

# 10<sup>TH</sup> EDITION OF **NURSING** **WORLD CONFERENCE**

October 22-24, 2026

Boston, Massachusetts, USA

**CE Accredited**



**NWC**  
**2026**

**"NURSING LEADERSHIP  
FOR A CHANGING WORLD"**

**IN-PERSON:**

Eastern Time (ET)

**Hilton Boston/Woburn**

2 Forbes Road, Woburn, Massachusetts,  
01801, USA

**VIRTUAL:**

Eastern Time (ET)

10<sup>TH</sup> EDITION OF

# NURSING WORLD CONFERENCE

HYBRID EVENT  
**22-24**  
OCTOBER 2026

BOOK OF  
ABSTRACTS



# Index

# Index

|                        |     |
|------------------------|-----|
| Keynote Speakers       | 4   |
| Welcome Messages       | 7   |
| About Magnus Group     | 27  |
| About NWC 2026         | 28  |
| About CE Accreditation | 29  |
| Table of Contents      | 16  |
| Keynote Presentations  | 30  |
| Oral Presentations     | 58  |
| Poster Presentations   | 179 |

# Keynote Speakers



**Adele Webb**

Strategic Education, Inc., United States



**Robin Adams Geiger**

Ovita Health, United States



**Carlos A Archilla**

Nemours Children's Hospital, United States



**Donna M White**

University of Massachusetts Boston, United States



**Debra A Hrelc**

University of North Carolina Wilmington, United States



**Barbara M De Groot**

Heartwell Services, United States

# Keynote Speakers



**Daryle Wane**

Nurse Consultant-Florida, United States



**Ismat Mikky**

Bloomfield College of Montclair State University, United States



**Beth Waters**

Brigham & Women's Faulkner Hospital, United States



**Renee Bauer**

Indiana State University, United States



**David John Wortley**

World Lifestyle Medicine Educational Services (WLMES), United Kingdom



**Carolyn Hughes**

Essentia Health, United States



**Joyce Anne Finch**

Middle Tennessee State University, United States



**Bethanie Simmons-Becil**

University of North Florida, United States



**April Phelps**

University of New Hampshire School of Nursing, United States

# Keynote Speakers



**Emily Spenski**

University of New Hampshire School of Nursing,  
United States



**Nora Billodeaux**

Methodist Health System, United States



**Tonya Freeman**

Novant Health, United States



**Melissa Goad**

Novant Health, United States



# Welcome Message

**Adele Webb**

Strategic Education, Inc., United States

Dear Conference Attendees,

On behalf of the Scientific Committee, I would like to express my sincere gratitude and welcome you to the 10th Edition of the Nursing World Conference. Our participants will join us in the beautiful city of Boston and virtually from across the world, to network, collaborate and enhance their knowledge of the future of nursing. Our theme, Nursing Leadership for a Changing World, emphasizes innovation, evidence-based practice, and transformative strategies to shape the future of nursing. While you are here, please mingle, introduce yourselves, and discuss your amazing works with international experts. The Scientific Committee and Magnus Group are delighted to meet you during our time together. I wish you an enjoyable and productive conference. I hope you enjoy your stay in this wonderful city enjoy the event.



# Welcome Message

**Bethanie Simmons-Becil**

University of North Florida, Jacksonville, FL, United States

Dear Conference Attendees,

It is my great pleasure to welcome you to attend the session entitled Mindfulness and Acceptance Therapies to Reduce Nurse Burnout. Nursing is a profession rooted in compassion and caring for others, yet the emotional, physical, and psychological demands of the profession can contribute to stress, exhaustion, and burnout. During this presentation, we will explore how mindfulness and acceptance-based approaches can support nurse well-being, strengthen resilience, improve emotional regulation, and reduce stress. We will introduce strategies from Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), and Acceptance and Commitment Therapy (ACT) and consider practical ways to incorporate these principles into professional and everyday life. I invite you to approach this session with curiosity, openness, and without judgment. Take this opportunity to be present and consider how caring for yourself can strengthen your ability to care for others.

# Welcome Message



**Carolyn Hughes**

Essentia Health, United States

Dear Conference Attendees,

It is my great pleasure to welcome you to Whole Nurse, Whole System: Advancing Nursing Holistic Care Across an Integrated Health System. This presentation explores how an integrated health system is building a comprehensive Nursing Holistic Care Program to support the physical, emotional, spiritual, and professional well-being of nurses and nurse leaders. Attendees will learn how dedicated leadership, a systemwide Nursing Holistic Care and Well-Being Council, wellness retreats, integrative health practices, professional governance, and academic partnerships are creating a sustainable culture of care. The session will highlight practical strategies for embedding holistic principles into onboarding, education, daily practice, recognition, and organizational decision-making. Together, we will consider how caring for the whole nurse strengthens teams, improves the care experience, and advances the health of patients, communities, and the nursing profession. We look forward to welcoming you and sharing this journey toward a thriving nursing workforce.



# Welcome Message

**Daryle Wane**

Nurse Consultant-Florida, United States

Dear Conference Attendees,

It is my great pleasure to welcome you to attend the session entitled “Preventing Medication Errors in Clinical Practice: A Gaming Approach.” Medication errors continue to be a significant problem in clinical practice despite evidence-based research, nursing/medical education, and clinical training. By utilizing the strategy of a “gaming approach,” one can help identify contributing factors in the clinical environment which will help to minimize potential errors and thereby improve outcomes. This session will provide an opportunity for participants to implement a practice framework which will help to maintain competency-based skills in safe medication administration.



# Welcome Message

**Debra Hrelac**

University of North Carolina Wilmington, United States

Dear Conference Attendees,

Good morning, everyone, and a very warm welcome to the 10th Edition of the Nursing World Conference!

What a wonderful opportunity to bring together nursing professionals, educators, researchers, and leaders from around the world, united by our passion for advancing nursing!

Our theme, "Nursing Leadership for a Changing World," certainly couldn't be more appropriate!

We have an exciting conference ahead! Our distinguished speakers will explore artificial intelligence, leadership, cultural intelligence, innovative nursing education, and even healthcare in outer space! Apparently, nursing's future isn't just global anymore—it's intergalactic!

We'll also discover inspiring advances in compassionate care, ethics, wellness, and improving patient outcomes.

And while artificial intelligence may be transforming healthcare, I'm fairly certain it hasn't figured out how to replace a nurse's intuition—or our ability to multitask, which are 2 of the many irreplaceable qualities of nursing!

Let's make this conference about sharing knowledge, celebrating accomplishments, and inspiring one another.

Let's enjoy the discoveries and the innovations, the conversations and the collaborations, and perhaps even enjoy a few lighthearted moments along the way!

Welcome, everyone! It's time to begin, with our distinguished keynote speakers!

# Welcome Message



## Ismat Mikky

Division of Nursing, Bloomfield College of Montclair State University, United States

Dear Conference Attendees,

I would like to thank all participant scholars who will actively engage in healthcare-related discussions for improved quality of health provided to all patients. It is my great pleasure to welcome you all to the 10th Edition of the Nursing World Conference here in beautiful Boston, Massachusetts.

We are thrilled to organize this type of collaboration of nursing professionals, researchers, educators, students, clinicians, and healthcare leaders from around the world. The conference participants will have the opportunity to share knowledge, build meaningful professional connections, exchange experiences, and inspire one another while acting as role models.

This year's theme, "Nursing Leadership for a Changing World," is very intriguing and especially meaningful to most healthcare professionals. Nursing science continues to evolve parallel to advances in healthcare, technology, education, research, and patient care. As nurse scientists, we have an important role not only in providing high quality patient care, but also in leading innovation, advancing evidence-based practice, mentoring future generations, and shaping the future of healthcare.

I would also like to extend my sincere appreciation to the conference organizers, scientific committee, speakers, presenters, moderators, sponsors, and volunteers whose dedication has made this international conference possible. Thanks so much for your continued commitment to this conference; which will be filled with innovation, creativity, learning, inspiration, and collaboration.

I wish you all a successful, enriching, and memorable conference experience.



# Welcome Message

## Joyce Anne Finch

Middle Tennessee State University,  
United States of America

Dear Conference Attendees,

It is my great pleasure to welcome you to attend the Virtual Keynote Session entitled “Improving Clinical Simulation Experience of Nursing Students Who Participate in Simulation as Part of Their Clinical Experience by Administering a Debriefing Survey”. Simulation creates a controlled clinical environment where students can actively assess, make decisions, manage patient care, and experience the consequences of their actions in ways that may not always be possible in traditional clinical settings. As adult learners, nursing students bring knowledge and life experiences that influence how they respond to clinical situations, making active participation and reflections essential to meaningful learning. Debriefing provides an important opportunity for students to examine their experiences, recognize what went well, identify areas for improvement, and determine whether they achieved the intended learning outcomes. By intentionally creating realistic and changing clinical situations, simulation moves students beyond passive learning and provides opportunities to develop clinical judgement, communication, critical thinking, and patient-care skills in a safe environment. Ultimately, understanding how students perceive and learn from these experiences can help educators strengthen simulation and create meaningful learning opportunities that better prepare nursing students for safe and effective patient care.



# Welcome Message

**Melissa Goad**

Novant Health, Charlotte, NC, USA

Dear Conference Attendees,

It is my great pleasure to welcome you to the session entitled “Healing Beyond Symptoms: Transforming Inpatient Psychiatry Through Trauma-Informed Care”. Trauma can have lasting effects on how individuals perceive safety, respond to stress, communicate, and engage with healthcare. Healthcare encounters themselves may unintentionally trigger trauma responses, particularly for individuals with previous adverse or traumatic experiences. Trauma-informed care provides a framework for recognizing these responses and creating environments that promote safety, trust, choice, collaboration, and empowerment. This session will provide participants with an opportunity to explore the impact of trauma on patients and healthcare teams, recognize trauma-related responses, and identify practical strategies for incorporating trauma-informed principles into everyday practice. Together, we can move beyond asking, “What is wrong with you?” and begin asking, “What happened to you, and how can we create a safer experience?”



# Welcome Message

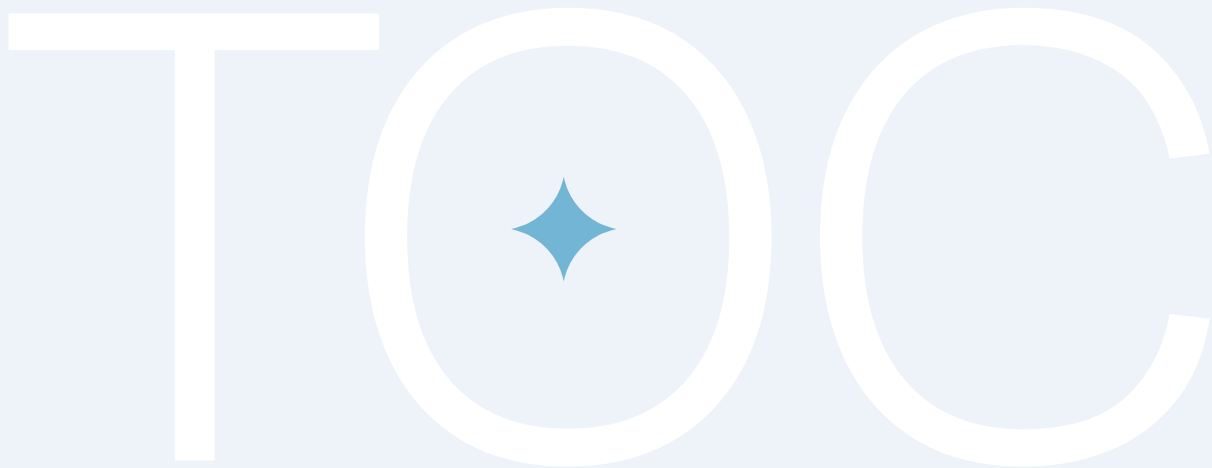
**Renee Bauer**

Indiana State University, United States

Dear Conference Attendees,

Thank you for spending this time with me and listening to my data on “PTSD and Tools for Nursing Resilience”. Nursing is not an occupation for the faint of heart. Now more than ever, we need skills to combat PTSD and build resilience in both our patients and ourselves. With the massive move to “leave the bedside” it's time to reestablish healthy ways to enjoy our occupation and mentor the next generation. Tough times don't last but rather than being a victim to burnout, there are things that can recharge us. It is time to empower individuals with simple skills that will set them up for success. This presentation will define what PTSD is and encourage what can be done regarding resilience and what it takes to “bounce back”. Included will be data collected during the time of the COVID-19 pandemic.

# Table of Contents



|                                                                                                                                                                                                                                      |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: Utilization of and self-efficacy in health assessment core skills among Paulinian student nurses: A basis for course enhancement</b><br><i>Agnes Servidad, St. Paul University Iloilo, Philippines</i>                     | <b>180</b> |
| <b>Title: Digital health engagement in stroke patients: A concept analysis</b><br><i>Anni Chang, Zhengzhou University, China</i>                                                                                                     | <b>59</b>  |
| <b>Title: Bridging the therapy gap: Pediatric suicide prevention</b><br><i>Ashley Ariail, Children's Health, United States</i>                                                                                                       | <b>181</b> |
| <b>Title: Pediatric eating disorders and suicide: A public health perspective for prevention and early intervention</b><br><i>Ashley Ariail, Children's Health, United States</i>                                                    | <b>61</b>  |
| <b>Title: Innovative strategies to elevate quality: The impact of a Med-Surg quality RN</b><br><i>Ashley Tenison and Laura Spitaleri, Mayo Clinic Arizona, United States</i>                                                         | <b>63</b>  |
| <b>Title: A commitment to nursing excellence</b><br><i>Barbara M De Groot, Heartwell Services, United States</i>                                                                                                                     | <b>31</b>  |
| <b>Title: Medication non-adherence in community-dwelling adults</b><br><i>Barbara M De Groot, Heartwell Services, United States</i>                                                                                                  | <b>32</b>  |
| <b>Title: The impacts of falls in adults aged 65 and older</b><br><i>Barbara M De Groot, Heartwell Services, United States</i>                                                                                                       | <b>66</b>  |
| <b>Title: Pathway for the prevention of bacteremia associated with Central Venous access Catheter (CVC): Results of a successful experience</b><br><i>Berly Catalina Hernandez Norena, San Vicente Foundation Hospital, Colombia</i> | <b>183</b> |

# Table of Contents

---

|                                                                                                                                                                                                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>Title: Mindfulness and acceptance therapies to reduce nurse burnout</b><br>Bethanie Simmons-Becil, University of North Florida, United States                                                                                            | 35  |
| <b>Title: Bridging the post-COVID experience gap: Implementing an ED STAT RN role to improve quality and support novice nurses</b><br>Beth Waters, Brigham and Women's Faulkner Hospital Boston, United States                              | 33  |
| <b>Title: Go with the flow: Steering Lumbar Drain (LD) integration into neuro acute care unit</b><br>Brian Ace J. Mones, Houston Methodist Hospital, United States                                                                          | 184 |
| <b>Title: Strengthening PCA-MT emergency response</b><br>Brian Ace J. Mones, Houston Methodist Hospital, United States                                                                                                                      | 186 |
| <b>Title: Medicine in the final frontier: How healthcare will shape humanity's future in low earth orbit</b><br>Carlos A. Archilla, Nemours Children's Hospital, United States                                                              | 36  |
| <b>Title: Importance of genetic testing in patients referred for heart transplant or durable mechanical circulatory support</b><br>Carly Pine, Sentara Healthcare, United States                                                            | 68  |
| <b>Title: A call to action for the integration of an underutilized resource: The evidence for Parkinson's disease (PD) and music therapy</b><br>Carole Graves and Klaudia J. Zalewska, Columbia University School of Nursing, United States | 70  |
| <b>Title: Harmony: Respect and compassion-transforming the nursing culture, one conversation at a time</b><br>Carolyn Goodin, Cumberland University, United States                                                                          | 72  |
| <b>Title: Whole nurse, whole system: Advancing nursing holistic care across an integrated health system</b><br>Carolyn Hughes, Essentia Health, United States                                                                               | 38  |
| <b>Title: Artificial intelligence in healthcare: Innovation with human and ethical sensibility</b><br>Cesar Gilberto Zuniga Munoz, San Jose University Hospital of Popayan, Colombia                                                        | 74  |
| <b>Title: Leading with courage: Empowerment in nursing leadership through difficult conversations</b><br>Charlene Griffin, Jefferson Einstein, United States                                                                                | 75  |

---

# Table of Contents

---

|                                                                                                                                                                                                                                    |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>Title: Oral care initiative to decrease pneumonia readmission rates</b><br>Christopher Comfort, Lawrence and Memorial Hospital – Yale New Haven Health, United States                                                           | 188 |
| <b>Title: I think it's all because of the fall: An exploration of psychological themes among older adults following a fall retrospective analysis of clinical data</b><br>Claire Tubbritt, Health Service Executive (HSE), Ireland | 190 |
| <b>Title: An active learning strategy to strengthen professional identity and career readiness in nursing students</b><br>Crystal Smith, Louisiana State University of Alexandria, United States                                   | 193 |
| <b>Title: Preventing medication errors in clinical practice: A gaming approach</b><br>Daryle Wane, Nurse Consultant-Florida, United States                                                                                         | 40  |
| <b>Title: AI and its impact on nursing: Challenges and opportunities</b><br>David John Wortley, World Lifestyle Medicine Educational Services (WLMES), United Kingdom                                                              | 41  |
| <b>Title: Beyond cultural competence: Integrating cultural intelligence into professional nursing education and practice</b><br>Debra A. Hrelac, University of North Carolina Wilmington, United States                            | 42  |
| <b>Title: Implementation of a nurse-led breast reconstruction education class to improve patient preparedness and care coordination</b><br>Destiny Peterson, Mayo Clinic Phoenix, United States                                    | 77  |
| <b>Title: Incorporating core areas of health to reduce test anxiety</b><br>Dina Khentigan, University of North Florida, United States                                                                                              | 79  |
| <b>Title: Neonatal adaptation focusing on the challenges of newborn feeding who are prenatally exposed to antidepressants</b><br>Doly Philip, White Plains Hospital, United States                                                 | 81  |
| <b>Title: Beyond discussion boards: Using immersive interactive learning adventures to increase engagement in graduate nursing education</b><br>Donna Harmon, Herzing University, United States                                    | 83  |
| <b>Title: Humane approaches to substance use disorders: Promoting empathy and inclusivity</b><br>Donna M White, University of Massachusetts Boston, United States                                                                  | 44  |
| <b>Title: Implementation of a competency-based education in applied pathophysiology using LMS-based mastery pathways</b><br>Edward Burns, Western University of Health Sciences, United States                                     | 85  |
| <b>Title: Translating evidence into practice: Prophylactic strategies to reduce CAUTI in inpatient rehabilitation</b><br>Elizabeth Garcia, TIRR Memorial Hermann, United States                                                    | 195 |

---

# Table of Contents

---

|                                                                                                                                                      |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Title: The power of our voice: Strengthening clinical research nurse identity through story, leadership and innovation – A Sydney perspective</b> | <b>87</b> |
| Ellen Yeo, Sydney Local Health District, Australia                                                                                                   |           |

---

|                                                                                                  |           |
|--------------------------------------------------------------------------------------------------|-----------|
| <b>Title: From classroom to community: Senior nursing students advancing rural health equity</b> | <b>45</b> |
| Emily Spenski and April Phelps, University of New Hampshire, United States                       |           |

---

|                                                                                                                              |            |
|------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: Evaluating provider perceived improved hepatitis-C management skills after hybrid SCAN-ECHO educational series</b> | <b>197</b> |
| Esther M Robinson, VA Greater Los Angeles Healthcare System, United States                                                   |            |

---

|                                                                                                                                                                      |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: A quality improvement project to increase perinatal depression screening rates through implementation of standardized screening and provider education</b> | <b>199</b> |
| Heather Williams, Delta State University, United States                                                                                                              |            |

---

|                                                                                                                                    |           |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Title: Findings from a quality improvement project: Implementation of the patient health questionnaire 9 modified for teens</b> | <b>89</b> |
| Hedy Gerber, Colorado State University Pueblo, United States                                                                       |           |

---

|                                                                                                                                                  |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Title: Factors associated with physical inactivity among adults with metabolic syndrome based on the COM-B model: A cross-sectional study</b> | <b>91</b> |
| Hexin Zhang, Zhengzhou University, China                                                                                                         |           |

---

|                                                                                                                                                               |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Title: Simulation-based learning in the “Nursing of the Childbearing Family” course: A prospective study at Johns Hopkins University School of Nursing</b> | <b>93</b> |
| Howieda A Fouly, Higher Colleges of Technology, United Arab Emirates                                                                                          |           |

---

|                                                                                                               |           |
|---------------------------------------------------------------------------------------------------------------|-----------|
| <b>Title: Effectiveness of an ADOPT-based nursing programme for reducing caregiver burnout in stroke care</b> | <b>95</b> |
| Huazheng Li, Zhengzhou University, China                                                                      |           |

---

|                                                                                    |           |
|------------------------------------------------------------------------------------|-----------|
| <b>Title: The role of psychosocial support in preventing postpartum depression</b> | <b>47</b> |
| Ismat Mikky, Bloomfield College of Montclair State University, United States       |           |

---

# Table of Contents

---

|                                                                                                                                       |            |
|---------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: High-alert precision: Leveraging real-time coaching and auditing to optimize vasoactive titration compliance</b>            | <b>201</b> |
| <a href="#">Ivan A G Logarta, Feliciano Jimenez and Naomi Hurley, Robert Wood Johnson University Hospital Hamilton, United States</a> |            |

---

|                                                                                         |            |
|-----------------------------------------------------------------------------------------|------------|
| <b>Title: Cultivating moral resilience to reduce moral distress in nursing students</b> | <b>204</b> |
| <a href="#">Janelle Guentter, Northeastern State University, United States</a>          |            |

---

|                                                                                                                                                    |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Title: Improving patient outcomes and nurse burnout through a multidisciplinary nursing led pilot model in a progressive critical care unit</b> | <b>97</b> |
| <a href="#">Jasmine Ornelas, Doctors Hospital at Renaissance, United States</a>                                                                    |           |

---

|                                                                                                                                                           |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Title: Advancing nursing faculty practice: Bridging academia and clinical excellence through an integrated academic-practice-community partnership</b> | <b>99</b> |
| <a href="#">Jennifer Couvillon, Louisiana State University Health Sciences Center School of Nursing, United States</a>                                    |           |

---

|                                                                                                  |            |
|--------------------------------------------------------------------------------------------------|------------|
| <b>Title: Maternal child emergency response preparedness: Pearls of the Panda Radiant Warmer</b> | <b>206</b> |
| <a href="#">Jessica Antretter, North Shore University Hospital, United States</a>                |            |

---

|                                                                                                                         |            |
|-------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: Improving compliance of Chlorhexidine gluconate (CHG) bathing through team-based communication strategies</b> | <b>208</b> |
| <a href="#">Joshua T. Mohs, Mayo Clinic, United States</a>                                                              |            |

---

|                                                                                                                                                                                    |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Title: Improving clinical simulation experience of nursing students who participate in simulation as part of their clinical experience by administering a debriefing survey</b> | <b>49</b> |
| <a href="#">Joyce Anne Finch, Middle Tennessee State University, United States</a>                                                                                                 |           |

---

|                                                                                               |            |
|-----------------------------------------------------------------------------------------------|------------|
| <b>Title: Psychological safety as a mediator in nursing simulation and learning immersion</b> | <b>100</b> |
| <a href="#">Jung-Hee Kim, The Catholic University of Korea, South Korea</a>                   |            |

---

|                                                                              |            |
|------------------------------------------------------------------------------|------------|
| <b>Title: RISE: Caring for the human behind the credentials</b>              | <b>102</b> |
| <a href="#">Kaitlyn Soudelier, Children's Health - Dallas, United States</a> |            |

---

|                                                                                                                                                  |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: Parental "knowledge, attitudes, and practices toward children's snoring" of school-aged children in China: A cross-sectional study</b> | <b>104</b> |
| <a href="#">Kaiwen Liu, Zhengzhou University, China</a>                                                                                          |            |

---

|                                                                                                                                                      |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: Start or end of a romance and subsequent depressive symptoms and non-suicidal self-injury: A longitudinal study of Chinese adolescents</b> | <b>210</b> |
| <a href="#">Katherine Luo, Phillips Exeter Academy, United States</a>                                                                                |            |

---

# Table of Contents

|                                                                                                                                                                                                                                   |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Title: Heart and honor: Revisiting ethics for compassionate nursing practice<br>Kathryn P Moore, Emory Healthcare, United States                                                                                                  | 106 |
| Title: Health information behavior and its influencing factors among young and middle-aged postoperative lung cancer patients in the digital-intelligent era: A cross-sectional study<br>Keheng Wang, Zhengzhou University, China | 108 |
| Title: Beyond food and diagnosis: Culture, family, and healing in pediatric eating disorders<br>Lalitha Natarajan, Children's Health, United States                                                                               | 110 |
| Title: Teamwork as an interprofessional competency for collaborative hospital practice<br>Laura Andrian Leal, University of Sao Paulo, Brazil                                                                                     | 112 |
| Title: The AI-literate nurse: A framework for integrating essential AI competencies into the curriculum<br>Laura Yost, University of Iowa, United States                                                                          | 114 |
| Title: Prevalence and determinants of neonatal jaundice among neonates receiving care at the Zongo Health Centre in Berekum, Ghana<br>Leticia Kyei Mensah, All Nations University, Ghana                                          | 212 |
| Title: Interaction among depression, emotion regulation and parental rearing in adolescents with non-suicidal self-injury: A cross-sectional network analysis<br>Lingna Song, Zhengzhou University, China                         | 116 |
| Title: A mixed-methods study on the current state of information overload and its influencing factors among patients with stroke<br>Liu Xun, Zhengzhou University, China                                                          | 118 |
| Title: Analysis of assessment & feedback in higher education<br>Lovely Sajan, Swansea University, United Kingdom                                                                                                                  | 214 |
| Title: The dancing nurse: Using a play-based neuroarts intervention to foster nursing student wellness<br>Lucy Graham, Colorado Mesa University, United States                                                                    | 120 |
| Title: Nurse-led restructuring of unlicensed assistive personnel roles improves retention, engagement, and behavioral safety outcomes in pediatric care<br>Mary Hawes, Children's Health, United States                           | 122 |
| Title: Reducing acuity and recidivism in pediatric eating disorders: Implementing early intervention and interdisciplinary care<br>Mary Hawes, Children's Health, United States                                                   | 124 |

# Table of Contents

|                                                                                                                                                                                                                            |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Title: Evaluating parental knowledge, misconceptions, and preventive strategies related to teenage vaping and their influence on adolescent health outcomes<br>Maxine Jeffery, University of Tampa, United States          | 216 |
| Title: Beyond nurse-to-student ratios: School nurse caseloads and type 1 diabetes care<br>Mee Kyung Lee, St. John's University, United States                                                                              | 218 |
| Title: Institutional and workplace determinants of foreign nurse retention: A literature-informed comparative study of Japan and Germany<br>Meiko Kawano, Oita University of Nursing and Health Sciences, Japan            | 220 |
| Title: Comparison of breastfeeding attitudes, comfort, satisfaction levels, and milk volume in working mothers after using traditional and wearable breast pumps<br>Melika Mazinani, Izmir Katip Çelebi University, Turkey | 126 |
| Title: Healing beyond symptoms: Transforming inpatient psychiatry through trauma-informed care<br>Melissa Goad and Tonya Freeman, Novant Health, United States                                                             | 52  |
| Title: Predict, prevent, protect: Implementing DASA-YV to reduce aggression in child and adolescent inpatient psychiatry<br>Melissa Goad and Tonya Freeman, Novant Health, United States                                   | 51  |
| Title: Facilitators and barriers to cognitive frailty management in older adults with type 2 diabetes: A qualitative study<br>Mengxing Miao, Zhengzhou University, China                                                   | 128 |
| Title: Bridging the gap: A bottom-up educational strategy for LPN advancement to BSN<br>Michelle Zuercher, Cumberland University, United States                                                                            | 222 |
| Title: B.A.S.E.-Burnout Awareness, Support, and Empowerment: A nurse well-being program<br>Misty Stone and Stephanie Hodges, Fayetteville State University, United States                                                  | 238 |
| Title: One path, many campuses: Consistent nursing excellence<br>Nora N Billodeaux, Methodist Health System, United States                                                                                                 | 54  |
| Title: Wellness at work: Supporting nurse leaders<br>Pam Stout, Melinda Kentfield and Kim Denton-Hill, Methodist Fremont Health, United States                                                                             | 130 |
| Title: Exploring patients symptom management experiences and unmet supportive care needs during lung cancer chemotherapy: A qualitative study<br>Qing Yu, Zhengzhou University, China                                      | 132 |

# Table of Contents

---

|                                                                                                     |            |
|-----------------------------------------------------------------------------------------------------|------------|
| <b>Title: Resiliency for nurse educators: Incorporating resiliency training for nursing faculty</b> | <b>224</b> |
| <a href="#">Rachael Holder, Texas Tech University Health Sciences Center, United States</a>         |            |

---

|                                                                                                                              |            |
|------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: The effect of structured antepartum lactation consultation on exclusive human milk feeding for preterm infants</b> | <b>226</b> |
| <a href="#">Rachel Cascone, North Shore University Hospital, United States</a>                                               |            |

---

|                                                                                                                     |            |
|---------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: Multimodal physical therapy for chronic cervicogenic headache misdiagnosed as migraine: A case report</b> | <b>134</b> |
| <a href="#">Rasika Bhide, Equipoise Physical Therapy &amp; Wellness, United States</a>                              |            |

---

|                                                                                             |            |
|---------------------------------------------------------------------------------------------|------------|
| <b>Title: Clinical practice guideline for a capstone-to-residency transition program</b>    | <b>136</b> |
| <a href="#">Rebecca G. Chinonso, Baylor Scott &amp; White Medical Center, United States</a> |            |

---

|                                                                                                                   |            |
|-------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: Implementing educational rounding to identify and address practice gaps in ambulatory care settings</b> | <b>228</b> |
| <a href="#">Rebecca Tierney, Community Health Network, United States</a>                                          |            |

---

|                                                                      |           |
|----------------------------------------------------------------------|-----------|
| <b>Title: PTSD and tools for nursing resilience</b>                  | <b>55</b> |
| <a href="#">Renee Bauer, Indiana State University, United States</a> |           |

---

|                                                                                                                          |           |
|--------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Title: Leading through the unknown: Keeping nursing teams motivated during times of uncertainty and change</b>        | <b>56</b> |
| <a href="#">Robin Adams Geiger, Ovita Health, United States and Adele Webb, Strategic Education, Inc., United States</a> |           |

---

|                                                                                                   |            |
|---------------------------------------------------------------------------------------------------|------------|
| <b>Title: From overwhelmed to empowered: Reducing anxiety in the transition-to-practice nurse</b> | <b>138</b> |
| <a href="#">Robin Whelpley, Bon Secours Memorial College of Nursing, United States</a>            |            |

---

|                                                                                                                                                     |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: The equivalence testing approach: What sort of statistical information on clinical trials should be requested by regulatory agencies?</b> | <b>140</b> |
| <a href="#">Rolando Uranga Pina, National Coordinating Center of Clinical Trials, Cuba</a>                                                          |            |

---

|                                                                                                                         |            |
|-------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: Achieving 100% dysphagia screening compliance in acute stroke patients outperforming national &amp; state</b> | <b>230</b> |
| <a href="#">Rosalina Porio-Butao and Yaciel Almira, Mount Sinai Medical Center, United States</a>                       |            |

---

# Table of Contents

---

|                                                                                                                                                       |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: Nursing leading the way to excellence: Achieving the first and only comprehensive heart attack center certified in the state of Florida</b> | <b>232</b> |
| Rosalina Porio-Butao and Yaciel Almira, Mount Sinai Medical Center, United States                                                                     |            |

---

|                                                                                                                              |            |
|------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: From paper to chain: A participant-centered eConsent model for digital health research supported by blockchain</b> | <b>142</b> |
| Salome Azevedo, Value for Health CoLAB, Portugal                                                                             |            |

---

|                                                                                                                             |            |
|-----------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: Bedside timeout: A novel method for medication preparation and administration error detection - A pilot study</b> | <b>144</b> |
| Sarah Lewis, Schneider Children's Hospital, Israel                                                                          |            |

---

|                                                                                                                                                                     |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: Advancing pediatric behavioral health: Integrating psychiatric nursing expertise to promote culturally responsive safety, collaboration, and outcomes</b> | <b>234</b> |
| Sara Pump, Children's Health, United States                                                                                                                         |            |

