape of smart healthcare systems.

Biography

Mr. Sherman Dumaguin is a highly experienced Nursing Informatics Specialist at Hamad Medical Corporation in Qatar, with over two decades of clinical and informatics expertise. He began his career as a staff nurse after earning his BSN in the Philippines and later specialized in renal dialysis care. In 2008, he transitioned to Nursing Informatics, supporting digital health initiatives and system implementation. Since 2021, he has led strategic efforts in informatics and chairs the Nursing Informatics Education and Staff Development Committee. He co-authored a research paper on virtual learning and holds certifications in Clinical Informatics and Cerner training.



Sofica Bistriceanu MD, PhD.

Academic Medical Unit–CMI Dr. Bistriceanu, S., NT, ROU, Romania

Academy for Professionalism in Health Care [APHC], European Primary Care Cardiovascular Society [EPCCS], Romania

Honest, respectful, and friendly relationships promote personal growth and development

No one can produce or know everything. People's interaction is necessary to ensure their material, spiritual, and emotional needs. Individuals may choose to continue or end their collaborative work with others based on their level of enjoyment.

Selling and buying goods or services skilfully delights end users and providers, which is essential for personal growth and development.

Maintaining and extending their relationships requires good-quality products at reasonable prices, respectful, collaborative work, a well-sharing presence, and alignment with social norms. In addition, a friendly attitude and encouragement for people who experience troubled times, as well as providing adequate material support when possible, resonates deeply within them. Their appreciation often extends to their loved ones and friends, enhancing the provider's esteem in the community they serve.

By contrast, dishonest and disrespectful people disappoint their collaborators and can alter their health, making them choose other partners. These negative attributes of providers affect their reputation and decrease the return on investment, putting at risk their practice standing, financial power, and career development.

The interaction style, quality of goods or services, expenses, and assistance for others significantly impact an individual's personal, professional, and social life.

By the end of this presentation, the audience will be able to:

- Recognize the importance of their interactions with others for their lives.
- Understand how deceptive interactions can affect individual health.
- Implement community educational programs emphasizing the significance of honest, respectful, and friendly relationships for personal growth and development.

Biography

Sofica Bistriceanu, MD, Ph.D., graduated from Iasi University in Romania and family medicine research at Maastricht University. She joined the European, American, and Asian Primary Care Research Group, American Academy on Communication in Healthcare, APTR, IHI, NICHQ, EPCCS, EURACT, and WONCA Meetings. With over 100 research studies shared internationally, she has been recognized with numerous awards. Dr. Sofica Bistriceanu is a member of the Academy for Professionalism in Health Care, serves on the Editorial Review Board for The Journal of Patient Experience (JPX), is an Associate Editor for PriMera Scientific Publication, and is a member of the Editorial Board of Journal of Medical Research and Clinical Case Reports, Research Portal Central Publishers. She represents the Academic Medical Unit- CMI, in NT, ROU. Additionally, she is the author of seven volumes of poetry published by Cronica, Iasi Publishing House, and Time, Iasi Publishing House.



Sonia Herbert

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Screen to scene enhancing nursing education through simulation

Nursing education has evolved significantly over the past few decades. One of the most impactful advancements in this field is the incorporation of simulation-based learning, commonly referred to as screen to scene. This method bridges the gap between theoretical knowledge and practical application by allowing nursing students to practice real-life scenarios in a controlled and safe environment.

The Concept of Screen to Scene

Screen to scene in nursing simulation refers to the process where learners move from observing or interacting with virtual scenarios on a screen to applying those learned skills in a simulated physical environment and at clinical practice in healthcare setting. This approach mimics the progression from academic learning to clinical practice, where nurses transition from classroom-based learning to hands-on patient care.

Importance of Simulation in Nursing Education

- Bridging the Theory-Practice Gap
- Safe Learning Environment
- Repetition and Reinforcement
- Immediate Feedback
- Preparation for Unpredictable Situations

Types of Nursing Simulations

- Low-Fidelity Simulations
- High-Fidelity Simulations
- Virtual Simulations
- Standardized Patient Simulations

Challenges and Considerations

- Cost
- Faculty Training
- Realism
- Ethical Considerations

Conclusion: Screen to scene simulation is a powerful tool in nursing education, providing students with the opportunity to develop and refine their skills in a safe and controlled environment. As technology continues to advance, the potential for even more immersive and realistic simulations grows, further enhancing the preparedness of future nurses.

In the end, the ultimate goal is to ensure that nurses are not only competent but also confident in their abilities, leading to better patient outcomes and a higher standard of care.

Biography

Sonia Herbert is an highly accomplished nursing professional with a Master of Science in Nursing, specializing in Community Health Nursing, and has a strong foundation in clinical practice, nursing education, and simulation-based training. Currently, she serves as a Manager–Clinical Training & Development at Vidyanta Skills Institute, a medical simulation and skills training center and an International Training Center (ITC) for the American Heart Association. Her educational background includes a Bachelor of Science in Nursing and a Master of Science in Nursing with a focus on Community Health. Sonia holds a professional certifications in Essentials in Healthcare Simulation from George Washington University and she has certified instructor for Advanced Cardiovascular Life Support (ACLS) and Basic Life Support (BLS) through the American Heart Association.



Sun Minmin

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Barriers and enablers in evidence-based nutritional management for heart failure patients: A qualitative study

Aims: To analyze the barriers and enablers in facilitating stakeholder participation in the evidence-based nutritional management of patients with Heart Failure (HF), and to explore the perspectives of medical professionals on nutritional interventions. Design: Descriptive qualitative research was conducted during March–April 2023 within two cardiovascular departments in a Chinese hospital.

Methods: We used objective sampling, enlisting sixteen nurses/physicians. Semi-structured interviews and data analysis were conducted using the Consolidated Framework for Implementation Research (CFIR), with encoding performed via NVivo 14 software.

Results: Nineteen implementation determinants were identified. The CFIR framework encompasses seven key elements across three domains. Key intervention plan features include the implementer's trust in the quality/validity of evidence and tailored ongoing quality-enhancement strategies. Key internal elements include effective intraorganizational teamwork and communication channels, cohesive team environments, promptness in implementing changes, and early planning by leaders. Individual traits involve proactive coping mechanisms. Twelve components in four CFIR domains are obstacles, such as the intervention program's intricacy, increased patient costs, and increased learning expenses and workloads. External elements include suboptimal disease conditions, a lack of awareness of nutritional intervention, and insufficient social/family support in patients; uncooperativeness and rivalry with other medical entities; and a lack of intrahospital external recognition and incentive schemes. Internal elements include vague implementation goals and a lack of knowledge/informational resources for staff; personal traits include patients' insufficient understanding of HF-related nutritional management and an absence of a robust interdisciplinary collaboration system for colleagues.

Conclusions: Utilizing CFIR methods and analysis, we identified barriers and enablers in evidence-based nutritional management practice implementation, laying the groundwork for additional modifications and the fine-tuning of intervention strategies.

Impact: We described methods for modifying the conduct of clinical staff, organizations, and systems to enhance the results for HF patients, which serve as foundational data for contrasting pre-and post implementation barriers and enablers in evidence-based practical research. Reporting method: We adhered to relevant EQUATOR guidelines with the COREQ reporting method.

Biography

Sun Minmin studied nursing at Nantong University and received her master's degree in 2021. In 2024, she went to Singapore Changi Hospital for nursing management training, and joined the research team of Professor Dong Yanhong of the Alice Lee Chan Nursing Center of the National University of Singapore to carry out research on cognitive impairment related to heart failure. She was awarded the post of head nurse, and she published 5 research papers in various journals, chaired and participated in 6 projects.

**Sun Young Park DNP, MSN, CNE, FNP-C**

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Innovative gamification in community public health nursing education: Exploring the U. S. healthcare system through virtual escape rooms

Background/Purpose: Community Public Health (CPH) nursing education is an essential component of pre-licensure nursing programs, preparing students to address social determinants of health, promote population well-being, and respond to public health challenges. However, many nursing students show limited interest in community public health nursing education and career, favoring acute care setting instead. This preference is reflected in poor attendance, lack of engagement, and minimal interest during CPH lectures, particularly on complex topics like the U.S Healthcare System. To enhance engagement and learning outcomes, the CPH curriculum must adopt innovative pedagogical approaches. Traditional lecture-based methods are less effective for Generation Z students, who thrive in interactive, technology-driven, and visually engaging environments. Recognizing this, the CPH didactic course piloted gamification to teach the U.S. healthcare system. This innovative teaching method aims to enhance learning, align with student preferences, and promote active participation.

Methods: The 10-10 teaching method was implemented in the U.S. healthcare system lecture to enhance student engagement and understanding. This approach alternates between 10-minute focused lectures and 10-minute virtual escape room activities. During lectures, students can challenge the instructor with questions or opinions. Exceeding the time limit rewards students with extra gaming minutes and snacks. Each escape room reinforces the lecture content through puzzles and code-finding games, offering practical application of concepts. The escape rooms were developed using Microsoft OneNote, ChatGPT-4, DALL·E 3, and Genially. Over a 2-hour session, students completed three lecture-game cycles, making the learning experience interactive and engaging.

Results: Students responded satisfied with the gamified learning experience, and 80% of students would recommend it to their peers during 2023-2024 preliminary pilot study at the University of Maryland School of Nursing (UMSON). Gamification improved UMSON BSN students' learning and engagement in learning the U.S. healthcare system.

Conclusion: The 10-10 teaching method further supported focused attention and minimized distractions throughout the session. However, challenges included the time-intensive process of designing gamified content, presenting complex material in limited time, and resolving technical issues, such as platform integration.

Implications for Public Health: Innovative pedagogical approaches in CPH nursing education hold significant implications for the broader public health landscape. By fostering active student engagement and interest in community health topics, these strategies contribute to preparing a workforce that is better prepared to address population's health needs. Enhancing students' understanding and appreciation of community public health can lead to a career direction toward community-based settings. This shift is critical for addressing public health workforce shortages and ensuring equitable, community-oriented care.

Biography

Dr. Sun Young Park, Assistant Professor at the University of Maryland School of Nursing, specializes in Community Public Health Nursing. She focuses on improving healthcare outcomes through education and clinical practice. Dr. Park teaches both entry-level and graduate level community public health nursing. As a Family Nurse Practitioner at Healthcare for the Homeless in Baltimore, she provided primary care to homeless individuals, addressing complex health needs. At the County Health Department, she was Ryan White HIV case manager previously. With 20 years of clinical experience, Dr. Park is dedicated to advancing nursing education and promoting health equity.



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Rural hospital general ward nurses experiences of workplace violence and aggression by patients and visitors – A scoping review

Violence and aggression in the workplace is a growing concern across most industry sectors globally. The healthcare industry consistently ranks as one of the highest in number of incidents, and of all healthcare workers, nurses are over-represented. Considerable research has been undertaken in clinical areas known to be high risk for Workplace Violence (WPV), such as Emergency Departments and Psychiatric wards. However, WPV incidents are increasingly occurring in general medical and surgical wards, which is where most nurses are employed. Several key issues differentiate WPV in rural hospitals from those in urban areas, including lack of resources to assist in incident prevention and management and the increased likelihood that nurse victims and offenders have personal or family connections. WPV contributes to nursing workforce shortages with rural hospitals experiencing greater nursing workforce challenges than their urban counterparts. The purpose of this study was to explore what is known about rural hospital general ward nurses' experiences of workplace violence and aggression by patients and visitors.

We conducted a literature review using PRISMA-ScR guidelines and sourced publications from CINAHL, Cochrane Library and Medline databases along with the Google Scholar and Scopus search engines. Initial screening of 165 journal articles resulted in 12 articles selected for data extraction. Data synthesis of selected studies highlighted four major themes: high prevalence, under-reporting of incidents, contributing factors and negative psychosocial and other impacts. Based on the literature review, we concluded that patient/visitor-initiated violence towards nurses is largely under-reported which has serious implications for nurses physical and psychosocial safety, adverse patient outcomes and recruitment and retention of nurses in general medical and surgical hospital wards. Workplace violence has serious implications for nurses' physical and psychosocial safety, adverse patient outcomes and recruitment and retention of nurses in rural hospitals. Further research is therefore warranted to understand the experiences of rural generalist nurses to implement strategies for risk- mitigation and post incident support.

Biography

Christine Trotman is a former Registered Nurse, She attained a Bachelor's degree in accounting and post-graduate degrees in Governance and Business, which led her to an Executive career in Australian community health services and acute inpatient hospitals. As the Chief Executive Officer of several rural hospitals and aged care facilities, Christine was concerned about the incidence of workplace violence against nurses in general wards. The adverse outcomes for nurses, patients, individual hospitals and the broader health sector inspired her to undertake research at PhD level at Federation University Australia.



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Latent profile analysis of patient activation with High-Risk Non-Disabling Ischemic Cerebrovascular Events (HR-NICE)

Objective: To explore the latent profiles of activation levels and their influencing factors in patients with High-Risk Non-Disabling Ischemic Cerebrovascular Events (HR-NICE), providing a reference for improving their self-management abilities and reducing recurrence rates.

Methods: Using convenience sampling, patients with HR-NICE who completed primary treatment in the neurology department of a tertiary Grade A hospital in Zhengzhou between September 2024 and March 2025 were selected as the study participants. Surveys were conducted using the General Information Questionnaire, Patient Activation Measure (PAM), Self-Efficacy for Managing Chronic Disease Scale (SEMCD), Stroke Knowledge Questionnaire (SKQ), and Social Support Rating Scale (SSRS). Latent Profile Analysis (LPA) was employed to identify distinct subgroups of patient activation levels. Multinomial logistic regression analysis was used to assess the impact of various influencing factors on the different profile classifications.

Results: A total of 274 questionnaires were distributed, with 261 validly returned, yielding an effective response rate of 95.26%. The LPA results revealed three distinct latent classes of activation levels among HR-NICE patients: Low Cognition-Low Activation Group (14.94%), Overall Higher-High Activation Group (16.58%), Low Belief-Moderate Activation Group (68.48%). Factors including age, education level, monthly household income per capita, type of medical insurance, family history of stroke, social support score, chronic disease self-efficacy score, and stroke knowledge score were identified as statistically significant influencing factors ($P < 0.05$) on the activation level profiles.

Conclusions: The activation levels of HR-NICE patients exhibit significant heterogeneity. Healthcare professionals can develop targeted nursing interventions based on the characteristic features and influencing factors of the different activation level profiles to reduce the risk of disease recurrence and enhance patients' self-management abilities.

Keywords: High-Risk Non-Disabling Ischemic Cerebrovascular Events, Patient Activation, Latent Profile Analysis.

Biography

Wang Xuan, a Master's candidate at the School of Nursing and Health, Zhengzhou University, specializes in neurological nursing research. Her academic accomplishments include two peer-reviewed publications, one authorized utility model patent, and one registered software copyright.



**Wei Xue^{1*}, Yan Shi¹, Peijia Zhang², Panpan Wang¹,
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Enhancing nursing students' learning abilities through improved evaluation: A latent profile and network analysis approach

This presentation explores the heterogeneity of nursing students' learning abilities and their impact on online learning engagement. We utilized a sample of 670 nursing students and employed a mixed-methods approach incorporating latent profile analysis, network analysis, logistic regression, and multiple linear regression. Our investigation focused on identifying distinct categories of learning abilities based on established scales for metacognitive ability, self-directed learning, and e-learning participation. Network analysis revealed learning evaluation as the central node within the overall learning ability network.

The latent profile analysis identified three distinct profiles of learning abilities: strong (39.0%), average (26.9%), and weak (34.1%). Interestingly, while learning evaluation remained the core node for both the average and weak groups, the strong group's network centered around metacognitive strategies. Furthermore, we found that higher grade level, using mobile devices for online learning, and ranking within the top 50% academically were significant predictors of membership in the strong group compared to the weak group.

Our findings demonstrate a strong positive association between learning ability profiles and online learning engagement. Specifically, both the strong and average groups exhibited significantly higher levels of overall engagement, as well as behavioral, cognitive, and emotional engagement, compared to the weak group. These results underscore the importance of learning ability in shaping online learning experiences and highlight the potential of fostering learning evaluation and metacognitive strategies to enhance overall engagement and academic success in nursing education. This research provides valuable insights for educators seeking to tailor online learning environments to effectively support diverse learning needs and maximize student engagement.

Biography

Xue Wei studied Nursing at Zhengzhou University, China, and graduated with a Bachelor's degree in 2022. He then joined the research group of Prof. Sun at Zhengzhou University to pursue his Master's degree. Prof. Sun's research team has published over 150 influential academic papers in prestigious domestic and international journals indexed by SCI, SSCI, and CSSCI, and has authored or co-authored 8 books and textbooks. The team has successfully led and completed 17 international collaborative projects, national funding initiatives, and provincial-level research projects.