---

|                                                                                   |            |
|-----------------------------------------------------------------------------------|------------|
| <b>Title: Innovative poverty simulation activity to teach about health equity</b> | <b>236</b> |
| Sheri Howard, University of Memphis-Loewenberg College of Nursing, United States  |            |

---

|                                                                                                                                                                                                |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Title: Differences in illness perceptions and dyadic coping among patients with rectal cancer undergoing neoadjuvant chemoradiotherapy and their family caregivers: A qualitative study</b> | <b>146</b> |
| Sijia Chen, Zhengzhou University, China                                                                                                                                                        |            |

---

|                                                                                                   |            |
|---------------------------------------------------------------------------------------------------|------------|
| <b>Title: Supporting the journey: Helping immigrant nurses thrive in a new healthcare culture</b> | <b>148</b> |
| Sindhu Joseph and Seena Thomas, Memorial Hermann Hospital, United States                          |            |

---

|                                                                                                         |            |
|---------------------------------------------------------------------------------------------------------|------------|
| <b>Title: Cultivating healthy aging and longevity through holistic and integrative nursing practice</b> | <b>150</b> |
| Stacey M Frawley, SUNY Stony Brook and CenterLine Wellness, United States                               |            |

---

|                                                                                                        |            |
|--------------------------------------------------------------------------------------------------------|------------|
| <b>Title: Developing alternative faculty-led community public health nursing practicum experiences</b> | <b>152</b> |
| Sun Young Park, University of Maryland School of Nursing, United States                                |            |

---

|                                                                                          |            |
|------------------------------------------------------------------------------------------|------------|
| <b>Title: Implementation of Bedside Mobility Assessment Tool (BMAT) to prevent falls</b> | <b>240</b> |
| Sun Young Park, University of Maryland School of Nursing, United States                  |            |

---

|                                                                                                |            |
|------------------------------------------------------------------------------------------------|------------|
| <b>Title: Experiential learning with simulated deposition to improve nursing documentation</b> | <b>242</b> |
| Victoria Yu, University of New Mexico, United States                                           |            |

---

# Table of Contents

---

|                                                                                                                                                                                                                |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Title: A qualitative study on barriers to self-management among patients with diabetic foot from the perspective of illness experience: In-depth interviews with patients, caregivers and healthcare providers | 156 |
| <a href="#">Wang Jie, Zhengzhou University School of Nursing, China</a>                                                                                                                                        |     |
| <hr/>                                                                                                                                                                                                          |     |
| Title: Construction and application of evidence-based self-management program for patients with diabetic foot based on i-PARIHS framework                                                                      | 154 |
| <a href="#">Wang Jie, Zhengzhou University School of Nursing, China</a>                                                                                                                                        |     |
| <hr/>                                                                                                                                                                                                          |     |
| Title: Experiences of online health information seeking behavior among patients with initial stroke during the transition period in China: A qualitative research                                              | 158 |
| <a href="#">Xiao-Yan Dong, Zhengzhou University, China</a>                                                                                                                                                     |     |
| <hr/>                                                                                                                                                                                                          |     |
| Title: Biopsychosocial burden of patients with peripheral facial paralysis in China: A qualitative study                                                                                                       | 160 |
| <a href="#">Xinyi Liu, Shanghai Jiao Tong University School of Medicine, China</a>                                                                                                                             |     |
| <hr/>                                                                                                                                                                                                          |     |
| Title: Summary of best evidence for management of nutrition impact symptoms in patients with esophageal cancer undergoing neoadjuvant chemoradiotherapy                                                        | 162 |
| <a href="#">Yingying Liu, Zhengzhou University, China</a>                                                                                                                                                      |     |
| <hr/>                                                                                                                                                                                                          |     |
| Title: Navigating risk and responsibility: "Nurses' decision-making" in implementing the Free Water Protocol for dysphagia care                                                                                | 164 |
| <a href="#">Yiran Tong, Zhengzhou University, China</a>                                                                                                                                                        |     |
| <hr/>                                                                                                                                                                                                          |     |
| Title: Perioperative health management needs of patients undergoing metabolic and bariatric surgery: A qualitative study                                                                                       | 166 |
| <a href="#">Yixuan Liu, Zhengzhou University, China</a>                                                                                                                                                        |     |
| <hr/>                                                                                                                                                                                                          |     |
| Title: Effectiveness of nonpharmacological interventions for poststroke hemiplegic shoulder pain: A systematic review and network meta-analysis                                                                | 168 |
| <a href="#">Yue Li, Zhengzhou University, China</a>                                                                                                                                                            |     |
| <hr/>                                                                                                                                                                                                          |     |
| Title: Characterizing heterogeneous risk profiles and user personas among adolescents with self-injurious thoughts and behaviors: An explanatory sequential mixed-methods study                                | 172 |
| <a href="#">Yuze An, Zhengzhou University, China</a>                                                                                                                                                           |     |
| <hr/>                                                                                                                                                                                                          |     |
| Title: Qualitative study on the experiences of kinesiophobia and coping needs of middle-aged and elderly stroke patients                                                                                       | 170 |
| <a href="#">Yuzi Lu, Zhengzhou University, China</a>                                                                                                                                                           |     |
| <hr/>                                                                                                                                                                                                          |     |
| Title: A graded care management strategy and its effectiveness analysis for elderly patients with cognitive impairment                                                                                         | 175 |
| <a href="#">Zhang Mengge, Zhengzhou University, China</a>                                                                                                                                                      |     |

---

# Table of Contents

---

|                                                                                                                                                                                                                |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Title: Concept analysis of caring ability of family caregivers of patients with mental disorders<br>Zhao Ai, Zhengzhou University, China                                                                       | 174 |
| <hr/>                                                                                                                                                                                                          |     |
| Title: Exploring digital health experiences and needs in smart blood glucose management among older adults with type 2 diabetes: A qualitative study<br>Zhaowen Wu, Zhejiang Chinese Medical University, China | 177 |

---

# 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 2026



Welcome to the **10<sup>th</sup> Edition of the Nursing World Conference (NWC 2026)**, set to take place in **Boston, Massachusetts, USA**, and **virtually** from **October 22 -24, 2026**. This year, the conference revolves around the theme ***Nursing Leadership for a Changing World***. 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.

# About CE Accreditation



The Continuing Education (CE) credits available at NWC 2026 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 2026 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 2026 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.**

10<sup>TH</sup> EDITION OF

# NURSING WORLD CONFERENCE

HYBRID EVENT

**22-24**  
OCTOBER 2026

## KEYNOTE PRESENTATIONS





## Barbara De Groot

Heartwell Services, United States

**Biography:** Dr. Barbara De Groot graduated in 1992 with an associate degree in nursing and now holds a Doctor of Nursing Practice degree from the University of Missouri, Kansas City. De Groot's nursing experience spans multidisciplinary staff and patient education; acute, hospice, and home health nursing; hospital discharge planning and education; supervisor, manager, and directorship positions; and teaching in ADN and BSN programs. De Groot is an internationally recognized speaker on falls, fall-risk assessment, medication adherence, nursing excellence, and patient safety, as well

as the author of a recently published article on fall-risk assessment.

## A commitment to nursing excellence

While compassion has long defined nursing, today's nurses encounter increasingly complex clinical and ethical challenges. For the past 25 years, the Gallup Honesty and Ethics Poll has recognized nursing as America's most trusted profession. This distinction underscores the vital role nurses play in healthcare and the strong relationships they build with patients. Trust is essential to effective care and has a significant impact on patient outcomes.

Nursing excellence encompasses more than clinical competence; it also includes shared decision-making, leadership, safety, quality, professional development, and continuous improvement. These elements all contribute to better patient outcomes and higher care quality. The key question is how nurses can assist in transforming organizational cultures to promote nursing excellence.



## Barbara De Groot

Heartwell Services, United States

**Biography:** Dr. Barbara De Groot graduated in 1992 with an associate degree in nursing and now holds a Doctor of Nursing Practice degree from the University of Missouri, Kansas City. De Groot's nursing experience spans multidisciplinary staff and patient education; acute, hospice, and home health nursing; hospital discharge planning and education; supervisor, manager, and directorship positions; and teaching in ADN and BSN programs. De Groot is an internationally recognized speaker on falls, fall-risk assessment, medication adherence, and patient safety, as well as the author of a

recently published article on fall-risk assessment. De Groot's current research examines the fall risk assessment practices in licensed assisted living communities in New Mexico.

## Medication non-adherence in community-dwelling adults

As our population ages, attention is shifting from acute illness to chronic disease management; hence, the problem of poor medication adherence is a paramount concern to everyone in the healthcare system. The concern arises from the potential for poor adherence, which rises with the length and complexity of treatment regimens, as both long duration and complex treatment are linked with chronic illnesses.

Regardless of condition or chronicity, adherence is the most important modifiable influence on treatment outcome. Poor adherence renders treatment useless. It is vitally important that nurses and healthcare providers receive education on medication nonadherence's prevalence, causes, consequences, and methods for monitoring medication adherence.

Factors influencing medication nonadherence fall into five broad categories: patient-related, condition-related, treatment-related, health-system-related, and socioeconomic factors. Knowledge of the elements within each category assists nurses and healthcare providers in understanding reasons for nonadherence and developing strategies to improve adherence.



## Beth A Waters\*, Lauren Neales, Andrew Dundin

Brigham and Women's Faulkner Hospital Boston,  
United States

**Biography:** Beth Waters is the Nursing Director for the Emergency Department at a community hospital within the city of Boston Massachusetts. Waters has over 40 years of experience in nursing with the majority of that time in the Emergency Department. Waters' goal is to work collaboratively with teams to achieve positive patient outcomes and to give the staff the tools needed to be successful. Roles held by Waters include staff nurse, Professional Development Manager, Educator, as well as the current role, Nurse Director

### Bridging the post-COVID experience gap: Implementing an ED STAT RN role to improve quality and support novice nurses

**Background:** Emergency Departments (EDs) are high-acuity environments that rely on experienced registered nurses capable of rapid critical thinking. Following the COVID-19 pandemic, "Approximately 100,000 registered nurses (RNs) left the workforce during the COVID-19 pandemic in the past two years due to stress, burnout and retirements" creating a significant expertise gap. This was evident in our ED, where we observed a substantial influx of nurses with less than one year of experience, including many newly licensed nurses.

**Aim:** To strengthen support for inexperienced ED nurses and improve quality metrics and patient outcomes.

**Intervention:** In response, we developed the ED STAT RN role modeled after the hospital's existing STAT RN program but tailored to the unique demands of emergency nursing. The stat nurse role essentially turns one experienced nurse into a flexible safety net for the entire facility. ICU-based STAT RNs lacked the specialized competencies required in the ED, prompting the creation of an ED-specific role. Using Benner's Model of Nursing Practice, we identified ED nurses functioning at the proficient-expert level and developed a structured training program that included didactic education, hands-on skills validation, and demonstration of emergency equipment use and location. ED STAT RNs serve as peer educators and clinical resources during high-acuity situations, providing real-time support to novice staff.

**Results:** Six months after implementation, improvements were observed in stroke, sepsis, cardiac, and respiratory emergency metrics, along with reductions in patient falls. Nurse engagement and satisfaction increased, and newer nurses demonstrated accelerated development of essential clinical skills.

**Conclusion:** The ED STAT RN program effectively addresses the post-COVID experience gap by leveraging expert nurses as on-unit clinical resources, resulting in improved patient care quality and enhanced support for novice ED nurses.



## Bethanie Simmons-Becil

University of North Florida, Jacksonville, FL, United States

**Biography:** Dr. Simmons-Becil is a dedicated Psychiatric Mental Health Nurse Practitioner and graduate educator. Simmons-Becil 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, neuroanatomy, and holistic nursing practice. Simmons-Becil's university research foci include evidence based holistic interventions in nursing education and implementation of mindfulness based therapies in depressive

symptom remission. Simmons-Becil's ultimate desire is to provide patients, students, and peers with research based, holistically focused, psychiatric management education and strategies for improving the mental health community.

## Mindfulness and acceptance therapies to reduce nurse burnout

Nursing remains the number one most trusted profession internationally, but at what cost? Nurses are systemically overworked by an overburdened healthcare system that struggles to maintain healthy populations despite increasing social and environmental stressors, resulting in a continued reduction in workforce, further complicating an already difficult situation. Nursing burnout is a pervasive occupational phenomenon characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, affecting nearly half of the global healthcare workforce. Mindfulness-Based Interventions (MBIs) and Acceptance and Commitment Therapy (ACT) have emerged as promising individual-level strategies to mitigate burnout among nurses. These holistically focused interventions have been shown reduce burnout among nurses, with evidence showing reductions in emotional exhaustion, psychological stress, and depersonalization, which are core components of burnout syndrome. Both traditional in-person and digital delivery formats demonstrate effectiveness, making these interventions highly accessible for busy nursing professionals. Understanding simple practices that can be easily adapted to daily routines have the potential to improve nursing practice, outlook, and reduce burnout among nursing professionals. This presentation reviews recent systematic reviews and meta-analyses examining MBIs and ACT interventions for nursing burnout, providing simple daily practices that can improve nursing exhaustion and reduce experienced burnout.



## Carlos A. Archilla

Nemours Children's Hospital, United States

**Biography:** Dr. Carlos A. Archilla is the Chairman of the Anesthesiology Department at the Nemours Children's Hospital in Orlando, Florida, USA. Archilla graduated from the University of Puerto Rico School of Medicine and completed training in Anesthesia, Pediatric Anesthesia and Critical Care Medicine at the Johns Hopkins Hospital. Archilla is an Associate Professor at Florida State University and the University of Central Florida, College of Medicine. Archilla is a frequent presenter and expert panelist at national and international meetings. Archilla is a member of the American Society of Anesthesiologists and the

European Society of Pediatric Anesthesia.

## Medicine in the final frontier: How healthcare will shape humanity's future in low earth orbit

**Background:** As humanity advances toward sustained low earth orbit presence, lunar habitation and future crewed missions to Mars, healthcare delivery and biomedical innovation will become essential pillars of long-duration space exploration. The expanding cadence of commercial and governmental aerospace missions, combined with increasing efforts to democratize access to spaceflight, has created a growing need to redefine medical standards, operational readiness, and inclusivity in aerospace medicine. This presentation explores how space medicine is evolving to support diverse human participation while simultaneously advancing healthcare knowledge applicable to Earth-based medicine.

**Overview:** The session will review the physiological effects of microgravity on major organ systems, including cardiovascular, pulmonary, musculoskeletal, neurovestibular, and ocular function. The session will also discuss the clinical and operational challenges of delivering healthcare in extreme environments, including limited medical resources, altered physiology, delayed evacuation capability, and the need for adaptive medical systems during prolonged missions. A central focus of the presentation is the emerging role of inclusive aerospace medicine. Drawing from experiences in parabolic flight programs such as AstroAccess, the discussion highlights how individuals with physical, sensory, and mobility disabilities have successfully participated in simulated microgravity missions. Through adapted screening, risk stratification, and mitigation strategies, 76 individuals with disabilities were screened and 23 successfully completed parabolic flight missions involving lunar, Martian, and microgravity

simulation profiles. Operational outcomes demonstrated high safety margins, minimal injury rates, and manageable motion sickness, reinforcing the concept that functional performance, not physical conformity, should guide future aerospace medical standards. Perspectives from parabolic flight operations, and commercial space flights, aerospace medicine experts, and astronaut accessibility initiatives will illustrate how inclusive design can expand human participation in space while improving safety and mission success.

**Discussion:** The presentation challenges traditional assumptions surrounding disability and performance in aerospace environments. By examining how microgravity alters human physiology for all participants, the discussion reframes spaceflight through the lens of adaptability, resilience, and functional capability. This is done by analyzing how insights from disabled flyers in zero-gravity simulation environments inform inclusive medical design, prepare future participants in long duration space missions and care delivery in space. Attendees will gain insights on how to improve healthcare delivery, patient resilience, and medical preparedness in extreme environments on earth and in the final frontier.



**Carolyn Hughes**

Essentia Health, United States

## **Whole nurse, whole system: Advancing nursing holistic care across an integrated health system**

As nurse leaders, we recognize that the well-being of nurses and nurse leaders is inseparable from the quality, safety, and compassion of the care provided. In response to increasing complexity of care delivery and reported workforce fatigue or distress, our organization is intentionally growing a comprehensive Nursing Holistic Care Program designed to support nurses and nurse leaders across the continuum of practice in care for themselves and the patients and communities they serve. This program is grounded in holistic nursing principles, professional governance, and evidence-based well-being strategies, aligning with the organization's Professional Nursing Practice Model and standards of the ANA Nursing Holistic Care Scope and Standards of Practice, with the goal of sustaining a thriving and flourishing nursing workforce and overall population health.

Central to this initiative is the establishment of dedicated leadership and infrastructure. We have created and hired a system Program Director of Nursing Holistic Care to provide strategic oversight, alignment with organizational priorities, and accountability for outcomes. This spiritual and chaplaincy trained program director reports to nursing and partners closely with nursing executive leadership, human resources, the system Office of Well-being, interdisciplinary teams, and academic partners to embed nurse well-being into operational and cultural practices. In addition, an APRN Clinical Nurse Specialist was hired to support these efforts, with a focus of integrative health and healing practices for nurses caring for patients, and will champion evidence-based interventions, nursing education, and integration of holistic modalities into clinical practice, professional development, and care delivery models.

To ensure shared ownership and sustainability, a system Nursing Holistic Care and Well-Being Council has been implemented within our professional governance structure. This council

is led by clinical direct-care nurses and includes nurse leaders, advanced practice nurses, interprofessional colleagues, and academic partners. The council guides strategy, evaluates outcomes, recommends policies and standards, and amplifies the voice of nurses in shaping a culture of well-being and whole self. Through professional governance, nurses actively co-design solutions that address physical, emotional, spiritual, and professional dimensions of wellness.

Recognizing the critical role of leadership in shaping culture, we have implemented both Nurse Leader and Clinical Nurse Wellness Retreats. These retreats focus on resilience, self-awareness, restorative practices, and skills for leading and caring with compassion and authenticity. By investing in the well-being of nurse leaders and clinical experts, we strengthen their capacity to support selves and teams, model healthy behaviors, care for others, and foster psychologically safe work environments.

Infusing a holistic nursing culture across the system is a foundational aim of this program. Holistic principles—such as presence, intentional caring, self-care, and healing environments—are being integrated into onboarding, competency development, daily huddles, academic relationships, and recognition practices. Education and experiential learning will normalize well-being as a professional responsibility rather than an individual burden.

As part of our commitment to excellence, we are actively pursuing the ANCC Well-Being Credential, aligning our structures, processes, and outcomes with national standards. This journey reflects our belief that caring for nurses is essential to caring for patients and communities, and that a holistic approach is key to sustaining the future of nursing.

## Biography

Dr. Carolyn Hughes, DNP, RN, PHN, NE-BC, NPD-BC, is a dedicated nursing leader currently leading Nursing Professional Development and Clinical Excellence at Essentia Health. Hughes oversees professional development, patient health education, nursing holistic care, nursing research, and academic practice partnerships, where Hughes leads sublime multidisciplinary teams to deliver exceptional outcomes. Hughes' leadership style is rooted in wellness, collaboration, innovation, and a steadfast focus on patient-centered care, along with a motto of "positive relationships lead to meaningful work". Outside of the professional role, Carolyn enjoys spending time with family and advocating for humankind.



## Daryle Wane

Nurse Consultant, United States

**Biography:** 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, with undergraduate degrees in Nutrition and Nursing from Brooklyn College and Downstate Medical Center College of Nursing. Dr. Wane designed and developed BSN nursing programs and was in Academia for 32 years. Wane has published supplements in textbooks, serves as an editorial board member and peer reviewer for several journal publications. Wane is a member of Sigma Theta Tau Nursing Honor society, and a CCNE

evaluator. Dr. Wane now works as a Nurse Consultant.

## Preventing medication errors in clinical practice: A gaming approach

During our nursing training students are taught the basic premise to administer medications safely in clinical settings during our training and yet “medication errors” keep happening in clinical practice. Questions to consider as these errors continue to happen despite best practice identifying the 10 Rights of Medication Administration. So, if everyone has been trained in these basic rights, then why do they keep happening? Using an evidence-based practice approach, the concept of medication administration versus “medication errors” will be reviewed. A gaming approach will be used that includes scenarios to help identify best practice going forward to minimize the recurrence of “medication errors” in various clinical practice settings. Focusing on the 10 Rights of Medication Administration has not lessened the reality of occurrence of medication errors. It is time that we focus on best practices so that we can improve delivery of healthcare and minimize medication errors in the present rather than the future Let the games begin!



## David John Wortley

World Lifestyle Medicine Educational Services (WLMES),  
United Kingdom

**Biography:** 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. Wortley is a motivational speaker and professional member of the Professional Speaking Association. Wortley has been a keynote speaker at over 100 international conferences over the last 20 years. Wortley is a Vice President of the International Society for Digital Medicine and a respected expert in digital therapeutics and lifestyle medicine. Wortley is also a non-Executive Director of the World Lifestyle

Medicine Education Services (WLMES).

## AI and its impact on nursing: Challenges and opportunities

Artificial Intelligence (AI) is transforming healthcare delivery and has significant implications for the nursing profession. AI technologies, including predictive analytics, clinical decision support systems, virtual assistants, robotics, and automated documentation tools, are increasingly being integrated into hospitals, community care, and home health services. These innovations offer opportunities to improve patient outcomes, enhance efficiency, reduce administrative burden, and support nurses in making more accurate and timely clinical decisions. AI can also assist with workforce planning, early detection of patient deterioration, medication management, and personalized care planning.

However, the growing use of AI in nursing presents important challenges. Concerns exist regarding data privacy, cybersecurity, algorithmic bias, ethical decision-making, and the potential loss of human interaction in patient care. Nurses may also face anxiety about job displacement, increased reliance on technology, and the need for new digital competencies. Ensuring that AI systems are transparent, evidence-based, and aligned with patient-centred values is essential. Education and training will play a critical role in preparing nurses to work effectively alongside AI. Ultimately, AI should be viewed as a tool to augment rather than replace nursing practice, preserving compassion and human judgement at the centre of care.



## Debra A. Hrelc

University of North Carolina Wilmington, United States

**Biography:** Dr. Hrelc is a doctorally prepared RN with over 44 years of clinical experience, and greater than 21 years of experience teaching in Higher Education. Hrelc's educational background includes a BSN from William Paterson University in New Jersey; a MSN from Rutgers University in New Jersey and a PhD in Nursing from the University of Connecticut in Storrs CT. Throughout her career, Hrelc has specialized in OB nursing and nursing leadership. Hrelc has followed a research trajectory of student stress and success, faculty success, nursing leadership, and high-risk OB. Hrelc is widely

published in peer-reviewed journals and is widely recognized for sharing research findings and knowledge at national and international conferences.

## Beyond cultural competence: Integrating cultural intelligence into professional nursing education and practice

**Background:** Cultural competence is a foundational nursing skill, but today's dynamic healthcare environments require the broader, adaptive framework of Cultural Intelligence (CQ). This study investigates the role of AI-enhanced assignments in promoting CQ among RN-to-BSN students in a transcultural nursing course.

**Purpose:** To evaluate the progression of RN-to-BSN students from cultural competence to cultural intelligence and explore their perceptions of CQ's relevance to future nursing practice.

**Methods:** A mixed-methods action research design will be used. Participants will complete pre- and post-intervention surveys using the Cultural Intelligence Scale (CQS) and Cultural Competence Assessment (CCA) tools. Three previously completed AI-based assignments—featuring simulated cultural scenarios, and AI cultural intelligence assessments—will be analyzed for evidence of cultural reflection and adaptability. Final data will include self-reflective activities and group discussion and exploration to assess behavioral and attitudinal shifts.

**Intervention:** AI tools were embedded in three culturally diverse student assignments to challenge students' assumptions, promote self-reflection, and build CQ dimensions (Drive, Knowledge, Strategy, Action).

**Expected Outcomes:** We anticipate increased student awareness, motivation, and adaptability in cross-cultural settings. Insights from this project will guide curricular design for transcultural nursing education and inform future use of AI to support professional cultural growth.

**Conclusion:** This research bridges education, technology, and practice, offering a replicable model for cultivating cultural intelligence in nursing professionals.



## Donna M White

University of Massachusetts Boston, United States

**Biography:** Donna McCarten White is a strong advocate for education in the clinical practice of Substance Use Disorders in all healthcare professions. White is a Board certified Clinical Specialist by ANCC, and maintains 4 certifications and 2 licenses. A specialist in Compassion Stress and Fatigue, recognized with 15 awards in White's professional career, including the Manning College at the University of MA Boston for the revision of the Addiction Counseling Education Program. September of 2025, White was one of 3 leaders in the field of Addiction Treatment to be honored as the impetus for the creation of the Trailblazer

Award by Boston Medical Center. White is certified as an educator and therapist in Compassion Fatigue and is a specialist in Addictive Disorders, Compassion Fatigue and Vicarious Traumatization in Healthcare Professionals and a Board Certified Fellow in Traumatic Stress. Dr. White has been a Clinical Instructor for Boston Area Colleges... graduate NP programs as well as baccalaureate level for Community Health Clinical work and is a Visiting Scholar for local Colleges of Nursing and other Professional Programs of study. White is one of the 17 Founding Members of the American Society of Addiction Nursing (ASAN) and a Fellow in the International Nurses Society of Addictions. White has lectured at many facilities and agencies nationwide and is a recognized leader in the field of Addictions, Impaired Practice and Peer Assistance, as well as Healthcare Professional Stress, and volunteers on the Apache Reservation in Arizona to work with the Indigenous Tribal People providing education of Substance Use Disorders.

## Humane approaches to substance use disorders: Promoting empathy and inclusivity

The presentation will provide a comprehensive overview of current trends of substance use in society. A pictorial drug review with associated health risks will address the gap in clinical practice while examining the prevalence of drugs in the society we live in. Research presented will demonstrate how new and innovative treatment strategies are being developed to promote recovery. Discussion will encompass the overarching goal of how a therapeutic relationship between a nurse and client can facilitate lifestyle changes towards health promotion and wellness.



## Emily Spenski\*, April Phelps\*

University of New Hampshire School of Nursing,  
United States

**Biography:** Emily Spenski, MSN, RN, CNE, CNL is a nurse educator, academic leader, and doctoral student with more than 15 years of experience in clinical practice, nursing education, and leadership.



Spenski's background includes medical-surgical nursing, orthopedics, labor and delivery, acute rehabilitation, simulation, and curriculum development. Spenski currently serves in nursing leadership at the University of New Hampshire and is pursuing an EdD focused on competency assessment in group-based nursing simulation. Spenski's work centers on innovative, scalable approaches to nursing education, leadership development, and preparing practice-ready graduates.

April Phelps, DNP, RN, CNL, is a nurse educator and academic leader at the University of New Hampshire School of Nursing, Army Nurse Veteran, and accomplished clinician-educator. Phelps' work is grounded in public health and focused on improving patient outcomes through evidence-based practice, innovation, and interprofessional collaboration. Dr. Phelps has been recognized with the New Hampshire Excellence in Nursing award and remains active in clinical practice as a New Hampshire Health Officer. Phelps is also engaged in nursing policy and advocacy through leadership roles with the New Hampshire Nurses Association, the American Nurses Association, and several public health and emergency response organizations.

## From classroom to community: Senior nursing students advancing rural health equity

**Background:** Existing literature demonstrates that multifactorial strategies that reduce barriers and address Social Determinants of Health (SDOH) can improve population health outcomes. Individualized community assessment tools are an important mechanism for identifying local needs, capturing community voice, and informing decisions aimed at improving community health. Rural populations experience persistent inequities, including decreased access to healthcare, lower health literacy, reduced financial support for care, poorer health education, less trust in medical intervention, and lower satisfaction with care. Although the United States outspends other developed countries on healthcare, these expenditures have not translated

into equitable health outcomes, reinforcing the need for prevention-focused, community-based approaches. In alignment with Healthy People 2030's goal of eliminating health disparities, achieving health equity, and improving health literacy, addressing SDOH remains central to improving community well-being.

**Purpose:** This longitudinal study aimed to develop, implement, and evaluate a nursing-led community health needs assessment in Fremont, New Hampshire, to identify priority health concerns and inform interventions responsive to community-identified needs, while engaging senior nursing students in community-based population health practice.

**Methods:** From 2024 to the present, senior nursing students enrolled in a public health course collaborated with faculty on a community-engaged rural health initiative. Students reviewed literature, performed a windshield study, developed and administered a community needs assessment, and analyzed findings related to health concerns, barriers to care, and available supports. Based on these findings, students presented recommendations to the town selectmen and developed a community resource guide for digital and print distribution to increase resident access to local health and social resources.

**Results:** Preliminary findings support the value of a locally tailored assessment process in identifying community-specific barriers and informing feasible, community-responsive solutions. A key outcome of this phase was the development of a community resource guide designed to improve awareness of services and access to resources. The project also highlighted the role of senior nursing students as partners in community assessment, health promotion, and rural population health improvement.

**Conclusions:** Early phases of this longitudinal study suggest that a nursing-led, community-engaged model can identify rural health needs and generate actionable interventions while providing meaningful experiential learning for senior nursing students. Continued implementation and reassessment will evaluate intervention effectiveness and inform future replication in other rural communities.



## Ismat Mikky\*, Sita Bamba, Aiko Poticano

Frances M. McLaughlin Division of Nursing, Bloomfield  
College of Montclair State University (BCMSU), Bloomfield,  
New Jersey, United States

**Biography:** Dr. Mikky received a doctoral degree in nursing from the University of Connecticut (UConn) in 2006. Dr. Mikky's Master degree in Nursing Education from the University of Hartford was funded by the Fulbright scholarship. After earning the BSN degree from Bethlehem University (Palestine), Dr. Mikky received a grant from the United States Information Agency (USIA) to complete special studies in cardiovascular nursing at Emory University. Over 30 years of experience, Dr. Mikky have assumed several academic and administrative positions in various institutions; nationally and internationally. Dr.

Mikky's areas of expertise include: nursing education, adult health nursing, cardiovascular nursing, and long-term care. The area of research interest is focused on the construct of "Empowerment in Nursing". Dr. Mikky developed the "Client Empowerment Scale – CES" to assess empowerment among clients with chronic health conditions. Dr. Mikky's studies have been cited in four professional journals (CES\_2007, NJM\_2011, BMC\_2013, BMC\_2017, BJSW\_2021). Dr. Mikky's scholarly activities includes: conference presentations, research studies published in nursing journals, and three chapters in a handbook on transcultural nursing. Dr. Mikky reviews manuscripts for four nursing Journals (Journal of Nursing Measurement, International Journal of Nursing Studies, Geriatric Nursing, International Journals of Health Planning and Management). Over the last 3 years, Dr. Mikky participated in several national and international professional conferences as a keynote speaker: 4th Edition of the Singapore Nursing Research Conference (March 21-23, 2024), Bethlehem University International Nursing Conference (May 27, 2024), 8th Nursing World Conference-Baltimore MD (Oct 17-19, 2024), 5th Edition of the Singapore Nursing Research Conference (March 24-26, 2025), and 9th Edition of Nursing World Conference- Orlando FL (Oct 27-29, 2025).

## The role of psychosocial support in preventing postpartum depression

**Aims and Objectives:** To evaluate the effectiveness of psychosocial support in preventing Postpartum Depression (PPD).

**Background:** The review of literature identified the significance of psychosocial support in mitigating the prevalence of PPD. Historically, researchers had proposed specific interventions designed to promote social support provided to mothers following childbirth. These interventions were proven to have an effective role in preventing PPD.

**Design:** This study utilized a descriptive mixed methodology to explore the relationship between psychosocial support and Postpartum Depression (PPD) among pregnant women in the United States.

**Methods:** The study proposal was approved by the IRB committee at Montclair State University (MSU). The study sample consisted of thirty-five (35) mothers who responded to questionnaires assessing depressive symptoms at the moment and the psychosocial support they received during the perinatal period. The PPD was measured using the Beck Depression Inventory (BDI); which is a widely used 21-item self-report questionnaire. The Multidimensional Scale of Perceived Social Support (MSPSS) was used to collect data pertinent to participants perceived social support. The quantitative data was analyzed using the most updated version of the SPSS program. The participants' answers to the open-ended questions yielded qualitative data; which was analyzed following Colaizzi's thematic analysis methodology.

**Results:** This study successfully enrolled 35 participants, of whom 32 met the established inclusion criteria. The mean score on the Beck Depression Inventory (BDI) was 36.59 (SD=8.45, N=32). The Multidimensional Scale of Perceived Social Support (MSPSS) yielded a mean score of 65.48 (SD=13.81, N=31). A Pearson correlation analysis identified a significant negative correlation between BDI scores and MSPSS ( $r=-0.638$ ,  $p<.001$ ), indicating that higher levels of perceived social support are associated with a reduction in depressive symptoms. Through thematic analysis of participant responses, one overarching theme emerged: Support. This central theme was supported by four key sub-themes regarding the participants' postpartum experiences: (1) family and peer support, (2) interprofessional support, (3) barriers to support, and (4) dire need for support which highlighted key aspects of the postpartum experience and care priorities.

**Conclusion:** The findings of this study highlight the essential role of psychosocial support in addressing depression and anxiety during the postpartum period. Mothers with access to psychosocial resources reported significantly better emotional outcomes compared to those who faced postpartum challenges in isolation.

**Keywords:** Postpartum Depression, Social Support, Psychosocial Support, Perinatal.



**Joyce Anne Finch**

Middle Tennessee State University, United States

## **Improving clinical simulation experience of nursing students who participate in simulation as part of their clinical experience by administering a debriefing survey**

Simulation provides an educational opportunity for students to learn about the clinical environment, how to manage care, and make critical decisions that impact patient care. Simulation is a controlled environment where the situation can change based on those decisions and actions by the students. Learning can occur in every situation but may not have a positive outcome. This presentation discusses if students can identify if their experience helps them to care for the simulated patient and if they met the learning outcomes. Debriefing is one method that is used to help the students identify what they learned, what they did well, and ways to improve. Simulation-based learning is provided generally to adult students. Life experiences in adults add to the complexity of simulation. Certain responses can be predicted because of life experience and patterns of behaviors in adults as they mature. Students are less likely to learn if they are passive in their learning. Simulation places adult nursing students in the role of active learning. The reporting of simulation experience through debriefing can help guide clinical instructors that simulation can be more practical for learning than traditional clinical. Simulation can create the desired conditions that move beyond the opportunities provided in clinical. Debriefing is an essential methodology that encourages students to "know what", "know how", and "know why." Debriefing is a process in clinical related simulation that has the students reflect on their experience in simulation. Reflection provides the students a time to assess their ability to care for the "mock patient", identify what went well, what needs improved, what the student learned, and then gives the opportunity to discuss anything else in relation to the experience. A well-designed theory-based reflection debriefing contributes to improving the clinical simulation and improvement in clinical judgement of the students. If debriefing is poorly conducted, then the clinical judgement of the student will be poor. Results

presented are trends identified using a debriefing survey to guide the discussion regarding their experience through reflection. Changes made to simulation were based on comments made by students, research, and utilizing INACSL standards and AACN essentials.

## **Biography**

Dr. Joyce Anne Finch has been a faculty member at Middle Tennessee State University since 2014, transitioning from clinical track to tenure track in 2022. Finch earned an ADN and BA in Sociology from Miami University, an MSN and MEd from Xavier University, and completed a PhD at MTSU in 2022. A Registered Nurse for 28 years, Dr. Finch is passionate about simulation-based education, creating innovative experiences that strengthen communication, clinical judgment, and patient safety. Finch's research focuses on nursing work environments, simulation effectiveness, and community health. Finch is deeply committed to service, holding multiple university, professional, and community leadership roles.



**Melissa Goad,  
Tonya Freeman**

Novant Health, NC, United States

**Biography:** Doctor of Nursing Practice–prepared nurse with over 20 years of experience in psychiatric and mental health services. Dr. Goad serves as a Clinical Practice Specialist, advancing evidence-based care and developing policies for behavioral health areas at a healthcare facility in North Carolina.



Goad is passionate about reducing workplace violence, minimizing restrictive interventions, and championing trauma-informed care to improve outcomes for patients and staff.

## Predict, prevent, protect: Implementing DASA-YV to reduce aggression in child and adolescent inpatient psychiatry

Workplace violence and patient aggression in child and adolescent inpatient behavioral health settings continue to rise, placing both patients and staff at risk and contributing to burnout, injury, and inconsistent care. This content is relevant to bedside nurses, who are often the first to recognize subtle changes in behavior but may lack standardized tools to guide early intervention. The implementation of the Dynamic Appraisal of Situational Aggression–Youth Version (DASA-YV) addresses this gap by providing a brief, evidence-informed, structured approach to assessing short-term risk for aggression and supporting proactive, individualized care planning. Research supports the use of structured risk assessment tools like DASA-YV to improve prediction of imminent aggression and enhance team communication, ultimately reducing incidents of violence and the use of restrictive interventions such as seclusion and restraint.

In practice, integrating DASA-YV into daily nursing workflows, combined with staff education on trauma-informed care and de-escalation techniques, has been associated with increased staff confidence, improved identification of early warning signs, and more timely, preventive interventions. Embedding the tool into the electronic health record further strengthens interdisciplinary communication and consistency in care. Nursing implications include enhanced clinical decision-making, improved safety for both patients and staff, and alignment with regulatory and ethical priorities to minimize harm and reduce coercive practices. This approach reinforces the critical role of nurses as leaders in creating therapeutic, trauma-informed environments while advancing evidence-based practice in behavioral health settings.



**Melissa Goad,  
Tonya Freeman**

Novant Health, NC, United States

**Biography:** Doctor of Nursing Practice—prepared nurse with over 20 years of experience in psychiatric and mental health services. Dr. Goad serves as a Clinical Practice Specialist, advancing evidence-based care and developing policies for behavioral health areas at a healthcare facility in North Carolina.



Goad is passionate about reducing workplace violence, minimizing restrictive interventions, and championing trauma-informed care to improve outcomes for patients and staff.

## Healing beyond symptoms: Transforming inpatient psychiatry through trauma-informed care

Trauma-Informed Care (TIC) is an approach that recognizes the widespread impact of trauma and integrates this understanding into all aspects of care. It emphasizes creating a safe, supportive environment that avoids re-traumatization while promoting healing and recovery. TIC is grounded in key principles including safety, trustworthiness and transparency, peer support, collaboration, empowerment, and cultural sensitivity. Trauma-Informed Care (TIC) has emerged as a critical framework for improving outcomes in inpatient psychiatric settings, where a high prevalence of trauma histories significantly influences patient presentation, engagement, and recovery. This project outlines the importance of staff training in trauma awareness, de-escalation, and therapeutic communication. The project integrates staff training, environmental modifications, and policy changes designed to reduce re-traumatization and promote patient-centered care. Key components include routine trauma screening, de-escalation techniques, interdisciplinary communication, and the incorporation of patient voice in treatment planning. Preliminary findings suggest that adopting TIC practices is associated with reductions in the use of seclusion and restraint, improved patient-staff relationships, and enhanced patient satisfaction. Challenges to implementation, such as staff resistance, resource limitations, and the need for ongoing education, are also discussed. This work underscores the importance of organizational commitment and continuous evaluation in sustaining trauma-informed approaches and highlights their potential to transform inpatient psychiatric care into a more compassionate and effective system. In practice, TIC involves routine trauma screening, using respectful and nonjudgmental communication, and prioritizing patient choice and autonomy whenever possible. It includes the use of de-escalation strategies over coercive interventions, minimizing the use of seclusion and

restraint, and adapting the physical and social environment to feel more secure and calming. Staff are trained to recognize trauma responses, respond with empathy, and build therapeutic relationships that support resilience and recovery.



## Nora Billodeaux\*, Rachael Bunch, Rachael Davila, Christina Tillotson, Candice Williams, Cynthia Benford, Brenda Lopez

Methodist Health System, Texas, United States

**Biography:** Nora Billodeaux, DNP, MSN, RN, NPD-BC is a nurse leader, educator, and author with over a decade of experience in clinical practice, nursing education, and professional development. Billodeaux serves as an Education Specialist II with Methodist Health System, leading system-wide nursing education and orientation initiatives. A former Nurse Manager and Adjunct Clinical Instructor, Billodeaux is passionate about mentoring nurses and advancing evidence-based practice. Dr. Billodeaux is a 2022 D Magazine Excellence in Nursing Award recipient and has presented at

multiple nursing conferences, contributing scholarly work focused on nursing leadership and professional development.

## One path, many campuses: Consistent nursing excellence

A quality improvement initiative standardized Nursing Clinical Orientation (NCO) across a multi-campus health system using ADDIE and PDSA methodologies. Seven campus-specific programs were merged into a single, unified model that improved efficiency, engagement, and collaboration between Nursing Education and interdepartmental partners. The redesign reallocated 8.0 FTEs to clinical education, reduced cognitive overload, and enhanced learner satisfaction. New-hire engagement rose by 17% within one quarter, confirming that standardized, evidence-based onboarding promotes retention and consistent nursing excellence.



## Renee Bauer

Indiana State University, United States

**Biography:** Dr. Renee Bauer studied nursing at Indiana State University, Terre Haute and graduated with a PhD in 2015. Bauer has spent 25 years working in psychiatry and teaching research and psychiatric nursing. Bauer has over 30 publications and 40 presentations. Presently, Bauer is attending the University of Southern Indiana to obtain a psychiatric practitioner license.

## PTSD and tools for nursing resilience

Nursing is not an occupation for the faint of heart. Now more than ever, we need skills to combat PTSD and build resilience in both our patients and ourselves. It is time to empower individuals with simple skills that will set them up for success. This presentation will define what PTSD is and encourage what can be done regarding resilience and what it takes to “bounce back”. Included will be data collected during the time of the COVID 19 pandemic.



## Robin Adams Geiger

CEO and Executive Nurse Consultant, Ovita Health,  
United States

**Biography:** Dr. Robin Adams Geiger is an award winning, board-certified nurse executive with over 24 years of nursing experience, leading national teams and creating programs in federal, corporate, and academic settings. Geiger is the Chief Operating Officer and Executive Consultant for Ovita Health, a telehealth concierge practice in North Florida, and the Interim Dean for Newberry College department of Nursing and Health Sciences. Geiger obtained a doctorate in nursing practice (DNP) from Touro University, a Master of Science in Nursing (MSN) from the University of South Alabama,

and a Bachelor of Science in Nursing (BSN) from the University of Central Florida. Geiger is board-certified as a Nurse Executive- Advanced (NEA-BC) and Family Nurse Practitioner (FNP-BC) and is the host and founder of the Clinician Voice podcast series. Dr. Geiger is often sought as a keynote speaker and lecturer on leadership, mentorship, and advocacy. In previous roles, Dr. Geiger has served as Chief Nurse Officer for national workforce companies, Vice President of Clinical Services/ Chief Privacy Officer for Muscular Dystrophy Assoc., and Head Nurse for Veterans Affairs Community Care. Geiger has published and presented on multiple healthcare topics. Geiger is passionate about clinician advocacy, health equity, and mentorship.

## Leading through the unknown: Keeping nursing teams motivated during times of uncertainty and change

Healthcare organizations continue to face unprecedented levels of change driven by workforce shortages, financial pressures, evolving care delivery models, regulatory requirements, and rapid technological advancement. During periods of uncertainty, nurse leaders are challenged not only to maintain operational performance but also to preserve engagement, resilience, and trust among their teams. Without intentional leadership strategies, uncertainty can contribute to increased burnout, turnover, disengagement, and declines in patient care outcomes.

This presentation explores practical, evidence-informed approaches nurse leaders can use to sustain motivation and foster a culture of stability during times of organizational change. Participants will examine the impact of uncertainty on frontline nurses, identify common barriers to engagement, and learn leadership techniques that promote psychological safety, transparent communication, recognition, shared decision-making, and professional growth. Real-world examples from healthcare organizations navigating workforce challenges and transformational change will be shared to illustrate successful strategies for maintaining team morale and strengthening organizational commitment.

Attendees will leave with actionable tools to support resilience, enhance communication, and create an environment where nurses feel valued, heard, and empowered despite ongoing change. By investing in trust, connection, and purpose, nurse leaders can transform uncertainty into an opportunity for growth, innovation, and sustained workforce engagement.

**Target Audience:** Nurse leaders, chief nursing officers, directors, managers, educators, clinical supervisors, and emerging nurse leaders.

**Keywords:** Nurse Leadership, Workforce Engagement, Change Management, Staff Retention, Resilience, Psychological Safety, Team Motivation, Nursing Workforce, Leadership Development, Organizational Culture.

10<sup>TH</sup> EDITION OF

# NURSING WORLD CONFERENCE

HYBRID EVENT  
**22-24**  
OCTOBER 2026

## ORAL PRESENTATIONS





Anni Chang<sup>1\*</sup>, Xinxin Zhou<sup>1</sup>,  
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of China

## Digital health engagement in stroke patients: A concept analysis

**Aims:** To clarify and define the concept of digital health engagement among stroke patients. Design: Rodgers' evolutionary method was employed to identify the attributes, antecedents, and consequences.

**Data Sources:** Literature from inception to April 2026 was systematically searched in PubMed, Web of Science, Embase, Cochrane, CINAHL, Medline, PsycINFO.

**Results:** A total of 26 studies were included. Digital health engagement among stroke patients comprised four defining attributes: cognitive preparation, proactive behaviour, technology integration, and dynamic maintenance. Antecedent factors encompassed demographic characteristics, psychological status, personal capabilities, and external support systems. Consequential outcomes included promotion of physical functional rehabilitation, improvement of mental health, enhancement of self-management capacity, and optimisation of healthcare resource utilisation.

**Conclusion:** Clarifying the conceptual connotations and structural framework of digital health engagement in stroke patients enables future research to develop specific assessment instruments and construct multi-level, contextualised intervention strategies, thereby enhancing digital health engagement and promoting functional recovery and long-term health management.

**Impact:** This study provides a conceptual framework for understanding digital health engagement in stroke populations. The framework may guide the development of assessment instruments and support the design of targeted, multi-level, and contextualised intervention strategies to improve digital health engagement and promote long-term rehabilitation and health management.

## **Biography**

Chang Anni, a graduate student from the School of Nursing and Health Sciences of Zhengzhou University, majoring in clinical specialized nursing. Chang's research focus is on stroke, with the main aim of improving the prognosis of stroke patients and promoting their recovery.



## Ashley Ariail

Children's Health- Children's Medical Center Plano,  
United States

### Pediatric eating disorders and suicide: A public health perspective for prevention and early intervention

Suicide is the second leading cause of death among individuals 10-24 years of age. As such, suicide prevention is a public health priority. Individuals with a history of or current eating disorder are at significantly higher risk of suicidal thoughts and behaviors (STB)s. Despite low prevalence rates for eating disorder diagnosis, the risk of suicide remains high in this specific population. Research shows increased adjusted odds ratios of as high as 12.09 for the diagnosis of anorexia nervosa-binge-purge subtype, and elevated rates for all types: anorexia nervosa-restricting type (3.16), bulimia nervosa (6.33), binge eating disorder (4.83). Using the Interpersonal Theory of Suicide, this presentation will examine how eating disorders contribute to the risk factors of thwarted belongingness, perceived burdensomeness, and acquired capability for suicide. Additionally, using a Life Course Perspective of Health Model, risk will be examined at multiple levels of influence (biological, psychological, individual, family, community, and policy) across the life course (pre-natal through adolescence). This public health model shows how multiple factors may compound over time to impact mental health outcomes and will address the critical health equity aspects of both eating disorder and suicide prevention. Finally, despite the goal of primary prevention, this presentation will address early intervention through evidence-based treatment recommendations for both eating disorders and suicidality. A two-factor approach will be taken, first through the use of screener tools like the Ask Suicide Screening-Questions and Columbia Suicide Severity Rating Scale, and secondly through best practice therapeutic interventions like Safe Alternative for Teens and Youth-Acute (SAFETY-A) and Attachment-Based Family Therapy (ABFT).

Instead of using my full allotment for words, I am attaching my Life Course Perspective diagram, as I believe this is the most important part of the presentation.

## Biography

Ashley Ariail is a Licensed Professional Counselor- Supervisor and Certified Eating Disorder Specialist at Children's Health. Ariail has over 15 years of experience working with children and families at all levels of care. Areas of interest are public mental health, pediatric eating disorders, and pediatric suicide prevention. Ariail recently completed a Master of Public Health at Johns Hopkins, where Ariail was awarded a Bloomberg Fellowship. Ariail is currently working on a Doctor of Public Health in Health Promotion and Health Education at UT Health Houston.



**Ashley Tenison\*, Laura Spitaleri\***

Mayo Clinic Arizona, United States

## Innovative strategies to elevate quality: The impact of a Med-Surg quality RN

**Background:** Quality Registered Nurses (RNs) are frequently embedded in high-acuity areas such as the Intensive Care Unit (ICU) and Emergency Department (ED), where continuous oversight and rapid-cycle interventions can immediately influence patient outcomes. In contrast, the medical surgical environment—often the largest and most operationally complex unit type within hospitals—has historically lacked a dedicated quality-focused nursing role. Despite caring for a broad and vulnerable patient population, medical surgical units have not consistently benefited from the same level of structured quality oversight. This gap is significant, as medical surgical units directly influence key nursing-sensitive indicators, patient safety outcomes, and staff engagement. Strengthening quality infrastructure in this setting presents a meaningful opportunity to improve both clinical outcomes and the professional practice environment.

**Problem Statement:** Within one academic hospital system, leadership identified declining performance in National Database of Nursing Quality Indicators (NDNQI) metrics and other internal quality measures on a high-volume inpatient medical surgical unit. Trends included increased patient falls, a rise in Hospital-Acquired Pressure Injuries (HAPIs), and poor compliance with bathing and Chlorhexidine Gluconate (CHG) treatment protocols. Although data were readily available, there was a persistent gap between reviewing performance metrics and translating findings into actionable, frontline practice change. Leaders recognized the need for a focused strategy to bridge this divide.

**Project Overview:** To address this need, a pilot medical surgical quality RN role was developed. Distinct from traditional unit leadership positions, this RN focused exclusively on quality outcomes, staff education, real-time auditing, and implementation of best practices.

The quality RN partnered closely with bedside nurses, nurse managers, and quality colleagues to interpret NDNQI and internal data, identify trends, and design targeted interventions. The role emphasized collaboration and shared accountability rather than punitive oversight, reinforcing professional governance principles and frontline engagement.

**Implementation:** A dedicated quality RN was embedded within the medical surgical unit. Clear role definition and leadership support were essential to ensure the position was viewed as a resource rather than an evaluator. The RN conducted daily safety discussions, facilitated real-time root cause analyses following adverse events, and provided in-the-moment education to staff. Chart audits were completed routinely, with feedback shared across both day and night shifts to promote transparency and consistency.

The approach was intentionally proactive. For example, daily review of patients with a Braden score of 18 or below prompted immediate communication when pressure injury prevention interventions were missing. Similarly, noncompliance with bathing or CHG treatment for patients with lines, tubes, or drains was addressed in real time, allowing corrective action before increasing the risk of hospital-acquired infection. This model shifted the focus from retrospective data reporting to purposeful, preventive intervention and fostered frontline ownership of quality metrics.

**Outcomes:** The results were substantial. Bathing and hygiene compliance improved from 47.26% in Q3 2024 to 66.28% in Q3 2025. CHG treatment compliance increased from 41.74% to 74.19% during the same period. Most notably, HAIs decreased from nine cases in Q4 2024 to one case in Q3 2025—an 89% reduction. Additional data collection is ongoing to evaluate long-term sustainability and broader scalability. With nurse managers overseeing both inpatient and ambulatory settings, expansion into outpatient areas is underway to support quality across the continuum of care.

**Lessons Learned and Implications:** Embedding a quality RN in medical surgical units effectively bridges the gap between data and practice. Success depended on clear role delineation, leadership endorsement, and cultural integration. This scalable model strengthens shared decision-making, reinforces accountability, and advances nursing professional governance. Organizations seeking to improve NDNQI performance and drive sustainable clinical and financial outcomes can leverage this innovative role to embed nursing leadership closest to the point of care.

## Biography

Laura Spitaleri is the Nurse Manager of an inpatient Orthopedic, Urology, and Medical-Surgical unit at Mayo Clinic Hospital in Phoenix, Arizona. With 26 years of nursing experience, 25 at Mayo Clinic, Spitaleri is known for advancing nursing practice, innovation, mentorship, and high-quality patient care. Spitaleri's leadership roles include staff nurse, Team Lead, supplemental House Supervisor, Nurse Supervisor, and Nurse Manager.

Ashley Tenison is the Nurse Manager of the ambulatory Departments of Surgery and Gynecology at Mayo Clinic in Phoenix. With 15 years of nursing experience, Tenison has served as Team Lead, Nursing Education Specialist, and Nurse Supervisor, and is passionate about mentorship and driving meaningful change.



**Barbara De Groot**

Heartwell Services, United States

## The impacts of falls in adults aged 65 and older

The health, financial, and behavioral impacts of falls in adults aged 65 and older are well documented yet falls continue to be the leading cause of accidental death in this population. Beyond the financial and physical consequences, the psychologic impact of falls can lead to a persistent fear of falling, social withdrawal, and functional decline, all of which further increase the risk of falling over time. Falls not only decrease quality of life they also increase the risk of early mortality among older adults.

Falls and fall-related injuries comprise nearly one-third of all incident reports and occur more than one million times yearly in the United States. However, falls are not part of normal aging. According to the Centers for Disease Control and Prevention, falls in adults aged 65 and older are often preventable. Healthcare providers are critical in risk assessment by reviewing falls with older adults and offering fall prevention interventions. Using a multidimensional fall-risk assessment approach has been shown to reduce falls by 24%.

As our population advances in age, fall injury death and associated non-fatal costs are expected to rise. It is vital that we understand the current fall reduction practices in assisted living and other communities which will guide future fall risk assessment and reduction practices in the aging assisted and community-dwelling adult population.

### Biography

Dr. Barbara De Groot graduated in 1992 with an associate degree in nursing and holds a Doctor of Nursing Practice degree from the University of Missouri, Kansas City. De Groot's nursing experience spans multidisciplinary staff and patient education; acute, hospice, and home health nursing; hospital discharge planning and education; supervisor, manager, and

directorship positions; and teaching in ADN and BSN programs. De Groot is an internationally recognized speaker on falls, fall-risk assessment, and patient safety, as well as the author of a recently published article on fall-risk assessment. De Groot's current research examines the fall risk assessment practices in licensed assisted living communities in New Mexico.



**Carly Pine**

Sentara Healthcare, United States

## Importance of genetic testing in patients referred for heart transplant or durable mechanical circulatory support

**Purpose:** Genetic abnormalities are found in 5 to >20% of cases of Dilated Cardiomyopathy (DCM), depending on the population studied. Truncating variants of TTN (TTNtv) are the most common genetic cause of DCM, accounting for up to 25% of cases with familial inheritance. Lifetime risk for DCM is high but recent studies have shown that treatment of TTNtv pre-DCM may delay development of symptoms.

**Methods:** We studied 201 patients (pts) with non-ischemic DCM and end stage heart failure defined by need for heart transplantation or durable mechanical support (Tx/VAD). Presumed etiology was malignancy (1), congenital (3), anthracycline (4), myocarditis (2), peripartum (2), hypertrophic (4), valvular (1), infiltrative (2), mixed ischemic/nonischemic (2) and familial (14). The remaining pts had no etiology identified.

**Results:** Pts were 65% male; mean age 51 years; 56% were Black and 39% were White. Initial treatment was VAD in 32 pts and tx in 169 pts. Pts were studied using the Invitae/Labcorp cardiomyopathy panel (121 genes) in 167 pts, the Ambry panel (92 genes) in 33 pts and Boston University genetic testing in 1 pt. Pathogenic or potentially pathogenic variants were noted in 67/201 (33.3%) of patients. Variants of the TTN gene were seen in 33/201 (16.4%) pts. No single variant appeared in more than 1 pt. TTR variants (all Val142Ile) were seen in 9/201 pts (5.5%). Among pts with a family history of DCM, 10/14 had variants of genes associated with DCM. Among the 187 patients with no family history of DCM, 33 had TTNtv. Other pathogenic variants included ACTC1 (1), AGL (2), BAG3 (1), CPT2 (1), DMD (2), DNAJC19 (1), FKTN (1), FLNC (3), LMNA (3), LZTR1 (2), MTO1 (1), MYBPC3 (3), MYH7 (4), PCCA (1), PCCB (1), PKP2 (2), PLN (1), PRKAG2 (1), SDHA (1), SLC22A5 (1), TCAP (1), TNNT3, CAV3 (1), and TRDN (1). Only 3/33 patients with TTNtv

had family histories of DCM. Among patients with pathogenic or potentially pathogenic variants, 237 siblings and 152 children were identified. Among the 62 family members tested, 36 had shared genes.

**Conclusions:** Genetic abnormalities are common in patients with end-stage cardiomyopathy even in the absence of a family history.

Variants of the TTN gene are the most common genetic cause for nonischemic cardiomyopathy, occurring in 16.4% of patients with DCM undergoing Tx/VAD.

Genetic testing will identify high risk family members of TTNtv patients and allow early potentially life-saving treatment.

Genetic testing should be extended to all patients with dilated cardiomyopathy referred for Tx/VAD.



**Carole Graves\*, Klaudia J. Zalewska\***

Columbia University School of Nursing, New York,  
United States

## **A call to action for the integration of an underutilized resource: The evidence for Parkinson's Disease (PD) and music therapy**

**Purpose/Problem:** Parkinson's Disease (PD) is a progressive neurodegenerative disorder characterized by motor impairments including gait dysfunction, rigidity, tremor, balance deficits, and freezing of gait, as well as non-motor symptoms such as depression, anxiety, cognitive changes, and diminished quality of life. Although pharmacologic therapies remain the foundation of treatment, many patients continue to experience persistent disability despite optimized medical management. Growing evidence suggests that music therapy and Rhythmic Auditory Stimulation (RAS) are effective, evidence-based, non-pharmacologic interventions; however, they remain underutilized in routine clinical practice. This review examines the current evidence supporting music-based interventions and highlights opportunities for advanced practice nurses to integrate these therapies into comprehensive Parkinson disease management.

**Method/Process:** A focused review of the literature was conducted using PubMed, CINAHL, and Google Scholar. Systematic reviews, meta-analyses, randomized controlled trials, and recent review articles evaluating music therapy and rhythmic auditory stimulation in adults with Parkinson disease were examined. Outcomes included gait speed, stride length, cadence, balance, functional mobility, freezing of gait, mood, cognition, and quality of life. Evidence was synthesized to identify consistent findings, limitations, and implications for clinical practice.

**Recommendation/Implementation:** Current evidence consistently demonstrates that music therapy and rhythmic auditory stimulation improve gait parameters, functional mobility, motor coordination, and selected non-motor outcomes, including anxiety, depression,

and health-related quality of life. Nurse practitioners can facilitate greater utilization of these evidence-based interventions through patient education, interdisciplinary collaboration, referral to certified music therapists and rehabilitation specialists, and incorporation of music-based strategies into individualized care plans as adjuncts to standard pharmacologic treatment.

**Conclusion/Implications:** Music therapy represents a safe, accessible, patient-centered intervention capable of enhancing comprehensive Parkinson disease care. Although additional research is needed to standardize intervention protocols and evaluate long-term outcomes, the current body of evidence supports broader clinical integration. Advanced practice nurses are uniquely positioned to bridge the gap between emerging evidence and clinical practice by advocating for increased awareness, referral, and implementation of music-based therapies. Expanding the use of this underutilized resource has the potential to improve patient outcomes, enhance quality of life, and promote more holistic, interdisciplinary care for individuals living with Parkinson disease.

## Biography

Carole Graves, MM, MBA, MN, RN is a Doctor of Nursing Practice–Family Nurse Practitioner (DNP-FNP) candidate at Columbia University School of Nursing and a Registered Nurse at Union Community Health Center, a federally qualified health center in the Bronx, New York, where Graves provides multidisciplinary outpatient care across primary care, pediatrics, women's health, geriatrics, internal medicine, and urgent care. Graves earned a Master of Nursing, summa cum laude, from Emory University and also holds a Master of Music from Boston Conservatory at Berklee and a Master of Business Administration from Bryant University. Prior to entering nursing, Ms. Graves served in executive leadership roles within nonprofit healthcare and human services organizations, directing programs supporting underserved populations, individuals with developmental disabilities, and community health initiatives. Graves is the founder and former Artistic Director of Legato Music Inc., an organization dedicated to integrating live music into healthcare environments to enhance patient well-being. This interdisciplinary background inspired Graves' scholarly interest in evidence-based music interventions as adjunctive therapies for neurological disorders. Graves' current clinical and research interests include neurology, integrative and complementary therapies, health equity, interdisciplinary models of care, and translating evidence into advanced nursing practice. Graves is passionate about advancing the role of nurse practitioners in implementing innovative, patient-centered interventions that improve quality of life for individuals living with chronic neurological conditions.



## Carolyn Goodin

Cumberland University, Lebanon, TN, United States

### Harmony: Respect and compassion-transforming the nursing culture, one conversation at a time

Workplace incivility, communication breakdowns, and compassion fatigue continue to challenge nursing practice environments and contribute to nurse burnout, decreased job satisfaction, and reduced team cohesion. These factors can ultimately influence patient safety and quality outcomes. Addressing the relational and cultural dimensions of nursing practice is therefore essential for sustaining healthy work environments. *Harmony: Respect and Compassion-Transforming the Nursing Culture, One Conversation at a Time* is a platform designed to promote respectful communication, psychological safety, and compassionate engagement among nursing professionals through intentional dialogue.

The Harmony model integrates principles from emotional intelligence, restorative communication, and relationship-centered care to facilitate structured conversations that address interpersonal tensions, strengthen empathy, and foster mutual accountability within healthcare teams. The initiative emphasizes the role of everyday interactions as mechanisms for cultural transformation, positioning nurses as active contributors to shaping professional environments grounded in respect and compassion. This interactive presentation will provide attendees with actionable tools to initiate transformative conversations that promote respect, compassion, and collaboration across healthcare teams.

#### Biography

Dr. Carolyn Goodin is a nurse educator and advocate for cultivating compassionate and respectful healthcare environments. With dedication to advancing nursing practice and education, Goodin focuses on strengthening professional relationships, communication, and addressing incivility in nursing practice. Goodin's work emphasizes the critical role of empathy,

psychological safety, and intentional dialogue. Goodin is the creator of *Harmony: Respect and Compassion, Transforming the Nursing Culture, One Conversation at a Time*, which promotes respectful communication and restorative dialogue within nursing teams. Goodin seeks to empower nurses to address workplace incivility, foster collaborative relationships, and build healthier nursing environments.



## César Gilberto Zúñiga Muñoz

San José University Hospital of Popayán E.S.E., Colombia  
University of Cauca, Colombia

### Artificial intelligence in healthcare: Innovation with human and ethical sensibility

The integration of Artificial Intelligence (AI) in healthcare poses an ontological dilemma: can a technology without consciousness genuinely contribute to human care? This article reflects on the transition from techno-optimistic views of transhumanism to a human-centered clinical application. AI is analyzed not as a substitute for the professional, but as a tool to enhance diagnosis and treatment. Through a dialectical review, the premises of rationality in Descartes and Marx's materialism are contrasted with current paradoxes in robotics. The concept of collaborative justice is introduced to propose an equitable technological governance model. The text highlights that while AI optimizes processes such as telemedicine and drug discovery, the healthcare professional remains the inalienable ethical guarantor. It is concluded that technology with purpose, grounded in autonomy and justice, can strengthen the physician-patient bond in the post-pandemic era.

#### Biography

Specialist Nurse with a PhD in Public Health, Master's degree in Interdisciplinary Development Studies, Specialist in Health Quality Auditing with an emphasis on Epidemiology and Hospital Administration; with experience in managing low- and high-complexity healthcare providers, regional healthcare management at the departmental level, management of healthcare administrators and insurers, university professor, public health policy analyst, and researcher.



**Charlene Griffin**

Jefferson Einstein, United States

## Leading with courage: Empowerment in nursing leadership through difficult conversations

Leading with Courage: Empowerment in Nursing Leadership Through Difficult Conversations examines how nurse leaders can strengthen their effectiveness by engaging in difficult conversations with clarity, confidence, and purpose. The presentation highlights a shift from traditional, authority-based leadership toward authentic and transformational approaches that prioritize relationships, psychological safety, and team engagement.

Key concepts include the exploration of leadership styles and their impact on team dynamics, with an emphasis on emotional intelligence as a foundational leadership competency. Core components—awareness, self-regulation, motivation, empathy, social skills, and humility—are presented as essential for fostering trust, improving communication, and supporting both patient outcomes and staff well-being.

The presentation also differentiates between values and virtues, encouraging leaders to align their actions with deeply held principles rather than external expectations. This alignment supports authentic leadership and helps leaders navigate the tension between performance-driven metrics and what truly matters, such as patient safety and team support.

A critical focus is placed on effective communication strategies, particularly in high-stakes or uncomfortable situations. The distinction between feedback and advice is explored, emphasizing that feedback should be specific, actionable, and focused on improvement. Practical tools, including the 3–2–1 speaking framework and the 1–2–3 communication method, are introduced to help leaders remain grounded, communicate clearly, and foster collaborative dialogue.