Whitney Adams DNP, RN, CEN, NPD-BC

Magnet Program Director, Professional Practice and Nursing Excellence Houston
Methodist Sugar Land Hospital, Sugar Land, Texas, USA

Dissemination without borders: Building a culture of nurse-led inquiry

Dissemination is the bridge that connects nurse-led innovation to broader impact—transforming local inquiry into global learning. Yet in many care environments, dissemination remains underutilized due to limited infrastructure, mentorship, or visibility. This presentation shares a practical, replicable approach developed at Houston Methodist Sugar Land Hospital to build a culture of dissemination among bedside nurses through strategic mentorship, infrastructure, and professional development.

An environmental scan revealed a consistent gap: nurses were actively involved in Evidence-Based Practice (EBP), Quality Improvement (QI), and research initiatives, but few felt equipped or supported to disseminate their work. This disconnect limited not only the spread of effective practices but also the visibility and recognition of nursing excellence within and beyond the organization.

To address this, a multi-pronged initiative was launched by the Magnet Program Director in collaboration with the Nurse Scientist and Nursing Professional Development (NPD) team. A centralized digital repository was created to collect and organize nurse-authored abstracts, posters, and presentations, providing a visible home for nursing inquiry. A formal project review process was established to support quality, readiness, and alignment with conferences and publication opportunities. Rolling calendars of abstract deadlines were developed and distributed system-wide, ensuring access to opportunities.

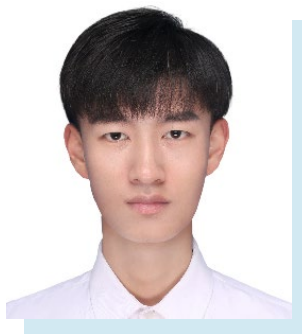
To build skill and confidence, interactive workshops and 1:1 abstract mentoring were offered. Lunch and Learn sessions focused on developing titles, learning objectives, and alignment with call-for-abstract criteria. Clinical ladder applicants and emerging nurse leaders were taught how dissemination supports professional advancement and broader influence.

Outcomes were significant. Nurse-led dissemination increased by 50% in the first year and 175% by year two. Projects were accepted for presentation at state and national levels, and internal visibility increased. Nurses reported increased confidence, a stronger sense of professional identity, and a greater commitment to inquiry. The approach also contributed to improved retention and engagement, supporting Magnet designation.

This presentation will provide attendees with a scalable framework to establish or enhance dissemination support in their own settings. Emphasis will be placed on mentorship models, equitable access to resources, and cultural strategies that encourage every nurse to view their work as scholarship. Participants will leave with actionable tools to create a culture of dissemination—empowering nurses not just to practice, but to publish, present, and inspire.

Biography

Whitney Adams, DNP, RN, CEN, NPD-BC, is a Magnet Program Director at Houston Methodist Sugar Land Hospital. She leads organizational strategies that promote dissemination of EBP, QI, and research, and has implemented abstract mentoring programs, project repositories and recognition of clinical scholarship. Her work focuses on transforming frontline practice into scholarship and visibility while aligning with Magnet standards. Whitney collaborates closely with bedside nurses, nurse scientists, educators, and clinical leaders to sustain a culture of inquiry, and her initiatives have led to measurable increases in dissemination, engagement, and retention.



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Research progress of screening tools for sarcopenic obesity in community-based elderly people

Sarcopenic Obesity (SO) is a clinical functional disease characterized by the coexistence of obesity and sarcopenia. With the deepening of aging, the prevalence of sarcopenic obesity in the elderly population continues to increase, and the global prevalence of SO in the elderly is about 11%. Compared with sarcopenia or simple obesity, SO has a higher risk of adverse outcomes, such as cardiovascular disease, fractures, arthritis, metabolic disorders, frailty, and death, so early identification is crucial. As the first line of health screening for the elderly, the community plays an important role in the early identification of SO.

In 2022, the European Society for Clinical Nutrition and Metabolism (ESPEN) and the European Association for the Study of Obesity (EASO) jointly released the Definition and Diagnostic Criteria for Sarcopenic Obesity consensus, covering screening, diagnosis, and staging methods. The consensus points out that SO screening is mainly based on BMI or waist circumference thresholds of different races and alternative indicators of sarcopenia (clinical symptoms, clinical suspicion, screening questionnaires such as SARC-F). When the screening results indicate that an individual is at dual risk of obesity and sarcopenia, the next step of diagnosis is performed. Currently, many researchers have also conducted relevant research on comprehensive SO screening methods, such as neck circumference, weight-adjusted waist circumference index, phase angle, etc.

This study reviews SO screening tools, compares and analyzes their accuracy and application, explores their limiting factors in actual operation, and proposes possible improvement directions, providing a reference for the selection of SO screening tools for the elderly in the community and related research.

Biography

Xincan Zhou graduated from Zhengzhou University with a bachelor's degree in nursing in 2022. In 2023, he entered the research group of Professor Weihong Zhang of Zhengzhou University to pursue a master's degree. The team has been committed to community and public health nursing research for a long time, using modern information technology, clinical trials, simulation scenario training and other technologies. It has been approved for 2 National Natural Science Foundation projects, published 12 research articles in SCI (E) journals, 36 Peking University Chinese core journal papers, authorized 4 national invention patents, and edited 4 monographs and 3 textbooks.



Yajadira Lozano Cardenas

Gestion Clinica/Profamilia/Bogota/Colombia

Emerging roles in nursing for primary health care in Colombia

In Colombia, Primary Health Care (PHC) has evolved to respond to the needs of the population and improve access to health services. In this context, emerging roles have emerged in nursing that strengthen PHC. Some of these roles include, Directors and administrators of medium and low complexity clinics, Care Managers in PHC, Community Health, Telemedicine and Telehealth, Home Care, Community Mental Health, Health Risk Management. These roles strengthen the comprehensive approach to PHC in Colombia, improving access to health and the quality of life of the population. From the formulation of health programs with a differential approach, the role of nursing takes a preponderant role in primary health care and especially in the sexual and reproductive rights of the Colombian population, therefore the roles in nursing are beyond direct patient care and transcend to administrative roles of high responsibility such as the management of clinics. The nurse as administrator and/or director of medium and low complexity clinics plays a fundamental role in the management and leadership of health services. Her training in nursing, combined with knowledge in administration, allows her to guarantee efficient, humanized and basic care that responds from primary health care to the needs of prevention and promotion of people.

Biography

Mrs. Yajadira studied Nursing at the Pontificia Universidad Javeriana in Bogotá, Colombia, graduating in 2014. She then began her studies in a Master's Degree in Health Administration from the same University, graduating in 2022, she has a diploma in leadership and management as well as multiple trainings in public health, differential care models, she has extensive experience in comprehensive care routes and health care models.

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Effectiveness of a multi-component intervention program for self-management behaviors in adolescents and young adults with inflammatory bowel disease based on the self-determination theory: A randomized controlled trial across two centers

Background: The incidence of inflammatory bowel disease has been increasing, with the peak incidence in adolescence and young adults. Self-management behaviors are of great significance for adolescents and young adults with inflammatory bowel disease to maintain disease remission and improve their quality of life. However, their self-management behaviors urgently need to be optimized.

Objective: To evaluate the impact of a multi-component intervention program constructed based on the self-determination theory on the self-management behaviors and related health outcomes of adolescents and young adults with inflammatory bowel disease.

Methods: A single-blind, two-arm randomized controlled trial was conducted from August 2024 to January 2025. Adolescents and young adults aged 13 to 24 years old with inflammatory bowel disease were recruited from the gastroenterology wards of two tertiary hospitals in Chongqing, China. Participants were randomly assigned (1:1) to the control and intervention groups. The control group received routine care, and the intervention group received an additional multi-component intervention program. Outcome indicators included self-management behaviors, perceived social support, basic psychological needs, anxiety, depression, and disease activity, evaluated immediately post-intervention (T1) and 12 weeks post-intervention (T2). Repeated-measures ANOVA and the Friedman test were used for analysis, following the intention-to-treat principle.

Results: A total of 74 participants were recruited, with 37 in the intervention group and 37 in the control group. There were no statistically significant differences in the baseline data between the two groups. Data analysis of the outcome indicators showed that: (a) The self-management behaviors scores of the intervention group at the T1 and T2 time points were significantly higher than the control group ($P < 0.05$). (b) The scores of perceived social support

scores and basic psychological needs of the intervention group at the T1 and T2 time points were significantly higher than the control group ($P<0.05$), while the anxiety and depression scores were significantly lower than those of the control group ($P<0.05$). (a) There was no statistically significant difference in the disease activity levels at T1 ($P>0.05$), and at T2, the proportion of the intervention group in the remission phase was significantly higher than that of the control group ($P<0.05$).

Conclusion: The multi-component short-term group intervention program constructed based on the self-determination theory in this study can effectively improve the self-management behaviors and related health outcomes of adolescents and young adults with inflammatory bowel disease in a short and medium term.



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Basic psychological needs for exercise and adherence in community-dwelling elderly with coronary heart disease: The mediating role of motivation

Research has indicated that elderly individuals residing in communities who suffer from coronary heart disease tend to exhibit a relatively low level of adherence to exercise regimens. This research aimed to examine the present situation of exercise adherence and its associated factors among elderly patients with coronary heart disease who reside in the community. Additionally, it sought to explore the interconnections between exercise motivation, basic psychological requirements for exercise, and exercise adherence.

This cross-sectional study employed a convenience sampling method to recruit 207 elderly patients with Coronary Heart Disease (CHD) from communities in Zhengzhou City between February and May 2023. Data were collected using the following validated instruments: the General Information Questionnaire, Exercise Adherence Questionnaire, Psychological Needs Satisfaction in Exercise Scale (PNSE), Behavioral Regulation in Exercise Questionnaire-2 (BREQ-2), and Revised Control Attitudes Scale (CAS-R).

The findings revealed that the exercise adherence score for elderly patients with coronary heart disease residing in the community amounted to (24.02 ± 5.74) points. Monthly income, exercise frequency, basic psychological needs for exercise, exercise motivation, and perceived control were identified as the main influencing factors of exercise adherence ($P < 0.05$). Mediation analysis demonstrated that exercise motivation played a partial mediating role between basic psychological needs for exercise and exercise adherence (accounting for 55.7% of the total effect).

Basic psychological needs for exercise had a predictive direct impact on the exercise adherence of elderly community-dwelling patients with coronary heart disease. It is possible to improve exercise adherence by intervening in patients' exercise motivation and basic psychological needs for exercise.

Biography

Zhiyue Li graduated with a Bachelor's degree in Nursing at Henan University in 2023. In 2023, she joined Professor Weihong Zhang's research group at Zhengzhou University to pursue a Master's degree. The research group has been specializing in community and public health nursing research. By combining the characteristics of urban community residents in China, it has formulated cardiovascular exercise rehabilitation programs and published multiple papers in SCI(E)-indexed journals and Peking University Core Journals.

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**POSTER
PRESENTATIONS**



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²Department of Nursing-Medicine, Northwestern Memorial Hospital, Chicago, IL, USA

Improving the supply room organization on a cardiac pulmonary medicine unit to improve RN comfortability in retrieval of emergency supplies

Newly hired nurses with less than 6 months of experience on a cardiac pulmonary medicine unit at Northwestern Memorial Hospital reported significant discomfort in retrieving emergency supplies, with 86% indicating a lack of confidence. This inefficiency poses potential risks to patient care by delaying emergency response times. To address this, the unit launched a project aimed at improving RN comfortability through the reorganization of the supply room and targeted training efforts. The primary goal is to increase comfort levels among nurses with less than six months of experience from 14% to 50% by July 2025. The initiative includes redesigning the supply room, implementing a standardized organizational system, and providing focused education on emergency supply retrieval. Key success metrics include improved RN comfort levels, reduced response times in mock scenarios, and the number of nurses trained on the new system. Using a DMAIC (Define, Measure, Analyze, Improve, Control) framework, the project is currently in progress and seeks to enhance both patient outcomes and staff preparedness through systematic environmental and procedural improvements.

Biography

Ai Kaisho, BSN, RN, CMSRN, currently serves as a Clinical Coordinator in the Float Pool and Central Staffing Office department at Northwestern Memorial Hospital in Chicago, Illinois. She earned her Bachelor of Science in Nursing from University of Illinois at Chicago in 2021 and is currently pursuing a Master's degree in Health Informatics at University of Illinois at Chicago.

Jenni White, BSN, RN, CMSRN, currently serves as an Education Coordinator on a cardiac pulmonary medicine unit at Northwestern Memorial Hospital in Chicago, Illinois. She earned her Bachelor of Science in Nursing from Illinois Wesleyan University in 2018 and is currently pursuing a Master's degree in Nursing Leadership at Benedictine University.

Jack McFarlin, BSN, RN, CMSRN, currently serves as a Clinical Coordinator at Northwestern Memorial Hospital in Chicago, Illinois. Originally from Wisconsin, he earned his Bachelor of Science in Nursing from the University of Wisconsin in 2019 and is presently pursuing a Master's degree in Nursing Leadership at Benedictine University.



Alicia M Smith

University of Nebraska Medical Center, Omaha, NE, United States

Reproductive health advocacy: Evaluating patients stress levels and coping mechanisms during fertility treatments

Infertility affects an estimated 10-15% of reproductive-age couples worldwide (Simionescu et al., 2021). Recent investigators show there are silences in fertility treatments. These silences are times when the patient does not feel comfortable enough to state out loud to the provider what they are feeling or truly looking for in their fertility care. Taffs et al., demonstrated that these silences can be experienced as a lack of communication on behalf of the providers and what that provider may not be willing to say aloud. For patients the silences are experienced as lack of support, and lack of confidence to express their needs (Taffs et al., 2023). The time of childbearing, while joyful for many, can also be a stress-filled time of maladaptive coping and anxiety, grief, and depression as a result of fertility-related issues. Couples undergoing fertility treatments receive answers that raise even more questions. Patients experience a cycle of uncertainty which can cause physical and emotional stress, which are often not addressed. Therefore, the overall purpose of this Evidence-Based Quality Improvement Project (EBQI) is to help couples navigate their infertility journey with support from their provider to manage physical and emotional stress. The aims of the project are: (1) Describe fertility patients and their partners' stress and coping mechanisms, themes of importance, and experiences using survey tools (Brief-COPE and Tell Me Tool). (2) Develop a learning module to educate providers and evaluate knowledge, skills, and attitudes using a survey. The design of the project is the four steps of plan, do, study and act, which include an exploratory descriptive design. The data collection has been completed and data analysis is in process. This will accomplish the foundation for the development of a future education program intervention and will inform the providers about evidence-based guidelines and care management strategies.

Biography

Alicia M Smith possess a Bachelors degree in the Science of Nursing, and she is currently a Doctoral Nursing Practice in Womens Health student at the University of Nebraska Medical Center. Her research investigates the emotional and physical needs of infertility patients in the Waco, Texas area.



Althea Kerr* MSN, APRN, FNP-C, DNP Candidate; Nora Gough-Davis* DNP, MBA, MSNS, APRN, FNP-BC; Mari Micci Shannon DNP, APRN, FNP-C; Brandy Smith DNP, APRN, FNP-BC

Robert E. Smith School of Nursing, Delta State University, United States

Bridging the gap: Role transition of the novice nurse practitioner

Background: The transition to practice for Post-Graduate Nurse Practitioners (PGNP) can be fraught with uncertainty and apprehension. Graduates move from the role of expert Registered Nurse (RN) to that of Novice Nurse Practitioner (NNP), navigating a significant shift in their professional responsibilities. This transition can pose challenges for PGNPs as they strive to maintain stability while entering an unfamiliar environment.

Aims: This project seeks to assess the perception of role transition among Nurse Practitioners in their novice stage and to determine whether those who completed a residency program experience a smoother transition compared to those who did not participate in a residency. The goal is to demonstrate the significance of bridging the role transition gap from expert Registered Nurse (RN) to Novice Nurse Practitioner (NNP), highlighting how an NP residency program facilitates this transition.

Methods and Instruments: A quantitative descriptive approach was utilized to gather data from Novice Nurse Practitioners (NNPs) via an online survey. The Novice Nurse Practitioner Role Transition (NNPRT) Scale was employed as the measurement tool to evaluate the impact of role transition on the confidence, clinical competence, and job satisfaction of NNPs, comparing those who completed a residency with those who did not.

Results: The results of this project are ongoing, with preliminary results expected in July 2025 and final results in August 2025.

Implications: Novice Nurse Practitioners (NNPs) who completed a residency experienced a better role transition. Healthcare organizations must understand the importance of developing and implementing a residency program for the NNPs to establish their clinical skills and gain experience to facilitate the transition to becoming healthcare providers.