Ultimately, the presentation reinforces that leadership is not about avoiding discomfort but about leading through it. By developing emotional intelligence, aligning with core values, and applying structured communication strategies, nurse leaders can create environments that promote growth, resilience, and excellence in patient care.



**Destiny Peterson**

Mayo Clinic Phoenix Arizona, United States

## **Implementation of a nurse-led breast reconstruction education class to improve patient preparedness and care coordination**

Breast reconstruction patients often face complex surgical decisions, extensive preoperative education needs, and high levels of anxiety during the perioperative period. Traditional surgeon-led clinic visits may limit the time available to address individualized education, expectations, and care coordination. To address these gaps, a nurse-led breast reconstruction education class was developed and implemented within an outpatient plastic surgery practice.

This initiative was designed and led by nursing staff to provide standardized, comprehensive education covering preoperative preparation, surgical timelines, postoperative expectations, recovery milestones, and common complications. The class is delivered in a virtual group format, allowing patients and caregivers to participate remotely while fostering peer support and shared learning. Nursing leadership collaborated with surgeons and advanced practice providers to ensure evidence-based content aligned with clinical practice.

Early outcomes demonstrate improved patient preparedness, enhanced understanding of surgical options and recovery expectations, and reduced pre-visit anxiety as reported through patient feedback. Additionally, the nurse-led model optimized clinic efficiency by reinforcing education prior to surgical consultations, allowing surgeon visits to focus on individualized surgical planning. The program highlights nursing leadership in care innovation, education delivery, and interdisciplinary collaboration.

This project illustrates how nurse-led educational interventions can transform outpatient surgical care, enhance patient experience, and support evolving models of team-based

practice. The findings support the expanding role of nurses as leaders in patient education, care coordination, and practice transformation within complex surgical populations.

**Keywords:** Nurse-Led Care, Breast Reconstruction, Patient Education, Nursing Leadership, Outpatient Surgery, Care Coordination.

## **Biography**

Destiny Peterson, Mayo Clinic Phoenix, United States



## Dina Khentigan

Clinical Assistant Professor at University of North Florida,  
Jacksonville, Florida, United States

### Incorporating core areas of health to reduce test anxiety

**Background:** Test anxiety is the cognitive or physical responses exhibited before, during, or after a test. Some test anxiety is normal; this even motivates students to study. However, too much can prevent studying and concentration before and during an exam. Nursing students are more prone to test anxiety due to the additional demands they face. In addition, test questions are more challenging since critical thinking is required during testing instead of just memorization. Test anxiety can have negative consequences on test scores, resulting in repeating nursing courses or even dismissal from a nursing program. This can lead to less nurses entering the work force, which can increase the nursing shortage.

**Purpose:** By educating nursing students during college orientation about test anxiety, they will be equipped with strategies to be successful in the nursing program.

**Methods:** During nursing program orientation, at the start of the first semester, educate nursing students about test anxiety and interventions to decrease. Using active teaching strategies, teach nursing students about the core areas of health such as resilience, sleep, environment, nutrition, and movement. Have students share and practice interventions during the presentation.

**Findings/Implications:** Promoting core areas of health prior to the start of the nursing curriculum has the potential to impact being successful in class, completing the nursing program, and passing the NCLEX-RN. In addition, the strategies learned will encourage students to practice healthy behaviors that are evidenced-based, rather than unhealthy behaviors such as self-medication or alcohol consumption. These strategies could in turn be shared by nursing students with patients/clients to promote optimal healthy outcomes.

## Biography

Dina Khentigan is an Assistant Clinical Professor for the School of Nursing, Brooks College of Health, University of North Florida. Khentigan's DNP research project was focused on the impact of meditation on test anxiety. In the hospital setting Dr. Khentigan has worked in labor and delivery, post-partum, infection prevention, plastic surgery, and administration. Dr. Khentigan has earned certification by the NCC in EFM. Due to a passion for health promotion, Dr. Khentigan is an Integrative Health Professional from Dr. Weil's Center for Integrative Medicine and certified by the American Council on Fitness as a Group Fitness Instructor.

**Doly Philip**

White Plains Hospital, United States

## Neonatal adaptation focusing on the challenges of newborn feeding who are prenatally exposed to antidepressants

**Magnet title:** Impact of Prenatal Antidepressants on Newborn adaptation.

**Purpose:** This study aimed to assess the potential impact of prenatal antidepressant exposure on newborn Apgar scores and early physiologic adaptation, with the goal of identifying whether in-utero medication exposure influences immediate post-delivery health indicators.

**Relevance and Significance/ Background:** SSRIs are prescribed to 4–6% of pregnant women in the U.S. to manage depression and anxiety. While generally considered low risk, third-trimester exposure may influence neonatal outcomes. Poor Neonatal Adaptation, characterized by respiratory, feeding, neurologic, and thermoregulatory instability, affects up to 30% of exposed infants. The absence of a validated screening tool limits timely identification and consistent management, highlighting the need for further research.

**Methods:** This study employed a retrospective design. Using a random sampling approach, 80 mother-infant dyads were selected based on predefined inclusion criteria. The sample included 40 mothers who received antidepressant treatment during pregnancy and 40 mothers who did not. Maternal demographic and clinical data, as well as neonatal outcomes including Apgar scores at one and five minutes post-delivery, were extracted from medical records. Statistical analyses were conducted to compare Apgar scores between exposed and unexposed groups, and to explore associations between Apgar scores and variables such as gestational age, maternal age, delivery mode, and antidepressant type.

**Evaluation and Outcomes:** Neonates prenatally exposed to antidepressants had significantly lower Apgar scores at one and five minutes compared with unexposed infants. No significant differences were observed between groups for maternal or gestational age. Apgar scores trended higher with increasing maternal age and gestational age, though not statistically significant. Cesarean delivery was associated with lower Apgar scores versus vaginal birth, but this was not significant. Among exposed infants, Apgar scores showed no significant relationship with antidepressant class, maternal age, gestational age, or delivery mode.

**Conclusion/ Implication:** Although limited by a small sample, this study provides preliminary evidence that prenatal antidepressant exposure may affect immediate neonatal outcomes, highlighting the need for larger, prospective research to clarify and confirm these findings.

**Description:** Come learn about one organization's pilot study that explores the impact of prenatal maternal antidepressant exposure on newborn adaptation, focusing on Apgar scores and early physiologic stability. Discussion will focus on relationship with variables and clinical indications for enhanced monitoring.

**Implications for Practice:** Prenatal antidepressant exposure may affect newborn adaptation. Clinicians should monitor exposed infants closely for physiological instability, apply standardized assessment protocols, and collaborate across disciplines to ensure timely interventions and support optimal neonatal outcomes.

## Biography

Doly Philip, White Plains Hospital, United States



**Donna Harmon**

Herzing University, United States

## **Beyond discussion boards: Using immersive interactive learning adventures to increase engagement in graduate nursing education**

Student engagement remains a persistent challenge in online nursing education. Traditional learning activities such as discussion boards, readings, and recorded lectures provide foundational content; however, opportunities for learners to actively apply and interact with complex course concepts may be limited. Evidence supports active learning, retrieval practice, immediate feedback, and scenario-based learning as effective strategies for promoting engagement, knowledge retention, and critical thinking.

To address this challenge, immersive interactive learning adventures were developed and implemented across graduate nursing courses in pathophysiology, pharmacology, and scholarship. Using a web-based learning platform and readily available educational technologies, students participated in dynamic experiences that transformed course content into interactive challenges. From navigating theoretical frameworks in a virtual escape room to solving pharmacology and pathophysiology problems through immersive adventures, learners applied concepts, solved problems, and made decisions to progress through each experience.

Each decision was followed by immediate feedback and explanatory rationales, allowing students to explore consequences, correct misconceptions, and reinforce learning in a low-risk environment. Storytelling, branching pathways, progressive challenges, and visual learning elements shifted learning from passive content review to active decision making while maintaining alignment with course objectives.

The innovation was intentionally designed to address common barriers associated with immersive learning, including financial constraints, technology requirements, and access to specialized simulation resources. By leveraging existing educational technologies, the activities provided an accessible alternative to resource-intensive simulation strategies without requiring specialized equipment or additional costs to students. Although development required a significant initial faculty time investment, once developed the activities could be readily updated to reflect new evidence, revised course content, or changing learning objectives supporting long-term sustainability and scalability.

Student feedback suggested increased engagement, improved understanding of complex concepts, and greater ability to apply knowledge rather than memorize content. This presentation will describe the development, implementation, and lessons learned from integrating immersive interactive learning adventures into graduate nursing education and provide practical strategies for educators seeking to enhance engagement using evidence-based teaching approaches.

## Biography

Donna Harmon, DNP, ACNP-BC, CNE, is an acute care nurse practitioner and nursing faculty member at Herzing University, where Harmon teaches in the Doctor of Nursing Practice (DNP) and Doctor of Nursing Education (DNE) programs. Harmon's interests include graduate nursing education, evidence-based teaching strategies, and the use of innovative approaches to promote student engagement and knowledge application. Dr. Harmon's work focuses on developing interactive learning experiences that support critical thinking, clinical reasoning, and meaningful learning in online nursing education.



**Edward Burns\*, Eugene Brown**

Western University of Health Sciences, United States

## Implementation of a competency-based education in applied pathophysiology using LMS-based mastery pathways

**Background:** The AACN Essentials (2021) emphasize Competency-Based Education (CBE), requiring intentional curricular structures that prioritize mastery over time-based progression. Nursing programs must design learning experiences that promote competency attainment, clinical judgment, and learner accountability. Learning Management System (LMS) tools offer underutilized opportunities to operationalize CBE in meaningful and scalable ways.

**Purpose:** To describe the design and implementation of a competency-based applied pathophysiology course using LMS-Based Mastery Pathways and case-based learning aligned with the AACN Essentials.

**Methods/Approach:** Course competencies were derived from AACN Essentials domains and mapped to structured case-based learning activities designed using principles of backward design. Mastery criteria were clearly defined, emphasizing demonstration of competency rather than point accumulation. LMS Mastery Pathways were used to create differentiated learning experiences based on student performance. Students who demonstrated mastery progressed to advanced application activities, while those needing additional support were guided to targeted remediation embedded within the pathway structure.

The pathway model integrates both intrinsic and extrinsic motivational elements. Students earn points for completing pathway activities (extrinsic motivation), while simultaneously engaging in self-directed selection of next steps in their learning progression (intrinsic motivation). This structure promotes learner autonomy, ownership, and accountability while

ensuring alignment with faculty-defined competency expectations. Rather than separating remediation from core course activities, remediation is embedded within the learning pathway, normalizing developmental progression toward mastery.

**Results/Outcomes:** This poster presents the case-based learning activities, mastery pathway architecture, grading schema, and implementation considerations. Early observations suggest increased student engagement, clearer expectations for competency attainment, and improved alignment between assessment and learning outcomes. Formal outcome evaluation is ongoing.

**Implications:** LMS-enabled mastery pathways provide a practical, scalable strategy for operationalizing competency-based education in applied pathophysiology. By shifting focus from grade remediation to competency development, this approach may reduce the need for traditional course remediation while supporting clinical judgment formation in prelicensure nursing students. This model offers a replicable framework for programs seeking to align curricular design with the AACN Essentials while fostering both learner motivation and faculty accountability for competency attainment.

## Biography

Edward Burns is an Assistant Professor and Student Success Coach in the College of Graduate Nursing at Western University of Health Sciences and serves as Director of the Benner Institute for Teaching & Learning at HealthImpact. Burns earned a BSN from the University of Akron (2008), an MSN from Grand Canyon University (2014), and a post-master's certificate as an Adult Gerontology Clinical Nurse Specialist from CSU Dominguez Hills. Burns is nationally certified as NPD-BC and PPCN and is a Caritas Coach. Burns serves on the National Forum of State Nursing Workforce Centers board and co-chairs California's APRN coalition.



## Ellen Yeo

Clinical Nurse Consultant, Renal Medicine & Kidney  
Transplant Research, Royal Prince Alfred Hospital, Sydney  
Local Health District, Australia  
Independent Creative Lead, Weathering Blue, Australia

### The power of our voice: Strengthening clinical research nurse identity through story, leadership and innovation – A Sydney perspective

Across many health systems, clinical nursing roles are experiencing increasing pressure from workforce shortages, expanding responsibilities and growing concerns about the erosion of professional identity. Clinical Research Nurses are particularly vulnerable in this landscape. Their contribution to research and patient care is substantial, yet their roles can be poorly understood, inconsistently supported and at times overshadowed by operational demands within clinical trials.

In this context, the importance of nursing advocacy for our roles, our scope, our identity and our wellbeing has never been clearer. While the circumstances differ across countries, the shared lesson is unmistakable. Strong nursing identity requires deliberate cultivation, leadership and a unified voice.

This presentation introduces an innovative approach that places nurse advocacy at its centre through two complementary innovations: the ACE Pathway, Advancing Career and Education Pathway for Clinical Research Nurses and Midwives, and Weathering Blue, a narrative game that is currently in development about burnout and renewal in nursing.

The ACE Pathway establishes a structured and transparent framework for capability, orientation and progression. It addresses longstanding gaps in role clarity and professional development, supporting nurses to articulate their contributions and advocate for the value they bring to research. Early implementation has strengthened confidence, consistency and cross site connection among Clinical Research Nurses in Sydney Local Health District.

Weathering Blue, while not an educational tool, deepens this advocacy through storytelling. By exploring burnout, boundaries and the inner landscape of nursing through art and sound, it gives voice to experiences that are often left unspoken. It invites audiences to recognise the emotional labour of nursing and promotes cultures where wellbeing and identity are protected rather than assumed.

Together, these innovations demonstrate how community led leadership, narrative and structured support can reinforce nursing identity at a time when the profession is seeking stronger visibility and cohesion. This presentation discusses that advocacy grounded in clarity, community and creativity is essential for sustaining nursing roles and ensuring that the unique contribution of Clinical Research Nurses remains recognised and protected within modern research environments.

## Biography

Ellen Yeo is a Clinical Nurse Consultant in Renal Medicine and Kidney Transplant Research at Royal Prince Alfred Hospital (RPA), part of Sydney Local Health District (SLHD), in Sydney, Australia. Yeo leads the development of the ACE Pathway Orientation Programme for Clinical Research Nurses and Midwives to address workforce gaps in clinical trials nursing. Yeo's leadership in this initiative was formally recognized when Yeo was awarded the Emerging Leadership Award at the 2025 Sydney Excellence Awards. Yeo also received the Excellence in Clinical Trial Support Award in 2024 at the Sydney Innovation and Research Symposium. Yeo is also the Creative Lead for Weathering Blue (supported by Screen NSW), a narrative game exploring nurse burnout and renewal. Yeo's work spans education, mentorship, and system-level reforms to strengthen research nursing across the district and beyond.



## Hedy Gerber<sup>1\*</sup>, Leah Buchko<sup>2</sup>, Jennifer Van Winkle<sup>3</sup>

<sup>1</sup>School of Nursing, Colorado State University Pueblo, Pueblo, CO, United States

<sup>2</sup>Independent Scholar, United States

<sup>3</sup>School of Nursing, Franklin University, Columbus, OH, United States

### Findings from a quality improvement project: Implementation of the patient health questionnaire 9 modified for teens

**Background:** Adolescent depression is a prevalent and significant public health concern, strongly linked to increased suicidality, poor health outcomes, impaired psychosocial functioning, and substantial societal costs. Although measurement-based care using validated screening instruments is recommended by clinical practice guidelines, the routine use of standardized depression screening tools remains limited in mental health settings.

**Objective:** The purpose of this quality improvement project was to assess the impact of implementing the Patient Health Questionnaire-9 Modified for Teens (PHQ-9M) in depression screening rates among adolescents aged 11–17 years at an outpatient mental health clinic in Southern Colorado.

**Methods:** A quantitative, quasi-experimental pre- and post-intervention design was used to evaluate changes in depression screening rates following an 8-week implementation period. The intervention included integrating the PHQ-9M into the clinic's electronic health records and providing clinician training. Pre- and post-intervention screening rates of three participating clinicians were compared using a chi-square test of independence.

**Results:** Prior to implementation, no adolescent patients received standardized depression screening (0%). Following implementation, the screening rates increased to 15.8% (22 of 139 de-identified patient chart data). The increase was statistically significant ( $\chi^2(1)=17.265, p<.001$ ), indicating a strong association between PHQ-9M implementation and improved screening practices.

**Conclusion:** Integrating the PHQ-9M into routine clinical workflows significantly increased adolescent depression screening rates in a mental health clinic setting. These findings support the feasibility and effectiveness of implementing validated measurement-based care tools to enhance early identification of depression. Addressing implementation barriers, such as electronic health records usability and clinician engagement, may further improve adoption and sustainability. Routine use of standardized screening tools can improve early detection, timely intervention, and mental health outcomes for adolescents.

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## Biography

Hedy Gerber, DNP, APRN, PMHNP-BC, CNE, is an Assistant Professor of Nursing at Colorado State University Pueblo, teaching graduate nursing courses in both the Psychiatric Mental Health Nurse Practitioner (PMHNP) and Doctor of Nursing Practice (DNP) programs. Through innovative teaching methods, simulation-based learning, and evidence-based practice, Gerber fosters clinical competence and critical thinking. Gerber frequently chairs DNP capstone projects, guiding students in quality improvement and research initiatives. With over a decade of clinical practice as a PMHNP and nine years in nursing education, Gerber brings extensive expertise in evidence-based practice, quality improvement, and mental health nursing education.



Hexin Zhang<sup>1\*</sup>, Changqing Sun<sup>1,2</sup>, Panpan Wang<sup>1</sup>, Ying Qin<sup>1</sup>, Mingyang Zhao<sup>2</sup>, Qiang Zhang<sup>1</sup>, Ying Qin<sup>1</sup>, Yulong Li<sup>1</sup>, Yang Yang<sup>1</sup>, Yuxin Chen<sup>1</sup>

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<sup>2</sup>College of Public Health, Zhengzhou University, Zhengzhou, Henan, People's Republic of China

## Factors associated with physical inactivity among adults with metabolic syndrome based on the COM-B model: A cross-sectional study

**Background:** Regular physical activity can improve metabolic health in adults with metabolic syndrome (MetS). However, insufficient physical activity is highly prevalent among this population. There is limited evidence analysing influencing factors of physical inactivity and their action pathways for exercise behaviour change within frameworks.

**Objective:** This study aimed to describe the current status of physical activity and sedentary time among adults with MetS; to identify correlates of physical activity based on the COM-B model; and to examine the direct and indirect effects of capability, opportunity and motivation on physical activity.

**Methods:** A cross-sectional method was adopted. A total of 266 participants aged 18–59 years diagnosed with MetS were recruited from the physical examination centre of a community hospital in China between April and June 2026. Data were collected by general information questionnaire, Short-Form International Physical Activity Questionnaire (IPAQ-SF), physical functioning subscale of SF-36, Exercise Social Support Scale, Physical Activity Neighborhood Environment Scale (PANES-CHN), Self-Report Habit Index (SRHI), and Exercise Identity Scale (EIS). Hierarchical multiple linear regression was performed to screen relevant factors, and structural equation modelling combined with the Bootstrap procedure was applied to test mediating effects.

**Results:** Participants exhibited insufficient physical activity and long sedentary duration. Hierarchical regression revealed that high income status ( $\beta=0.391$ ,  $P<0.001$ ), bachelor's degree educational attainment ( $\beta=0.185$ ,  $P=0.023$ ), postgraduate degree or above ( $\beta=0.104$ ,  $P=0.048$ ),

and occupation as production, construction and transportation workers ( $\beta=0.180$ ,  $P=0.011$ ) were positively correlated with physical activity. The COM-B theoretical framework model explained 33.8% of the variance in physical activity. Physical capability significantly and positively predicted motivational process ( $\beta=0.345$ ,  $P<0.001$ ) and exerted a significant positive direct effect on physical activity ( $\beta=0.120$ ,  $P=0.039$ ). Environmental opportunity positively predicted motivational process ( $\beta=0.299$ ,  $P<0.001$ ) and physical activity ( $\beta=0.138$ ,  $P=0.039$ ). Motivational process had a positive effect on physical activity ( $\beta=0.451$ ,  $P<0.001$ ). A significant positive correlation was observed between environmental opportunity and physical capability ( $\beta=0.242$ ,  $P<0.001$ ).

**Conclusion:** Insufficient physical activity is prominent among young and middle-aged adults with MetS. Although they possess basic physical capability, obvious deficiencies exist in motivational domains such as exercise habits and exercise identity. The COM-B model is suitable for interpreting physical-activity behaviours in this population, and spontaneous motivation plays a pivotal role.

## Biography

Hexin Zhang is a postgraduate student at the School of Nursing and Health, Zhengzhou University. Zhang's research focuses on chronic disease prevention, health behavior change, and exercise health management among young and middle aged adults. Zhang has published several peer reviewed papers and is devoted to exercise related health management for young and middle aged patients with metabolic syndrome.



## Howieda A. Fouly<sup>1\*</sup>, Patricia M Davidson<sup>2</sup>

<sup>1</sup>Professor of Maternity, Obstetrics, Gynecology & Midwifery Nursing, and Assistant Professor of Health Sciences - Nursing, at Higher Colleges of Technology, RAKWC, UAE

<sup>2</sup>Professor of Cardiovascular and Chronic Care, Vice-Chancellor and President of the University of Wollongong, Australia, and former Dean of the Johns Hopkins School of Nursing, United States of America

### Simulation-based learning in the “Nursing of the Childbearing Family” course: A prospective study at Johns Hopkins University School of Nursing

**Introduction:** The clinical environment, which includes “simulation labs, educators, teaching hospital, and clinical staff,” serves as an active pedagogical strategy that helps students translate their knowledge into technical skills and foster critical thinking. However, this strategy needs periodic evaluation from students’ perspectives to be updated with technological advancements.

**Objective:** This study aims to evaluate the clinical learning environment of the “nursing the childbearing family” course from the students’ perspectives.

**Materials and Methods:** A study with an observational prospective design was conducted at the simulation labs of the childbearing family course, School of Nursing, Johns Hopkins University, Baltimore, Maryland, USA. A convenient sample of 62 students (84.93% participation rate) willingly took part in this investigation. A structured questionnaire comprising 54 questions (50 multiple-choice and 4 open-ended questions) was used to assess students’ perspectives and clinical learning environment. Descriptive statistics (frequency, percentage, mean  $\pm$  SD) and inferential statistics (Pearson’s test and paired t-test) were used to describe and compare students’ performance before and after receiving the simulation training labs.

**Results:** A total of 62 BSc nursing students (with a 100% response rate) enrolled in the Childbearing and Family Nursing course during the academic year took part in this study. The participants’ mean age was  $20.75 \pm 0.97$  years. Most of the study standards indicators of comparing students’ perspectives before and after clinical training reflected a statistically significant difference ( $P < 0.05$ ). Notably, a significant relationship was observed between the students’ perspectives regarding the clinical site and clinical instructors ( $r = -0.641$ ,  $P = 0.001$ ).

**Conclusion:** Most students held positive perspectives toward the four standards of students' clinical site, students' view of their clinical instructor, effective working relationships between the university and the clinical site, and students' perspectives of the simulation labs before and after the clinical training were significantly positive. However, some views underscored the need for more coverage on some topics, such as obstetric emergencies, breech position, and amniotic fluid embolism. Therefore, the current study confirmed that assessing the clinical environment instilled more confidence in participants to go beyond the course procedures and seek more complex scenarios.

## Biography

Professor Howieda Fouly is a tenured professor specializing in Maternity, Obstetrics and Gynecology Nursing at Assiut University, Egypt, with 25 years of academic experience. Fouly currently serves as an Assistant Professor of Midwifery and Nursing at the Higher Colleges of Technology (HCT), UAE. Previously, Fouly held an Assistant Professor position at King Saud bin Abdulaziz University for Health Sciences in Saudi Arabia with extensive expertise in teaching both theoretical and clinical aspects of Maternity Nursing & Midwifery at undergraduate and postgraduate levels. Dr. Fouly pursued postdoctoral studies at Johns Hopkins School of Nursing in 2017 and earned a Ph.D. from the University of Pennsylvania School of Nursing between 2009 and 2011. Fouly is also an active member of Sigma Theta Tau International Honor Society of Nursing (Chapter 13) and the International Network for Doctoral Education in Nursing (INDEN) and Emirates Nurses Association, and Egyptian Nurses Association. Dr. Fouly has contributed significantly to the field through 55 peer-reviewed publications covering topics in midwifery, women's health, gynecology, oncology, and nursing education. and several books and chapters including with Cambridge University Press Professor Fouly continues to be a global contributor to evidence-based women's health and nursing research.



## Huazheng Li<sup>1\*</sup>, Kai Liu<sup>2</sup>

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### Effectiveness of an ADOPT-based nursing programme for reducing caregiver burnout in stroke care

**Objective:** To develop an ADOPT-based nursing programme for stroke caregivers and evaluate its effectiveness in reducing caregiver burnout.

**Methods:** Evidence on caregiver-burnout interventions in stroke care was synthesized and used to draft the programme, which was refined through two rounds of expert consultation and a pilot study. Using convenience sampling, caregivers of stroke patients admitted to the Department of Neurology of a tertiary Grade A hospital in Zhengzhou from January to April 2026 were recruited. Thirty caregivers were assigned to the intervention group and 30 to the control group. The intervention group received an 8-week ADOPT-based structured nursing programme plus routine health education, whereas the control group received routine stroke health education and discharge guidance. Caregiver burnout, anxiety and depression, and positive caregiving perceptions were measured before the intervention, 1 month after the intervention and 2 months after the intervention.

**Results:** Fifteen experts completed the consultation. The expert authority coefficient was 0.893, and Kendall's coefficients were 0.095 and 0.310, respectively ( $P < 0.001$ ). The final programme comprised five phases: attitude building, problem definition, open-mindedness, plan formulation and implementation adjustment, and 27 intervention items. During the trial, two participants withdrew from the intervention group and one from the control group. After the intervention, caregivers in the intervention group reported significantly higher positive caregiving perceptions and significantly lower burnout, anxiety and depression than those in the control group ( $P < 0.05$ ).

**Conclusion:** The ADOPT-based nursing programme effectively reduced burnout and negative emotions among primary caregivers of stroke patients, enhanced positive caregiving perceptions and provided a practical, evidence-informed approach for standardized caregiver-support interventions in stroke care.

## Biography

Huazheng Li is affiliated with the School of Nursing and Health, Zhengzhou University, China. Li's research focuses on stroke nursing, caregiver support and evidence-based nursing interventions, particularly structured programmes to improve caregiver outcomes and continuity of care for stroke patients and families.



**Jasmine Ornelas\*, Juan M. Chavez**

Doctors Hospital at Renaissance, United States

## Improving patient outcomes and nurse burnout through a multidisciplinary nursing led pilot model in a progressive critical care unit

**Background:** Hospitalized patients in acute care settings frequently experience discharge delays and communication barriers that negatively affect transitions of care, patient experience, and readmission risk. Improving coordination among healthcare professionals, and standardizing discharge processes are recognized quality improvement priorities. Nurse burnout also plays a critical role in how optimal patient care is delivered. In response, a multidisciplinary collaboration model was implemented in a Progressive Critical Care Unit to improve communication between patients and members of the care team, enhance discharge efficiency, support better patient outcomes, and assess nurse burnout.

**Purpose:** Enhance communication between patients/family and the clinical care team, reduce late discharges, 30 day readmissions, improve cost effectiveness. In addition, to evaluate nurse burnout post implementation.

**Methods:** A prospective 5 month quality improvement pilot (November 2025–March 2026) was conducted in a progressive care unit at a Level I trauma center in South Texas. The intervention adapted a previously successful intensive care multidisciplinary collaboration model to the progressive critical care setting using a structured, team based workflow focused on discharge readiness, care coordination, and evidence based decision making. The pilot incorporated a core interprofessional rounding team composed of hospitalists, charge and bedside nurses, case managers, pharmacists, respiratory therapists, physical therapists, and dietitians. Daily bedside rounds and focused discharge huddles were implemented to identify discharge barriers, coordinate discipline specific interventions, and establish shared patient goals. Nursing interventions included early identification of discharge needs at admission, discharge education, medication teaching reinforcement, patient and family engagement,

and coordination of specialty follow up appointments. Pharmacists supported medication reconciliation and outpatient medication verification, while case managers facilitated transition planning and post acute placement needs. Evidence based discussions and shared multidisciplinary learning were reinforced through standardized communication tools and team based case review. We utilized the Maslach Burnout Inventory to evaluate nursing burnout before and after the implementation of the multidisciplinary collaboration team.

**Results:** The pilot demonstrated measurable improvements in multiple quality indicators. Thirty-day readmissions decreased from 14.59% to 13.10%, representing a 9.4% relative reduction. Late discharges, decreased from 41% to 35%, reflecting a 21.95% relative reduction. CMI improved from 2.08 to 2.17, supporting improved documentation accuracy and acuity capture. The pilot unit achieved benchmark level HCAHPS performance for the first time in over two years while maintaining patient safety, with no increase in mortality or hospital acquired conditions. Nursing driven discharge teaching, interdisciplinary bedside communication, and protected discharge planning time were identified as key contributors to improved outcomes. These improvements represent an estimated \$300,000 Return on Investment (ROI) per year. Furthermore we achieved a 30% relative risk reduction in nurse burnout.

**Conclusions:** Implementation of a structured multidisciplinary collaboration model in a progressive critical care unit was associated with measurable improvements in quality, operational, and patient experience outcomes while maintaining patient safety. These findings suggest that structured interdisciplinary workflows, coordinated discharge planning, and collaborative bedside communication may improve transitions of care and support broader quality improvement efforts across acute care settings.

## Biography

Jasmine Ornelas, BSN, RN, is a Registered Nurse specializing in cardiac progressive care and telemetry nursing at DHR Health, a Level I Trauma Center in South Texas. Ornelas earned a Bachelor of Science in Nursing from the University of Texas at Arlington and has a strong interest in quality improvement, interdisciplinary collaboration, patient safety, and evidence based practice. Jasmine has been actively involved in initiatives focused on improving care coordination, discharge efficiency, communication among healthcare professionals, and patient centered transitions of care to enhance outcomes across acute care settings.



## Jennifer Couvillon

Associate Dean for Professional Practice and Advanced Nursing Practice, Louisiana State University Health Science Center, United States

### Advancing nursing faculty practice: Bridging academia and clinical excellence through an integrated academic-practice-community partnership

Discover how academic nursing faculty advance clinical excellence through innovative practice models. Highlight the integration of clinical practice into academic roles, offering insights into sustainable faculty practice frameworks, ethical and legal considerations, and collaborative opportunities with healthcare partners. Designed for both faculty and hospital stakeholders, this poster/session showcases how faculty practice can elevate care delivery, support workforce development, and generate institutional value.

#### Biography

Dr. Jennifer Couvillon, PhD, RN-BC, CNE, FAAN, is a distinguished executive leader bridging health systems, academia, and workforce development. Currently the Associate Dean at LSU Health Sciences Center School of Nursing, Couvillon previously held pivotal roles at Chamberlain University and Ochsner Health. Dr. Couvillon specializes in scaling academic-practice partnerships. Couvillon designed the "Called to Care" and "Heart of Health Care" tuition-for-service models, producing 1,200+ graduate nurses and slashing regional turnover rates. A FAAN (Class of 2026), Couvillon is a Louisiana State Board of Nursing gubernatorial appointee, a CCNE evaluator, and a Red Cross Liaison leading vital HRSA-funded geriatric initiatives.



## Jung-Hee Kim\*, Hieun Kim

College of Nursing, The Catholic University of Korea, Seoul,  
South Korea

### Psychological safety as a mediator in nursing simulation and learning immersion

**Background:** Simulation-based education depends extensively on students' intrinsic motivation and active participation, cultivating immersion is essential to maximizing its educational effectiveness. Inadequate psychological safety, even in well-constructed simulations, can inhibit immersion by contributing to persistent anxiety and cognitive overload. This study aimed to analyze the relationships among nursing students' perceptions of simulation educational practices and their learning immersion and to evaluate whether psychological safety mediates the association between simulation educational practices and learning immersion.

**Methods:** A cross-sectional survey was conducted with 266 third- and fourth-year nursing students in South Korea. Instruments included the Education Practices Questionnaire–Curriculum (EPQ-C), the Psychological Safety Questionnaire in High Fidelity Simulations, and the Learning Immersion Scale in Simulation (LISS). Data were analyzed using IBM SPSS Statistics 29.0 and Hayes' PROCESS macro (Model 4).

**Results:** Both simulation educational practices ( $B=0.406$ ,  $p<.001$ ) and psychological safety ( $B=0.165$ ,  $p<.001$ ) significantly predicted learning immersion. The indirect effect mediated by psychological safety was also significant ( $B=0.050$ ,  $SE=0.019$ , 95% CI [0.018, 0.092]), confirming psychological safety serves as a partial mediator between simulation educational practices and learning immersion.

**Conclusions:** Psychological safety is a critical determinant of students' engagement and immersion within simulation-based nursing education. Enhancing learner diversity awareness and cultivating an environment that supports confidence and psychological well-

being can further promote immersion and improve the educational impact of simulation. Incorporating this approach into simulation design may facilitate more effective teaching-learning frameworks in nursing education.

This work was supported by a Korea Research Foundation grant funded by the Korean Government [MOEHRD, Basic Research Promotion Fund; RS-2025-00517412]

## **Biography**

Professor Jung-Hee Kim received bachelor's, master's, and doctoral degrees in nursing from Ewha Womans University. Kim was honored with the Excellent Researcher Award by the Korean Society of Nursing Science. Professor Kim has served as the President of the Korean Society for Nursing Simulation and is currently a member of both the Simulation Education Committee and the Advanced Practice Nurse Quality Management Committee of the Korean Nurses Association.



**Kaitlyn Soudelier\*, Caitlin Reaves**

Children's Health, Dallas, Texas, United States

## RISE: Caring for the human behind the credentials

**Background:** Healthcare professionals operate in environments where secondary trauma, moral distress, and cumulative stress are persistent and often interwoven experiences that compromise clinical practice, affect ethical community, and professional well-being. Children's Health Dallas identified a need to enhance the institutional climate by creating a moral distress consultation service called RISE in 2015 to provide structured, confidential support and to strengthen the system community. While providing moral distress support, a gap was identified in the care provided to team members experiencing burnout/ depletion and the second victim phenomenon, so in 2019, RISE (Resilience, Integrated Ethics, Staff Support, Engagement) expanded into three distinct programs providing support for cumulative stress, moral distress and secondary trauma. The transition of RISE from a single entity into a comprehensive, multi-program initiative more precisely meets the complex needs experienced by clinicians providing patient care.

**Intervention:** The expanded RISE structure includes: Resilience, focusing on the cultivation of self-care strategies and resilience factors at the individual and team level; Integrated Ethics, dedicated to processing moral distress and moral residue present in ethically complex clinical situations; and Staff Support, offering confidential support for team members experiencing secondary trauma after patient-related adverse events. An additional domain, Engagement, supports staff when distress presents in overlapping ways, allowing the programs to respond when challenges don't fit neatly into one category. Each program offers confidential one-on-ones, group sessions, and routine rounding and is led by its own director and staffed by specialists and program managers who oversee trained volunteers. Additional embedded support sessions have been implemented in the Graduate Medical Education (GME) Residency Program to extend support to this traditionally underserved group. The GME support sessions are built into residency for the cardiology, gastroenterology, hematology/

oncology, Pediatric Intensive Care Unit and Neonatal Intensive Care Unit rotations. This is protected time for the residents to step away to reflect on their rotation experiences.

**Outcomes:** Year-over-year increases in RISE requests for support showcase both heightened visibility and an increased culture of support. The expansion of RISE from a single person to multiple directors, program managers, specialists, and the addition and expansion of volunteer cohorts shows the institutional commitment and recognized value of these services. From 2024 to 2025, RISE requests increased by 34% which speaks to the accessibility of the program and a marked 29% increase suggests RISE interventions are not only feasible but meet the needs of those team members experiencing secondary trauma, moral distress and cumulative stress. Preliminary data for the GME support sessions suggests 93% of survey respondents found the sessions “Valuable” or “Very Valuable”, 19% of respondents utilized other RISE services due to the support received in their embedded sessions, and 96% of respondents felt “better prepared to handle and navigate the demands of the residency program” because of the embedded reflection sessions.

**Conclusion:** Healthcare institutions have an obligation to support staff by tending to cumulative stress, moral distress and secondary trauma experienced by their staff. A supportive community extends beyond the bedside and requires intentional care for the well-being of team members across the system.

## Biography

Kait Soudelier, a registered nurse, has spent the first six years of a career as a certified critical care nurse in the Pediatric Intensive Care Unit. Soudelier has gained firsthand experience of the necessity for peer support, psychological first aid, and self-care practices, as well as the impact of the second victim phenomenon. Kait has completed training as a Second Victim Peer Supporter through the RISE program and feels privileged to be serving as the Program Manager for Staff Support, providing additional support and a safe space to colleagues, peers, and team members after unanticipated patient-related events.



**Kaiwen Liu\*, Xiaokai Wang**

Zhengzhou University, China

## Parental knowledge, attitude, and practices toward children snoring of school-aged children in China: A cross-sectional study

Children snoring is a prevalent issue that can signal underlying obstructive sleep apnea, potentially leading to significant neurocognitive and behavioral morbidity if left unaddressed. Parents play a crucial gatekeeping role in recognizing symptoms and seeking medical evaluation. However, limited research exists on the comprehensive understanding of parental factors that influence care-seeking behaviors for pediatric sleep-disordered breathing in China. This study aimed to assess the levels of Knowledge, Attitude, and Practices (KAP) towards children snoring among parents of school-aged children and to explore the factors associated with their practices.

A multistage stratified sampling method was used to recruit 1991 parents of school-aged children from seven major geographical regions in China between September and October 2025. Participants completed a general information questionnaire, the KAP of Parents towards Children Snoring Scale.

A total of 1,152 valid questionnaires were analyzed. The findings revealed that parental KAP towards children snoring was at a moderate level. And the parental KAP towards children snoring was influenced by identity, parental age, education, occupation, geographic region, family residence, weekly frequency of physical activities with the child, and sought medical consultation or treatment for the snoring. The findings underscore an urgent need for targeted public health education initiatives. Healthcare providers and policymakers should develop accessible and culturally sensitive educational materials to bridge this knowledge gap. By enhancing parental health literacy, particularly among lower socio-economic groups, we can

promote earlier recognition of pathological snoring and facilitate timely medical intervention, ultimately safeguarding the long-term health and developmental outcomes of children.

## **Biography**

Kaiwen Liu is a graduate student at the School of Nursing and Health, Zhengzhou University, China. Liu's research interests focus on nursing education, clinical nursing and nursing ethics. Liu's current work explores the ethical mechanisms underlying nurses' professional behavior and safety-related outcomes. Through empirical research, Liu aims to contribute evidence-based insights to nursing education and practice, supporting the development of ethically grounded and patient-centered nursing care.



**Kathryn P. Moore**

Emory Healthcare, United States

## Heart and honor: Revisiting ethics for compassionate nursing practice

**Target Audience:** Registered Nurses, Nurse Educators, and Clinical Leadership

**Purpose:** As nurses, we are expected to “act ethically” at all times; but what does that mean? This presentation will provide nursing professionals with a renewed framework for ethical decision-making that prioritizes both the “Honor” of the profession (adherence to standards) and the “Heart” of practice (the delivery of compassionate, patient-centered care).

**Background:** The American Nurses Association (ANA) identifies ethics as an essential part of the foundation of nursing care while recognizing the history of concern for the welfare of the sick, injured, and vulnerable, as well as care for self and the impact we can have on social justice. In the modern practice ethical dilemmas can lead to a disconnect between clinical efficiency and the fundamental ethical components of nursing. This “compassion gap” is frequently a byproduct of moral distress—where a clinician knows the ethically correct action but feels constrained from taking it. Or there may be a conflict in choices for care, which depending on frequency, can lead to burnout.

### **Method/Action:**

- Analyze the four pillars of bioethics
- Share patient-care stories
- Utilize a step-by-step model for resolving moral distress

**Results/Objectives:** By the end of the session, participants will be able to:

**Define** the relationship between ethical integrity, moral distress, and burnout.

**Apply** ethical frameworks to common clinical dilemmas.

**Identify** three strategies for self-care in daily practice

**Conclusion:** By reintegrating "Heart" and "Honor," nurses can improve the patient experience and protect their well-being.

**Keywords:** Ethics, Heart, Honor, Burnout, Moral Distress.

## **Biography**

As a Faith Community Nurse (FCN) and Emory's , Kathryn works with patients and serves on the Ethics Committee. as Emory's Ethics Nurse Liaison. Moore has presented ethical topics not only for Nurse Leadership and students and residents, but at conferences on the state, national, and international level. Moore is a member of several professional organizations, including the American Nurses Association (ANA), where Moore has served last year as a partner in the revision of the ANA Code of Ethics. Kathryn is the 2025 New Knowledge, Innovation, and Improvements Award winner for Emory Saint Joseph's Hospital.

**Keheng Wang<sup>1\*</sup>, Hui Yang<sup>2</sup>**

<sup>1</sup>Zhengzhou University, China

<sup>2</sup>Henan Provincial People's Hospital, China

## Health information behavior and its influencing factors among young and middle-aged postoperative lung cancer patients in the digital-intelligent era: A cross-sectional study

**Background:** With the widespread use of the internet, social media, and artificial intelligence in healthcare, the ways patients obtain health information have changed substantially. Young and middle-aged postoperative lung cancer patients have ongoing and diverse health information needs during recovery; however, they also face challenges such as information overload, variable information quality, difficulty in filtering relevant information, and increased emotional burden, all of which may affect their health information behavior. Nevertheless, evidence on health information behavior and its associated factors in this population remains limited.

**Objective:** To investigate health information behavior and its influencing factors among young and middle-aged postoperative lung cancer patients in the digital health era.

**Methods:** A cross-sectional survey was conducted among young and middle-aged postoperative lung cancer patients. Data on sociodemographic characteristics, disease-related information, digital health use, and health information behavior were collected through questionnaires. Descriptive analysis, univariate analysis, and multivariable regression were used to identify associated factors.

**Results:** The overall level of health information behavior was moderate. Age, education, occupation, household income, postoperative duration, treatment modality, smart device use, and weekly time spent accessing health information were associated with health information behavior. Information overload, information quality, social support, self-efficacy, and emotional burden were identified as important influencing factors.

**Conclusions:** Health information behavior among young and middle-aged postoperative lung cancer patients was influenced by multiple factors, including sociodemographic characteristics, disease-related characteristics, digital health use, and psychosocial factors. These findings provide evidence for developing targeted health information support strategies to improve patients' access to, understanding of, and use of health information during postoperative recovery.

## Biography

Keheng Wang is a graduate student at the School of Nursing and Health, Zhengzhou University, with research interests in oncology nursing and behavior change.



**Lalitha Natarajan**

Children's Health, United States

## Beyond food and diagnosis: Culture, family, and healing in pediatric eating disorders

Over the past six decades, immigration patterns in the United States have shifted significantly, resulting in increased cultural, linguistic, and religious diversity among patient populations. At the Children's Health Center for Pediatric Eating Disorders, clinicians treat children and adolescents ages 5–18 years with eating disorders including Anorexia Nervosa, Bulimia Nervosa, and Avoidant/Restrictive Food Intake Disorder (ARFID). Providers increasingly work with immigrant and multicultural families whose cultural values, acculturation levels, migration experiences, and beliefs about mental health influence treatment engagement and outcomes. Within this context, cultural humility is essential to strengthening therapeutic alliance and delivering responsive, family-centered care. As frontline caregivers who are often the first and most consistent point of contact for patients and families, nurses are uniquely positioned to model and sustain culturally inclusive, trauma-informed, and relationship-centered care throughout the treatment journey.

Although Family-Based Treatment (FBT) remains a gold standard approach for pediatric eating disorders, limited attention has been given to the influence of cultural identity, immigration experiences, social determinants of health, systemic inequities, and culturally shaped beliefs about mental health on treatment participation and family dynamics. Standard treatment approaches may unintentionally overlook cultural meanings related to food, body image, caregiving roles, emotional expression, and help-seeking behaviors, as well as the impact of financial hardship and food insecurity on recovery and treatment adherence. Consequently, culturally diverse families may experience misunderstanding, mistrust, stigma, or barriers to sustained engagement in care — and nurses who lack the tools to recognize and respond to these dynamics may inadvertently reinforce them.

This presentation will explore the application of cultural humility in pediatric eating disorder treatment through a framework that integrates cultural knowledge with ongoing self-reflection, curiosity, and awareness of clinician bias. Participants will examine how acculturation, intergenerational differences, discrimination, systemic barriers, financial hardship, food insecurity, and other social determinants of health influence clinical presentation, treatment engagement, and outcomes. The presentation will highlight resilience factors commonly observed within immigrant and multicultural families and discuss how nurses can actively leverage these strengths to support recovery and deepen therapeutic alliance. Practical strategies for building trust, addressing implicit bias, and navigating cultural and systemic barriers to care will be discussed with nursing practice specifically in mind. Through case-based discussion and clinical examples, participants will leave with concrete tools for engaging culturally diverse families in ways that are both clinically effective and culturally responsive.

# Laura Andrian Leal<sup>1\*</sup>, Ivaneia Alves Pereira Sobrinho<sup>2</sup>, Luan Gagossian Savóia<sup>3</sup>, José Carlos de Carvalho<sup>4</sup>, Sylvia Helena Henriques<sup>5</sup>

<sup>1</sup>Nurse. PhD Professor at the University of São Paulo; Nursing School of Ribeirão Preto, São Paulo, Brazil

<sup>2</sup>Biologist. Doctoral student in the Interunit Doctoral Program in Nursing at the University of São Paulo; Nursing School of Ribeirão Preto, São Paulo, Brazil

<sup>3</sup>Psychologist. Master student in the Fundamental Nursing Program at the University of São Paulo; Nursing School of Ribeirão Preto, São Paulo, Brazil

<sup>4</sup>Nurse. Professor at the University of Porto, Nursing School of Porto, Porto, Portugal

<sup>5</sup>Nurse. Associate Professor III at the University of São Paulo; Nursing School of Ribeirão Preto, São Paulo, Brazil

## Teamwork as an interprofessional competency for collaborative hospital practice

**Background/Objectives:** The study aimed to analyze the perceptions and experiences of health professionals regarding teamwork as an interprofessional competency within the context of Intensive Care Units (ICUs) in a Brazilian public teaching hospital.

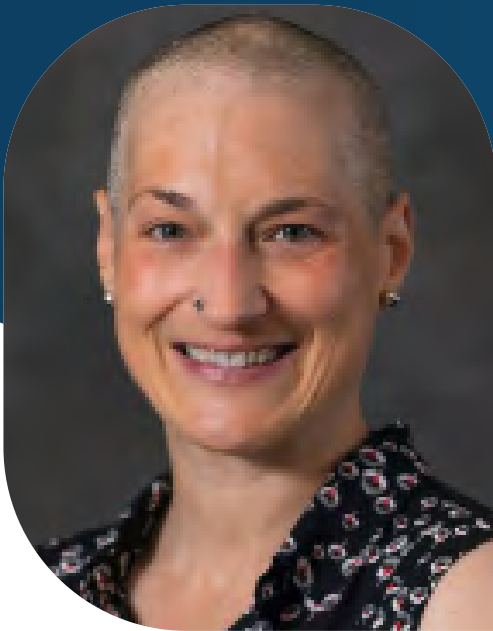
**Methods:** This was a qualitative, exploratory study guided by a constructivist-interpretative perspective. The scenario consisted of Intensive Care Units of a public teaching hospital, which is a reference for emergency care, located in Brazil. Sampling was intentional, involved 29 professionals, most of whom, 25 (86.20%), were females, including nurses, nursing technicians, physicians, physiotherapists, and others. In order to collect data, individual semi-structured face-to-face interviews were conducted in 2025 which were audio-recorded and fully transcribed. The criterion for determining the number of participants was theoretical saturation. Data analysis followed the steps of Braun and Clarke's Thematic Analysis, conducted inductively, with peer validation and the use of illustrative quotations to ensure credibility.

**Results:** Five main categories emerged: "Understanding teamwork as an interprofessional competency," "Factors that facilitate interprofessional teamwork," "Factors that hinder teamwork," "Tools used in the ICU to develop interprofessional teamwork" and "Individual actions to develop interprofessional teamwork." The analysis revealed a central tension: although professionals discursively value interprofessional teamwork, its practical implementation is constrained by organizational and hierarchical barriers. Communication

was identified as a transversal axis, functioning at times as a facilitator and at other times as a barrier.

**Conclusions:** The study demonstrates that interprofessionality in Brazilian ICUs cannot be sustained solely through individual initiatives, but requires structured institutional strategies, such as formal collaboration protocols, interprofessional education programs, and a revision of hospital organizational culture. Furthermore, although health professionals value interprofessional teamwork, their practice still faces significant barriers. These findings may support managers' reflection on the need to implement in-service teaching and learning strategies that assist interprofessional teamwork, especially those in high-technology units, thus enhancing collaborative practice in health.

**Keywords:** Professional Competence, Interdisciplinary Practices, Interprofessional Relationships, Health Team, Intensive Care Units, Hospitals, Nursing.



**Laura Yost**

College of Nursing, University of Iowa, United States

## The AI-literate nurse: A framework for integrating essential AI competencies into the curriculum

The lack of intentional Artificial Intelligence (AI) instruction within undergraduate curricula exacerbates the “theory-practice” gap, making future nurses inadequately prepared for a healthcare sector experiencing dramatic technological change. Research argues against incorporating stand-alone “AI literacy” instruction, supporting instead the integration of AI competencies throughout a student’s plan of study.

This session introduces a curated core of essential AI competencies designed to reduce faculty frustration by allowing instructors to strategically focus their own AI-related learning in an academic environment characterized by information overload, competing time commitments, and limited professional development opportunities. Further, working in conjunction with backward design, these principles streamline curriculum development while ensuring students gain the skillsets needed to succeed in modern healthcare.

Twelve curated, student-facing fundamentals are scaffolded across four modules: foundations of Artificial Intelligence; clinical integration and informatics; ethics, equity, and patient advocacy; communication, professionalism, and lifelong learning.

The proposed learning objectives promote essential concepts of AI literacy such as comparing generative versus predictive AI, advance clinical integration by asking students to categorize AI products according to their uses in clinical settings, and reinforce the ethical implications of AI by evaluating algorithmic bias and strategies for the uniform and fair implementation of AI healthcare solutions.

The outcomes are designed to prepare students for real-world clinical environments where AI is increasingly used in diagnostics, patient monitoring, and decision-making, ensuring graduates are not only competent but confident in navigating AI-enhanced care.

Maintaining relevance and respecting accepted standards, the objectives collectively align with eight American Association of Colleges of Nursing (AACN) Domains (seven beyond Domain 8 itself including Domain 2: Person-Centered Care and Domain 9: Professionalism).

## Biography

Dr. Laura Yost, an Instructional Services Specialist, received a PhD in History from the University of Nebraska-Lincoln. Yost taught History and Cultural Studies for 18 years, emphasizing asynchronous and hybrid instruction. Now an instructional designer, Yost focuses on Artificial Intelligence (AI), learner success, digital literacy, accessibility, and Competency-Based Education (CBE). Yost has discussed AI for Rutgers University, the National Science Teaching Association, the University of Central Florida, ACUE, the League for Innovation in the Community College, and the American Association of Colleges of Nursing (AACN). During Fall 2025, Yost served as CAST's invited discussant on AI and learner agency.



Lingna Song<sup>1\*</sup>, Ai Zhao<sup>1</sup>,  
Yuna Jiang<sup>1</sup>, Yingying Miao<sup>2</sup>,  
Shuying Chang<sup>3</sup>, Jiaxun Kang<sup>1</sup>,  
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<sup>3</sup>Henan Provincial People's Hospital, Zhengzhou City, Henan Province, China

## Interaction among depression, emotion regulation and parental rearing in adolescents with non-suicidal self-injury: A cross-sectional network analysis

**Background:** Non-Suicidal Self-Injury (NSSI) behavior is a serious public health problem, which seriously endangers the physical and mental health of adolescents. Studies have shown that depression, emotion regulation and parental rearing are closely related to NSSI, but the interaction mechanism of the three is not clear. Therefore, this study used network analysis to explore the relationship between depression, emotion regulation and parental rearing in non-suicidal self-injured adolescents.

**Methods:** A cross-sectional survey was conducted in three middle schools in Zhoukou City and Nanyang City, Henan Province, and 690 valid questionnaires were collected. There were 217 adolescents involved in NSSI behaviors and 473 adolescents involved in non-NSSI behaviors, and the mean age of the participants was 14.90 ( $\pm 2.09$ ) years. Non-Suicidal Self-Injury (NSSI), depressive symptoms, emotion regulation, and parenting were assessed using the Adolescent Self-harm Scale, the Center for Epidemiological Study Depression Scale, the Emotion Regulation Questionnaire, and Short-Enga Minnen av Barndoms Uppfostran Chinese Version, respectively.

**Results:** Adolescents with NSSI behavior had higher levels of depression. The results of network analysis show that depression, emotion regulation and parental rearing are complex interactions among non-suicidal self-injury adolescents. Among them, the results of central analysis show that depression is the core factor of network. The bridge symptom analysis results show that emotional warmth is the core symptom of the entire network, regardless of whether the adolescent has NSSI behavior or not. Among the adolescents with NSSI

behavior, the strongest intermediary centrality is rejection (father). Edge weight difference test found that there were statistically significant differences between adolescent networks with NSSI behavior and non-NSSI behavior, such as rejecting father-protecting father, expression inhibition-rejecting mother, and rejecting father-rejecting mother.

**Conclusion:** Depression, emotion regulation and parental rearing are complex interactions among adolescents with non-suicidal self-injury. Depression and parental emotional warmth are the key factors affecting adolescents' NSSI behavior. Adolescents' depression, improving parental rearing, such as improving parental emotional warmth support, and then improving their emotional regulation ability can contribute to the occurrence of adolescents' NSSI behavior.

## Biography

Lingna Song, Zhengzhou University, China. She is working as a nurse.



## Liu Xun<sup>1\*</sup>, Tang Qilan<sup>2</sup>, Liu Shuai<sup>1</sup>, Zhang Miao<sup>1</sup>

<sup>1</sup>Graduate student at the School of Nursing and Health, Zhengzhou University, Zhengzhou, China

<sup>2</sup>Chief Nurse at the First Affiliated Hospital of Zhengzhou University, Zhengzhou, China

### A mixed-methods study on the current state of information overload and its influencing factors among patients with stroke

**Background:** Discrete Choice Experiments (DCEs) have increasingly been used to quantify preferences for Artificial Intelligence (AI)-based healthcare services. However, evidence on how DCEs have been designed and applied in this field remains fragmented.

**Methods:** Systematic searches were conducted in Chinese and English databases (e.g., CNKI, PubMed, Web of Science) covering the period from the databases' inception to March 2026. Original studies published in Chinese or English that used DCEs to investigate preferences for AI-based healthcare services were included. Through literature screening, data extraction, and quality assessment, the study subjects, attribute and level definitions, data analysis models, and primary outcomes were systematically summarized.

**Results:** Twenty-three studies were included. Study populations included patients, the general public, and healthcare professionals. Application scenarios covered cancer screening, imaging diagnosis, chronic disease management, mental health, remote health management, and intelligent consultation. Attributes were grouped into 12 dimensions, with technical performance, human–AI collaboration, and economic burden being most frequently examined. Conditional logit, mixed logit, and latent class models were commonly used. Across studies, respondents generally valued accuracy, reliability, affordability, and physician involvement. Most patients and members of the public preferred AI–physician collaborative models over fully autonomous AI services.

**Conclusion:** DCEs provide a useful approach for quantifying multi-attribute preferences for AI-based healthcare services. Future studies should improve attribute development, experimental design, and reporting transparency, and should pay greater attention to privacy, fairness, accountability, and interpretability.

**Keywords:** Artificial Intelligence, Discrete Choice Experiment, Healthcare Services, Choice Preference, Scope Review.

## **Biography**

Liu Xun, Zhengzhou University, China, she is full-time master's student.



## Lucy Graham<sup>1\*</sup>, Tara Rynders<sup>2</sup>

<sup>1</sup>Colorado Mesa University, Grand Junction, CO, United States

<sup>2</sup>The Art and Heart of Healthcare, Denver, CO, United States

### The dancing nurse: Using a play-based neuroarts intervention to foster nursing student wellness

**Purpose:** This project, funded through the Renée Fleming Neuroarts Investigator Award, aimed to evaluate neuroarts interventions on nursing students' well-being at a critical stage in their education. Neuroarts offers a holistic approach to self-compassion skill-building and is an important intervention to study for its potential effect on the current nursing crisis. There is a lack of evidence surrounding neuroarts-based approaches to improve sense of belonging, self-compassion, and mattering in healthcare professionals, particularly at the student level. We will share our information and results of our neuroarts project as a low-risk, high-reward intervention that can be integrated into a nursing curriculum to support student well-being and develop more grounded nurses who can adeptly navigate the evolving and uncertain healthcare landscape. Participants will have a chance to experience a truncated version of the intervention.

**Methods:** Nursing students in a traditional BSN program at a medium-sized public, regional university participated in three neuroarts interventions over their first year of nursing school. The 2-hour interventions, led by Tara Rynders and her team at The Art and Heart of Healthcare, included holistic workshops that incorporated dance, play, art, and poetry. Students completed pre- and post-intervention quantitative surveys assessing self-compassion, sense of belonging, and feelings of mattering. They then completed a qualitative survey after each experience. While not all students could attend all three interventions, many attended at least two. Students overwhelmingly enjoyed the sessions, felt a better connection with their classmates, expressed feeling cared for, and were challenged to get out of their comfort zones. When asked to rate their satisfaction with the interventions' impact on a scale of 1-10 with 10 being the most impact, students rated it at 9.6.

**Background:** Nursing is the largest healthcare profession in the United States, yet it faces an alarming mental health crisis with burnout and high turnover rates exacerbating the ongoing nursing shortage. Resilience and self-compassion are concepts that have received a lot of attention in the nursing literature, both for practicing and student nurses. A newer and yet equally important concept involves personal and professional feelings of mattering. Mattering affects students' mental health and general well-being. Several review studies have reported that developing resilience can improve student success, sense of belonging, and job satisfaction, hopefully affecting the retention of nurses in the workforce, but longitudinal studies are sparse. No studies were found using neuroarts interventions beyond music and mindfulness, which have been studied separately.

**Implications:** The field of neuroarts offers a low-risk, high-yield opportunity to promote nursing student wellness. Incorporating these opportunities throughout nursing school supports a sense of belonging, self-compassion, and feelings of mattering. We hope session participants will take home a better understanding of the intervention and ideas for future research that evaluates neuroarts strategies that begin as a student but embed as functional coping muscle memory, supporting career satisfaction and retention in the workforce.

## Biography

Dr. Graham has been a registered nurse for 35 years and has clinical experience in critical care, emergency, HIV, and public health nursing. Graham completed a PhD in nursing science from the University of Colorado, studying predictors of viremic control for people living with HIV in rural areas. Since 2016, Dr. Graham has worked at Colorado Mesa University in various academic positions teaching in both undergraduate and graduate nursing programs. Current research and projects focus on care for people experiencing homelessness, predictors of success for undergraduate nursing students, and neuroarts interventions to support nurse well-being and resilience.



**Mary Hawes\*, Sara Pump**

Children's Health, United States

## **Nurse-led restructuring of unlicensed assistive personnel roles improves retention, engagement, and behavioral safety outcomes in pediatric care**

Workforce instability and high turnover among Unlicensed Assistive Personnel (UAPs) present significant challenges to maintaining a healthy work environment and ensuring safe care for high-risk behavioral pediatric patients. Contributing factors include inadequate role preparation, unclear expectations, and limited opportunities for professional development and engagement. This nurse-led quality improvement initiative evaluated the impact of a structured onboarding, mentorship, and role alignment program on UAP retention, engagement, and behavioral safety outcomes across emergency and acute care pediatric settings on a single campus within a large pediatric academic medical center.

This initiative focused on strengthening workforce development and creating a supportive practice environment through a targeted redesign of the UAP role. Key interventions included implementation of a structured, mental health-focused onboarding program; a mentorship model pairing UAPs with Psychiatric Resource Nurses to promote skill development, engagement, and role integration; and realignment of UAPs under psychiatric services to enhance role clarity, support, and accountability. Hiring practices were revised to prioritize behavioral health experience and clearly communicate role expectations. Orientation enhancements emphasized experiential learning through inpatient psychiatric unit shifts to build confidence and competency. A pre-post evaluation compared 2024 (pre-implementation) and 2025 (post-implementation) outcomes, including retention, engagement, and safety metrics.

Following implementation, UAP turnover decreased by 26.8%, demonstrating improved retention and workforce stability. Employee engagement scores improved across multiple

domains, including overall engagement (4.36 to 4.44), clarity of role expectations (4.40 to 4.88), perceived supervisor support (4.50 to 4.81), and encouragement of professional development (4.30 to 4.81), reflecting a strengthened work environment. Behavioral safety outcomes also improved, with restraint events decreasing by 39.3% and Behavioral Emergency Response Team (BERT) activations declining. Concurrently, use of a Collaborative Approach to Preventing Escalation (CAPE) increased, indicating greater staff confidence in early intervention and proactive de-escalation.

This nurse-led model demonstrates that investing in structured onboarding, mentorship, and role clarity for UAPs improves retention, enhances engagement, and strengthens the work environment while also advancing patient safety outcomes. The initiative supports Magnet principles of structural empowerment and exemplary professional practice and offers a scalable framework for workforce development within pediatric academic medical centers to promote sustainable staffing and high-quality care delivery for behavioral health populations.

## Biography

Mary Hawes, MSN, MBA, RN is the Director of Nursing for Psychiatry at Children's Health, bringing over 30 years of nursing experience and executive leadership in pediatric behavioral health. A psychiatric nurse by background, Hawes has dedicated 18 years to advancing care for pediatric eating disorder populations. Mary leads strategic initiatives focused on multidisciplinary care models, early intervention, and improving outcomes for high-acuity patients. Previously, Hawes served as Clinical Manager for the Center for Pediatric Eating Disorders at Children's Medical Center Plano, driving program development and care transformation. Hawes holds an MSN from Chamberlain University and an MBA from Keller Graduate School of Management.



**Mary Hawes\*, Sara Pump,  
Ashley Ariail**

Children's Health, United States

## **Reducing acuity and recidivism in pediatric eating disorders: Implementing early intervention and interdisciplinary care**

In pediatric populations, eating disorders are life-threatening conditions, with anorexia nervosa carrying the highest mortality rate among psychiatric disorders and placing patients at risk for significant long-term medical complications. Prior to the COVID-19 pandemic, our pediatric eating disorder program within a pediatric academic medical center demonstrated strong clinical outcomes, maintaining recidivism rates below 5%, and outperforming national benchmarks.

Beginning in 2020, a marked increase in patient volume and acuity was observed, with children presenting at lower body weights, greater medical instability, and requiring more frequent inpatient admissions. Recidivism rates rose significantly and remained elevated post-pandemic, while increased demand for behavioral health resources in acute care settings exposed critical gaps in traditional care models.

In response, a structured interdisciplinary early intervention program was implemented to address rising complexity and improve patient outcomes. Key strategies included earlier identification of high-risk patients, enhanced refeeding protocols, revised treatment approaches, and expanded integration of psychiatric services across the care continuum. Care models were adapted to address increasing medical complexity, including the concurrent management of co-occurring medical conditions alongside eating disorder treatment. Nursing leadership played a central role in implementation, care coordination, and standardization of practice across disciplines.

Following implementation, measurable improvements were achieved. Among inpatient admissions, average length of stay decreased by 12.3%, from 21.9 days in 2023 (n=103) to 19.2 days in 2025 (n=235), with sustained volume in 2024 (21.7 days; n=331), reflecting improved efficiency and care coordination. Recidivism rates demonstrated a sustained downward trend, declining from 20.6% in 2024 (n=116) to 17.9% in 2025 (n=107) and 9.4% through Q2 2026 (n=32), representing a relative reduction of over 50% and meaningful progress toward pre-pandemic benchmarks.

This program demonstrates that early intervention and interdisciplinary collaboration can effectively improve outcomes in pediatric eating disorder populations experiencing increased acuity and complexity. Findings highlight the critical role of nursing leadership in implementing adaptive, integrated care models to address complex, high-risk conditions in the evolving post-pandemic healthcare environment.

## Biography

Mary Hawes, MSN, MBA, RN is the Director of Nursing for Psychiatry at Children's Health, bringing over 30 years of nursing experience and executive leadership in pediatric behavioral health. A psychiatric nurse by background, Hawes has dedicated 18 years to advancing care for pediatric eating disorder populations. Hawes leads strategic initiatives focused on multidisciplinary care models, early intervention, and improving outcomes for high-acuity patients. Previously, Hawes served as Clinical Manager for the Center for Pediatric Eating Disorders at Children's Medical Center Plano, driving program development and care transformation. Hawes holds an MSN from Chamberlain University and an MBA from Keller Graduate School of Management.