Biography

Althea Kerr began her nursing career as an LPN in 2006. She acquired an AAS in Nursing at Cochrane School of Nursing in 2007 and received her BSN from Lehman College in 2012. She also completed her MSN in Family Health from SUNY Downstate in 2019 and became board-certified as an FNP in 2021. Ms. Kerr has held various nursing positions and is currently an NP provider at an opioid treatment program for people with substance use disorder. She is pursuing a Doctor of Nursing Practice at Delta State University, expecting to graduate in December 2025.



Angie Webb

Troy University DNP Student, Troy, Alabama, USA

Blood culture contamination in the ED: A practice improvement project

Background: Contaminated blood cultures are a persistent issue in emergency departments, often resulting in unnecessary antibiotic use, prolonged hospital stays, and increased healthcare costs. Despite existing protocols, inconsistent adherence to proper collection techniques contributes to elevated contamination rates. This project was implemented in a high-volume emergency department in Northwest Florida that had consistently reported blood culture contamination rates exceeding the accepted benchmark of 3%.

Purpose: The purpose of this practice change project was to implement a bundled educational intervention focused on standardized blood culture collection techniques and evaluate its effect on contamination rates in the emergency department setting.

Methods: Using a pre-post intervention design, this project included an educational bundle delivered over a four-week period. The intervention featured a policy review, online module with demonstration video, best practices huddle card, FAQ handout, and one-hour in-person simulation training with return demonstration. All ED nursing staff (n=95) were included. Data on contamination rates were collected four weeks before and four weeks after the intervention. Chi-square tests were used to analyze differences in contamination rates overall and by staff participation level.

Results: The overall contamination rate decreased from 6.2% pre-intervention to 5.0% post-intervention, but this change was not statistically significant. However, contamination rates varied significantly by participation level in the training (X^2 (4, N=1,582)=48.61, $p<.001$). Nurses who completed both the online and live training had the lowest contamination rate at 2.8%, compared to 5.5% (online only), 7.9% (live only), and 20.2% (no participation). These findings suggest that full engagement with the educational intervention was associated with improved adherence to best practices and reduced contamination rates.

Implications for Practice: This project highlights the importance of combining standardized education with hands-on simulation and feedback to improve clinical practice. Although the overall change in contamination rates was not statistically significant, the strong correlation between training completion and improved outcomes demonstrates the value of multi-modal education. The bundled approach, grounded in evidence-based strategies and supported by leadership engagement, can be replicated across departments to enhance practice consistency, reduce unnecessary interventions, and improve patient safety. Future efforts should focus on early assignment of training, mandatory participation tracking, and sustained reinforcement to support long-term adoption of best practices in blood culture collection.

Biography

Angie Webb, MSN, RN, NPD-BC, is a Director of Clinical Professional Development for the North Florida Division of HCA Healthcare. She has 19 years of nursing experience in women's and children's services, perioperative care, and clinical informatics. Angie leads professional development initiatives across multiple acute care hospitals, focusing on evidence-based practice and quality improvement. She is currently completing her Doctor of Nursing Practice degree at Troy University, with a scholarly project aimed at reducing blood culture contamination through standardized education and training.



Dr. AnnMarie Vang

Southern New Hampshire University, United States

Creating a culture for growth

This presentation explores strategies to cultivate a culture of growth within the nursing profession and academic settings. By examining leadership approaches, mentorship models, and innovative educational practices, factors that empower nurses and faculty to pursue continuous professional and personal development will be identified and discussed. Emphasis will be placed on fostering environments that value collaboration, resilience, diversity, and evidence-based practice. Through real-world examples and data-informed insights, this presentation will discuss how nurturing supportive networks and promoting a shared vision for excellence can enhance job satisfaction, academic achievement, and patient outcomes.

Biography

Dr. AnnMarie Vang completed her DNP in 2020 at Aspen University. She obtained her MSN degree at Western Governors University in 2009. She started her nursing career in 2006, working in cardiology. She has worked in higher education for sixteen years, filling various leadership, mentor, and educator roles. She has a passion for learning and helping others to become the best version of themselves.



**Carolyn L. Goodin^{1*} DNP, RN, Andrew J. Donadio²,
Stacey G. Browning², Julie A. Windmiller¹**

¹Jeanette C. Rudy School of Nursing, Cumberland University, USA

²Whitson Hester School of Nursing, Tennessee Tech University, USA

Vascular access selection in a rural clinical setting

Purpose: This study aimed to evaluate the use of a vascular access selection tool in a rural clinical setting. The study focused on educating the nursing staff on the use of the vascular access selection tool as well as evaluating its effectiveness and use.

Significance: The number of vascular access devices being used today gives need for a standardized selection process focusing on evidence-based practice (Bechdel et al., 2022). Central venous access devices are associated with higher incidents of severe complications. In the use of vascular access devices, these risks as well as patient need should be considered in the selection process. To decrease the risk of patient morbidity and mortality, it is imperative to use a reliable and valid selection tool to avoid unnecessary placement (Martillo et al., 2020).

Sample: Education of 48 nurses in three units within a rural hospital. A 3-part vascular access selection tool was used in adult patients.

Methods: A three-phase process was implemented that included education, selection tool implementation, and compliance. This mandatory quality improvement project was used to evaluate the ease of use and efficacy of the 3-part selection tool in a rural clinical setting.

Findings: In both the pre-implementation and post-implementation surveys, more Registered Nurses completed the surveys than Licensed Practical Nurses. The nursing staff indicated they were satisfied with the vascular education. The completion of data showed that 89% of nurses found the selection tool easy to use and effective in appropriate and safe VAD selection.

Conclusion: The data analysis suggests that the VAD selection tool is an efficient and effective method in appropriate selection of vascular access.

Biography

Dr. Carolyn Goodin earned her Doctor of Nursing Practice in Nursing and Healthcare Leadership from the dual program at East Tennessee State University and Tennessee Technological University in 2024. She currently works as a Vascular Access Registered Nurse across middle Tennessee and is also an Assistant Professor of Nursing in her role as the Program Director for the Master of Science in Nursing Program at Cumberland University in Lebanon, TN. She currently serves as the district 9 President for the Tennessee Nurses Association.

**Carrie Butler RN, MSN ANP**

Bon Secours Memorial College of Nursing, Richmond VA, USA

Enhancing health assessment skills through standardized patients in a bachelor's degree nursing program

Health assessment is a fundamental component of nursing education, requiring students to develop critical thinking, communication, and clinical skills. The use of Standardized Patients (SPs)—trained individuals who simulate real patient encounters—offers an interactive and realistic approach to learning. Incorporating standardized patients into health assessment courses provides an effective, student-centered approach to nursing education, bridging the gap between theoretical knowledge and clinical practice. SP encounters enhance students' ability to conduct comprehensive assessments, improve communication with patients, and foster clinical decision-making skills. Students reported increased confidence in applying assessment techniques in real-world scenarios.

Biography

Carrie Butler graduated from James Madison University in 1994 with a Bachelor of Science in Nursing. She primarily worked in cardiology and the emergency department. She received her Master of Science in Nursing from Virginia Commonwealth University/Medical College of Virginia in 2000. She has been teaching at Bon Secours Memorial College of Nursing since 2006.

**Daniela Florez*, Dr. Clint A. Bowers**

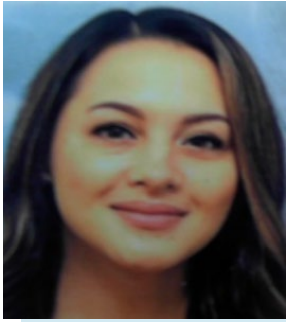
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Investigating the consequences of workplace violence among certified nurse assistants

Workplace Violence (WPV) is one of the most prevalent issues in healthcare. Certified Nurse Assistants (CNAs) working in healthcare facilities oversee most of the direct patient care. Unqualified nurses are more likely to experience WPV, significantly affecting them physically, emotionally, and psychologically. Given their role, it is crucial to examine how WPV negatively impacts the overall well-being of CNAs. The present study investigated the role of workplace violence in adverse outcomes for Certified Nursing Assistants. Specifically, the research examined its association among six outcomes: (1) turnover intention, (2) burnout, (3) compassion fatigue, (4) secondary traumatic stress, (5) job satisfaction, and (6) work engagement. A cross-sectional approach was used. Data were collected using a demographic questionnaire, the Professional Quality of Life Scale 5, the Compassion Fatigue-Short Scale, the Work Well-being Inventory, the Workplace Violence Scale, the Copenhagen Psychosocial Questionnaire III, and the Intention to Quit Scale. This study included 161 certified nurse assistants (Male=59, Female=102) currently working in a healthcare setting. Pearson bivariate correlations were conducted to assess the relationship between workplace violence and six adverse outcomes. The results indicated that workplace violence was significantly and positively correlated with turnover intention, burnout, compassion fatigue, and secondary traumatic stress. Conversely, workplace violence was significantly and negatively correlated with job satisfaction and work engagement. The findings underscore the urgent need for healthcare organizations to implement targeted interventions that prevent workplace violence and mitigate its harmful effects. Such strategies should focus on strengthening staff support systems, fostering a positive organizational culture, and promoting individual resilience to enhance employee well-being.

Biography

Daniela Florez is an undergraduate student at the University of Central Florida, pursuing a Bachelor of Science in Clinical Psychology. She has been a certified nursing assistant since 2022. In 2024, she joined UCF RESTORES as a research assistant, a lab dedicated to treating PTSD and enhancing the well-being of first responders. Under the mentorship of Dr. Clint A. Bowers, Daniela has contributed to multiple projects while also conducting her own independent research through UCF's Honors Program, where she investigated the adverse effects of workplace violence on certified nursing assistants.



DeAnna Ybarra* MSN, RN, CNS, RNC-NIC; Denise Hippert, IMN RN

Nursing Professional Development, Kaiser Permanente, Fresno, California, United States

Enhancing newborn discharge education: A quality improvement initiative using technology to improve caregiver perception and utilization of online resources

Background:

Research Question: Does the implementation of Your Journey Home Roadmap: A Standardized QR Code-Based Infant Discharge Education Tool improve utilization of HealthClips KP Online Video Library and HCAHPS performance scores in KP Fresno Mother/Baby Unit?

Purpose: This project aims to address inconsistencies in infant discharge education, streamline educational needs, and increase utilization of the HealthClips KP Online video library. The tool leverages simplified language, visual aids, and QR codes for quick access to essential information.

Methods:

1. Collect Pre-Implementation Data:

- HCAHPS data collection total of six months pre-intervention
- KP health clips utilization reports total of three months pre-intervention

2. Develop the Tool:

- Collaborate with relevant teams to create the tool.

3. Educate and Train End Users:

- Conduct training sessions for healthcare providers.

4. Implement the Tool:

- Integrate the tool into the discharge process.

5. Collect Post-Implementation Data:

- HCAHPS data collection total of six months post-intervention
- KP health clips utilization reports total of three months post-intervention

Results:

- **Discharge Information:** Median HCAHPS score improved from 87.3 to 93.78.
- **Nurse Communication:** Mean HCAHPS score improved from 83.65 to 84.8.
- **Health Clips Utilization:** Monthly users increased from 36 to 81, page views from 106 to 465.67, and video views from 120.33 to 350.

Conclusion: The tool significantly improved key performance metrics, enhancing patient education and engagement, and contributing to better overall satisfaction and communication.

Biography

DeAnna Ybarra MSN, RN, CNS, RNC-NIC, has been a dedicated NICU nurse since November 2011. With over a decade of experience, she excels in neonatal intensive care and maternal child health. DeAnna has also served as a flight nurse, enhancing her clinical skills in critical care transport. As a Clinical Nurse Specialist, she advances nursing practice, mentors fellow nurses, and leads quality improvement initiatives. Her passion for improving newborn discharge education through innovative tools like QR codes underscores her commitment to enhancing caregiver engagement and patient outcomes. DeAnna's dedication and expertise make a significant impact on healthcare.



Donna Fletcher

Geriatrics: Acute Care for Elders Unit, UT Southwestern Medical Center, Dallas, Texas, USA

Therapeutic activity cart: Mindful moments for hospitalized older adults

The therapeutic activity cart for elders is a thoughtfully designed tool that offers a variety of engaging activities aimed at addressing the cognitive, emotional, and social needs of hospitalized older adult patients. This activity cart serves as a key component of non-pharmacological interventions and strategies aimed at enhancing patient well-being without the use of medications. Incorporating stimulating activities promotes mental and emotional health, helps redirect patients' focus away from disruptive or negative behaviors, and cultivates a positive, engaging environment during their hospital stay. Particularly those with cognitive impairments like alzheimer's or dementia, who often face a range of mental, emotional, and social challenges, as well as physical limitations, cognitive decline, and social isolation. These challenges can significantly impact their overall well-being, making it crucial for healthcare settings to adopt strategies that cater to their unique needs. Providing meaningful activities during their hospital stay is essential for supporting cognitive function, emotional stability, and social engagement.

Biography

Donna Fletcher earned her bachelor's degree in healthcare administration from Kaplan University in 2014, graduating Cum Laude. She joined UT Southwestern in 2019 as the Senior Geriatric Program Coordinator and NICHE Coordinator. Janice co-authored a 2022 article in Geriatric Nursing Journal on building a geriatric fracture program using NICHE best practices. In 2024, she presented at the Nursing World Conference on the correlation between constipation and delirium. Passionate about improving care for older adults, Donna continues to champion evidence-based, person-centered approaches within the acute care setting.



Elyssa Turner* MSN, RN, CCRN-CSC; Leigh Anne Hartman MS, RN-BC, NE-BC

DeBakey Heart and Vascular Center, Houston Methodist Hospital, Houston, TX, USA

Are you down with downtime processes? A quality improvement project for downtime process in nursing utilizing an escape room

In recent months, the United States has experienced an increase in natural disasters affecting the healthcare system such as major floods, hurricanes, and tornados that can destroy all connection ability to Electronic Health Record (EHR) systems. There have also been several instances of cybersecurity attacks on EHRs that require downtime and can cause significant negative impact on processes, workflows, and outcomes. Furthermore, many staff members are new to the profession and have limited experience with the loss of EHR connection. These instances put patients at an increased risk of harm due to communication failures and loss of safety nets that the EHR provides. In the ever-evolving world of healthcare and with our continued reliance on digital and virtual technology, this disconnect can be overwhelming for nurses who have never experienced true downtime.

In a high acuity telemetry acute floor at an urban quaternary care academic hospital, nurses identified a practice gap with locating the downtime emergency box and implementing the appropriate downtime process and procedures. The project team assessed the unit's perception of downtime readiness through a survey evaluating the overall perception of readiness. The data showed the unit staff perceived to be unprepared to handle a downtime event. Staff readiness for a downtime of the electronic health record is essential for patient safety to ensure there are no gaps in care. The patient is at a most vulnerable position when lapses of care are inevitable. Staff preparedness can reduce the amount of potential risk exposure to the patient by knowing the proper protocol of paper documentation and record keeping practices. Staff performance of medication administration and order acknowledgement practices can become risky if the staff are overwhelmed by the downtime process.

To address the identified gap, gamification in the form of an escape room was utilized for the educational intervention for nurses and staff to engage them with active learning. There were four separate puzzle clues they had to solve to unlock the box of tools needed to save the patient in the scenario. The in-service utilized printed and written documentation simulation along with form acquisition to improve the staff's readiness for downtime procedures and close the perceived knowledge gap. A post-survey was provided, and the results demonstrated an improved perception of readiness amongst all team members. As a result of this project, the unit has included this process in its annual competency and will continue with ongoing readiness preparation. This project helped to improve the staff's perceived readiness to handle downtime

processes and procedures. Utilizing simulation and escape room gamification techniques can be applied to other educational efforts to improve staff readiness and knowledge in clinical practice.

Biography

Elyssa Turner studied Nursing at the University of Texas Health Science Center at Houston, United States of America in 2015. She then began and continued her career in the Cardiovascular Intensive Care Unit at Houston Methodist Hospital in the Texas Medical Center. She received her MSN in Nursing Education from Western Governor's University in 2023. After completing one year as a Nurse Educator, she obtained her role as Professional Practice Leader in the DeBakey Heart and Vascular Center at Houston Methodist Hospital.



**Emily Jazdzewski* MAN, RN,
MacKenzie Moore* MSN, RN**

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Engaging new staff in their first year of practice

Maya Angelou stated, People will forget what you said, people will forget what you did, but people will never forget how you made them feel. Engagement and support in the first year are crucial for new nurses to learn unit culture and professional practice, while also developing a sense of belonging in their workplace. Both objective and subjective data were collected retrospectively from Registered Nurses (RNs) that had started on two psychiatric inpatient units within the last two years with a goal to understand their experiences during orientation. We wanted to explore the impact of professional and personal support from preceptors, nurse educator, nurse manager, and the charge nurse with new RNs.

On both units, RNs gave positive feedback about unit culture and teamwork. Subjective feedback included wanting more clarification on the timeline of orientation, pharmacology, restraint charting, and professional growth opportunities within the unit and organization. Additional desired content included scheduling, Paid Time Off (PTO), and accessing benefits. Based on feedback from the survey, resource time activities were embedded into the orientation, allowing for time away from patient care to support staff's professional growth and critical thinking skills. The resource time shifted to focus on what each RN was needing at that point in their orientation to foster professionalism, belonging, and professional growth.

Informed by the feedback from the surveys, a roadmap was created to identify tasks to be completed at different milestones throughout the RN's first year and beyond. Along with the content to be covered, there are scheduled touchpoints with leadership to facilitate conversations with new RNs about their interests and their future goals to foster a connection between the new RN and direct supervisor. These conversations will demonstrate to the new RN that the supervisor is invested in the employee that they support their professional growth within the unit and organization. Furthermore, providing structure for new RNs as they start their career and look towards future goals and opportunities. The roadmap can be utilized during the meetings with direct supervisor and can also be used in mentorship throughout the first few years of the new RNs career. Offering resources for personal development can help new employees thrive both professionally and personally, leading to higher job satisfaction and retention.

Biography

Emily Jazdzewski has been employed at the Mayo Clinic for 21 years. She began her career in Medical Psychiatry. She transitioned to an Ambulatory Nurse Manager position in Medical Oncology/Psychiatry before returning to Medical Psychiatry as the Nurse Manager in 2020.

MacKenzie Moore has been employed at Mayo Clinic for 16 years. She began her career in Child and Adolescent Psychiatry as an RN before moving to Medical Oncology where she worked as a staff nurse then Nursing Education Specialist. She returned to Child and Adolescent Psychiatry as the Nurse Manager in 2020.



Ericka Castillette* MSN, RN, CPN, CDCES, CNE, ped-CCRN; Melissa Coon* MSN, RN, CPN, CNML

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Insulin education for everyone

Medication safety requires the utmost of attention; high alert medications raise the bar. Having a child or family member diagnosed with Diabetes is a life-changing event. Trusting in the medical team brings a sense of calm but what if you doubt insulin safety at the hospital your child or family member is in? Our pediatric unit had an insulin error. One error is too much and we realized it could be preventable. Come listen to how one unit created an escape room centered on insulin safety; reinforcing nursing skills while having fun.

Through apparent cause analysis, leadership identified unclear insulin orders, inconsistent orders, and needing reeducation as weaknesses. It soon became multi-disciplinary as we involved pharmacy, endocrinologists, intensivists, and nurses. The pediatric leadership team advocated for menus to include carbohydrates so staff can teach how to carb count in real time. Next was the electronic medical record. First was getting insulin administration dual signature; second was getting the insulin sliding scale in the system and having a carb counting application added. Instituting this process also allowed us to collect data on the time it took from a blood glucose check to insulin administration. A family friendly flip chart was created. Nursing was given pens with a pull out banner that had the types of insulin, brand name, indication, onset, peak, duration, and route. The final part of the project was an escape room that was designed to depict a child in crisis from hypoglycemia. Using the plan-do-study-act cycles methods were improved based on feedback. Staff had to demonstrate knowledge and perform techniques so they could find clues that could help them escape. Competencies assessed were working under pressure, teamwork, and logical deductive thinking. Data collected has shown implementing a comprehensive insulin safety project that educates nurses, standardizes ordering and administration empowers nurses to feel confident.

Biography

Ericka Castillette began her career over twenty years ago in pediatrics; she then trained in the pediatric ICU. After becoming the Clinical Nurse Educator, she has completed projects that have been presented locally, nationally, and internationally. Ericka holds four certifications, has been awarded Clinical Nurse of the Year at Good Samaritan University Hospital and nominated for the Nassau/Suffolk Nurse of the Year.



Ernest Cabanas* BSN, RN, MedSurg-BC, CMSRN

Sinai Hospital of Baltimore- Maryland, USA

Let's stop fall: A SWOT analysis of B6 inpatient medical surgical unit fall prevention strategies

Falls during hospitalization are the most common adverse events reported. This untoward patient experience during hospital stays results in serious injuries, longer hospital stays and an increase in medical costs. It also affects healthcare staff as it results in increased stress, anxiety, feeling of failure and decreased job satisfaction. Factors that can contribute to fall include Age (memory loss, confusion, difficulties with thinking and problem solving), Medications (tranquilizers, sedatives, antidepressants, and blood pressure lowering medications. The side effects of some medicines—such as dizziness, lightheadedness, unsteadiness, drowsiness, blurred or double vision and difficulty thinking clearly), Bladder and bowel conditions (causes you to rush to the toilet, or visit more often), vision problems, muscle weakness, balance and gait issues. Identification of underlying risk factors combined with clear and effective interventions can reduce fall incidence and improve patient safety, patient satisfaction and patient experience.

This SWOT analysis identify the factors that contribute to fall incidents in the hospital inpatient setting. It aims to examine the hospital policies and procedures for fall that include standardizing the assessment of patient risk for falls using an evidence-based tool, promoting the best practices, safety interventions and strategies for fall prevention, tailoring intervention for patient safety including patient and family education, proper documentation and post fall huddle. The objective also includes analyzing the strength of current fall precaution procedures, its flaws or identifying gaps that need to be improved and having an opportunity to mitigate threats that could increase fall incident. Through systematic and thorough scrutinization of these aspects, we can promote protocols and strategies that will prevent falls, enhance patient safety and elevate patient experience and satisfaction.

Biography

Ernest Cabanas studied Nursing at the St. Paul University Iloilo-Philippines and currently taking his MS in Nursing. He started as an ED Nurse at St. Lukes Medical Center-Global City, Philippines. He joined Sinai Hospital of Baltimore last February 2023 as an ED Nurse and transitioned to Medical Surgical/Oncology Nurse in May 2024. He was recently double certified as a Medical Surgical Nurse under American Nurses Credentialing Center (ANCC) and Academy of Medical Surgical Nurses.



Gabriel J. Morton Jr., BSN, RN, CCRN

Pediatric Diagnostic and Interventional Imaging Center, Morgan Stanley Children's Hospital NewYork Presbyterian, New York, NY, United States

Operationalizing efficiency: Reducing procedural delays with cross-disciplinary coordination

Background: Delays in First Case Start (FCS) times within cardiac catheterization labs can lead to cascading inefficiencies, prolonged patient wait times, patient and staff dissatisfaction, and increased hospital costs. Identifying and addressing barriers to timely first case starts is critical for optimizing workflow, improving patient outcomes, and supporting interdisciplinary team satisfaction.

Purpose: The purpose of this performance improvement initiative was to implement a team-based intervention to improve first case start times in the pediatric cardiac catheterization lab at an academic medical center. The goal was to reduce delays by identifying modifiable causes and establishing standardized pre-procedure workflows.

Methods: Using Plan-Do-Study-Act (PDSA) cycles, a multidisciplinary team conducted a baseline audit of first case delays over a 5-month period, identifying contributing factors such as incomplete pre-procedure checklists, communication breakdowns, and unclear team roles. In collaboration with interventional cardiologists and anesthesiologists, the team implemented five key interventions: (1) implementing EPIC workflow timestamps, (2) adjusting patient arrival time, (3) requiring verbal pre-med notification, (4) reinforcing daily huddle, and (5) conducting real-time delay reviews. Data on first case on-time starts were tracked pre- and post-intervention over a 3-month period.

Results: Post-intervention data demonstrated a 38% improvement in on-time first case starts (from 42% baseline to 80%). Staff satisfaction scores related to workflow efficiency and team communication improved based on post-implementation surveys. Delays related to incomplete documentation or consent decreased significantly.

Conclusion: This performance improvement initiative successfully improved first case start times through low-cost, team-driven interventions emphasizing standardization and communication. Sustained improvements suggest that clear protocols and shared accountability can meaningfully enhance efficiency in high-acuity procedural settings. Future efforts will focus on long-term sustainability and expanding the initiative to other procedural areas.

Biography

Gabriel Morton is a Family Nurse Practitioner candidate graduating this fall and will continue as a doctoral candidate beginning in 2026. In 2019, Mr. Morton was honored with the Innovation in Research Award at the Sigma Theta Tau Nursing Research Conference for his quantitative study, Evaluating the Knowledge and Risks of Coronary Heart Disease Among Young Adult Filipino Americans. He has a clinical background in Pediatric Critical Care Nursing, providing care in New Jersey, New York, and Hawaii. He currently works in the cardiac catheterization lab and serves as an active member of the NewYork-Presbyterian Research Committee.

**Geraldine Guerra-Sandoval MSN Ed., CMSRN**

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Enhancing nursing concept knowledge and self-confidence through mini simulations

Introduction & Purpose: Simulations help students develop their knowledge skills and attitudes in a safe environment and improve their self-confidence. Simulation also fosters collaboration, critical thinking and clinical reasoning skills. The purpose of this project was to identify if nursing students had a better understanding of concepts learned in the classroom by participating in mini simulations during lab. Currently, Level 2 nursing students participate in one high fidelity simulation activity as part of their health assessment course. Mini simulations were added to students' weekly lab activities to have more time to refine their skills and promote self-confidence. Students prepared themselves ahead of time by viewing the virtual simulation associated to the concept they learned in the classroom. Lab instructors facilitated the mini simulations by following the virtual simulation outline and held a debriefing session after the students participated in the simulation. Lab instructors had the opportunity to assess the students' ability, and the students had the opportunity to discuss and reflect on their feelings, knowledge and ability to perform the nursing skills.

Methods: Students completed an anonymous survey in their learning management program during the spring and summer semesters of 2024. The students were asked if the simulated activity in lab was helpful in understanding the nursing concepts and if they felt more confident with performing nursing skills after the simulations.

Results: A total of 88 students completed the survey. 80% of the students responded that the simulated activities in lab helped them to understand the concept and be more confident with their skills.

Discussion: The majority of the students surveyed reported the in-lab simulation helped them understand the concept and felt more confident with their skills.

Conclusion: Simulations help merge knowledge into practice and allow the students to develop critical thinking, decision-making, and problem-solving skills. Practicing nursing skills in a safe environment allows the students to learn from their mistakes and continued practice improves their performance. Nursing schools are moving towards a competency-based education model and simulation-based activities are useful to assess competence. Adding more simulation-based activities in the curriculum will foster critical thinking skills, confidence and competence as nursing students prepare into real life clinical settings and help nursing schools in moving towards a competency-based education model.

Biography

Geraldine Guerra-Sandoval, MSN, RN, CMSRN, a Lecturer at The University of New Mexico (UNM) College of Nursing. Guerra-Sandoval received her Master of Science in Nursing degree, with a concentration in Education, and her Bachelor of Science in Nursing from UNM and is certified in the medical-surgical nursing specialty. Guerra-Sandoval conducted a study in a medical-surgical unit to address language barriers of Limited English Proficient (LEP) patients. The study significantly improved the communication needs of the LEP patients and was published in the Med-Surg Journal. Another project regarding communication with patients has been accepted for publication in the American Nurse Journal.



Giulia Arostegui BSN, RN

Betty Irene Moore School of Nursing, University of California, Davis, Sacramento, California, United States

Mild cognitive impairment screening for older adults receiving home-based primary care: A clinical practice guideline

The purpose of this project was the development of a clinical practice guideline for early detection of mild cognitive impairment for adults over the age of 65 who receive Home-Based Primary Care (HBPC). There is currently no guideline for this population and setting. The AGREE II tool was chosen as a developmental framework due to its validity and reliability in CPG development. During development this author systematically screened articles from CINAHL, Cochrane Library, Embase, Google Scholar, PubMed, and Ovid. Exclusion criteria included no availability in English, focus on MCI in relation to a specific disease process, or having a population outside the target age range. This CPG is pending approval using the AGREE II tool by an expert panel. Recommendations include using alterations in the DSM-5 cognitive domains to guide assessment using a validated and reliable tool. The interviewer should select a tool based on sensitivity and specificity, availability in the patient's primary language, patient's level of education, time to administer, and any visual, auditory, or motor impairment. Practice considerations include screening for comorbid mood disorders and home safety. Individuals with MCI are associated with lower quality of life and increased likelihood of progressing to dementia as compared with cognitively intact counterparts. Early detection may provide an opportunity for slowing disease progression and participation in advanced care planning.

Keywords: Home Based Primary Care, Primary Care, House Calls, Home Visit, Community, Mild Cognitive Impairment, Cognitive Impairment, Guideline, Cognitive Impairment Tools, Early Detection, Older Adult(S), Geriatric, Cost, And Challenges.

Biography

Ms. Arostegui studied Nursing at the University of Pennsylvania and graduated with a BS in 2017. She has worked in intermediate and critical care from 2017 to present at MedStar Georgetown University Hospital, Christiana Care, and UC Davis Medical Center. She is currently completing her DNP-FNP at the University of California, Davis with an expected completion of June 2025.



Haller Nico Marcus*, Freitag Simone, Melms Tobias, Strupeit Steve

Institute of Nursing Science and Interprofessional Learning; University Medicine Greifswald, Germany

Prevalences of care phenomena in hospital and inpatient long-term care - A cross-sectional study

Care dependency is a complex issue arising from physical, cognitive, or psychological conditions, collectively known as care phenomena. These phenomena can be significantly influenced by nursing interventions. While understanding the prevalence and identifying risk groups for care phenomena is crucial, there is a lack of up-to-date data in Germany. This study aims 1) to collect prevalence data on care phenomena in hospitals and long-term care settings, and 2) to investigate correlations between these care phenomena and the demographic variables age and gender. A cross-sectional study was conducted to investigate the care phenomena pain, falls, urinary and fecal incontinence, and pressure ulcers. Data collection was carried out in the setting hospital and long-term care facilities. The prevalence rates were calculated for each care phenomenon in the overall sample and for the two settings. Additionally, correlations between the care phenomena and with age and gender were examined. In fall 2023, data was collected from 754 individuals. The results showed differences and similarities in prevalence data between long-term care and hospital settings. Similarities were observed for the prevalence of fall with 4.8%. Significant differences were found in the prevalence of urinary incontinence, with 26.6% in hospitals and 56.84% in long-term care. Moreover, significant correlations were identified between the care phenomena themselves, as well as with gender and age. This study provides current prevalence data on care phenomena in Germany. Future research should involve larger samples, in-depth analyses, and systematic investigations to enhance understanding and inform evidence-based practice, ultimately improving nursing care strategies.

Biography

Nico Marcus Haller (M.Sc.) studied nursing science at the University of Education in Schwäbisch Gmünd, Germany and graduated in 2022. Since then, he works as a scientific associate in the research group of Prof. Strupeit at the Institute of Nursing Science and Interprofessional Learning, University Medicine Greifswald. Currently he works on various publications projects on care phenomena and is keen on finishing his PhD.



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New graduate nurse competence and confidence on a high acuity intensive care unit

Research Question: What is the impact of a standardized, evidence-informed high-acuity ICU orientation on New Graduate Nurses' (NGN) competence and confidence compared to a standard orientation?

Background: Hospitals are increasingly onboarding NGNs into high-acuity ICUs amid a global nursing shortage. NGNs must manage critically ill patients without specialized orientation tailored to these environments, posing safety risks due to inexperience with high-risk procedures and medications. Despite existing studies on general ICU orientation, no research addresses NGN preparation specifically for high-acuity units.

Methods: A standardized, evidence-informed ICU orientation was developed. In Phase 1 (control), 7 NGNs were recruited from July–October 2024 in a 24-bed high-acuity ICU at a southeastern academic medical center. They received a standard 20-week orientation. Preceptors assessed competence biweekly using the Orientation Progression Tool (OPT; 1–5 scale). Confidence was self-assessed at baseline, 10, and 20 weeks using the Casey Fink Graduate Nurse Survey (CFGNS; 1–4 scale). For 17 high-risk skills using the Grundy Confidence Scale (5–25 scale) at the same intervals. Higher scores reflect greater competence/confidence. Phase 2 (intervention) began January 2024.

Results: The control group included 6 participants (4 female, 2 male), aged 22–28 (mean: 23.5), with varied education backgrounds. All had prior healthcare experience. Mean baseline CFGNS scores with range were: Role confidence 2.86 (.71), organize/prioritize care 2.88 (1.25), support 3.33 (1), role satisfaction 3.04 (.63), stress/burnout 2.44 (.83), resilience 2.83 (.67), organizational commitment 3.39 (1), preceptorship 3.45 (2), and skill confidence 1.96 (.72). Mean baseline of the mean Grundy Confidence Scale Score was 8.33 (4). OPT mean baseline was 1.5 (.87).

Conclusion: This is the first study to evaluate the impact of a standardized high-acuity ICU orientation on NGN competence and confidence—an essential step toward improving patient safety in these demanding care settings. Phase 2 data: available in Fall 2025.