## Melika Mazinani\*, Simge Evrenol Ocal

Department of Obstetrics and Gynecology Nursing, Institute of Health Sciences, Izmir Katip Celebi University, Izmir, Turkey

### Comparison of breastfeeding attitudes, comfort, satisfaction levels, and milk volume in working mothers after using traditional and wearable breast pumps

**Aim:** This study aimed to compare breastfeeding attitudes, comfort levels, satisfaction, and expressed breast milk volume among working mothers following the use of traditional and wearable breast pumps.

**Methods:** This semi-experimental study with a single-group repeated measures design included 28 working, breastfeeding mothers with infants aged 3–12 months. Participants used traditional and wearable breast pumps sequentially for one week each. Data were collected using a Personal Information Form, Breastfeeding Attitude Evaluation Scale, Comfort Scale, Satisfaction Form, and Expressed Milk Volume Measurement Form. Descriptive statistics, paired-sample t-test, and linear mixed-effects model analysis were utilized for data evaluation.

**Results:** Wearable breast pump usage resulted in significantly higher maternal comfort and satisfaction levels compared to traditional pump usage ( $p < 0.001$ ). Furthermore, mothers' overall breastfeeding attitude scores increased post-intervention ( $p < 0.001$ ). There was no statistically significant difference in the average volume of milk expressed between traditional and wearable breast pumps ( $p > 0.05$ ). Linear mixed-effects model analysis revealed that the comfort advantage provided by the wearable breast pump was maintained over the 7-day period ( $p < 0.001$ ), while expressed milk volume did not significantly vary by pump type or days ( $p > 0.05$ ). Qualitative feedback indicated that mothers valued the wearable pump primarily for its comfort, hands-free operation, and freedom of movement.

**Conclusion:** Wearable breast pumps may improve comfort, satisfaction, and breastfeeding attitudes among working mothers without reducing expressed milk volume. However, further studies with larger sample sizes are required to establish more robust evidence. To help working mothers sustain breastfeeding and improve neonatal health, midwives and nurses may suggest wearable breast pumps as a comfort-enhancing alternative.

## Biography

Melika Mazinani graduated with a Bachelor's degree in Midwifery from Sakarya University, Turkey, in 2020. Mazinani worked for two years in the Department of Obstetrics and Gynecology and in the labor ward. Mazinani completed a Master's degree in Obstetrics and Gynecology Nursing at Izmir Katip Celebi University, where Mazinani's thesis research focused on lactation support for working mothers. Mazinani is currently working as a clinical midwife in Izmir.



## Mengxing Miao<sup>1\*</sup>, Chunhong Li<sup>2</sup>, Ying Zhang<sup>1</sup>

<sup>1</sup>School of Nursing and Health, Zhengzhou University, Zhengzhou, Henan, China

<sup>2</sup>Nursing Department, Zhengzhou Central Hospital, Zhengzhou, China

### Facilitators and barriers to cognitive frailty management in older adults with type 2 diabetes: A qualitative study

**Objective:** To explore the facilitators, barriers, and willingness of healthcare professionals, patients, and caregivers to participate in cognitive frailty management among older adults with type 2 diabetes, and to provide evidence for developing targeted nursing interventions.

**Methods:** A qualitative descriptive study was conducted. Using purposive sampling, clinical healthcare professionals from the Department of Geriatrics, older adults with type 2 diabetes, and their family caregivers were recruited from a tertiary Grade A hospital in Zhengzhou, Henan Province, China. Semi-structured interviews were conducted. A total of 38 interview transcripts were included, comprising 18 healthcare professionals, 14 patients, and 6 family caregivers. The interview data were transcribed verbatim and analyzed using thematic analysis, including open coding, category development, and theme generation, to identify facilitators, barriers, and intervention needs related to cognitive frailty management in older adults with type 2 diabetes.

**Results:** Cognitive frailty management among older adults with type 2 diabetes was influenced by multiple factors at the patient, family, healthcare provider, and organizational levels. Key facilitators included comprehensive geriatric assessment as a foundation for early identification of cognitive frailty; existing experience in chronic disease management and safety care, which supported intervention implementation; leadership support and multidisciplinary resources; strong willingness to participate among healthcare professionals, patients, and caregivers. Major barriers included limited awareness of cognitive frailty; weak motivation for active management; increased self-management difficulty due to functional decline and multimorbidity; insufficient family support; inadequate health guidance for patients

and caregivers; insufficient specialized training for healthcare professionals; lack of a closed-loop departmental management pathway integrating screening, intervention, evaluation, and transitional care. Participants emphasized that future interventions should be simple, practical, life-oriented, sustainable, and minimally burdensome for patients and families.

**Conclusion:** Cognitive frailty management among older adults with type 2 diabetes has a feasible implementation basis, but it remains constrained by patient awareness, family support, professional competencies of healthcare providers, and system-level management processes. Future interventions should establish a nurse-led, multidisciplinary, family-engaged continuum-of-care model that integrates screening, health education, cognitive and physical training, dietary guidance, caregiver empowerment, and post-discharge follow-up.

**Keywords:** Older Adults, Type 2 Diabetes, Cognitive Frailty, Qualitative Research, Nursing Intervention.

## Biography

Mengxing Miao is a 2024 Master of Nursing candidate at the School of Nursing and Health, Zhengzhou University, China. Miao received undergraduate education at the School of Nursing and Health, Henan University, China. Miao's research focuses on gerontological nursing.



**Pam Stout\*, Melinda Kentfield\*,  
Kim Denton-Hill\***

Methodist Fremont Health, Fremont NE, United States

## Wellness at work: Supporting nurse leaders

Nursing leadership in rural healthcare settings is increasingly challenged by workforce stress, burnout, incivility, and the emotional demands of patient care. To support workforce well-being and strengthen leadership resilience, a rural community hospital implemented a dedicated Wellness Coach in June 2024. The Wellness Coach, a licensed mental health professional, was established as a resource for both bedside staff and nurse leaders, aligning with the organization's strategic goal of "Investing in Our People" and national priorities focused on healthy work environments and workforce well-being.

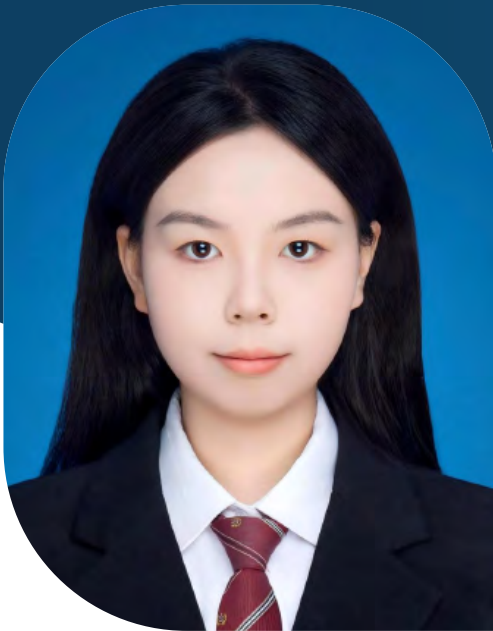
The purpose of this project was to evaluate nurse leaders' perceptions of the Wellness Coach role and explore its impact on leader well-being, resilience, leadership effectiveness, and team support. In August 2025, a survey was distributed to 15 local nurse leaders, with 14 responses received. The survey included Likert-scale and yes/no questions related to resilience, workplace support, advocacy, and utilization of the Wellness Coach resource.

Results demonstrated overwhelmingly positive perceptions of the Wellness Coach role. Fifty percent of respondents strongly agreed and 21% agreed that access to the Wellness Coach positively impacted their overall well-being. Additionally, 50% strongly agreed and 14% agreed that the role enhanced their resilience and ability to cope with workplace challenges. All respondents reported feeling comforted knowing staff could be referred to the Wellness Coach, while 79% of leaders personally sought assistance from the coach to support staff concerns. The role was also viewed as an important employee advocate during difficult conversations involving conflict, bullying, or incivility. Notably, 43% of leaders adjusted staffing to allow employees time during shifts to meet with the Wellness Coach, demonstrating a cultural commitment to prioritizing workforce well-being.

Findings suggest that embedding a Wellness Coach within nursing services strengthens leadership support, promotes psychological safety, and enhances team resilience. Nurse leaders perceived the Wellness Coach as a trusted partner who helped mitigate workplace stressors while improving their ability to lead effectively in challenging environments. This initiative demonstrates the value of proactive, evidence-informed wellness interventions in strengthening nurse leadership and fostering healthier work environments in rural healthcare settings.

## Biography

Pam Stout, DNP, RN, CENP, SCRNP, ASC-BC, CLSSGB serves as the Nurse Practice Coordinator at Methodist Fremont Health. Stout has been a nurse since 2011 and earned a Doctor of Nursing Practice in 2020 and is an accomplished nurse leader with extensive experience in leadership, education, and clinical coordination. Stout is dedicated to mentoring, program development, and advancing evidence-based practice while fostering professional growth and excellence in nursing.



**Qing Yu<sup>1\*</sup>, Shundong Cang<sup>1</sup>,  
Kai Wei<sup>2</sup>, Jingjing Lu<sup>2</sup>, Xu Chen<sup>1</sup>**

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<sup>2</sup>Henan Provincial People's Hospital, China

## **Exploring patients' symptom management experiences and unmet supportive care needs during lung cancer chemotherapy: A qualitative study**

**Background:** Patients with lung cancer undergoing chemotherapy commonly experience multiple concurrent symptoms that challenge effective symptom management and negatively affect quality of life. Although previous research has extensively documented symptom burden, less is known about how patients manage these symptoms in everyday life and what supportive care they perceive as lacking. Understanding these experiences is essential for developing patient-centered, nurse-led interventions that address patients' evolving needs throughout chemotherapy.

**Objective:** This study aimed to explore patients' symptom management experiences and unmet supportive care needs during lung cancer chemotherapy to inform the development of patient-centered, nurse-led interventions.

**Methods:** A qualitative descriptive study was conducted using semi-structured interviews with patients receiving chemotherapy for lung cancer at a tertiary hospital in China. Participants were recruited through purposive sampling until data saturation was achieved. Interview data were analyzed using conventional qualitative content analysis.

**Results:** Patients described symptom management as a dynamic and ongoing process of adaptation, during which they continuously interpreted symptom changes, adjusted self-management strategies, evaluated their effectiveness, and sought professional support when personal coping resources became insufficient. This adaptive process was shaped by the interaction of symptom burden, self-management capability, healthcare support, and evolving

supportive care needs. Fatigue was consistently described as one of the most burdensome symptoms, interacting with sleep disturbance, emotional distress, appetite changes, and reduced physical functioning, thereby influencing patients' overall symptom management. Participants also highlighted unmet supportive care needs, including individualized symptom assessment, practical self-management education, timely professional guidance, psychological support, and continuous nurse-led follow-up. Collectively, these findings suggest that successful symptom management depends not only on patients' individual coping efforts but also on responsive, coordinated, and personalized nursing support delivered across the entire chemotherapy trajectory.

**Conclusions:** Patients' symptom management experiences extend beyond coping with individual symptoms and reflect a continuous adaptive process influenced by personal capabilities and healthcare support. These findings identify key priorities for supportive oncology nursing and provide an evidence-informed qualitative foundation for developing patient-centered, nurse-led symptom management interventions that strengthen self-management capacity and improve continuity of care during chemotherapy.

## Biography

Qing Yu is currently pursuing a Master's degree in Nursing at the School of Nursing and Health, Zhengzhou University, under the supervision of Professor Shundong Cang. Yu's research interests focus on oncology nursing and symptom management.



## Rasika Bhide

Equipoise Physical Therapy & Wellness, New Jersey,  
United States

### Multimodal physical therapy for chronic cervicogenic headache misdiagnosed as migraine: A case report

**Background:** Cervicogenic Headache (CGH) is a secondary headache caused by cervical musculoskeletal dysfunction and commonly misdiagnosed as migraine due to many overlapping symptoms. Incorrect diagnosis could prolong effective treatment, increase the medication load on the patient and contribute to chronic pain and symptom-related distress. In nursing practice, early recognition of musculoskeletal problems is especially important to prevent disability and functional limitation due to chronic symptoms. This case report talks about the assessment and rehabilitation of a patient with chronic unilateral headaches initially managed as migraine but later identified as CGH, with emphasis on multimodal conservative care and its relevance to interdisciplinary orthopedic nursing and rehabilitation care.

**Case Description:** The patient was a 32-year-old woman with a history of right-sided headaches, neck pain and stiffness for the past 5 years that gradually worsened and was affecting her daily functional, work tasks and disrupted her sleep. The patient worked a full-time computer-based job which would aggravate her symptoms. Previous treatment with magnesium glycinate and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) provided no lasting relief. Brain MRI was unremarkable, while cervical imaging demonstrated increased cervical lordosis, early degenerative changes at C3-C4-C5 spinal levels. Physical therapy examination demonstrated forward head posture, rounded shoulders, limited cervical range of motion, positive Cervical Flexion-Rotation Test (CFRT), impaired craniocervical flexion performance (CCF), scapular weakness, and tenderness of the upper and lower cervical musculature, supporting the diagnosis of CGH.

**Intervention:** The patient completed a 12-week multimodal rehabilitation program delivered twice weekly for 8 weeks followed by once weekly for 4 weeks. Management included upper cervical and thoracic mobilization, soft tissue mobilization, passive stretching, deep neck

flexor retraining with pressure biofeedback, progressive scapular strengthening, postural re-education, ergonomic modification, and a structured home exercise program. Ongoing symptom monitoring and reinforcement of self-management strategies were incorporated throughout care to support adherence and long-term recovery.

**Outcome:** By discharge, the frequency of headaches lowered from 7 days to 1 day per week along with a significant drop in the intensity of her headaches from 8/10 to 2/10 on the Numeric Rating Scale (NRS) while the Neck Disability Index (NDI) improved from 54% to 10%. Improvements were also observed in the cervical mobility, tolerance for daily and desk work activities and quality of sleep.

**Clinical Significance:** This case emphasizes the clinical importance for identifying headaches with cervicogenic origin in patients with chronic headaches who fail to respond to migraine specific interventions. Conservative rehabilitation with a multimodal approach showed big improvements in pain and disability levels, sleep pattern and overall functional outcomes. For orthopedic nursing and interdisciplinary practice, this case highlights the importance for a nurse to accurately identify musculoskeletal symptoms early, monitor patient's response to medical treatment and ensure timely referral for rehabilitation. With an increased awareness of CGH among the nursing and other musculoskeletal settings, an earlier diagnosis of CGH may be possible, ensuring reduction in unnecessary dependence on symptomatic medications and improved patient-centered outcomes.

## Biography

Rasika Bhide is a licensed physical therapist in NJ, NY and TX, USA with clinical experience in orthopedic rehabilitation. Professional interests include spine disorders, cervicogenic headache, postural dysfunction, and evidence-based multimodal rehabilitation. Bhide is especially passionate about interdisciplinary musculoskeletal care, patient education, and conservative treatment approaches that help improve pain, function, and overall quality of life.



## Rebecca G. Chinonso

Baylor Scott & White Medical Center, Waxahachie, Texas,  
United States

### Clinical practice guideline for a capstone-to-residency transition program

The transition from student nurse to professional practice remains a vulnerable period marked by role ambiguity, stress, and early turnover. At a large medical center, the lack of a structured bridge between the final capstone experience and the residency program contributed to inconsistent onboarding, reduced confidence, and diminished resilience among new graduates. Addressing this gap is essential for strengthening retention, supporting workforce stability, and improving patient outcomes within nursing practice.

An evidence-based Clinical Practice Guideline (CPG) outlining best-practice recommendations for a new graduate transition program from capstone to residency was developed for the facility. The practice-focused question asked whether the guideline would be approved by an expert panel using the Appraisal of Guidelines for Research and Evaluation II (AGREE II) tool. Analytical strategies included a structured review of transition-to-practice literature, iterative guideline development with stakeholder input, and expert appraisal using AGREE II domains to assess rigor, clarity, applicability, and stakeholder involvement.

Findings demonstrated strong expert endorsement, indicating that the guideline is feasible, relevant, and aligned with organizational needs. Recommendations emphasize standardized orientation processes, early mentorship, resilience-building strategies, and structured feedback mechanisms. Implications for nursing practice include improved transition readiness, enhanced retention, and strengthened support for diverse new graduates. Broader implications for positive social impact include equitable onboarding, psychological safety, and inclusive professional development environments.

## Biography

Rebecca Chinonso, BSN, RN, is a registered nurse with 17 years of experience in perioperative nursing, leadership, and progressive care. Chinonso currently practices as a Progressive Care RN at Baylor Scott & White Medical Center in Waxahachie, serving in charge nurse roles and mentoring new nurses. Chinonso's leadership experience includes serving as an operating room manager. Chinonso earned the BSN from Grand Canyon University and will graduate with the DNP from Walden University in August 2026. Chinonso's professional interests include evidence-based practice, nursing education, professional development, supportive practice environments, new-graduate transition, nurse retention, and workforce resilience.



## Robin Whelpley

Bon Secours Memorial College of Nursing, United States

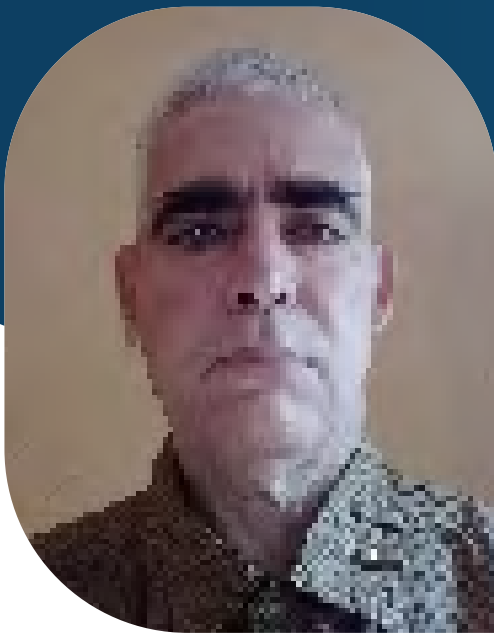
### From overwhelmed to empowered: Reducing anxiety in the transition-to-practice nurse

The transition from nursing student to practicing registered nurse represents one of the most challenging periods in a nurse's professional development. During the first year of practice, newly licensed nurses experience increased accountability, independent clinical decision-making, and rapidly changing patient care responsibilities that frequently contribute to heightened anxiety, reduced confidence, and transition shock. Left unaddressed, excessive anxiety can impair clinical reasoning, working memory, communication, prioritization, and situational awareness, increasing the risk of medical errors, burnout, compassion fatigue, and early workforce attrition. These outcomes have significant implications not only for patient safety but also for healthcare organizations struggling with staffing shortages, nurse retention, and the financial burden associated with turnover. This evidence-based educational presentation synthesizes current literature on anxiety during the transition-to-practice period and examines the individual, workplace, and organizational factors that contribute to psychological distress among newly graduated nurses.

#### Biography

Dr. Robin Whelpley received a Doctor of Pharmacy from Virginia Commonwealth University in 2009. Whelpley became board certified as a Pharmacotherapy Specialist in 2011. Whelpley completed a 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 ten years as a full-time nursing faculty, nine years as an adjunct clinical faculty at South University Physician Assistant Program, seven years as a preceptor for pharmacy and medical residents, and 17 years as a preceptor for fourth year pharmacy

clinical students. Whelpley's specialties include behavioral health, internal medicine, and bridging didactic pharmacology content to real world practice at the bedside.



Rolanda Uranga Pina<sup>1\*</sup>,  
Sira Allende Alonso<sup>2</sup>,  
Maytee Robaina García<sup>1</sup>

<sup>1</sup>National Centre for Clinical Trials, Cuba

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## The equivalence testing approach: What sort of statistical information on clinical trials should be requested by regulatory agencies?

**Background:** Clinical trials deserve special attention regarding all aspects of their implementation. Specifically, there are statistical subtleties that can be improved but standard use does not take advantage of that. Moreover, failing to overcome these statistical subtleties can have a negative impact on the conclusions of a clinical study. Such subtleties are related with what we could call “The equivalence approach”.

**Aims:** To argue in favour of the equivalence approach in statistics. To present examples where the equivalence approach has been overlooked, both from real undergone clinical studies, as well as by statistical advices made by regulatory agencies of medical products.

**Methods:** The equivalence approach refers to an instance of the well-known statistical tool of test of hypothesis, where an attempt is made of proving similarity of multiple outcomes, and the equivalence hypothesis is located in the alternative.

**Results:** It is found that the equivalence approach is systematically overlooked in clinical trial reports. An example of this phenomenon in the past was the so-called “power approach”, where regulatory agencies suggested this tool for years until the improved statistical tool known as TOST (Two One-Sided Test) procedure appeared. It has been noted, on the other hand, that when fitting a linear regression model, model selection is based on deleting a coefficient if its associated p-value is not less than 0.05, when testing that this coefficient is different from zero; this practice could be replaced by the following better one: delete a group of coefficients, if the p-value is less than 0.05, when testing that all those coefficients are near zero. Regulatory

agencies do not stress this situation in their advices. Another example comes from non-parametric tests. In a phase II clinical trial assessing the effect and safety of the nutritional supplement Viusid on quality of life, we decided to introduce and use a non-inferiority version of the signed ranks test, because we aimed to show that quality of life did not worsen with the use of Viusid. Moreover, for assessing goodness-of-fit tests, the hypothesis of “good fit” is usually in the null, when it should be located in the alternative. Finally, we recently faced a clinical trial where the aim was to compare three medicines in patients with dermatophytosis, looking for similarity. The primary outcome was binary, so we were faced with an “equivalence comparison of three binary outcomes”. Failing to find the needed statistical tool in the literature, we developed ourselves the required methodology.

**Conclusion:** Equivalence testing is in the core of several statistical analysis. Nevertheless, it is frequently inserted into the null hypothesis, instead of the alternative, where it should be. We believe that statisticians should take more care when applying this tool, avoiding the logical flaws that come from “testing a null hypothesis”. Regulatory agencies should revise and stress their advices in this respect.

## Biography

Rolanda Uranga Pina from Cuba. Uranga is Graduate of Mathematics (1998), Master of Sciences in Probabilities and Statistics (2004), Master of Sciences in Biostatistics (2011), PhD in Mathematics (2020), all titles attained at University of Havana, Cuba. Uranga works as Biostatistician since 1998 in the National Centre for Clinical Trials of Cuba. Uranga's scientific category is Auxiliary Investigator. Current research: Longitudinal conditional models under missing data, Treatment of missing data in clinical studies, Sequential designs. Uranga has been honoured with stays at Hasselt University, Belgium, on 2011, 2013 and 2019.



Salomé Azevedo<sup>1,2,3\*</sup>, Catarina Nunes-da-Silva<sup>1</sup>, Pedro Dias<sup>1,2</sup>, Rodrigo Antunes<sup>1</sup>, Soraia Ferreira<sup>1,4,5</sup>, Federico Guede-Fernandez<sup>1,2,6</sup>, Ermanno Pallaoro<sup>7</sup>, Manuel Dias<sup>8</sup>, Ricardo Correia Bezerra<sup>8</sup>, Ana Londral<sup>1,2</sup>

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<sup>7</sup>Chino Srl, Italy

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## From paper to chain: A participant-centered eConsent model for digital health research supported by blockchain

**Background:** Informed consent is a fundamental ethical and legal requirement in health research. In digital health research, paper-based consent workflows are poorly aligned with digital study execution, generating fragmented, difficult-to-audit records that inadequately support participant withdrawal rights in multi-actor data processing environments. Blockchain-based eConsent has the potential to address these limitations by providing immutable, participant-accessible consent records with programmable lifecycle management; however, limited evidence exists on end-to-end participant-centered implementations in digital health research, and GDPR compliance strategies for on-chain consent records remain empirically unresolved.

**Objective:** To design and validate a participant-centered eConsent model for observational digital health research, integrating blockchain-based audit, GDPR-compliant data governance, and accessible digital interfaces, and to evaluate its feasibility through a real-world pilot study.

**Methods:** A design science research approach was employed with the Worthmed platform and BioGHP to define and operationalize a digital informed consent for a pilot digital health study. Worthmed enables clinical researchers to design studies and enroll participants, while participants provide their consent and report Patient-Reported Outcome Measures (PROMs) through a WhatsApp chatbot. BioGHP provides a blockchain infrastructure for securely registering consent provision and withdrawal. eConsent design principles were derived from applicable ethical and regulatory frameworks and translated into verifiable requirements for participant information, consent provision, consent traceability, and withdrawal management. In the proposed flow, participants receive a secure WhatsApp link that directs them to a Worthmed-hosted eConsent interface, where study information is presented in a structured, accessible format before consent is provided. Once consent is submitted, the consent status is registered through the Clinical Study Participation Agreement (CSPA), a smart contract that enables the management of consent status overtime. To support data protection requirements, personal data remains stored off-chain within Worthmed, while only pseudonymized identifiers, consent status, and timestamps are recorded on-chain. Validation will be conducted through a prospective observational pilot study with at least 30 participants at the University of Évora (Portugal).

**Results:** At the time of abstract submission, the eConsent model, blockchain-based consent architecture, and participant-facing digital interface have been designed and are being prepared for pilot validation. The implemented flow will enable participants to access a secure consent interface via WhatsApp, provide explicit consent, and have their consent status registered on-chain. The same interface supports revocation, which is designed to trigger an on-chain status update and suspension of subsequent data collection, in line with GDPR Art. 7(3). By the time of conference presentation, pilot results from the prospective observational study are expected to be available and will include feasibility outcomes related to participant enrolment, completion of the eConsent process, revocation/re-consent functionality, system usability, and operational integration within the Worthmed platform.

**Conclusions:** This work proposes a participant-centered eConsent model that integrates blockchain with data privacy-compliant, multi-actor data governance for digital health research. The architecture requires no account creation for study participants and supports frictionless consent revocation, thus aiming to advance the evidence base for scalable digital health research infrastructure.

## Biography

Salomé Azevedo is Head of Digital Health at VOH.CoLAB and co-founder and COO of Dotmoovs. Azevedo's work connects research and industry, focusing on the design, implementation, and evaluation of digital solutions for healthcare, physical activity, well-being, and social care. Azevedo holds a PhD in Engineering and Management from Instituto Superior Técnico. Previously, Azevedo worked at Católica-Lisbon SBE as a research and teaching assistant. Azevedo is Vice-President of the Patient Innovation Association and completed an internship at Carnegie Mellon University focused on User Innovation. Azevedo also holds a VBHC Green Belt Certification and training from EIT Health Digital Medical Devices.

## Sarah Lewis\*, Liron Ben-Ayun, Gili Kadmon

Schneider Children's Hospital, Israel

### "Bedside timeout": A novel method for medication preparation and administration error detection- A pilot study

**Background:** Medication preparation and administration errors are common in healthcare systems, particularly in Pediatric Intensive Care Units (PICUs). We sought to develop a simple method to detect such errors in order to better evaluate their frequency and develop prevention strategies.

**Methods:** This study was conducted in a 15-bed PICU at a tertiary care center. An observer approached nurses immediately prior to medication administration and reviewed the preparation and administration process in real time. Errors were recorded and categorized by severity as non-harmful, requiring monitoring, or harmful. Observed error rates were compared with rates of reported errors and near-misses submitted to the hospital's risk management department.

**Results:** Among 100 observations, 19 errors (19%) were identified, including 13 preparation errors and 6 administration errors. The most frequent errors were incorrect dosing (8%) and wrong patient (4%). Eleven preparation errors were intercepted during routine double-check procedures, leaving 8 errors (8%; 2 preparation and 6 administration) that were close to reaching the patient but were prevented by the observer. Four of the 19 errors (21%) were classified as harmful. The observed error rate was significantly higher than the rate of reported errors and near-misses during the same period (19% vs. 0.15%,  $p < 0.001$ ). No significant differences were found in patient or nurse characteristics between observations with and without errors.

**Conclusion:** In this pilot study, we introduce “bedside timeout,” a straightforward direct-observation method for detecting medication preparation and administration errors. Further studies are needed to validate its effectiveness and applicability.

**Sijia Chen**

Zhengzhou University, China

## Differences in illness perceptions and dyadic coping among patients with rectal cancer undergoing neoadjuvant chemoradiotherapy and their family caregivers: A qualitative study

**Objective:** To explore differences in illness perceptions and dyadic coping processes between patients with rectal cancer undergoing neoadjuvant chemoradiotherapy and their family caregivers, and to provide a reference for family-centered illness perception interventions and coping support.

**Methods:** A descriptive qualitative study was conducted. From March to June 2026, 15 dyads of patients with rectal cancer undergoing neoadjuvant chemoradiotherapy and their primary family caregivers were purposively selected from the radiotherapy department of a tertiary Grade A hospital in Zhengzhou, China. Semi-structured interviews were conducted. Guided by the Common-Sense Model of Self-Regulation, the interview data were analyzed using directed content analysis combined with inductive coding.

**Results:** Four themes and twelve subthemes were identified. The themes were: differences in the perception and severity judgment of treatment-related symptoms; coexistence of hope and concerns in illness attribution and treatment expectations; interaction tensions caused by differences in illness perceptions; and role reconstruction and professional support in family dyadic coping. Patients and family caregivers differed in symptom severity judgment, timing of symptom management, treatment goal prioritization, and emotional expression. These differences influenced family communication, care decision-making, and dyadic coping during neoadjuvant chemoradiotherapy.

**Conclusion:** Patients with rectal cancer undergoing neoadjuvant chemoradiotherapy and their family caregivers showed both consistency and differences in illness perceptions, particularly regarding symptom severity, treatment expectations, concerns about disease consequences, and emotional expression. These differences shaped family interactions and dyadic coping processes. Nurses should pay attention to patient-caregiver illness perception differences, conduct privacy-sensitive symptom assessment, provide family-involved treatment explanations, and implement dyadic support interventions to promote communication, negotiation, and family coping quality.

**Keywords:** Rectal Cancer, Neoadjuvant Chemoradiotherapy, Illness Perception, Family Caregiver, Dyadic Coping, Qualitative Study.



**Sindhu Joseph\*,  
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## Supporting the journey: Helping immigrant nurses thrive in a new healthcare culture

**Background:** The global nursing workforce deficit reached an estimated 5.9 million in 2020, according to the World Health Organization, and the United States is projected to experience a shortage of at least one million nurses by 2030. In response to this escalating crisis, international nurse migration has increased substantially. Foreign-educated nurses are often drawn to developed countries by economic opportunities, prospects for career advancement, improved working conditions, and overall social stability. While the recruitment of internationally educated nurses offers a valuable solution to workforce shortages, their transition to a new healthcare environment is often complex and challenging. These challenges can significantly influence both the individual nurse's experience and the quality of patient care delivered.

Foreign-educated nurses frequently encounter cultural differences, unfamiliar communication styles, variations in clinical practice, and difficulties adjusting to new social norms and workplace expectations. Despite meeting English proficiency requirements, many nurses report communication barriers related to accents, tone, idiomatic language, and nonverbal cues. These issues can affect teamwork, patient interactions, and confidence in clinical decision-making. Cultural differences and differing beliefs may also influence how nurses interpret clinical situations, approach patients, and interact with colleagues. As a result, immigrant nurses experience stress, low job satisfaction, burnout, and increased turnover. These outcomes highlight the need for structured onboarding support to ensure successful integration into the U.S. workforce.

Healthcare organizations, therefore, play a critical role in promoting a smooth transition for foreign-educated nurses. A literature review of scholarly articles published between 2020 and 2025 using PubMed, Cochrane, and Google Scholar identified 10 relevant studies, of which three were selected for detailed analysis. Across these studies, pre-departure preparation

emerged as a key factor in facilitating transition. Providing nurses with information about the U.S. healthcare system, licensing requirements, workplace expectations, cultural norms, and social dynamics can help them anticipate challenges and reduce early adjustment difficulties. Once in the host country, individualized orientation, structured skill-building sessions, competency-based training, and exposure to organizational policies and procedures further enhance their ability to adapt. Mentorship programs were consistently identified as essential components of successful transition. Support from experienced colleagues improves clinical confidence, fosters teamwork, and provides emotional reassurance. Access to linguistic specialists and ongoing language support can also help nurses refine communication skills necessary for safe practice. In addition, culturally competent training equips nurses to deliver safe, respectful care aligned with diverse patient values. The literature also highlighted the prevalence of discrimination and racism, emphasizing the need for healthcare organizations to promote equity, psychological safety, and fair treatment.