Eden Ybarola, MSN, RN, NE-BC, NPD-BC, CCRN, CVRN-BC, Rosalinda Flatt, BSN, RN, RN-BC, Iris Edouard*, BSN, RN

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Implementing a zero harm fall prevention through multifactorial strategies in acute care surgery unit

Hospital falls with injuries have a negative impact on the patients and the healthcare system (Wilson M. et al., 2022). In 2023, the acute care general surgery unit had 11 total falls, and three out of eleven had injuries, which means a fall rate of 0.33 per 1000 patient days. Since January 2024, this unit has had ten falls, and the number of falls with injuries has increased to five (0.97 per 1000 patient days). The NDNQI benchmark for in-patient surgical units for falls with injuries is 0.48 per 1000 patient days. These numbers mean that the unit is not meeting the target rate for this year. Approximately 20% of falls with injuries in older adults could lead to fatal complications that warrant hospital admission (Ojo, E. O., & Thiamwong, L. (2022). Reviews of the recent falls on the unit determined that several fallouts of the fall prevention bundle, such as not setting the bed alarm on, within arm's length not implemented by the staff, no floor mats in each room on the unit, and inaccurate Hester Davis Scoring by the staff. These interventions are some of the best practices for preventing falls. The hospital has a comprehensive fall prevention program, including the fall risk assessment Hester Davis Scale (HDS). However, falls with injuries in the acute care surgery unit have significantly increased. Implementing a multifactorial strategy that includes education and awareness of unit fall rates can reduce the number of falls with injury (Wilson, M. et al., 2022). In Morris, M. et al. 2022 systematic review, clinician education significantly reduces hospital falls ($P=0.03$). This quality improvement project aimed to achieve a 25% reduction in falls and falls with injuries in the acute care general surgery unit through staff re-education on fall risk assessment, fall champions audits to ensure adherence to fall prevention interventions, and increased staff awareness regarding the fall incidents on the unit. The plan, do, check act (PDCA) framework was used for this project. The team reviewed the monthly fall events, contributing factors, and fall prevention fallouts. This data from the quality dashboard was shared in the shift huddles, weekly quality meetings and monthly staff meetings. All the nurses were re-educated on a fall risk assessment, the fall champions conducted ten audits per month, the monthly unit falls were communicated to the staff and posted to the unit board. The team compared and analyzed the data trends pre- and post-intervention. After three months of various fall prevention strategies, the number of falls was significantly reduced to 11% and zero fall related injuries were able to achieve post-interventions.



Cristina Pechardo RN, MSN, CEN; DeAnna Ybarra RN, MSN, CNS, RNC-NIC; Jessica Battenburg* RN, BSN, CNOR, NPD-BC; Krystal Pombo RN, MSN, CNS, MS-BC, AGCNS-BC

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Utilizing gamification to enhance staff satisfaction and engagement in learning

Rellevant data was collected from staff nurses and management through a needs assessment to address education and practice gaps for annual competency management. This significant data was then used to develop a structured curriculum, and engaging techniques of gamification were incorporated into the learning process for all inpatient nursing staff. Content, including mobility and falls, was gamified using Tornado, focused on teams correctly answering questions and scoring the most points amidst the possibility of losing all points or points being stolen. Restraint content was gamified using a live game-based platform that had staff utilize their mobile devices as answering devices and ended with one winner who answered correctly and in the quickest time. Jeopardy was the gaming tool used to educate staff on Central Line Associate Blood Stream Infection (CLABSI), which engaged staff as teams with the goal of scoring the most points. Stoke dysphagia screening content was presented using a Family Feud format, with two teams competing to provide the most popular answers. All members of the staff were regarded with equal respect and were actively involved in every facet of the learning process. Their contributions and perspectives were valued, creating an inclusive and collaborative environment for learning and growth.

Following the completion of the gamified annual competency assessment, all staff members were requested to provide an anonymous overall rating. The analysis revealed a noteworthy increase of 15% in overall satisfaction levels compared to the preceding year. This indicates that the implementation of gamification significantly enhanced the inpatient staff's overall satisfaction.

Biography

Jessica Battenburg has been the Nursing Professional Development Practitioner at Kaiser Permanente Fresno Medical Center, supporting Perioperative and Patient Care Services for over two years.



Jocelyn Revilla* MSN, RN, Erwin Bedia* MSN, FNP-C

Michael DeBakey Veterans Affairs Medical Center, Houston, Texas, USA



Fostering confidence and competence in LVAD care: A comprehensive educational initiatives

The introduction of Left Ventricular Assist Devices (LVADs) at the Michael E. DeBakey Medical Center has presented unique challenges for ICU and acute care nurses, especially those with limited experience managing these advanced devices. LVAD patient care requires both technical expertise and confidence in complex clinical scenarios. Recognizing this need, a comprehensive educational intervention was implemented to enhance nursing proficiency, ensuring positive patient outcomes through evidence-based approaches.

Nurses' attitudes and confidence significantly influence the quality of care, with research underscoring the importance of fostering a positive mindset (Chuang & Kuo, 2018). This initiative utilized simulation-based training and checklist-driven guidelines to bridge the gap between theoretical knowledge and practical application. High-fidelity simulation, proven effective in preparing nurses for LVAD-related emergencies (Trotter et al., 2021), was a cornerstone of the training, complemented by continuous professional development to promote patient safety (Davidson et al., 2019).

The educational initiative followed the Plan-Do-Check-Act (PDCA) cycle to structure its implementation, incorporating insights from a thorough literature review. Training included policy-aligned checklists, simulation return demonstrations, and evidence-based practices for LVAD management. Collaboration between LVAD coordinators, unit educators, and nurses facilitated seamless execution, with knowledge and comfort levels assessed through pre- and post-training evaluations.

The intervention reached 32 nurses, with 26 completing a post-intervention survey conducted four months later. Results indicated significant improvements in knowledge and confidence. Data analysis, performed using descriptive statistics and graphical representations in Microsoft Excel, revealed key trends that informed further refinements in training.

A sustainability plan was also developed to ensure long-term success. This plan emphasizes continuous education, annual competency validations, and the integration of LVAD knowledge into organizational culture. Regular feedback loops involving LVAD coordinators and unit educators aim to drive continuous improvement, ensuring the initiative's alignment with evolving evidence-based practices.

This presentation will explore the training design, implementation process, outcomes, and strategies for sustaining LVAD education, highlighting its impact on enhancing nurse readiness and improving patient care.

Biography

Erwin Bedia is a nurse practitioner at the Transplant/Left Ventricular Assistive Device Program at the Michael E. DeBakey VA Medical Center. He finished his Bachelor of Science in nursing at the West Visayas State University, Iloilo City, Philippines, and completed his Master of Science in Nursing, family Nurse practice at the Prairie View A&M University, Houston, Texas. He received his critical care training on post-operative care of patients on mechanical circulatory support devices and organ transplantation at the CHI Baylor St. Luke's Medical Center, Houston, Texas. He assumed the position as nurse educator of their cardiovascular critical care unit.

Jocelyn Revilla with over 24 years of nursing experience, she have dedicated my career to excellence in critical care, leadership, and education. She is holding a Bachelor of Science in Nursing from Makati Medical Center (1989) and a Master of Science in Nursing from Walden University (2013), She is specialized in managing complex cardiac patients and advanced devices such as HeartMate II and Heart Ware. As an LVAD Coordinator, Charge Nurse, and clinical preceptor, she have enhanced patient outcomes through education, research, and mentorship.



**JoNese Randall* BSN, RN; Lilian Chan DNP, RN,
PCCN-K**

University of San Diego, United States

Electronic medical record clinical decision support across the OB continuum of care: Enhancing doula education and usage

Background: The United States is seeing an uptick in maternal deaths by 159% since 2019, with maternal mortality higher with cesarean procedures (Hoyert, 2020; Riches et al., 2024). UC San Diego Health NTSV C-Section rates between September 2024–October 2024 ranged between 22-54%, well above the benchmark of 23.4% in California (Let's Get Healthy California, 2025). Doulas are trained to care for the mother before, during, and after birth by being an advocate, providing physical and emotional support, and being a continuous support person (Dekker, 2017). Doulas have been shown to improve birthing outcomes by providing these support mechanisms, particularly in NTSV (Nulliparous, Term, Singleton, Vertex) caesarean-section (c-section) rates (Sobvzak et al., 2023). Evidence supports the use of early education through patient portals to support resource use such as doulas.

Purpose of Project: The volunteer program at UCSD called Hearts and Hands provides doulas to mothers at no cost. Currently, the program is underutilized due to a minimal to no educational material given at the 32-week outpatient appointment. The purpose of this project is to add an automation in a 32-week provider order set, triggering patient education in the after-visit summary electronically in the EHR for providers to use at the 32-week appointment so that patients can also view the material in the patient portal and then trigger in the patient's inpatient chart upon admission to educate them again about the services. This project aims to increase doula usage at the bedside to reduce adverse birthing outcomes, such as NTSV c-sections.

Methods: Clinical Decision Support (CDS) build included a smart set was updated to include information about doulas at the 32-week appointment. In this smart set, updated education about the volunteer doula program was provided along with contact information, which triggered information being uploaded to the after-visit summary in both Spanish and English. An order set was also created for the clinician to alert the doula coordinator for birthing persons wanting a doula. For the inpatient side, the flowsheet was updated to include a link to the on-call doula calendar in the EHR. There were also updates to whether a doula was present at active delivery to better capture the data. A tip sheet was created to remind registered nurses at the bedside about the updated changes.

Evaluation of Outcomes/Results: At the end of the go-live 3-month period, doula education in portal by providers increased in both Hillcrest and La Jolla campuses. There was also a slight increase in requested doulas for La Jolla when patients arrived to triage but not in Hillcrest.

There was an increase in doula arriving at the bedside for both Hillcrest and La Jolla post-build launch. NTSV C-section rates with doula at Hillcrest post-CDS build averaged 12.5%, with the NTSV c-section rates with doula were 19.5% at La Jolla. With the data collected from September 2024 to February 2025 pre and post implementation comparing all deliveries against deliveries with a doula with NTSV c-section rates, there is statistical significance of (p value=0.0424) at Hillcrest. However, there was no statistical significance of NTSV c-section rates noted for all deliveries against deliveries with a doula at La Jolla (p =0.0860).

Conclusion: It is essential to incorporate clinical decision support tools such as utilizing smart phrases early in the patient's health journey until admission to provide up-to-date information for doula services. Consideration should be made to continually update and remind and incorporate evidence-based services, especially now supported by Medi-Cal, and educate both providers and patients accordingly within the Electronic Health Care Record (EHR). Considerations should also be made regarding provider electronic workflows and ensuring future build does not also impact operational flow.

Keywords: Doula, EHR, Patient Education, Electronic Healthcare Record, Clinical Decision Support.

Biography

Dr. JoNese Randall studied Nursing Informatics and Data Science at the University of San Diego, in San Diego, CA. She graduated with her Doctorate in Nursing Practice (DNP) May 2025 and she completed her project at UCSD Health. She started her journey as a doula in 2020 and continues to practice as a community doula and RN in Northern California.



**Kelly Foley* RN, MA, BSN, RN-BC;
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Heart and Vascular Institute at The Valley Hospital
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Combating alarm fatigue by enhancing telemetry management

Telemetry monitoring is a vital and indispensable tool in modern patient care, providing continuous cardiac and physiological data that enables clinicians to detect early signs of patient deterioration and intervene promptly. However, in recent years, excessive telemetry alarms and prolonged monitoring durations have emerged as significant challenges in clinical settings. These issues contribute not only to alarm fatigue among healthcare providers—leading to desensitization and potential missed critical events—but also to increased healthcare costs and patient discomfort due to unnecessary monitoring. This process improvement plan outlines a comprehensive, multifactorial approach to revamping telemetry management with the goals of decreasing the frequency of non-actionable telemetry alarms and optimizing the length of telemetry monitoring. These efforts aim to enhance both patient safety and the efficient utilization of clinical resources.

By implementing evidence-based alarm management protocols, which include setting tailored alarm thresholds based on individual patient risk profiles, conducting periodic reassessment of monitoring indications, and fostering interdisciplinary collaboration among nursing, medical, and technical staff, healthcare teams can effectively reduce the burden of unnecessary alarms. Furthermore, the application of clinical guidelines to establish clear and consistent criteria for the appropriate initiation and timely discontinuation of telemetry use helps minimize the duration of monitoring without compromising patient outcomes or safety. Early findings from the implementation of these interventions are promising; data demonstrate a significant decrease in alarm frequency, a measurable reduction in provider stress and alarm fatigue, and notable improvements in clinical workflow efficiency, all while maintaining or even enhancing patient safety standards.

Ultimately, optimizing telemetry alarm management and monitoring duration not only fosters a safer and more efficient clinical environment but also supports the delivery of high-quality, patient-centered care. This initiative exemplifies a commitment to continuous quality improvement and responsible stewardship of healthcare resources. Notably, we have seen a decrease in the number of patients remaining on telemetry unnecessarily and a reduction in the number requiring telemetry from the emergency department. Our focused efforts in alarm management have clarified and improved the appropriateness of telemetry use, resulting in fewer alarms and creating a more effective healthcare setting for everyone involved. Transforming our approach to telemetry management is crucial for effectively tackling alarm

fatigue. By refining these systems, we can significantly reduce overwhelming alerts, thereby improving patient care and staff efficiency.

Supporting Data:

- Since the go-live date with new telemetry indications and discontinuation criteria, the average number of days patients remain on telemetry has decreased by 13%.
- The number of patients admitted directly from the Emergency Department on telemetry has declined by 6%.
- There has been a 20% reduction in telemetry orders using Other as the indication, indicating improved clarity and appropriateness of telemetry use.
- Alarm management efforts led to a 56% and 18% decrease in alarm frequency after changes to the monitors were implemented on two different units, significantly reducing alarm fatigue among healthcare staff.

Biography

Kelly Foley RN, MA, BSN, RN-BC is the Cardiac Coordinator for The Valley Hospital. She supports telemetry and cardiac monitor management hospital wide. She chairs the Telemetry Task Force committee and is a part of the Alarm and Alerts Management Committee. Kelly is also the STEMI Coordinator supporting policy, workflows, and education for STEMI cases. She holds a BSN from Thomas Edison University and a Master of Arts in Exercise Physiology.

Amy Hemmer MSN, RN, PCCN, HN-BC, CV-BC is the Clinical Practice Specialist for the inpatient cardiac telemetry unit at The Valley Hospital. In her role, she supports cardiac nurses and patient care associates with cardiac unit-specific skills and education. Hospital-wide, she serves as the co-chair of Nurse Practice Council and the chair of the Alarm and Alerts Management Committee. She holds a BSN from Ramapo College of New Jersey and an MSN in Administration from William Paterson University.



Kelly Spriggs MSN, RN

Gulf Coast State College, Division of Nursing, Panama City, Florida, USA

Advocacy education and associate degree nursing students

The transition from student to registered nurse is often challenging as nursing school graduates begin their careers and develop professional identities. Advocacy is a critical component of nursing practice and plays a crucial role in the effectiveness of patient care.

Purpose: This exploratory study aims to determine how current students in Associate Degree in Nursing (ADN) programs rank their feelings toward advocacy. This research will fill a gap because there are very few studies on advocacy among ADN students. Most literature discusses advocacy issues among nurses; few studies have been conducted on nursing students, and little current research has been found on students either attending or graduating from ADN programs.

Background: Nursing students must transition to practice with the knowledge and skills to advocate for themselves and those in their care. Recognizing the present gap in literature, there is a need to establish a foundational understanding of students' current attitudes toward advocacy in the absence of any intervention.

Methods: The target population will be students currently enrolled in ADN programs. The intended sample size is 185 participants. Approval has been obtained from Institutional Review Boards (IRBs). The instrument that will be used is the Protective Nursing Advocacy Scale (PNAS) developed by Hanks in 2010. The PNAS is a five-point Likert Scale with 37 statements about advocacy ranging from strongly agree to strongly disagree. The items in the PNAS are divided into four subscales which include acting as an advocate (16 statements), work status and advocacy actions (five statements), environmental and educational influences (eight statements), and support and barriers to advocacy (eight statements). The PNAS will be accessed through a link, which will be emailed to prospective participants. Measures to mitigate response bias include anonymity and the randomization of statements within the survey.

Assessment of Findings: This exploratory factor analysis will be completed by February 15, 2025.

Implications: A stronger understanding of nursing students' current feelings toward advocacy can positively impact the delivery of education in ADN programs. Results will provide a foundation for future studies by integrating a specific intervention teaching advocacy skills. The established instrument can provide insight into weaker areas and thoughts surrounding

advocacy, and results can direct learning outcomes during the implementation phase of future research.

Conclusion: The findings of this survey and subsequent analysis are expected to highlight the critical role of advocacy in the education and professional development of ADN students. Results will provide necessary data to initiate further analysis, prompting continuous examination of how experiences in nursing school shape students' future practice and commitment to patient-centered care.

Biography

Kelly Spriggs is a registered nurse specializing in adult care and surgery. She is an Assistant Professor in the Associate Degree of Nursing (ADN) program at Gulf Coast State College in Panama City, Florida, USA. She received a master's degree in nursing education from Chamberlain University and is a second-year Ph.D. student in nursing education at the University of Northern Colorado. Her current research is on undergraduate nursing students and advocacy. She is interested in ethics education and moral responsibility among nursing students with a particular interest in World War II and the Holocaust.



Kelly Spriggs MSN, RN

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Lessons from the Holocaust: Ethics in nursing education

Nurses are often the first to identify ethical dilemmas while acting as patient advocates. Integrating history into undergraduate nursing education in the context of World War II is an educational activity that prepares graduate nurses to recognize moral evolution. The atrocities of the Holocaust carried out by nurses exemplify the consequences of failing to advocate for vulnerable populations.

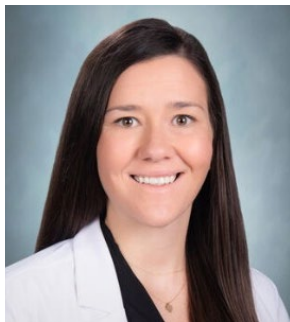
As time passes, nursing students have an increasingly limited comprehension of the events of the war and contemporary implications. Incorporating Holocaust education in nursing school promotes ethical responsibility and nurtures empathy, compassion, and a commitment to social justice. By exploring past ethical dilemmas nursing students are better prepared to navigate the complex challenges they will face as advocates in their practice. Understanding events that have shaped professional identity through disciplinary history increases ethical awareness. Reflecting on the historical experiences of healthcare professionals in the Holocaust illustrates the moral responsibility of nurses to advocate for human rights and the equitable treatment of all individuals. Firsthand accounts of Jewish and German physicians and nurses grant insight into the moral predicaments faced by healthcare providers while narratives of victims offer profound insight into suffering and resilience.

Integrating Holocaust education into nursing education promotes ethical responsibility and nurtures empathy, compassion, and a commitment to social justice. The impact on students is the prioritization of ethics and the application of these principles in professional practice, particularly when confronting complex and sensitive situations. By exploring these ethical dilemmas, nursing students are better prepared to navigate the complex challenges they will face as advocates in their practice.

January 27, 2025 marks the 80th anniversary of the liberation of Auschwitz. Moving into the future, implementing Holocaust history plays a necessary role in the pedagogy of nursing. Educators have an immense opportunity to assist students in developing advocacy through critical analysis and reflection of historical events. Educational activities surrounding ethical issues and moral challenges encourage nurses to coordinate care with the interdisciplinary team and address systemic inequalities. With a more profound sense of advocacy, the next generation of registered nurses will be better prepared to provide comprehensive, patient-centered care.

Biography

Kelly Spriggs is a registered nurse specializing in adult care and surgery. She is an Assistant Professor in the Associate Degree of Nursing (ADN) program at Gulf Coast State College in Panama City, Florida, USA. She received a master's degree in nursing education from Chamberlain University and is a second-year Ph.D. student in nursing education at the University of Northern Colorado. Her current research is on undergraduate nursing students and advocacy. She is interested in ethics education and moral responsibility among nursing students with a particular interest in World War II and the Holocaust.



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Room ready rumble: Wrestling with room turnover times

In an effort to enhance patient care and operational efficiency, a new room turnover process was implemented for patients being admitted from the emergency department. This initiative aimed to decrease length of stay, improve productivity, enhance patient experience, eliminate waste, and foster teamwork. Key changes included the establishment of standards for Inpatient Nursing, Environmental Services (EVS), Transport, Bed Placement, and the Emergency Department (ED).

A multidisciplinary four-day Rapid Improvement Event (RIE) was conducted, engaging key stakeholders from the Emergency Department, Transport, Environmental Services, medical/surgical units, informatics, and various leaders, utilizing a Lean approach. The primary objective was to enhance operational efficiency and patient care processes. During the event, the current state was carefully mapped, and a comprehensive gap analysis was performed. This process identified significant waste within the current system, along with root causes, potential solutions, and anticipated outcomes. An initial target state was subsequently developed.

To validate the proposed changes, a small test of change was implemented on two medical/surgical units during the RIE. This phase aimed to uncover any immediate issues and refine the approach. Following successful tests, new standard work protocols were established. The newly developed standard work was then piloted on two inpatient medical/surgical units to ensure its effectiveness and to identify any additional barriers prior to a broader, system-wide implementation. The pilot phase confirmed the viability of the changes, paving the way for a comprehensive rollout aimed at improving overall healthcare delivery and operational efficiency.

The process was redesigned to enable parallel actions rather than sequential tasks, reducing delays. Discharge information is now entered into EPIC within 5 minutes, nursing staff strip beds immediately upon discharge, and the ED updates the SBAR within 30 minutes, which is then checked by inpatient nursing prior to patient arrival. Automatic triggers for EVS and transport ensure timely room cleaning and patient delivery. This sequence allows patients to arrive as room cleaning finishes, significantly reducing the mean time from discharge to room occupancy.

The new process promotes standard work across many areas, ensuring consistency and adaptability to personnel changes. It emphasizes collaboration, with each department understanding and contributing to the overall efficiency. For instance, nursing strips the room

to expedite EVS cleaning, and EVS cleans beds in situ to avoid unnecessary delays. This collaborative approach has streamlined room turnover, enhancing overall hospital efficiency and patient care.

Key improvements include:

- Discharge Order to Bed Assignment: Reduced 68 minutes, a 29% improvement.
- Bed Clean and Ready to Patient Leaving ED: Reduced 7 minutes, a 16.3% improvement.
- Clean and Ready Bed to Patient Occupy: Reduced 9.5 minutes, a 16.5% improvement.
- Dirty Bed to Occupy: Reduced 70 minutes, a 24% improvement.
- Patient are moving from the ED 50 minutes faster.
- In 6 months, this saved 384,200 minutes equating to over 6,400 hours of reduced ED wait time.

From May 2024-August 2024, there has been a steady decline in the median minutes required to complete all tasks. This period demonstrates a consistent and significant reduction in task completion times, reflecting enhanced operational efficiency.

Biography

Kierra Bays graduated Nursing school from West Virginia University in 2016 with her BSN. She worked four years at a small rural hospital in West Virginia before moving to North Carolina and starting her career at ECU Health. She started at ECU working on the COVID unit, transitioning to the assistant nurse manager of 2N Medicine, and finally transitioning to 2N Progressive Care in the manager role.

Kristin Hoffer graduated nursing school from Pitt Community College in 2013 with her ADN and graduated from Western Carolina in 2017 with her BSN. She started as a new grad nurse on the intermediated floor and ECU Health Medical and Centered and became the assistant nurse manager of that unit within 5 years. Recently, she transitioned into the manager role of that very unit.



Leticia Kyei Mensah

All Nations University, Ghana

Prevalence and determinants of neonatal jaundice among neonates receiving care at the Zongo health centre in Berekum, Ghana

Neonatal jaundice is a common condition affecting newborns globally, including in Ghana, and is linked to various maternal and neonatal factors. This study assessed the prevalence and determinants of neonatal jaundice at the Zongo Health Centre in Berekum, Ghana.

A hospital-based cross-sectional study was conducted from May to December 2024, involving 310 neonates. Data were collected using structured questionnaires and hospital records, focusing on maternal age, delivery type, neonatal health, and breastfeeding practices. Logistic regression was used to identify factors independently associated with neonatal jaundice.

The overall prevalence of neonatal jaundice was 12.8% (40/310). Significant risk factors included prematurity (aOR=5.84; 95% CI: 2.20–15.51), spontaneous vaginal delivery (aOR=1.72; 95% CI: 1.03–3.75), advanced maternal age (41–45 years) (aOR=2.91; 95% CI: 1.16–7.27), second gravidity (aOR=2.65; 95% CI: 1.45–4.83), and poor breastfeeding practices (aOR=2.94; 95% CI: 1.38–6.28). Additional neonatal risk factors included septicemia (aOR=4.88), G6PD deficiency (aOR=3.21), low birth weight (aOR=1.67), respiratory distress syndrome (aOR=1.98), and postpartum haemorrhage in mothers (aOR=1.94), all of which were statistically significant.

Neonatal jaundice prevalence at the Zongo Health Centre was moderate. Multiple maternal and neonatal factors contributed to its occurrence. Targeted interventions addressing neonatal infections, prematurity, and breastfeeding challenges are essential to reduce the burden and improve outcomes in primary healthcare settings.

Biography

Leticia Kyei Mensah is a dedicated final-year undergraduate Nursing student at All Nations University, Ghana, with her graduation scheduled for May 2026. She is passionate about public health and community service, with particular interest in the prevention and control of infectious and zoonotic diseases. Leticia has been an active member of the Zoonosis Action Project (ZAP), where she has contributed to outreach programs focused on raising awareness and reducing the burden of rabies and other zoonotic infections. Through her academic training and volunteer work, she aspires to make a meaningful impact on healthcare delivery and community health promotion.



Lorien McFarlin*, MBA, RN, NEA-BC, Cary Parfitt, MBA, RN, NEA-BC

Centralized Telesitters and Resource Management Center, USA

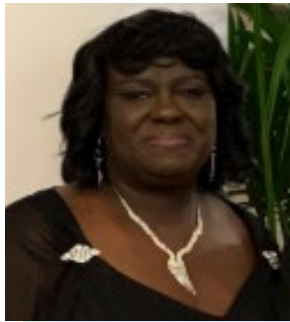
Wellstar Health System, WorkForce Engineering, Marietta, GA, USA

Transforming nursing practice and patient safety through centralized telesitter technology

Nurses are at the forefront of transforming healthcare by adopting emerging technologies to enhance care delivery. One example is a nurse-led initiative at WHS that implements Centralized Telesitters—an innovative virtual patient monitoring solution designed to improve patient safety, streamline workflows, and reduce costs through effective fall prevention. Nurses played a central role in designing and implementing the telesitter program. Remote monitoring orders, based on frontline nursing assessments, empower teams to address patient safety risks in real-time and proactively. The program expanded observation capabilities and enabled timely behavioral interventions for patients at high risk of falling and those with low to moderate behavioral health needs. Before implementation, WHS recorded a 2.20 falls rate per 1,000 patient days. In the first year, that rate rose to 2.63 falls per 1,000 patient days, reflecting improved identification of at-risk behaviors and highlighting areas for optimization. The increase may be attributed to the COVID-19 pandemic, which led to slower response times for PPE donning and doffing. By the second year, the fall rate decreased by 12.17% to 2.31 falls per 1,000 patient days, demonstrating measurable improvement in patient outcomes. This initiative exemplifies the impact of nursing leadership in care model redesign, resource optimization, and patient safety enhancement through digital innovation. Centralized telesitters support real-time surveillance and prompt, team-based responses to unsafe behaviors. Mobile cameras with two-way communication allow immediate interaction and early de-escalation, maintaining a patient-centered approach. Telesitter programs provide proven clinical and financial benefits. Research by Sand-Jecklin et al. (2018) shows video monitoring enhances perceived safety and reduces fall incidents, while Miller et al. (2021) report up to a 14% fall rate reduction and fewer injuries. The average cost of an inpatient fall is \$62,521, including \$35,365 in direct costs, meaning ten preventable falls could save \$625,210. These figures highlight the significant cost avoidance potential and value of telesitter programs. This nursing-led digital transformation model enhances safety, improves efficiency, and supports workforce sustainability, offering a scalable framework for applying similar technologies in patient care.

Biography

Lorien McFarlin is the Manager of the Resource Management Center and Centralized Telesitters. In this role, she leads strategic initiatives focused on optimizing staffing and enhancing patient safety through centralized monitoring systems. With a strong background in healthcare operations and workforce management, Lorien applies a data-driven and collaborative approach to improving care delivery. She holds a Bachelor of Science in Business Administration with a concentration in Healthcare Administration.



**Lorien McFarlin^{1*}, PhD HA, MHA, BS, RRT,
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For the culture – A wellstar health system workforce engineering well-being initiative

The For the Culture initiative, led by the Wellstar Health System's Workforce Engineering (WFE) Department, is a strategic effort to enhance team member well-being through education, resources, and leadership engagement. This initiative supports a workplace culture grounded in resilience, support, and holistic wellness—one that strengthens job satisfaction, improves team dynamics, and contributes to organizational excellence. The WFE department includes over 900 clinicians in roles such as Telesitters, Registered Nurses (RNs), Care Partners, and Imaging Technologists. This diversity necessitates adaptable and inclusive wellness strategies to meet the unique needs of this clinical population. At the heart of the initiative is the Well-Being Index (WBI), a validated self-assessment tool developed by the Mayo Clinic. The WBI evaluates six critical dimensions of healthcare professional well-being: Meaning in Work, Likelihood of Burnout, Severe Fatigue, Work-Life Integration, Quality of Life, and Suicidal Ideation. It offers personalized insights to employees and provides leadership with actionable data to guide system-wide wellness interventions. Wellstar complements the WBI with a robust set of wellness resources. For mental health support, tools such as Spring Health and Headspace are offered. For life and family support, services like Wellstar Concierge, ShineWell, Bright Horizons, and Adoption Assistance are available. Financial wellness is addressed through programs such as Better Money Habits, Student Loan U, and Tuition Reimbursement. Physical and emotional wellness resources include Sharecare, Wellness Rooms, and access to Wellstar Fitness and Health Place. The urgency of this initiative is underscored by troubling national data. Only 30% of U.S. employees are engaged at work, and 61% report experiencing burnout. In healthcare, approximately 62% of nurses report burnout, rising to 69% among those under 25. Replacing one RN costs between \$37,700 and \$58,400, and burnout-related turnover contributes significantly to operational strain. These figures illustrate the need for targeted and sustainable well-being strategies. Unlike programs that narrowly focus on physical health, For the Culture adopts a holistic approach—addressing mental, emotional, physical, social, and financial dimensions. This comprehensive strategy helps reduce burnout, boost engagement, and improve both caregiver and patient experiences. Leadership plays a crucial role in driving cultural change. Leaders are expected to attend monthly initiative meetings, distribute the Leader Toolkit, and actively promote the use of wellness resources. Their support ensures the success of the program and sustains a culture of compassion and connection. In conclusion, For the Culture is a proactive and

evidence-based approach to workforce well-being. Research supports the use of tools like the Well-Being Index to identify distress and stratify wellness among healthcare professionals (Dyrbye et al., 2019). This initiative aligns with Wellstar's mission to enhance the health and well-being of every person they serve. By prioritizing the needs of caregivers, Wellstar builds a culture where healthcare professionals thrive—and so do their patients.

Biography

Lorien McFarlin is the Manager of the Resource Management Center and Centralized Telesitters. In this role, she leads strategic initiatives focused on optimizing staffing and enhancing patient safety through centralized monitoring systems. With a strong background in healthcare operations and workforce management, Lorien applies a data-driven and collaborative approach to improving care delivery. She holds a Bachelor of Science in Business Administration with a concentration in Healthcare Administration.

Mahalya Johnson MSN, RN, CCRN

NYU Rory Meyers College of Nursing, New York, NY, USA

Undergraduate nursing self-care and end-of-life simulation: An integrative review

Background: Undergraduate nursing students feel uncomfortable and unprepared to provide End-Of-Life Care (EOLC). Palliative and hospice care are one of the spheres of nursing practice (AACN, 2021). Entry-level nurses must be competent in end-of-life nursing care. Unresolved discomfort about EOLC and lack of palliative care competency can lead to compassion fatigue, burnout, and negative patient outcomes. Simulation is an effective tool to develop nursing students' knowledge, skills, and attitudes required to deliver best evidenced-based palliative care nursing practice.

Purpose: To identify teaching strategies implemented in the simulation setting to guide pre-licensure students with managing the emotional impact of providing end-of-life care.

Methodology: Whittemore and Knafl integrative review.

Findings: From January to March 2023, a systematic search was conducted through databases CINAHL complete, EBSCO, ERIC, PubMed, and Cochrane. Search terms included varying terms of undergraduate nursing students, simulation, and end-of-life. 302 articles were extracted from the literature. The author conducted critical appraisals using the MacMaster Critical Review form for quantitative studies, the Qualitative studies, Oxford's Center for Evidence Based Medicine (EBM) Critical Appraisal of Qualitative studies, and the Mixed-Method Assessment Tool (MMAT). 18 articles met inclusion criteria, 7 quantitative studies, 7 qualitative studies, 3 mixed-method studies, and 1 observational study. Reflective practices, journaling, are methods used in EOL simulation to close the theory-to-practice gap of undergraduate nursing students' self-reflection and self-care.