Overall, the transition of foreign-educated nurses requires comprehensive organizational preparation, cultural awareness, and sustained support. When healthcare institutions prioritize these strategies, internationally educated nurses can integrate successfully, strengthen the U.S. nursing workforce, and contribute to improved patient outcomes and quality of care.

## Biography

Sindhu Joseph is an Education Resource Specialist working at Memorial Hermann Hospital, Texas Medical Center, Houston, Texas. Joseph has been a nurse for 29 years, working as a nurse educator in an advanced heart failure intermediate unit. Joseph was one of the top 15 nurses in Houston, selected by the Houston Chronicle in 2024, and received the Daisy Educator Award in 2024. Sindhu Joseph received three excellence awards in nursing. Joseph has done multiple podium and poster presentations at the national and international levels. Sindhu holds a Master's in Nursing Education and is pursuing a DNP in education.

Seena Thomas is an Education Resource Specialist working at Memorial Hermann Hospital, Texas Medical Center, Houston, Texas. Thomas has been a nurse for 29 years, working as a nurse educator in an advanced heart failure ICU which is recognized by AACN as a Gold Beacon unit. Thomas was one of top 15 nurses of Houston selected by the Houston Chronicle and received the Good Samaritan silver medal for excellence in nursing in 2024. Thomas has done multiple podium and poster presentations at the national and international levels. Seena holds a Master's in Nursing Education and two certifications.



## Stacey M. Frawley

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### Cultivating healthy aging and longevity through holistic and integrative nursing practice

**Aim:** A healthy aging and longevity are increasingly recognized as multidimensional processes shaped by biological, psychological, social, and environmental influences. Within this context, holistic and integrative nursing offers a valuable framework for addressing the root causes of chronic illness while promoting resilience, vitality, and quality of life across the lifespan. This presentation explores healthy aging through a functional medicine lens, emphasizing personalized, systems-based care that aligns with core principles of holistic nursing.

Drawing on clinical experience and emerging evidence, the session highlights how integrative nursing approaches can support longevity by addressing key modifiable factors, including nutrition, sleep, stress regulation, movement, environmental exposures, and social connection. Rather than focusing solely on disease management, this model prioritizes early identification of imbalances, prevention strategies, and the restoration of optimal function. Attendees will be introduced to practical tools such as functional health assessments, timeline mapping, and root-cause analysis to better understand patient narratives and guide individualized care planning.

The presentation also examines the role of the nurse as a therapeutic partner in fostering sustainable lifestyle change. Emphasis is placed on building meaningful relationships, supporting behavior change through motivational interviewing, and cultivating patient empowerment. In addition, the integration of mind-body practices, including mindfulness and stress reduction techniques, will be discussed as essential components of healthy aging that

enhance both physiological and emotional well-being.

By bridging holistic nursing principles with functional medicine perspectives, this session offers a practical and forward-thinking approach to supporting longevity. Participants will leave with actionable insights and adaptable strategies to enhance patient care, promote self-healing, and contribute to a more sustainable and person-centered model of healthcare that supports healthy aging for diverse populations.

## Biography

Stacey Frawley is a Clinical Assistant Professor and Advanced Practice Holistic Nurse Entrepreneur specializing in holistic and integrative nursing and functional medicine. Frawley's clinical work emphasizes root-cause approaches to health, supporting resilience, sustainable behavior change, and whole-person care. In addition to clinical practice, Frawley teaches in a master's-level nursing program, preparing nurses to become educators. Frawley has a strong emphasis on concept-based curriculum design, patient-centered approaches, and innovative teaching strategies. Frawley is particularly interested in healthy aging, longevity, and bridging evidence-based practice with everyday clinical care.



## Sun Young Park

Department of Family and Community Health, University of Maryland School of Nursing, Baltimore, MD, United States

### Developing alternative faculty-led community public health nursing practicum experiences

**Background:** The Community Public Health Nursing course consists of a 2-credit didactic component and a 2-credit clinical practicum requiring 90 practicum hours for successful course completion. Students who miss scheduled practicum experiences due to illness, scheduling conflicts, religious observances, or unexpected practicum cancellations must complete make-up hours. Unlike acute care clinical placements, arranging make-up experiences in community public health presents unique challenges because practicums depend on the availability of community partner organizations, their operating schedules, and clinical instructors, often beyond the academic calendar. These constraints have created ongoing difficulties in providing timely and equitable make-up practicum opportunities.

**Purpose:** This project aims to develop and implement a faculty-led alternative practicum experience that provides meaningful, flexible, and high-quality make-up clinical learning opportunities for entry-to-practice nursing students when traditional community placements are unavailable.

**Methods:** The proposed faculty-led alternative practicum experience will focus on the care of vulnerable and underserved populations while fostering the development of critical thinking, communication skills, empathy, trauma-informed care, and public health problem-solving competencies. To ensure the experience is responsive to student needs and aligned with course outcomes, a pre-implementation survey was conducted during Spring 2026 among first- and second-semester entry-to-practice nursing students. The survey assessed students' learning needs, motivation, identified topics of interest, and explored their preferred learning methods. Findings from the survey were used to inform the design and content of

the alternative practicum experience, ensuring it provides a meaningful and student-centered clinical learning opportunity.

**Results:** A total of 88 entry-to-practice students participated in the pre-implementation survey, including 50 first semester and 38 second semester students. Most respondents indicated they would be motivated to participate in a faculty-led alternative practicum if the experience counted toward missed practicum hours (64% of first-semester students and 50% of second-semester students). Additionally, 50% of students in both cohorts expressed interest in participating beyond required make-up sessions to gain additional knowledge and skills in community and public health nursing. Across both cohorts, the topics of greatest interest were communication with vulnerable populations, substance use disorders and harm reduction, emergency preparedness and response, and gun violence as a public health issue. Hands-on learning activities were the most preferred instructional method (72% of first-semester students and 78.9% of second-semester students). First-semester students also favored faculty-led small-group learning (54%), whereas second-semester students showed a stronger preference for simulation-based learning (60.5%). Reflection activities were consistently identified as the least preferred learning method by both cohorts.

**Conclusions:** The survey findings demonstrate strong student interest in a faculty-led alternative practicum experience, particularly when it fulfills missed clinical hours while providing opportunities to strengthen public health competencies. Students preferred active, experiential learning approaches focused on contemporary public health issues affecting vulnerable populations. These findings support the development of a flexible, learner-centered alternative practicum that aligns with student preferences and course outcomes, while addressing the ongoing challenge of providing meaningful make-up clinical experiences in community public health nursing.

## Biography

Dr. Sun Young Park, Assistant Professor at the University of Maryland School of Nursing, specializes in Community Public Health Nursing. Park 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, Park provided primary care to homeless individuals, addressing complex health needs. At the County Health Department, Park 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.



**Wang Jie\*, Han Xiaoxia**

Zhengzhou University School of Nursing, Zhengzhou, China

## Construction and application of evidence-based self-management program for patients with diabetic foot based on i-PARIHS framework

**Background:** Diabetic foot is a serious complication of diabetes mellitus, which may lead to foot ulceration and amputation. Poor self-management is a major risk factor for adverse outcomes. The integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) framework supports the translation of evidence into clinical practice. This study aimed to construct an evidence-based self-management program for patients with diabetic foot and test its preliminary application.

**Methods:** A mixed-methods approach was used. Qualitative interviews were conducted with patients, nurses and experts to explore barriers and facilitators of self-management. A systematic review was performed to synthesize relevant evidence. Guided by the i-PARIHS framework, we developed the tailored intervention program. Baseline data of participants have been completely collected.

**Results:** The program includes foot care, medication guidance, blood glucose monitoring, diet instruction and psychological support. It adapts evidence to local clinical context and patients' actual needs. Baseline characteristics of enrolled participants were obtained for further intervention.

**Conclusion:** The i-PARIHS-based self-management program is feasible. It has potential to improve diabetic foot patients' self-management capacity and reduce foot complications. Further implementation and outcome evaluation will be carried out.

## Biography

Wang Jie is a postgraduate student majoring in nursing at Zhengzhou University School of Nursing. Wang's research field focuses on evidence-based nursing and chronic disease care. Wang's current study constructs an evidence-based self-management intervention for patients with diabetic foot under the i-PARIHS framework.



**Wang Jie\*, Han Xiaoxia**

Zhengzhou University School of Nursing, Zhengzhou, China

## **A qualitative study on barriers to self-management among patients with diabetic foot from the perspective of illness experience: In-depth interviews with patients, caregivers and healthcare providers**

**Background:** Diabetic foot is a serious complication of diabetes mellitus, and effective self-management is critical to prevent ulceration and amputation. Most existing studies explore self-management barriers only from patients' perspective, while few studies incorporate viewpoints of caregivers and healthcare providers. From the illness-experience perspective, this study aimed to identify multi-level barriers of self-management for diabetic foot patients based on tripartite interviews.

**Methods:** A qualitative phenomenological study was conducted. Purposive sampling was adopted to recruit diabetic foot patients, primary family caregivers and clinical healthcare providers. Semi-structured in-depth interviews were performed. Colaizzi's seven-step analysis was used for data analysis until data saturation was achieved.

**Results:** Three main themes were extracted. ① Individual barriers: insufficient disease risk perception, physical pain, psychological burnout and economic burden restricted patients' self-management. ② Family-related barriers: caregivers lacked professional knowledge, suffered care-giving burnout, and family support varied among participants. ③ Healthcare-system barriers: fragmented in-hospital health education, insufficient post-discharge continuous guidance, and theoretical content mismatched real-life family situations.

**Conclusion:** Barriers to diabetic foot self-management originate from individual, family and healthcare dimensions. Single-patient-oriented education is limited. Comprehensive

strategies targeting patients, caregivers and post-discharge care are required. The findings can provide real-world evidence for developing self-management intervention programs.

### **Biography**

Wang Jie is a postgraduate student majoring in nursing at Zhengzhou University School of Nursing. Wang's research interests include evidence-based nursing and chronic disease care. This qualitative study explores self-management barriers of diabetic foot patients from the perspectives of patients, caregivers and healthcare providers.



**Xiao-Yan Dong\*, La-Mei Liu, Ya-Di Zhang, Yun Li, Li Wang, Jing-Wen Miao, Meng-Yao Li**

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## **Experiences of online health information seeking behavior among patients with initial stroke during the transition period in China: A qualitative research**

Stroke is one of the major causes of death and disability worldwide. In recent years, the prevalence of initial stroke has continued to rise, further increasing the burden on society and families. With the ongoing digitalization of health resources, online health information has become a crucial channel for stroke patients to access health information and engage in self-health management due to its convenience and accessibility. Therefore, systematically exploring the characteristics of online health information seeking behavior among patients with initial stroke can not only guide patients in implementing scientific and effective health management but also facilitate the development, dissemination, and adaptation of online health resources to better meet patients' rehabilitation needs.

**Purpose:** This study aims to explore the actual experiences of online health information seeking behavior during the hospital-to-home transitional period for patients with initial stroke, focusing on patients' health information needs, channel preferences, and the difficulties and challenges faced in the process of information acquisition during this period. The findings will provide support for developing health information service solutions tailored to China's cultural context and meeting patients' practical needs, while also offering a scientific and reliable basis for improving health information delivery models during the transition period, thereby enhancing the quality of health management for patients.

**Methods:** This study employed semi-structured face-to-face in-depth interviews to investigate 15 initial stroke patients in the hospital-to-home transition period. The study

participants were recruited between November 2025 and February 2026 in the neurology ward unit of a hospital in China, ensuring the representativeness of the subjects and the authenticity of the research setting.

**Results:** The online health information seeking behavior of patients with initial stroke exhibited diverse characteristics. Through systematic organization and analysis of interview data, this study identified four key themes: the motivations and triggering mechanisms of online health information seeking behavior; the decision-making logic and channel preferences of online health information; the methods of obtaining and processing online health information; and the evaluation and feedback of online health information. Building on this framework, the study further refined these themes: the motivations and triggering mechanisms were subdivided into two sub-themes; the decision-making logic and channel preferences, as well as the acquisition and processing strategies, were each broken down into three sub-themes; and the evaluation and feedback behaviors were further categorized into four sub-themes.

**Conclusions:** Patients with first-onset stroke have an especially urgent need for health information during the transition period from hospital to home due to their initial illness. However, when seeking health information through online channels, they often encounter multiple difficulties at both the emotional and skill levels. Therefore, understanding the real experiences of patients in their online health information seeking behavior provides a basis for formulating targeted intervention strategies, which is of great significance for optimizing patient health management and improving the quality of rehabilitation during the transition period.

**Keywords:** Initial Stroke, Health Information Seeking Behavior, Information Needs, Hospital-to-Home Transition Period, Qualitative Research.

## Biography

Xiao-Yan Dong doing her master degree in Zhengzhou University, nurse



**Xinyi Liu\*, Weiwei Bian**

Shanghai Ninth People's Hospital, Shanghai Jiao Tong University School of Medicine, China

## Biopsychosocial burden of patients with peripheral facial paralysis in China: A qualitative study

**Aims:** To explore the biopsychosocial burden of patients with peripheral facial paralysis within a Chinese collectivistic cultural context and to identify implications for a culturally congruent, family-centered care model.

**Methods:** Seventeen patients diagnosed with peripheral facial paralysis at a tertiary hospital participated in semi-structured, in-depth interviews conducted between January and May 2025. Participants were selected via purposive sampling. The data were analyzed using a thematic analysis approach. The study adhered to the Standards for Reporting Qualitative Research reporting guideline.

**Results:** The biopsychosocial burden of patients with peripheral facial paralysis can be summarized into four themes: (1) impaired physiological functions, (2) the psychosocial impact, (3) the impacts of social roles and relationships, and (4) coping strategies and hope. The core finding was that patients' suffering is deeply socialized. Patients experienced "relational shame," where their disfigurement was perceived as a familial "loss of face," which manifested as "intergenerational anxiety."

**Conclusion:** The biopsychosocial burden of patients with peripheral facial paralysis in a Chinese cultural context extends significantly beyond individual physical and psychological distress to include profound social and familial consequences. These findings highlight the critical need for a comprehensive, culturally sensitive, and family-centered care model to address the complex biopsychosocial needs identified in this patient population.

## Biography

Miss Liu studied nursing at the Shanghai Jiao Tong University (SJTU) and graduated as MS in 2021. After graduation, Liu joined Shanghai Ninth People's Hospital, Shanghai Jiaotong University School of Medicine, and became a research nurse. Liu's work focuses on enhancing psychosocial well-being and quality of life for patients with facial paralysis through evidence-based nursing interventions. Xinyi Liu excels in identifying clinical challenges and conducting research to improve mental health outcomes. Liu has published more than 8 research articles in SCI (E) journals and prominent Chinese academic publications.



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## Summary of best evidence for management of nutrition impact symptoms in patients with esophageal cancer undergoing neoadjuvant chemoradiotherapy

**Background:** Nutrition Impact Symptoms (NIS) refer to a constellation of symptoms affecting patients' ability to eat due to disease or treatment. Patients with esophageal cancer undergoing neoadjuvant chemoradiotherapy experience a substantial burden of NIS during treatment, which can lead to nutritional deterioration and result in treatment interruption or delay. The aim of this study is to provide an evidence-based basis for clinical practice of NIS management in patients with esophageal cancer undergoing neoadjuvant chemoradiotherapy by systematically summarising the best current evidence.

**Methods:** According to the “6S” evidence resource model, evidence retrieval was searched from the top-down and collected relevant guidelines, best practices, evidence summaries, systematic reviews and expert consensus. The retrieval time limit was from database establishment to 20 October 2025. Two reviewers independently screened and evaluated the literature, and then extracted and summarised the evidence according to the JBI grading of evidence and recommendation system.

**Results:** A total of 32 publications were finally included, including 6 clinical decisions, 14 guidelines, 7 evidence summaries, 4 expert consensus and 1 systematic review. Through the induction and integration of the evidence, the evidence was finally summarised from four symptom themes: gastrointestinal-related symptoms, eating-related symptoms, treatment side effects-related symptoms and emotional-related symptoms, and 38 best evidences were formed.

**Conclusions:** This study systematically summarised the best evidence for NIS management in patients with esophageal cancer undergoing neoadjuvant chemoradiotherapy, which can provide guidance for clinical staff to develop and apply NIS intervention and practice programmes for these patients and improved the nutritional status and quality of life.

**Keywords:** Best Evidence, Nutrition Impact Symptoms, Management, Esophageal Cancer, Neoadjuvant Chemoradiotherapy..

### **Biography**

Yingying Liu is a nursing graduate student at the School of Nursing and Health, Zhengzhou University. Liu's research focuses on oncology nursing and nutritional care.



**Yiran Tong<sup>1\*</sup>, Yan Peng<sup>1</sup>, Jun Guo<sup>2</sup>**

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## Navigating risk and responsibility: Nurses' decision-making in implementing the Free Water Protocol for dysphagia care

**Background:** The Free Water Protocol (FWP) has been increasingly adopted in dysphagia care to improve patient hydration and quality of life. However, its clinical implementation remains complex, as nurses must continuously balance the risk of aspiration against patient-centered benefits. While existing studies have primarily focused on clinical outcomes and protocol efficacy, limited attention has been paid to how nurses make real-time decisions during FWP implementation.

**Aim:** To explore the clinical decision-making processes of nurses when implementing the Free Water Protocol in dysphagia care.

**Methods:** A qualitative study was conducted using a constructivist grounded theory approach. Purposive sampling was used to recruit 18 registered nurses from stroke units and rehabilitation settings, all of whom had experience in dysphagia management. Data were collected through semi-structured interviews and analyzed using constant comparative methods, including open, axial, and selective coding.

**Results:** Nurses' decision-making emerged as a dynamic and context-sensitive process shaped by three interrelated domains. First, risk appraisal involved continuous assessment of patients' swallowing status, alertness, and clinical stability. Second, situational negotiation required nurses to reconcile protocol guidelines with patient preferences, family expectations, and interdisciplinary input. Third, adaptive implementation reflected real-time modifications to FWP practices in response to fluctuating patient conditions and care environments. Across

these domains, nurses relied heavily on experiential knowledge to interpret ambiguous clinical cues and to bridge gaps between standardized protocols and individualized care. Notably, decision-making was not a discrete event but an ongoing process embedded within routine care activities.

**Conclusion:** Implementing the Free Water Protocol extends beyond protocol adherence; it demands complex clinical reasoning and adaptive judgment from nurses. These findings underscore the need to recognize and support nurses' decision-making roles in dysphagia management and to develop implementation strategies that integrate experiential knowledge alongside formal guidelines. Enhancing interdisciplinary communication and decision support may further optimize the safe and patient-centered application of the FWP.

## Biography

Yiran Tong, a master's student (Class of 2024) at the School of Nursing and Health, Zhengzhou University, studies under the supervision of Chief Nurse Guo Jun from the Fifth Affiliated Hospital of Zhengzhou University. Tong's research team has long been dedicated to the field of dysphagia rehabilitation nursing, achieving a series of professional outcomes in assessment techniques, complication prevention and control, and management systems. The team has published over 20 papers in the Chinese Medical Association journal series, obtained multiple patents and software copyrights, and demonstrated solid capabilities in clinical translation and scientific research.



**Yixuan Liu<sup>1\*</sup>, Huiyi Li<sup>1</sup>, Yaqin Zhang<sup>2</sup>**

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## **Perioperative health management needs of patients undergoing metabolic and bariatric surgery: A qualitative study**

Patients undergoing Metabolic and Bariatric Surgery (MBS) face substantial changes in treatment tasks, lifestyle behaviors, and self-management responsibilities throughout the perioperative period. Understanding their health management needs is essential for providing patient-centered and stage-appropriate nursing support. This study aimed to explore the perioperative health management needs of patients undergoing MBS from the decision to undergo surgery through hospital discharge.

A descriptive qualitative study was conducted from April to June 2026 in the metabolic surgery department of a tertiary hospital in China. Seventeen adult patients undergoing MBS were recruited using purposive sampling. Individual semi-structured interviews were conducted one day before discharge. Participants were guided to retrospectively describe their experiences and health management needs from the decision to undergo surgery through preoperative preparation and early postoperative recovery. Interview data were transcribed verbatim and analyzed using thematic analysis.

Patients' health management needs varied across different stages of the perioperative period. During the decision and evaluation stage, patients expressed needs for professional and reliable information, decision support, and psychological support, particularly when facing uncertainty regarding surgical risks, treatment outcomes, and postoperative lifestyle changes. During the preoperative preparation stage, patients required clearer treatment-related information, expectation management, and support in adapting to intensive examinations, fasting requirements, and rapidly progressing treatment processes. During

the early in-hospital postoperative recovery stage, patients emphasized effective symptom management, individualized rehabilitation guidance, and preparation for self-management after discharge. In particular, concerns regarding diet and nutrition, medication management, recognition of abnormal symptoms, and adjustment to postoperative lifestyle changes became increasingly prominent as discharge approached. These findings indicate that patients' priorities shift continuously with treatment progression and that unmet needs may occur at multiple points during perioperative care.

Health management needs among patients undergoing MBS demonstrate clear stage-specific characteristics. Nursing professionals should provide timely and individualized support according to patients' changing needs across the perioperative period, with particular attention to reliable information provision, treatment expectation management, individualized rehabilitation, psychological support, and preparation for post-discharge self-management.

## Biography

Yixuan Liu is a postgraduate nursing student at the School of Nursing and Health, Zhengzhou University, China. Liu's research interests focus on perioperative nursing, metabolic and bariatric surgery nursing, patient-centered care, and health management. Liu's current research explores the health management needs and care experiences of patients undergoing metabolic and bariatric surgery, with the aim of improving stage-specific and individualized nursing support.



Yue Li<sup>1\*</sup>, Lulu Li<sup>2</sup>, Xuan Wang<sup>1</sup>,  
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## Effectiveness of nonpharmacological interventions for poststroke hemiplegic shoulder pain: A systematic review and network meta-analysis

**Background:** Hemiplegic shoulder pain is a common complication after stroke. It causes limitation of shoulder mobility and delays functional recovery. Several nonpharmacological interventions have been developed to manage this condition. However, their comparative effectiveness remains unclear.

**Objective:** This study aimed to evaluate and compare the effectiveness of various nonpharmacological interventions for poststroke hemiplegic shoulder pain through a systematic review and network meta-analysis.

**Information sources:** Randomized controlled trials investigating nonpharmacological interventions for hemiplegic shoulder pain were systematically searched in PubMed, Embase, Cochrane Library, and Web of Science up to April 26, 2025.

**Methods:** Eligible studies included adult stroke survivors with hemiplegic shoulder pain receiving non-pharmacological interventions compared with conventional therapy, sham, or other interventions. The primary outcome was pain intensity; secondary outcomes were shoulder range of motion, upper limb motor function, and activities of daily living. Risk of bias was assessed using the Cochrane RoB 2 tool. A frequentist network meta-analysis using random-effects models was conducted in R software 4.4.1. Interventions were ranked using P-scores.

**Results:** Twenty-two studies involving 798 patients were included. Peripheral nerve stimulation (SMD=-3.87, 95% CI: -6.58 to -1.15), functional electrical stimulation (MD=-1.76, 95% CI: -3.26 to -0.25), and neuromuscular electrical stimulation (SMD=-1.35, 95% CI: -2.60 to -0.10) were significantly more effective than conventional therapy in reducing pain. Interferential current showed the greatest benefit in improving shoulder flexion (MD=20.28, 95% CI: -2.64 - 43.19) and abduction (MD=31.10, 95% CI: 5.23 - 56.97). The functional electrical stimulation ranked highest for upper limb motor recovery. Transcutaneous electrical nerve stimulation ranked first for activities of daily living improvement, although the difference was not statistically significant.

**Conclusions:** This network meta-analysis demonstrated that electrical stimulation interventions, particularly peripheral nerve stimulation, functional electrical stimulation, and neuromuscular electrical stimulation, provide significant pain relief for poststroke hemiplegic shoulder pain patients, whereas interferential current and functional electrical stimulation show advantages in shoulder mobility and motor recovery, respectively. Although transcutaneous electrical nerve stimulation has shown potential in improving activities of daily living, evidence remains limited. These findings support the integration of effective nonpharmacological interventions into routine rehabilitation practice. Future large-scale, multicenter randomized controlled trials with longer follow-up periods are needed to confirm long-term efficacy and explore multimodal combination therapies.

**Registration:** The protocol was registered in PROSPERO (Registration number: CRD420251036920).

**Keywords:** Hemiplegia, Network Meta-Analysis, Physical Therapy Modalities, Randomized Controlled Trials as Topic, Shoulder Pain, Stroke, Systematic Review.

## Biography

Yue Li is a graduate student at the College of Nursing and Health, Zhengzhou University, specializing in clinical specialist nursing. Li's research centers on stroke care in neurology, with a focus on improving patient outcomes and advancing evidence-based nursing practice.

Yuzi Lu

Zhengzhou University, China

## Qualitative study on the experiences of kinesiophobia and coping needs of middle-aged and elderly stroke patients

**Objective:** Based on the fear-avoidance model, this study aims to explore the experiences of kinesiophobia and the coping needs of middle-aged and elderly stroke patients, providing a basis for formulating targeted exercise intervention plans.

**Methods:** Using purposive sampling, 15 middle-aged and elderly stroke patients who visited the neurorehabilitation department of a tertiary grade A hospital in Zhengzhou from March 2026 to June 2026 were selected as the research subjects. Semi-structured, in-depth interviews were conducted, and the data were analyzed using the Colaizzi 7-step analysis method to extract themes.

**Results:** Based on the fear-avoidance model, 3 themes were extracted. ① Kinesiophobia in middle-aged and elderly stroke patients has multiple causes: sudden illness-induced physical loss of control and near-death experience; the continuous reinforcement effect of traumatic memories; insufficient disease cognition and incorrect attribution. ② The experiences of kinesiophobia in middle-aged and elderly stroke patients are complex: enhanced physical alertness and excessive sensitivity; significant negative emotional experiences; avoidance behaviors and dependent mentality. ③ The coping needs of middle-aged and elderly stroke patients with kinesiophobia include professional medical and rehabilitation guidance; psychological and emotional support; resources and environmental support; family care and support.

**Conclusion:** Middle-aged and elderly stroke patients often have incorrect perceptions of movement and adopt avoidance coping methods, reducing exercise compliance and contributing to kinesiophobia. Clinical medical staff should strengthen health education, help formulate exercise plans, and provide support to alleviate fear of movement and promote scientific exercise.

**Keywords:** Middle-Aged and Elderly, Stroke, Kinesiophobia, Qualitative Research.



Yuze An\*, Wen Wang, Chenying Zhu, Qianhui Ji, Jiaqi Wang, Jianan Zhang, Yanli Zhao

School of Nursing and Health, Zhengzhou University, Zhengzhou, China

## Characterizing heterogeneous risk profiles and user personas among adolescents with self-injurious thoughts and behaviors: An explanatory sequential mixed-methods study

**Background:** Adolescents with Self-Injurious Thoughts and Behaviors (SITB) represent a heterogeneous population with different combinations of individual, family, interpersonal, and contextual risks. Identifying distinct risk profiles and translating these differences into user-centered personas may help inform more tailored support and intervention strategies. This study aimed to identify heterogeneous risk profiles among adolescents with SITB and develop profile-specific user personas based on quantitative classification and qualitative interviews.

**Methods:** An explanatory sequential mixed-methods design was used. First, Latent Profile Analysis (LPA) was conducted to identify distinct subgroups of adolescents with SITB according to their patterns of risk characteristics. Second, semistructured interviews were conducted with adolescents representing the identified profiles. Qualitative data were analyzed using inductive and deductive content analysis, with cross-profile comparison focusing on adolescents' self-harm experiences, major stressors, coping patterns, support needs, and intervention priorities. Quantitative and qualitative findings were then integrated to construct customized user personas.

**Results:** Four profiles were identified: (1) an interpersonal and academic stress-driven profile, characterized mainly by peer and academic stressors; (2) a family emotional invalidation and dysfunctional functioning-driven profile, characterized by family conflict, parental control, emotional neglect, and ineffective parent–child communication; (3) an internal emotional and cognitive-behavioral dysregulation-driven profile, characterized by negative self-evaluation,

rumination, perfectionistic demands, and difficulties in emotion and problem regulation; and (4) a multiple-risk profile, characterized by high-risk factors across individual, family, and peer domains and a comparatively higher level of self-harm risk. Eleven adolescents in the multiple-risk profile participated in qualitative interviews. Across profiles, adolescents differed in the meanings attributed to self-harm, coping patterns, perceived support, and intervention priorities. These findings were synthesized into four customized user personas reflecting distinct patterns of vulnerability and support needs.

**Conclusions:** Adolescents with SITB comprise heterogeneous profiles with distinct combinations of risk factors and support needs. Integrating LPA with qualitative user-persona development can provide a multidimensional representation of these adolescents and may facilitate the design of more targeted, profile-matched interventions.

## Biography

Yuze An is a postgraduate researcher at the School of Nursing and Health, Zhengzhou University. An's research focuses on adolescent mental health, self-injurious thoughts and behaviors, family and peer-related psychosocial factors, and qualitative and mixed-methods approaches to developing personalized interventions.

**Zhao Ai**

Zhengzhou University, China

## Concept analysis of caring ability of family caregivers of patients with mental disorders

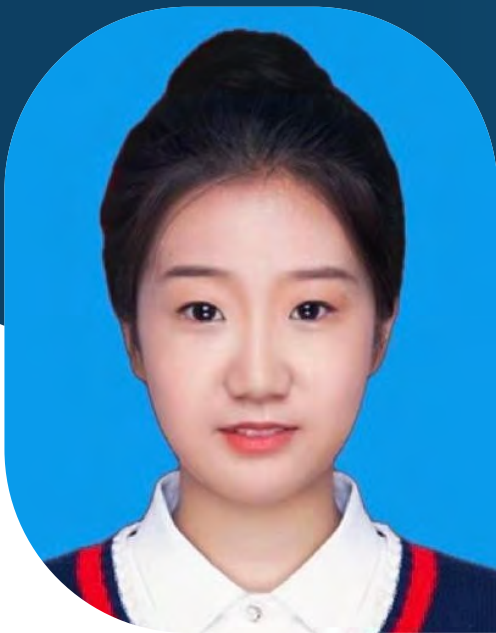
**Objective:** To analyze and clarify the concept and connotation of caring ability of family caregivers of patients with mental disorders.

**Methods:** PubMed, Scopus, Web of Science, Cochrane Library, Science Direct, CNKI, VIP, Wanfang and Chinese Biomedical Literature Database were systematically searched for literatures on caring ability of family caregivers of patients with mental disorders. The search time limit was from the establishment of the database to July 2025. Rodgers' evolutionary method for concept analysis was used to analyze the literature.

**Results:** Caring ability of family caregivers of patients with mental disorders included five conceptual attributes: knowledge, skills, self-efficacy, stigma management, and problem-solving. The antecedent factors include patient factors, caregiver factors and social support. Post-impact includes the impact on patients and the impact on caregivers.

**Conclusions:** This study clarified the conceptual attributes of caring ability of family caregivers of patients with mental disorders through concept analysis. In the future, researchers should combine the connotation of caring ability of family caregivers of patients with mental disorders, develop localized assessment tools for caring ability of family caregivers of patients with mental disorders, and construct targeted intervention programs, so as to improve the quality of nursing staff and enhancing the care experience of patients with mental disorders.

**Keywords:** Mental Disorder, Family Caregiver, Caregiving Ability, Rodgers' Evolutionary Concept Analysis.



**Zhang Mengge<sup>1\*</sup>, Chang Shuying<sup>2</sup>**

<sup>1</sup>Zhengzhou University, China

<sup>2</sup>Henan Provincial People's Hospital, China

## A graded care management strategy and its effectiveness analysis for elderly patients with cognitive impairment

**Objective:** To develop a tiered care management strategy for elderly patients with cognitive impairment and to evaluate its clinical effectiveness.

**Methods:** A randomized controlled trial design was employed. Eighty-four elderly patients with cognitive impairment from the Geriatrics Department of a Grade III Level A hospital in Henan Province who met the inclusion criteria were selected and randomly assigned to an intervention group and a control group (42 patients each) using a coin toss. The control group received routine geriatric care, while the intervention group, in addition to routine care, was stratified into three levels — mild, moderate, and severe — based on the results of the Mini-Mental State Examination (MMSE), and each group received a differentiated, tiered care management strategy: the mild group focused primarily on cognitive training and behavioral guidance; the moderate group added assistance with Activities of Daily Living (ADL) and environmental safety interventions to this foundation; and the severe group further emphasized nutritional support, prevention of complications, and empowerment of family members. The intervention period lasted 8 weeks. Before and after the intervention, the Mini-Mental State Examination (MMSE), Activities of Daily Living (ADL) scale, Neuropsychiatric Inventory (NPI), and Zarbin Burden Index (ZBI) were used to assess patients' cognitive function, functional ability, neuropsychiatric symptoms, and caregiver burden.