Implications for Practice: End-of-life simulation can improve undergraduate nursing students' reflective thinking and self-care tools while caring for the dying patient. Nurse educators should design simulations that promote self-reflection and coping strategies throughout the simulation process. An end-of-life care simulation model would attempt to close the theory-to-practice gap of self-care among nursing students and novice nurses by (1) designing an end-of-life simulation based on standards of best practice, (2) improving students' attitudes toward end-of-life care through reflective thinking, a satisfying experience, and formulation of appropriate coping strategies, and (3) developing coping strategies in accordance with the new primary palliative care nursing competency model. Future research is needed to develop such a model.

Biography

Mahalya Johnson studied at NYU Rory Meyers College of Nursing, USA and graduated with a Master's in Nursing Education in 2023. She started as a new graduate nurse at NYU Langone Health in 2016, and has been instrumental in her current role as a Clinical Resource Nurse since 2024. Her main area of interest is improving transition from nursing theory to practice.

**Marie Beechy MSN, RN, PMH-BC, CNE**

Assistant Professor at Marian University, Indianapolis, IN, USA

Escaping traditional learning: Enhancing nursing skills through escape rooms

Escape rooms provide an innovative, immersive learning experience that enhances teamwork, problem-solving, and clinical decision-making skills in a controlled environment. This presentation explores how escape room scenarios and simulations can be integrated into nursing curricula to foster active learning, collaboration, and retention of key nursing concepts. Participants will gain insights into designing escape room scenarios tailored to specific clinical skills such as patient assessment, safety, and emergency response. Additionally, we will discuss best practices for implementation, assessment of learning outcomes, and strategies for adapting escape rooms for different learning levels and specialties. By embracing this approach, educators can better prepare nursing students for the real-world challenges that they can expect to face.

Biography

Professor Marie Beechy has been in the field of Mental Health for over 15 years. She graduated with her first nursing degree in 2006 from Indiana University Kokomo and received her Masters of Science in Nursing Education from Indiana Wesleyan University in 2017. She is currently board certified as both a Nursing Educator and a Mental Health Nurse. During her nursing career, she has worked in a variety of areas of nursing including medical/surgical inpatient, long term care, case management and preventative care. Despite her wide range of experiences, Professor Beechy's favorite area has always been mental health nursing. She currently works as an assistant professor at Marian University and is dedicated to reducing the stigma associated with mental healthcare.

Martha Jane Dover*, Dr. Michele Kane

The University of Alabama in Huntsville College of Nursing NUR 634 Internship in Nursing Leadership, USA

Preparing ICU nurses with critical knowledge of oral care

Introduction: The delivery of oral care in nursing practice is often neglected, attributable primarily to the lack of standardized protocols, insufficient training, and a general unawareness of its essential function in reducing the risk of aspiration pneumonia in stroke patients exhibiting oropharyngeal dysphagia. The insufficient delivery of consistent and effective daily oral hygiene for individuals suffering from oropharyngeal dysphagia can lead to aspiration pneumonia, extended hospital stays, increased healthcare costs, and a decline in patient satisfaction. Research has demonstrated that oral care has reduced adverse events in recently extubated patients diagnosed with a stroke and improved the quality of life for these individuals. A cerebrovascular accident can result in declining physical, sensory, and cognitive abilities, thereby impacting the individual's capacity for self-maintenance and safety.

Objective: Nursing professionals recognize the benefits of oral care, but documentation and evidence-based standards can be improved. This project aims to improve oral care documentation and evidence-based protocols for cerebrovascular accident patients with oropharyngeal dysphagia. Formulating an educational plan and oral care protocol employed a systematic methodology to augment documentation and the delivery of oral care. The neuro-intensive care unit was chosen for this project because of inadequacies in oral care documentation and delivery for oropharyngeal dysphagia patients, which strains the healthcare system and lowers patient satisfaction.

Methods: A complete literature review of CINAHL, PubMed, and the Cochrane Database (the Cochrane Database required using the OVID search engine) was conducted. MeSH and Boolean terms like oral care, stroke, aspiration pneumonia, prevention, patient outcomes, interventions, non-ventilator hospital-acquired pneumonia, and English-language research articles from the last five years were used to determine oral care best practices and clinical practice guidelines. Evidence-based analysis helped create the oral protocol and teaching plan titled Preparing ICU Nurses with Critical Knowledge of Oral Care. Given critical evidence-based oral care protocols, nurses are more inclined to complete and document oral care. Roger's diffusion of innovation theory was chosen for this study because he identified five key factors influencing cross-cultural innovation. Oral care is not new, but overcoming this collective issue requires communication, temporal considerations, and social structures.

Results: The project was implemented in the neuro-intensive care unit and is ongoing. Project evaluations through chart reviews are currently still in progress. Current observations indicate that 50% of the staff has completed the educational and training portion of the project and has commenced implementing the oral care documentation piece of the protocol during their charting.

Conclusion: Implementing an oral care protocol through an educational training plan within the neuro-intensive care unit is essential for advancing health equity and enhancing compliance with documentation and oral care standards. Future recommendations for the educational teaching program Preparing ICU Nurses for Critical Knowledge in Oral Care should be systematically implemented throughout the intensive care units within the healthcare system to promote health equity and enhance compliance with documentation and oral care standards. The literature grounded in evidence suggests that achieving health equity and improving documentation and oral care services necessitates that nurse leaders and staff acknowledge the barriers to adherence in these areas and develop strategies to tackle the identified instances of non-compliance.

Keywords: Oral Care, Aspiration, Hospital-Acquired, Non-Ventilator, Protocols, Teaching, Knowledge, and Documentation.

Biography

In December 1992, Mrs. Dover, a native of Alabama, graduated from Wallace State Community College, Hanceville, Alabama, with an Associate in Applied Science Degree in Nursing. In 2019, she earned her Bachelor of Science Degree in Nursing from the University of Alabama in Huntsville. In 2025, she earned her MSN in Nursing Executive Leadership and Healthcare Administration from the University of Alabama in Huntsville.

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Nurse leaders influencers of evidence to practice

Evidence-Based Practice (EBP) combines research evidence, clinical expertise, and patient preferences, essential for informed decision-making. The complexity of the healthcare environment necessitates collaboration among stakeholders to implement knowledge effectively. However, routine disruptions, insufficient mentorship and resources, and organizational barriers delay knowledge translation. Effective knowledge dissemination requires more than resources—it demands a holistic, evidence-based approach that aligns with the organizational culture. The nurse leadership role is pivotal as an influencer and advocate for quality patient-centered care. Nurse leaders must be empowered to lead proactive strategies that address barriers and leverage facilitators, enabling successful technology-driven transformation. This approach positions healthcare organizations to revolutionize patient care through, with nurse leaders at the forefront of this revolution.

Adopting new technologies in healthcare is influenced by various barriers and facilitators. Barriers often include inadequate training, resistance to change, insufficient funding, and data privacy and security concerns. Organizational challenges like poor leadership support and misaligned workflows can also hinder adoption. Conversely, facilitators include the pivotal role of strong leadership, comprehensive training programs, stakeholder engagement, and demonstrating the technology's value in improving efficiency, patient outcomes, and cost-effectiveness. Creating a culture of innovation, addressing user concerns proactively, and ensuring compatibility with existing systems are critical for successful technology adoption.

Numerous technologies are offered, such as Machine Learning (ML) and blockchain technology, present opportunities for nurse leaders to promote healthcare transparency, security, and efficiency. The Innovative Model of predictive analytics with Machine Learning (ML) algorithms can anticipate and identify problems early and patient deterioration before clinical symptoms arise. Implementing sepsis treatment protocols in Clinical Decision Support Systems (CDSS) in emergency departments is an example of predictive analysis. These systems, combined with real-time alerts in Electronic Health Records (EHRs), have reduced deaths from sepsis.

Blockchain technology, a reliable system for securely storing and sharing information, is a significant asset for nurse leadership. Blockchain technology makes healthcare data resistant to alteration or tampering, providing a secure platform for clinicians to track and ensure that care follows Evidence-Based Practice (EBP) guidelines across different locations. Blockchain also streamlines administrative processes, reducing fraud, enhancing the accuracy of credentialing and licensure tracking, and enabling secure sharing of workforce and healthcare data. This reliability of blockchain technology provides nurse leaders with a sense of security in their decision-making, while the efficiency makes them more productive.

A transformational framework enables exploration of how nurse leaders leverage their influence to facilitate evidence translation. Leaders can use a quality improvement methodology to assess the impact of overcoming barriers to EBP. Such strategies for optimizing knowledge transfer include fostering interprofessional collaboration, engaging knowledge translation specialists, and recognizing and celebrating staff achievements. By partnering with experts in informatics, technology integration, and implementation science, nurse leaders can demonstrate innovation. By prioritizing targeted education programs, advocating for funding, and fostering a culture of innovation, nurse leaders can ensure that their organizations are at the forefront of technological advancement, driving stakeholder engagement, operational efficiency, and patient care improvements.



Merlin Jomy* MSN, RN, MEDSURG-BC, Jane Joseph BSN, RN

Operative Care Line/Outpatient, MEDVAMC/VHA, Missouri City, Texas, United states of America

The fall prevention resources reduce falls in the outpatient surgery clinic

Falls are one of the most common adverse events in hospitals and can lead to patient harm. Fall prevention is one of the Joint commission national patient safety goals. Fall prevention has become an important goal for the health care settings. The setting of this QI project was at the outpatient surgical clinic at MEDVAMC. On an average, around 4000 outpatients per month have appointments in this clinic. At the outpatient clinic, the veteran waits for the clinic visit at the waiting area. The veteran fall rate was high and most of the veteran fall incidents were primarily because there was no continuous monitoring by the staff.

The television on the waiting area is an important tool to educate the veteran. Literature review was done on fall prevention patient education. We gathered all the relevant fall prevention patient education and created the video to play it on television at the clinic waiting area to decrease falls in the outpatient surgical clinic. Implemented the patient education videos in the clinic. The fall prevention patient education videos include when they need to notify staff, when they need to ask for assistance, when they need to check with health care provider and the fall precautions, they need to be aware. The Educational videos are an important tool available for the veterans to prevent falls. This considerably improved awareness or knowledge on fall prevention measures. The videos are played on a regular basis at the patient waiting area. We collected the data through NDNQI on falls during the health care visit at the clinic. Results indicated that the fall data had decreased from 3 in Q1 FY 2024 to 1 Q2 FY 2024 after the implementation of patient education videos. It sustained to 0 falls in the current quarter FY 24-25.

The patient fall education videos are currently being played in the clinic waiting area to educate veterans of fall prevention.

Biography

Ms. Merlin Jomy studied master's in nursing education at the University of Texas El Paso and graduated as MSN(Edu) in 2020. She is currently working as Staff Development Coordinator at Micheal DeBakey VA Medical Centre. She is Board-Certified Registered Nurse with a master's in nursing over 23 years of experience, delivering high-quality care to patients in outpatient's areas. Proven leader, Nominated as a Champion for Safe Handling. She has played a pivotal role as a mentor and preceptor, guiding staff, and ensuring they are well-prepared to meet the challenges of health care setting. She is involved in projects aimed at reducing patient fall rates, improving employee satisfaction, strategies to increase patient satisfaction, she created an impactful educational video that was presented at the Quality Summit. She is Hospital-wide Healing Touch Facilitator, Caritas Champion.

Nancy Vela Herrera DNP, MSN, RN

Laredo College, Associate Degree Nursing Program, Laredo, Texas, United States

Reducing falls in long-term care using the fall tips toolkit

Falls are the leading cause of injury-related deaths and hospitalizations among older adults, posing a significant challenge in long-term care facilities. In Texas, fall-related incidents remain one of the most cited deficiencies during state inspections. This quality improvement project aimed to implement the Fall TIPS (Tailoring Interventions for Patient Safety) Toolkit in a long-term care facility to reduce the incidence of falls among older residents. The Fall TIPS Toolkit integrates evidence-based practices, including individualized risk assessments, customized care plans, and visual cues to prevent falls.

Using Lewin's Change Management Model, this project was conducted over ten weeks, with eight weeks dedicated to intervention. The population included medically stable older adults in a long-term care facility. Weekly staff audits, real-time feedback, and interdisciplinary huddles supported formative evaluation. Summative outcomes were measured by comparing fall rates before and after implementation, along with qualitative feedback from residents, staff, and families.

Results revealed a reduction in fall incidents and an increase in staff adherence to fall prevention protocols. The implementation of the toolkit not only improved residents' safety and independence but also contributed to streamlined workflows for nursing staff, enhanced regulatory compliance, and improved facility quality metrics.

This presentation will discuss the project's methodology, outcomes, and implications for nursing practice. It will also explore strategies to sustain the intervention and integrate fall prevention into routine care. The Fall TIPS Toolkit demonstrates how nurse-led interventions grounded in evidence and supported by change theory can enhance patient safety and improve quality of care in long-term care settings.

Biography

Dr. Nancy Vela Herrera is a registered nurse with over 16 years of experience in clinical practice and nursing education. She began her nursing journey by earning her Licensed Vocational Nurse (LVN), Associate Degree in Nursing (ADN), and Bachelor of Science in Nursing (BSN) at Laredo College. She later completed her Master of Science in Nursing (MSN) in Nursing Administration at Texas A&M International University (TAMU) and recently earned her Doctor of Nursing Practice (DNP) in Educational Leadership from Chamberlain University in 2025. Dr. Vela Herrera currently teaches in the Associate Degree Nursing program at Laredo College. Her passion lies in improving care for older adults and promoting evidence-based practice in nursing education and long-term care.



Wendy Krull¹, Rebekah Ahlborn^{2*}

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Step forward: Promoting improved mobility in the acute care setting with evidence-based approaches

Background: Bedrest is bad! Prolonged immobility in hospitalized patients contributes to muscle atrophy and a decrease in muscle strength at a rate of up to 20% per week. Patients may suffer from preventable hospital-acquired immobility harm, such as thrombotic events, falls, and pressure injuries. Despite these potential negative patient outcomes, challenges and inconsistencies persist with mobilizing patients. Incorporating early and frequent mobility into daily activities is essential for promoting recovery.

Purpose: To promote improved patient recovery, this Evidence-Based Practice (EBP) initiative implemented a standardized, system-wide early mobility program within the acute care setting of a Military Treatment Facility.

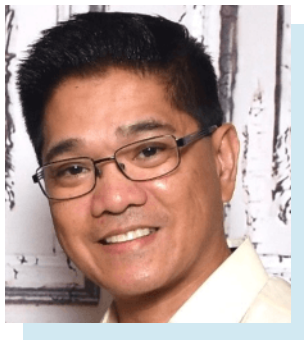
Methods: A pre- and post-intervention design was utilized to evaluate the impact of the Johns Hopkins Activity and Mobility Promotion (JH-AMP) program as a structured framework to enhance patient mobility and mitigate immobility-related harm. The initiative encompassed the identification of staff-related barriers, assessment of hospital mobility equipment, provision of staff education, and implementation of interprofessional assessment and communication tools. The Johns Hopkins Evidence-Based Practice (EBP) Model for Nurses and Healthcare Professionals was employed as the foundational framework to guide the implementation and long-term sustainability of evidence-based practices.

Findings: Within 11 months of implementation, the Activity Measure for Post-Acute Care (AM-PAC) tool was consistently used to assess patient mobility, achieving a compliance rate of 94%. Documentation of patients' actual mobility levels using the Johns Hopkins Highest Level of Mobility (JH-HLM) tool reached 76% across the participating units. Additionally, over 93% of nursing staff received training in safe patient handling through the Move Safely with Patients initiative, facilitated by Physical Therapy collaborators.

Relevance to Military Nursing and Nursing Science: Deployed Service Members who are injured need to mobilize to avoid preventable muscle loss and immobility issues. Activity and mobility reduces recovery time and returns Service Members back to duty. Although this project took place in a stateside Military Treatment Facility, nurses will be prepared to incorporate mobility into the combat setting, whether they are providing care in a field hospital, ship, or aircraft. Future threats from adversaries are anticipated to yield large scale combat operations with prolonged care of Service Members in the combat zone. The limited evacuation options make early mobility vital for quicker patient recovery and return to duty timeframes.

Biography

Rebekah Ahlborn, MSN, RN graduated with a BSN from Brigham Young University in 2007 and an MSN in Education from Lamar University in 2020. She is the Project Director overseeing the implementation of the Johns Hopkins Activity and Mobility Promotion (JH-AMP) program at Tripler Army Medical Center. This marks her first experience leading evidence-based practice in the workplace.



Renato Revilla*, Lillian Kawas, Jennifer Funtelar

Inpatient Dialysis, Houston Methodist Hospital, Houston, Texas, USA

Reducing the risk: Evaluating the efficacy of new checklist-based guidelines in hemodialysis

This presentation will address the rise in catheter-related bloodstream infections (CRBSIs) within the hospital inpatient dialysis unit, marking a 29.17% increase from 24 cases in 2022 to 31 in 2023. CRBSIs represent a significant health risk, significantly contributing to morbidity and mortality among hemodialysis patients, with infection rates varying widely from 1% to 42.5% based on demographic factors (Al-Barshomy et al., 2020).

Several critical risk factors for CRBSIs have been identified, including prolonged catheter use, diabetes, and repeated catheter punctures (Khatun et al., 2023). These high infection rates point to potential deficiencies in adhering to CDC guidelines, necessitating urgent action to improve infection control protocols within dialysis units.

The hospital's Infection Control Quality team is spearheading efforts to combat this issue by implementing stringent new infection control guidelines. Key strategies include enhancing the disinfection processes of hub connections to reduce infection risks. The new guidelines feature refined protocols alongside structured checklists to guide training sessions and audits, referencing established standards from the CDC (2021) and the AACN (2016).

The unit employs approximately 80 registered nurses who cater to a daily patient volume of around 100, underscoring the importance of universal compliance with these new measures. To address persistent challenges in catheter management and effectively reduce CRBSIs, we will emphasize targeted interventions through improved adherence to prevention practices.

Central to our approach is introducing checklist-based guidelines and specialized kits, applied through a Plan-Do-Study-Act (PDSA) cycle to achieve sustainable improvements. This multi-faceted strategy emphasizes comprehensive staff education and training, supplemented by the distribution of updated guidelines. A dedicated dialysis catheter access and de-accessing checklist will serve as both a training resource and an auditing tool for new hires, ensuring clarity in procedural protocols.

Monitoring compliance will involve weekly audits conducted by a randomly selected team of ten nurses, which will help pinpoint areas for improvement. Incorporated within a Quality Improvement Framework using the PDSA cycle, we will evaluate CRBSI rates and guideline adherence over six months, refining interventions based on our findings.

The issues extend beyond CRBSIs, with the hospital observing a 42.86% increase in Central Line-Associated Bloodstream Infections (CLABSI) from 21 cases in 2022 to 30 in 2023. However, following the implementation of a new kit and checklist in July 2024, a notable reduction in CLABSI cases was recorded – from 15 cases between January and June 2024 to 12 cases between July and September, illustrating a 20% decrease. Such outcomes highlight the efficacy of these targeted interventions and underscore the necessity for continuous monitoring and collaboration to strengthen preventive practices across the hospital.

The presentation will conclude with an emphasis on fostering a culture of continuous improvement and prioritizing patient safety through rigorous infection control practices, reinforced by regular collaborative meetings to maintain high standards within dialysis care.

Biography

Renato Revilla earned his Bachelor of Science in Nursing (BSN) in 1997 and a Master of Science in Nursing (MSN) in 2016. He has worked at Houston Methodist Hospital for 16 years, where he is a Certified Nephrology Nurse and Board-Certified in Medical-Surgical Nursing. He has served as an educator at the hospital for the past two years.

Eden Ybarola¹ MSN, RN, NE-BC, NPD-BC, CCRN, CVRN-BC, Rosa Jessica Delgado^{2*} BSN, RN, CMSRN

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Standardizing the care for bariatric patients using the clinical pathway

Purpose: Bariatric surgery demands a multi-disciplinary approach and recovery scheme. A team was formed to address aspects of care, including perioperative, nursing, pharmacy, and nutrition. A standardized bariatric clinical pathway improves nurses' knowledge, confidence, and multidisciplinary collaboration.

Relevance/Significance: Bariatric surgery has garnered attention as the most effective method for substantial weight loss and managing diabetes. There has been no standardized clinical pathway for bariatric patients nationally and even in this academic teaching hospital. Intergenerational nurses and providers' preferences contribute to the nurses' knowledge gaps and confidence in providing care to bariatrics. Does implementing a clinical pathway improve nurses' knowledge and confidence in caring for bariatric patients?

Strategy/Implementation/Methods: The project utilized the Plan, Do, Check, and Act methodology. A pre-survey using the Likert style questions, most likely, somewhat likely, and not likely, was administered on paper and online format to identify nurses' knowledge gaps and confidence in caring for bariatric patients. A descriptive analysis determined a lack of knowledge of bariatric surgery, education on medications, and a lack of nurses' confidence in bariatric care. A multidisciplinary team was formed to discuss all aspects of bariatric care and the clinical pathway. A total of 27 nurses attended the education on bariatric care and used the clinical pathway in the acute care unit for three months.

Evaluation/Outcomes/Results: After three months of using the clinical pathway, a post-survey was compared using descriptive analysis to determine if the results positively impacted the nurses' knowledge and confidence. A total of 27 nurses participated in the study, and all were confident in providing medication education (100%). Nurses' knowledge about care in all phases of bariatric surgery improved by 40%, respectively. The survey results show significantly high ratings in the nurses' knowledge and confidence in caring for bariatric patients after education and using the clinical pathway. The bariatric clinical pathway with a multidisciplinary team approach improved nurses' knowledge and confidence in bariatric care.

Conclusions/Implications for Nursing Practice: Nurses lack of knowledge and confidence in caring for bariatric patient was identified. Descriptive analysis of data led to multidisciplinary team collaboration and process improvement. Standardized bariatric surgery clinical pathway has improved nursing practice and is essential in bariatric care.

Biography

Rosa Jessica Delgado studied for her Bachelor of Science in Nursing in the Philippines from 2003 to 2005. She plans to pursue her Master- Family Nurse Practitioner track next year. She has been a nurse in various nursing roles for many years, including as a Wound Therapy Associate. She is also a certified Medical-surgical nurse and received a Gold Star Award from Baltimore, USA. Recently, she attended the Magnet conference in Louisiana, USA.



Dr. Shannon Olivieri DNP, CNE, RN-BC, CEN

Nursing Department, Farmingdale State College, Farmingdale, NY, United States

Comparing simulation and escape rooms: Effective learning for nursing students

Nursing educators must employ diverse teaching approaches that not only foster critical thinking and clinical judgment but also enhance students' confidence and satisfaction with learning. This study explored the effects of traditional simulation versus escape-room simulation on nursing students' satisfaction and self-confidence in managing a patient experiencing an acute cardiac event. Using an experimental design, this study compared self-reported scores from the Student Satisfaction and Self-Confidence in Learning (SSSCL) survey between students participating in traditional simulation (n=20) and those in escape-room simulation (n=18) within a pre-licensure baccalaureate nursing program. No statistically significant differences were found in satisfaction with learning or self-confidence between the traditional simulation and escape-room groups. This study found that escape-room simulation offers an effective alternative to traditional simulation, maintaining comparable levels of student confidence and satisfaction while providing a novel approach to simulation-based education.

Biography

Dr. Shannon Olivieri initially studied nursing at Farmingdale State College, United States and received her Associate Degree in Nursing Science in 2005. She went on to specialize in emergency department nursing for 15 years. She pursued advancing degrees and received her Bachelor's and Master's Degree in the Science of Nursing from Chamberlain University in 2013 and 2016. In 2020, Dr. Olivieri received her Doctor in Nursing Practice degree from Sacred Heart University. In 2019, Dr. Olivieri transitioned from bedside nursing to collegiate education at her alumni institution of Farmingdale State College, where she currently holds the position of Assistant Professor. She has published four articles in various nursing journals.



Dr. Sharon Ramjohn PhD, RN, CNE

College of Nursing, South University, Royal Palm Beach, Florida, USA

Nursing students community outreach

Background: Nursing students in an undergraduate nursing program collaborated with Palm Beach County and students in the physician assistant program to administer school physicals to students in low-income areas.

Methods: Student satisfaction survey.

Results: The community outreach increased awareness of the need to serve vulnerable populations. Students enjoyed collaborating with faculty, other disciplines & community partners. Students' confidence and leadership skills were increased. The collaboration with community partners enhanced students' communication skills with clients & the healthcare team. Additionally, students' awareness of the need to serve underserved populations in the community were increased.

Keywords: Nursing Students, Community Outreach, Student Satisfaction.

Biography

Dr. Sharon Ramjohn is a nursing professor at South University and a practicing RN in West Palm Beach, Florida. She has an associate's and bachelor's degree in nursing, a master's degree in nursing education and received her PhD degree in 2017 at Barry University in Miami, Florida. Dr. Ramjohn has taught nursing students in multiple nursing programs and continues to work as a practicing RN. She has presented in her research presentation at Sigma Theta Tau and the Florida Nurses Association. She has also written a book and published an article on her missionary work in Tanzania, Africa.

**Ja Yun Choi¹, Sehyun Cho², Sola Cho^{2*}**

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Development of an inhaler technique assessment tool for patients with COPD using a multimodal large language model

Background: Improper inhaler technique is common among patients with Chronic Obstructive Pulmonary Disease (COPD) and leads to poor disease control. Although repeated in-person education can improve inhaler technique, it is resource-intensive and difficult to sustain. Given that many patients never receive inhaler technique evaluation, multimodal Large Language Model (LLM) tools can offer a practical solution. This study aimed to develop an automated assessment tool for inhalers using a multimodal LLM to support healthcare providers and patients with COPD in improving inhaler technique training.

Methods: Representative devices were selected for each major inhaler type: Evohaler for pressurized metered-dose inhaler, Ellipta and Breezhaler for dry powder inhaler, and Respimat for soft mist inhaler. For each device, we recorded improper inhaler technique videos that reflected the critical errors reported in previous studies. After iteratively refining prompts using videos demonstrating proper inhaler technique, the performance of the refined prompts was evaluated using videos of improper inhaler technique. Assessment metrics included accuracy, specificity, recall, precision, and F1 score for each inhaler technique step.

Results: Across all inhaler technique steps for the four representative devices, every computable metric—accuracy, specificity, recall, precision, and F1 score—was 1.0. These values demonstrate that the assessment tool achieved perfect performance for every device and step.

Conclusion: The multimodal LLM-based assessment tool enables comprehensive assessment of inhaler technique across all types of inhalers. While the tool demonstrated excellent performance under controlled environments, further validation is required in real clinical settings. With continued refinement, this tool has the potential to serve as a practical solution in clinical settings by identifying patients who need repeated inhaler training. It may also reduce the burden of manual evaluations for healthcare providers through automatic, consistent, and standardized assessment.

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Biography

Sola Cho is currently a graduate student in the College of Nursing at Chonnam National University, Republic of Korea. She has clinical experience in the Division of Cardiology at Samsung Medical Center. She is conducting research under the supervision of Professor Ja Yun Choi in the faculty lab at the College of Nursing. Her academic interests include digital health, patient self-management, and respiratory care. She is the first author of a KCI-indexed article titled Proper Use of Inhalers by Patients with Chronic Obstructive Pulmonary Disease: A Descriptive Literature Review and is currently working on an AI-based tool to assess inhaler techniques in COPD patients using a multimodal large language model.

Susan L. Rezende* BSN, RNC-OB; Carey Acosta RN, BSN, IBCLC; Paloma Casermeiro; Frankie Addison; Edlina Hilson; Edelmays Mederos; Judy Bowling; America Roache; Judith Gilbert Guerrero; Catalina Fernandez; Brittney O'Neill; Kelly Nogueira; Mari Smith; Lindsey Diaz; Natalie Bermudez

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Effect of aromatherapy in the level of discomfort during the laboring process

Introduction: Labor discomfort and pain management is a critical element of maternal care. Although pharmacological interventions are commonly used, there is interest in non-pharmacological options that reduce discomfort and improve patient satisfaction. Aromatherapy, a low-risk non-invasive intervention, has been studied for its potential to reduce anxiety and perceived pain levels. Aromatherapy is utilized essential oils to stimulate the olfactory system, which may influence pain perception and anxiety through neurological pathways. Literature suggests it may improve maternal labor experience without posing a significant risk.

Purpose: To explore the effect of aromatherapy on discomfort levels during the laboring process among patients admitted for vaginal delivery, specifically pain, anxiety, nausea, and vomiting.

Methods: This was a quasi-experimental study conducted in a South Florida Community hospital Labor and Delivery unit. The study was approved by the health system's institutional review board in June 2024; enrollment of participants in progress. Participants are recruited via informational flyer upon admission to the labor and delivery unit. Patients are assigned to the control group (standard of care) or intervention group (aromatherapy plus standard of care) based on the week of enrollment. Discomfort is assessed pre-and-post intervention using a 10-point pain scale, 4-point anxiety scale, and a binary nausea/vomiting question. Data are collected via REDCap and analyzed in SPSS v27.0 using descriptive statistics, t tests, and correlation analyses to assess the relationship between aromatherapy use and reported discomfort levels.

Results: Data collection is currently in progress. To date, 24 patients have participated in the study [control, n=5 (18%); intervention group, n=19 (82%)]. Participants' ages ranged from 18 to 39 (M=26.8, SD=6.06). Sixty-three percent were non-Hispanic (n=15) and 50% were black/African American. Thirty-eight percent (n=9) were gravida 1. Seventy-nine percent (n=19) of participants had a support person present during labor. Forty-six percent (n=11) had induced labor, 42% (n=10) were in stage 1, and 13% (n=3) were in stage 2. Pre-intervention and post-intervention respective levels of pain for the control group ranged from 0 to 10 (M=3.40, SD=4.16) and 0 to 5 (M=.80, SD=1.95). Pre-intervention and post-intervention respective levels of pain for the intervention group ranged from 0 to 10 (M=4.26, SD=3.26) and 0 to 6

($M=2.28$, $SD=2.70$). Pre-intervention and post-intervention respective frequencies of nausea were 60% ($n=3$) and zero for the control group and 80% ($n=15$) and zero for the intervention group. Pre-intervention and post-intervention respective frequencies of vomiting were zero and 20% ($n=1$) for the control group and 5% ($n=1$) and zero for the intervention group. Inferential analyses are pending closure of enrollment/completion of data collection.

Biography

Susan Rezende, BSN, RNC-OB is a registered nurse with 18 years of experience in perinatal care. She earned her bachelor's degree for Ohio University and is certified in in-patient obstetrics. Susan is also a Neonatal Resuscitation Program (NRP) Instructor. She currently serves as a Clinical Nurse Educator at Baptist Health South Florida, Homestead Hospital, where she supports nursing education and staff development in maternal and newborn care. Her clinical expertise, commitment to quality improvement, and dedication to evidenced-based practice help guide her ongoing contributions to advanced perinatal nursing.



Xinyi Liu*, Weiwei Bian

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Anxiety, depression, and health-related quality of life in patients with congenital microtia after ear reconstruction surgery: A cross-sectional study

This study aimed to evaluate the levels of anxiety, depression, and Health-Related Quality of Life (HRQoL) in patients with congenital microtia after ear reconstruction surgery and identify influencing factors of HRQoL. A cross-sectional study was conducted in 152 patients with congenital microtia (aged 8–18 years) who underwent ear reconstruction at a tertiary hospital in Shanghai from April 2023 to September 2024. The assessment tools, including the Numeric Rating Scale, the Hospital Anxiety and Depression Scale, and the Pediatric Quality of Life Inventory Version 4.0 Generic Core Scales, were used to assess postoperative pain intensity, anxiety symptoms, depression symptoms and HRQoL. Multiple linear regression analysis was performed to explore the factors affecting HRQoL. Post-operatively, 21.7% (33/152) of patients with congenital microtia reported anxiety symptoms, and 17.8% (27/152) reported depressive symptoms. The mean total HRQoL score was 67.40 ± 11.00 , significantly lower than healthy controls (86.52 ± 9.80 , $p < 0.001$). Anxiety and depression showed moderate negative correlations with total HRQoL score ($r = -0.433$ and -0.486 , respectively, $p < 0.001$). Univariate analysis showed that residence, hearing status of the deformed ear, surgery type, pain score, anxiety and depression symptom were associated with HRQoL in patients with congenital microtia after ear reconstruction surgery ($p < 0.05$). Multivariate analysis identified rural residence, stage I surgery, higher pain scores, and depressive symptoms were significantly associated with low HRQoL ($p < 0.05$). Patients with congenital microtia experienced significant psychological distress and a decline in quality of life after ear reconstruction surgery. Anxiety, depression, pain, and sociodemographic factors were associated with the patients' HRQoL. These findings emphasized the need for integrated care models to improve mental health and quality of life. Future precision intervention measures should prioritize psychological evaluation, pain management, and personalized support to optimize patient well-being.

Biography

Miss Liu studied nursing at the Shanghai Jiao Tong University (SJTU) and graduated as MS in 2021. After graduation, she joined Shanghai Ninth People's Hospital, Shanghai Jiaotong University School of Medicine, and became a research nurse. Her work focuses on enhancing psychosocial well-being and quality of life for patients with congenital microtia through evidence-based nursing interventions. Xinyi Liu excels in identifying clinical challenges and conducting research to improve mental health outcomes. She has published more than 6 research articles in SCI (E) journals and prominent Chinese academic publications.



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