**Results:** After the intervention, the mild group showed the most significant improvement in cognitive function ( $P < 0.01$ ); the moderate group demonstrated a marked increase in ADL scores ( $P < 0.05$ ); and the severe group exhibited a significant decrease in NPI scores ( $P < 0.01$ ). Psychiatric and behavioral symptoms were effectively controlled in all groups, and caregiver

burden was significantly reduced compared to pre-intervention levels ( $P<0.05$ ). Stratified comparisons showed that the tiered care strategy was more effective than the traditional uniform care model in maintaining cognitive function, preserving activities of daily living, and managing psychiatric symptoms ( $P<0.05$ ).

**Conclusion:** A tiered care management strategy based on the severity of cognitive impairment can effectively slow cognitive decline in patients, improve their ability to perform activities of daily living, reduce psychiatric and behavioral abnormalities, and simultaneously alleviate the burden on caregivers. This strategy embodies the principles of precision and individualized care and is suitable for promotion and application in the clinical practice of caring for older adults with cognitive impairment.

**Keywords:** Cognitive Impairment, Elderly Patients, Tiered Care.

### Biography

Zhang Mengge is a master student in Nursing at Zhengzhou University. Zhang's research interests include oncology nursing and symptom network analysis. Zhang mainly explores psychological status and resilience of family caregivers of breast cancer patients, and conducts scale-related research to support cancer care interventions.



**Zhaowen Wu\*, Ting Chu**

Zhejiang Chinese Medical University, China

## Exploring digital health experiences and needs in smart blood glucose management among older adults with type 2 diabetes: A qualitative study

**Background and Aim:** Digital health technologies, including smart blood glucose monitoring tools, have increasingly been integrated into diabetes self-management. However, older adults with type 2 diabetes may experience challenges in adopting and sustaining the use of digital health technologies due to variations in digital literacy, technology acceptance, and support availability. This study aimed to explore the experiences, perceptions, and needs of community-dwelling older adults with type 2 diabetes regarding smart blood glucose management.

**Methods:** A qualitative descriptive study was conducted among community-dwelling older adults with type 2 diabetes. Participants were recruited using purposive sampling from a community healthcare setting. Semi-structured individual interviews were conducted to collect data regarding participants' experiences with digital health information, blood glucose monitoring technologies, and related support needs. All interviews were audio-recorded, transcribed verbatim, and analysed using Braun and Clarke's thematic analysis approach. NVivo software was used to facilitate data management and coding.

**Results:** Nineteen older adults with type 2 diabetes participated in the study. Five themes were identified: (1) Dynamic motivation in disease risk perception; (2) Digital health information as both empowerment and cognitive burden; (3) Convenience, barriers, and trust related to digital monitoring tools; (4) Community healthcare support and selective engagement with digital health management; and (5) Emotional and behavioural responses to blood glucose monitoring results. Participants recognised the potential benefits of digital health

technologies in improving disease awareness and self-management, but reported barriers including insufficient digital skills, concerns about technology reliability, information overload, and limited ongoing professional support.

**Conclusion and Implications:** Older adults with type 2 diabetes have complex and evolving experiences with smart blood glucose management. Digital health interventions should adopt a person-centred approach by considering individual digital literacy, emotional responses, technology usability, and the supportive role of community healthcare professionals. These findings provide insights for developing accessible and sustainable digital health strategies to improve diabetes self-management among older populations.

**Keywords:** Digital Health, Smart Blood Glucose Management, Older Adults, Type 2 Diabetes, Qualitative Study, Patient-Centred Care.

## Biography

Zhaowen Wu is a postgraduate nursing student at Zhejiang Chinese Medical University. Wu's research interests focus on digital health, chronic disease management, and technology-supported nursing care for older adults. Wu has been involved in qualitative and quantitative studies exploring health behaviours, self-management, and healthcare experiences among individuals with chronic diseases. Wu's current research focuses on the application of digital health technologies in improving disease management and patient-centred care for older adults.

10<sup>TH</sup> EDITION OF

# NURSING WORLD CONFERENCE

HYBRID EVENT

**22-24**  
OCTOBER 2026

## POSTER PRESENTATIONS





**Agnes Servidad**

St. Paul University Iloilo, Philippines

## Utilization of and self-efficacy in health assessment core skills among Paulinian student nurses: A basis for course enhancement

Health assessment is a critical element of nursing practice, essential for identifying and managing patient health issues. This descriptive, inferential, and correlational study utilized stratified random sampling to evaluate Health Assessment Core Skills (HACS) utilization and self-efficacy among 212 second-year, third-year, and fourth-year Paulinian student nurses. A researcher-developed instrument demonstrated high internal consistency (Cronbach's alphas: 0.98 for HACS utilization, 0.97 for self-efficacy). The findings revealed a predominance of female participants, with third-year students showing notably high levels of HACS utilization (VHLU) and self-efficacy (VHLSE). While there was no significant difference in HACS utilization based on year level, there was a significant difference based on sex. Moreover, a strong positive correlation was found between HACS utilization and self-efficacy. Challenges identified included lack of time and too many interruptions, exposure to specialty areas, and no time due to increased workload, while top recommendations for improvement encompassed consistent practice, continuous review, and ongoing feedback. The study advocates for disseminating these results to enhance health assessment curricula and practices, and ultimately ensure high-quality nursing care.

### Biography

Agnes G. Servidad is a current Level 4 Nursing student at St. Paul University Iloilo, Philippines. Utilization of and Self-efficacy in health assessment core skills among Paulinian student nurses: A basis for course enhancement, is Servidad's undergraduate research, which Servidad started in academic year 2025-2026 while a Level 3 Nursing student at the same institution.



**Ashley Ariail\*, Lalitha Natarajan**

Children's Health, United States

## **Bridging the therapy gap: Pediatric suicide prevention**

Pediatric suicide is the second leading cause of death for youth ages 10 to 24 years old. In 2021 the American Academy of Pediatrics listed suicide as a national emergency. As a result of increased suicidality and low outpatient resources, emergency departments have taken the brunt of the mental health crisis. Most emergency departments are not equipped for case management of mental health issues. The Bridge Program at Children's Health was developed to "bridge" the gap from discharge from the ED following suicidal ideation or attempt and connection to community providers. Research has shown that approximately 50% of those discharged from the ED do not have a mental health appointment within 30 days. The Children's Health Bridge Program will provide four weeks of therapy, using the evidence-based practices SAFETY-Acute and Attachment-Based Family Therapy to provide stabilization, coupled with care coordination. The program will also provide a mental health coordinator to assist with navigating insurance and leveraging community partnerships to secure appointments for long term care. By providing this support we will save lives, empower parents, and increase communication between the hospital and outpatient teams. The bridge program is IRB approved as non-regulated research and will collect data on: 1) Has the patient been readmitted to the ED for suicidal ideation or attempt since beginning the Bridge Program? 2) At the end of the program, is the patient connected to an outpatient mental health provider? This program is in its initial phases and is currently accepting patients.

### **Biography**

Ashley Ariail is a Licensed Professional Counselor- Supervisor and Certified Eating Disorder Specialist at Children's Health. Ariail has over 15 years of experience working with children and families at all levels of care including inpatient psychiatry and medical floor consult liaison services. Ariail's areas of interest are public mental health, pediatric eating disorders, and

pediatric suicide prevention. Ariail recently completed a Master of Public Health at Johns Hopkins, where Ariail was awarded a Bloomberg Fellowship. Ariail is currently working on a Doctor of Public Health in Health Promotion and Health Education at UT Health Houston.



## Berly Catalina Hernandez Noreña\*, Angela Viviana Aguirre Salazar

Hospital San Vicente Fundación, Medellín, Antioquia,  
Colombia

### Pathway for the prevention of bacteremia associated with Central Venous access Catheter (CVC): Results of a successful experience

An evidence-based multimodal intervention strategy was implemented to reduce central line-associated bloodstream infections (CLABSI). A total of 4,590 observations were conducted in high-dependency units.

Improvements were observed in critical factors: non-compliance with dressing care procedures decreased from 27% to 0.67%, while the inappropriate use of vascular access devices decreased from 12% to 2.38%. These results are consistent with evidence reporting reductions of more than 50–60% through auditing and feedback.

The CLABSI rate decreased from 3.3 to 0.7 per 1,000 catheter-days, remaining below 1.0 and aligning with CDC/NHSN standards.



**Brian Ace Mones**

Houston Methodist Hospital, Houston, Texas, United States

## Go with the flow: Steering Lumbar Drain (LD) integration into neuro acute care unit

Lumbar Drain (LD) placement is a common neurosurgical procedure in which a spinal catheter is inserted into the lumbar canal and connected to a closed drainage system for controlled diversion of Cerebrospinal Fluid (CSF) to facilitate healing and repair. It is used prophylactically or as first-line treatment for CSF leaks, to predict Ventriculo Peritoneal Shunt (VPS) success, and for both diagnostic and therapeutic purposes.

Patients with lumbar drain patients have traditionally been managed in intensive care settings due to the perceived risks of complications and the need for intensive monitoring. This limited ICU bed availability and did not fully utilize the capability of the acute care unit.

The initiative was started to explore whether lumbar drains could be managed safely outside the ICU, in the acute care setting. The purpose of this initiative was to enhance the safety and effectiveness of the lumbar drain management in the neuro acute care setting by implementing a volume-limiting drainage system, providing targeted staff education and training, and ensuring an appropriate patient-to-staff ratio. This aimed to reduce clinical and lumbar drain-related complications and promote improved discharge outcomes among adult neuro patients.

This quality improvement initiative began in April 2024 and utilized the PDCA (Plan-Do-Check-Act) methodology. Nursing staff received target training on lumbar drain care, patient positioning, and early complication recognition. Multidisciplinary collaboration was strengthened, a volume-limiting drainage system was adopted, and a 3:1 patient-to-staff ratio was implemented. Strong collaboration was established with nursing leaders, unit educators, physical therapists, nurse practitioners, physicians, and residents to ensure a multidisciplinary

approach. Chart reviews were performed from May 2024 through March 2025 (N=40) to review complication rates, discharge outcomes, and overall safety of lumbar drain management in the acute care unit.

Over half of the patients (52%) experienced no complications and all were discharged in stable condition. The most common non-serious complication was headache (35%) followed by back pain (10%). Most patients (97%) were discharged home, with only 3% requiring inpatient rehabilitation. Only one lumbar drain–related incident — a tubing disconnection during patient movement — was identified and promptly resolved by neurosurgery without further issues.

The results demonstrate that lumbar drains can be safely managed in the neuro acute care unit when supported by well-trained staff, volume-limiting drainage system and appropriate patient-to-staff ratio. Effective care delivery outside the ICU setting was reflected through low complication rates, rapid resolution of complications, and high percentage of home discharges. Furthermore, managing lumbar drains in the acute care unit optimizes ICU bed availability while maintaining patient safety and quality outcomes.

This initiative highlights the critical role of nursing competency, interprofessional collaboration, and adherence to standardized practice in delivering specialized care. In summary, the results of this initiative support expanding the scope of acute care nursing practice to confidently and competently care for high-acuity neurological patients.

## Biography

Brian Ace J. Mones, MSN, RN, NPD-BC, CCRN, CMSRN, CNRN, SCRN, holds a Master's Degree in Nursing Administration and a Bachelor of Science in Nursing from Central Philippine University. With over 15 years of extensive nursing experience, Mones' expertise spans neuro and general critical care, acute care, and nursing education. Mones served 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, Mones serves as a clinical resource, skill validator, simulation facilitator, neuro examination reviewer, and course lecturer. Dedication to nursing has earned Mones the Good Samaritan Foundation's Excellence in Nursing Award (2024 - Clinical Educator) (2026 – Clinical RN) and recognition as one of Houston's Top 200 Nurses (2024).



**Brian Ace Mones**

Houston Methodist Hospital, Houston, Texas, United States

## Call me, maybe? (nah, I'm ready!) - Strengthening PCA-MT emergency response

**Background:** Early recognition and coordinated response to clinical deterioration are essential components of safe, high-quality care in the Neuro Intensive Care Unit (ICU), where patients are vulnerable to rapidly evolving neurologic and cardiopulmonary emergencies. Patient Care Assistants (PCAs) and Mobility Technicians (MTs) are integral members of the frontline care team whose proximity to patients positions them to recognize changes in clinical status and support timely escalation of care. Despite this critical role, a standardized emergency preparedness curriculum tailored to the scope and responsibilities of PCAs and MTs was not available within the unit, revealing an opportunity to strengthen workforce readiness, role clarity, and confidence during high-risk events. Evidence supports simulation-based and hybrid education as effective strategies for advancing knowledge, skills, teamwork, and confidence among healthcare professionals; however, existing literature predominantly focuses on licensed nurses and interprofessional clinical teams, with limited attention to assistive personnel. Recognizing this practice and educational gap, an Emergency Response Course integrating interactive education and scenario-based simulation was developed to strengthen PCA and MT preparedness for seizure and Code Blue emergencies and promote a more prepared, engaged, and coordinated frontline workforce.

**Purpose:** The purpose of this initiative was to evaluate the effectiveness of a targeted Emergency Response Course in improving PCAs' and MTs' self-reported knowledge, confidence, and perceived skills in responding to seizure and Code Blue emergencies.

**Method:** The PDCA (Plan-Do-Check-Act) model served as the framework for this initiative, focusing on the implementation of Emergency Response Course among PCAs and MTs in Neuro ICU in November 2025. The emergency response course was delivered in two parts:

engaged didactic lecture (July 2026) and hands-on scenario-based simulation (August & September 2026). Simulation scenarios included seizures and cardiac arrest/ code blue, followed by structured debriefings. Survey questions assessed participants' self-reported knowledge, confidence, and perceived skills in responding to emergency situations – seizure and cardiac arrest/ Code Blue, using a 5-point Likert scale. Of the 19 participants, eight completed the Emergency Response Course. Pre- and post-course surveys were administered electronically via QR code. Survey data were analyzed using descriptive statistics, including mean scores, frequency distributions, and percentages.

**Results:** Post-course findings demonstrated higher self-reported ratings across every measured domain of emergency preparedness. The most pronounced change occurred in seizure-response knowledge. Code Blue preparedness also demonstrated higher post-course ratings despite strong baseline scores. Collectively, findings demonstrate consistently higher post-course ratings across both emergency scenarios, with the greatest gain observed in seizure-response knowledge, highlighting the value of targeted, role-specific education and simulation in addressing identified preparedness gaps among PCAs and MTs.

**Conclusion:** The PCA-MT Emergency Response Course was associated with consistently higher immediate post-course ratings of knowledge, confidence, and perceived skills related to seizure and Code Blue response. The greatest improvement in seizure-response knowledge highlights the value of identifying and addressing role-specific preparedness gaps among frontline assistive personnel. These findings support targeted education and scenario-based simulation as a promising strategy to strengthen emergency preparedness, reinforce role clarity, and promote a more confident and prepared PCA-MT workforce within the Neuro ICU.

## Biography

Brian Ace J. Mones, MSN, RN, NPD-BC, CCRN, CMSRN, CNRN, SCRN, holds a Master's Degree in Nursing Administration and a Bachelor of Science in Nursing from Central Philippine University. With over 15 years of extensive nursing experience, Mones' expertise spans neuro and general critical care, acute care, and nursing education. Mones served 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, Mones serves as a clinical resource, skill validator, simulation facilitator, neuro examination reviewer, and course lecturer. Dedication to nursing has earned Mones the Good Samaritan Foundation's Excellence in Nursing Award (2024 - Clinical Educator) (2026 – Clinical RN) and recognition as one of Houston's Top 200 Nurses (2024).

## Christopher Comfort

Lawrence and Memorial Hospital – Yale New Haven Health,  
United States

### Oral care initiative to decrease pneumonia readmission rates

The purpose of this project was to decrease pneumonia readmission rates. Chart audits revealed very low nursing adherence to performing and documenting patients' oral care on a medical-surgical respiratory/renal unit in a suburban 308-bed hospital in the northeast US. Readmission rates in 2025 for the hospital were over 12%. The medical-surgical respiratory/renal unit had a 15.5% readmission rate of patients returning specifically for pneumonia. Readmission rates impact patient safety, increase patient risk of adverse events, increase healthcare costs, impact hospital performance improvement plans, and in addition affect the hospital's quality rating. Documentation on oral care for this unit was 28.1%. Monthly audits were performed on oral care documentation.

SBAR was created for staff education on the importance of at least twice a day oral care for all inpatient medical-surgical patients. Education with PowerPoint slides were created on how to accurately document oral care. One on one education was done for individuals that lacked documentation or struggled with charting correctly. Epic optimization was done to add "patient performed independently" as an option.

Laminated posters were placed in all patient bathrooms titled "Did you know?" This poster reinforces the importance of proper oral care performance and serves as a friendly reminder to patients and caregivers to do it! This also gave patients empowerment to ask for help with oral care and/or also ask for oral care supplies if they didn't receive any or needed more.

Almost one year after initiative the unit is now at or above threshold for 30-day readmission rates; moving from below threshold with progress seen in patients returning for pneumonia. In April 2025 the unit was at 28.1% for oral care documentation. In October 2025, 40.3% for oral care documentation to now in April 2026 to 76.9%.

At first there were negative implications from staff for understanding the importance of performing oral care. Frequent audits and education on the importance of why oral care is important is continually needed. This unit has a constant flux of staff, nursing students, and a variety of service lines that interact with the patient. Sharing the importance and results with all disciplines that interact with the patient positively impacts adherence.

Sustainability is key to continuing to improve pneumonia readmission rates. Future state is to possibly add virtual nurses to audit oral care documentation in real time and notify nurses' aide and nurse if oral care documentation is missing. In addition, when management rounds of patients ask the patient if they have received toothbrush, toothpaste, and mouthwash.



**Claire Tubbritt\*, Padraig Bambrick**

Health Service Executive, Republic of Ireland

## **I think it's all because of the fall: An exploration of psychological themes among older adults following a fall retrospective analysis of clinical data**

Older adults presenting to Emergency Departments (EDs) frequently experience complex health and social care needs, including frailty, carer stress, decline in mobility, recurrent falls, and cognitive impairment.

**Aim:** of the pathway was to provide a nurse led community based comprehensive geriatric assessment for older adults discharged from the Emergency Department.

The nurse led clinic enables the nurse to address any health and social care needs within the comprehensive framework of integrated care services for older people and link patients in with specialist geriatric teams where necessary reducing avoidable admissions.

**Methods:** Retrospective data analysis of clinical case notes for patients seen within the service was undertaken.

Data collected was based on a referral pathway for older adults age 65 and older who had presented to the ED, had sustained a fall, had reduced mobility, new confusion or were deemed to be in social crisis be that from carer stress or other.

Through conducting a service review to explore common themes among referrals for the first 100 patients seen.

Using a qualitative approach, content from the overall theme of the consultation was analysed to explore common themes and identify concepts gaining insight and meaning into the nature of the consult.

Through an iterative process; quantifying frequency of words, phrases and concepts, empirical evidence emerged uncovering a new phenomenon within the study.

**Results:** Over 100 patients were referred and seen within the first year.

Overall, the service received 3 referrals per week

All patients were seen within the 2 week time frame unless the patient chose to delay the appointment.

Where patients could not attend, a home visit was offered on a case by case basis.

Not all patients could benefit from the service due to residing out of the local catchment area.

Themes for the reason for referral aligned with the pathway referral criteria to include:

- Reduced mobility
- Recurrent falls.
- New / suspected cognitive impairment.
- Poly pharmacy
- Multi-comorbidity
- Carer stress.

These themes do not occur in isolation but are more frequent in combination.

Exploring the inpatient data base, a three month review of the number of patients returning to ED demonstrated that 62% did not return in 3 months. 16% did return but for other reasons than the initial referral and 22% data unknown.

Empirical data highlighted that of the themes common to the majority of presentations included aspects of psychological stressors which triggered further social worker and other agencies that support psychological wellbeing referrals to the medical

**Conclusion:** The service analysis identified emerging themes common to the majority of referrals concerning aspects of psychological frailty. This emerging theme identifies an area of interest previously unexplored within the service worthy of further research into the psychological support for older adults discharged from the ED and the challenges and that this age group face many challenges around transitioning from the ED to home. The referral pathway and clinical consult offered space to explore concerns in a holistic manner away from the noisy busy ED in a community setting.

## Biography

Claire Tubbritt has over 20 years' experience working in Major Trauma, Acute Medicine and Gerontology. Tubbritt has held Nursing positions internationally with University Hospitals

Coventry UK, Manly Hospital Sydney Australia, Royal Caribbean Cruise Line Miami USA, Medical Volunteer Chennai India and is currently employed as an Advanced Nurse Practitioner in the Republic of Ireland. Claire is passionate about the realm of international nursing and uses these experiences and skill set to drive education for nurses and improve quality care.



**Crystal Smith**

Louisiana State University of Alexandria, United States

## **An active learning strategy to strengthen professional identity and career readiness in nursing students**

Preparing nursing students for the transition from academic programs to professional practice requires intentional development of career readiness competencies. Faculty in a third-level Associate of Science in Nursing (ASN) program identified gaps among students approaching graduation, including limited experience with professional interviews, résumé development, and professional communication. These challenges highlighted the need for structured educational interventions that strengthen professional identity formation and improve students' readiness for workforce entry.

To address this need, a Professional Identity Mock Interview Day was developed as an evidence-based active learning initiative grounded in the National Association of Colleges and Employers (NACE) career readiness competencies of communication, professionalism, and career and self-development. Students were required to identify a relevant nursing job posting and prepare a tailored résumé and cover letter. Prior to the event, students participated in résumé review sessions supported by the university Career Center.

During the mock interview event, students engaged in structured interviews conducted by local healthcare leaders and university faculty outside the nursing discipline, providing a diverse and authentic professional panel. Standardized interview questions and a rubric-based evaluation tool guided feedback on communication, preparedness, and professionalism.

Post-event survey results demonstrated significant improvements in student confidence, communication, and perceived readiness for professional interviews. The majority of students reported that the experience reduced anxiety associated with interviewing and improved their understanding of employer expectations. Interview panel members also reported high

satisfaction with the activity and emphasized its value in preparing nursing graduates for workforce entry.

This initiative demonstrates how active learning and community-engaged partnerships can strengthen professional identity development and career readiness in nursing education. While implemented within an undergraduate nursing program, the framework is transferable across health professions and academic disciplines seeking to better prepare students for successful transition into the healthcare workforce.

## **Biography**

Crystal Smith, MSN, RN, is an Assistant Professor of Nursing at Louisiana State University of Alexandria and Director of the E. F. Mulder Center for Teaching Excellence, where Smith leads faculty and staff professional development initiatives focused on teaching innovation and student success. With over 20 years of healthcare experience in clinical and leadership roles, Smith's work focuses on active learning, professional identity development, emotional intelligence, and career readiness in nursing education. Smith's scholarship emphasizes innovative strategies that strengthen communication, confidence, and workforce preparedness among future nurses.



**Elizabeth Garcia\*, Juliette Lowe**

TIRR Memorial Hermann, Houston, Texas, United States

## Translating evidence into practice: Prophylactic strategies to reduce CAUTI in inpatient rehabilitation

An intentional, evidence-based approach is essential to strengthening patient safety and reducing Catheter-Associated Urinary Tract Infections (CAUTIs) in inpatient rehabilitation. While prevention strategies are well established, variability in practice can limit their consistent application, particularly for high-risk and diverse patient populations. This poster highlights a structured Evidence-Based Practice (EBP) review conducted to evaluate prophylactic CAUTI prevention strategies and translate findings into practical, nurse-driven recommendations. This work supports alignment between evidence, culturally responsive clinical decision-making, and patient-centered outcomes while establishing a strong foundation for future practice improvement.

Catheter-Associated Urinary Tract Infections (CAUTIs) remain a significant source of preventable harm in inpatient rehabilitation, particularly among patients with prolonged catheterization and complex clinical conditions such as spinal cord injury, neurogenic bladder, immunocompromise, and high contamination risk. Although evidence-based prevention strategies exist, opportunities remain to strengthen consistency in how these interventions are applied across clinical settings. This variability may be influenced by differences in patient needs, health literacy, cultural preferences, and access to resources, highlighting the importance of individualized, culturally responsive care.

To address this opportunity, a structured Evidence-Based Practice (EBP) review was conducted using the Ask, Gather, Appraise, and Act framework. A focused PICO question guided the review, evaluating prophylactic strategies—including both antibiotic and non-antibiotic interventions—for patients with indwelling Foley catheters. Literature from PubMed, CINAHL, and clinical guidelines was appraised, with emphasis on interventions that reduce CAUTI risk while supporting antimicrobial stewardship.

Findings consistently support a multimodal, nurse-driven approach to CAUTI prevention. Key strategies include standardized catheter protocols, use of antimicrobial-coated catheters in high-risk populations, enhanced periurethral cleansing and hygiene practices, early catheter removal strategies, and ongoing nurse education. In addition, structured documentation and real-time monitoring were identified as critical components to improving process reliability and supporting sustained practice change.

This work reinforces the importance of translating high-quality evidence into practical, culturally responsive, and actionable interventions at the bedside. By aligning high-impact strategies with existing workflows while considering individual patient needs and preferences, the EBP process supports consistent application of prevention practices and strengthens clinical decision-making across disciplines.

As a result of this review, targeted practice recommendations were developed to support standardization of care for high-risk patients while maintaining a patient-centered and culturally responsive approach. This work establishes a clear and sustainable pathway from evidence to practice, providing a strong foundation for future quality improvement initiatives focused on strengthening CAUTI prevention and improving patient outcomes in the inpatient rehabilitation setting.

### **Biography**

Elizabeth Garcia, MSN, RN, CRRN, NEA-BC, CLSSWB is a Clinical Nurse Manager at TIRR Memorial Hermann, leading the Spinal Cord Injury Unit. Garcia earned an MSN in Nursing Administration from the University of Texas at Arlington and a BSN from Texas Woman's University. Since joining TIRR in 2017, Garcia has advanced into leadership roles focused on team development and patient outcomes. Elizabeth has chaired multiple committees supporting safe staffing, professional development, and workforce engagement. Garcia is passionate about advancing evidence-based practice, improving bowel and bladder training, supporting patient safety, and empowering staff to deliver high-quality, patient-centered care in inpatient rehabilitation.



**Esther M. Robinson**

VA Greater Los Angeles Healthcare System, United States

## Evaluating provider perceived improved hepatitis-C management skills after hybrid SCAN-ECHO educational series

**Background and Purpose:** Hepatitis-C is a viral infection leading to chronic liver inflammation or cirrhosis that can be potentially fatal. However, the disease is treatable, and it is thus alarming that this highly manageable and treatable disease continues to needlessly end lives because those infected are often not readily screened, diagnosed, treated, and managed effectively. Although the segment of the population known as the birth cohort (those born between 1945-1965) are disproportionately impacted by Hepatitis-C (HCV), many are not readily screened, diagnosed, treated, and managed successfully over time.

**Model and Methods:** The Associate Chief of Division of Infectious Diseases at the large urban VA Medical Center (VAMC), which was the setting for the project, sought the implementation of the QI project. The purpose was the need for evaluation of the perceptions of improved HCV patient care management skills competency by the PCPs because of having participated in the hybrid SCAN-ECHO educational series. The Doctor of Nursing Practice (DNP) student researcher collaborated with the Chief to outline the details before proceeding to conduct the QI project. The Chief was also quite helpful in providing feedback on the survey instrument that was adapted for use in this QI project.

**Process Change:** Twenty-one Primary Care Providers (PCPs) participated in a hybrid Specialty Care Access Network-Extension for Community Healthcare Outcomes (SCAN-ECHO) educational and management series starting in 2016. Subsequently, they were invited to complete an anonymous online survey via SurveyMonkey regarding their related perceptions of increased competency in the identification, screening, diagnosis, treatment and ongoing management of patients with Hepatitis-C.

**Results:** Ten (48%) PCPs completed the online survey. Descriptive analysis showed that the vast majority (90%) felt that participation in the hybrid SCAN-ECHO educational series positively impacted the following: (1) confidence in knowledge about Hepatitis-C and chronic disease, (2) confidence in Hepatitis-C management skills; and (3) attitudes towards HCV patient care.

**Conclusions:** Exposing PCPs to experts such as through a hybrid SCAN-ECHO educational and management series can augment their knowledge and skills in the identification, screening, diagnosis, treatment and ongoing management of patients with Hepatitis-C. In turn, they will report overall positive attitudes about the importance of HCV patient care strategies and practices.

## Biography

Dr. Esther M. Robinson, DNP, MPH is a clinician, educator, and quality improvement enthusiast specializing in patient safety, digital-health innovation, and chronic disease management. Robinson brings extensive experience across telehealth, remote patient monitoring, care coordination, hospice/palliative care, community health and nursing education. Dr. Robinson is a Board-Certified Family Nurse Practitioner and holds additional ANCC certifications in Ambulatory Care Nursing, Nursing Case Management, and Nursing Professional Development. Robinson is currently completing advanced training in palliative care through the CSU Shiley Haynes Institute for Palliative Care in San Marcos, California.



**Heather Williams<sup>1\*</sup>, Joanna Barnett<sup>1</sup>, Mari Micci Shannon<sup>2</sup>, Patricia Barber<sup>3</sup>**

<sup>1</sup>Delta State University, United States

## **A quality improvement project to increase perinatal depression screening rates through implementation of standardized screening and provider education**

Perinatal Depression (PND), a mental health disorder occurring during pregnancy and up to one year postpartum, significantly affects maternal and infant well-being and can lead to developmental delays in children. Despite its prevalence, PND is often underdiagnosed and undertreated in obstetric settings, with many cases going unrecognized because of inconsistent screening practices, stigma, and patient reluctance to report symptoms. Mental health conditions are a leading cause of maternal mortality, accounting for 22% of pregnancy-related deaths, with suicide the second-leading cause in the postpartum period.

This quality improvement project aims to bridge the gap between recommended guidelines and current clinical practice by standardizing PND screening and enhancing provider awareness and confidence through education. The project will implement routine screening at the initial prenatal visit, in the third trimester, and postpartum, using the validated Edinburgh Postnatal Depression Scale (EPDS). The intervention includes targeted face-to-face provider education on proper screening procedures, follow-up, and referral.

Employing a quantitative, quasi-experimental, one-group pre- and post-test design, the project will evaluate changes in provider knowledge, confidence, and clinical practices. Baseline data will be collected via chart audits and pre-intervention surveys, followed by post-intervention assessments. Key objectives include achieving at least 80% compliance with prenatal depression screening within one month and increasing postpartum screening rates to over 90% within one month of education. Additionally, providers are expected to show more than a 20% improvement in knowledge and an 80% increase in confidence in managing PND. A clear referral and follow-up pathway will be established to ensure patients who screen

positive receive timely mental health services. This project is anticipated to improve early detection, care coordination, and ultimately maternal and infant outcomes, serving as a pilot for broader implementation.

## **Biography**

Heather Williams, MSN, FNP-BC, RNC-MNN, CLC, is an experienced nursing professional with over 17 years of clinical care, leadership, and risk management experience. Williams currently serves as a Risk Management Program Lead, specializing in maternal-child health, quality improvement, and patient safety. With a strong background in bedside nursing and leadership, Williams has demonstrated excellence in team collaboration, education, and process improvement. Heather is pursuing a Doctor of Nursing Practice degree and is committed to advancing healthcare outcomes through evidence-based practice, provider engagement, and patient-centered care.



**Ivan A. G. Logarta\*, Feliciana Jimenez\*, Naomi Hurley\***

Robert Wood Johnson University Hospital Hamilton,  
United States



## High-alert precision: Leveraging real-time coaching and auditing to optimize vasoactive titration compliance

**Background/Significance:** Vasoactive drugs are high-alert medications that are commonly administered in critical care units to maintain hemodynamic stability in critically ill patients. Due to their rapid and potent physiologic effects, strict adherence to titration protocols and accurate documentation are essential for patient safety and regulatory compliance. The Joint Commission (TJC) identifies safe medication management, including appropriate titration practices, as a critical standard for high-risk medications.

**Purpose/Objectives:** We identified a significant gap in compliance with TJC standards related to vasoactive medication titration during our last visit three years ago. Baseline auditing revealed titration compliance of 46% with inconsistencies in adherence to ordered parameters, documentation accuracy, and timely hemodynamic reassessment. Recognizing the patient safety and regulatory implications, a targeted Quality Improvement (QI) initiative was implemented.

**Methodology:** The project centered on structured real-time auditing and bedside coaching. Nurse leaders, including charge nurses, and our educator conducted concurrent audits during active vasoactive infusions, providing immediate feedback and corrective guidance. We tracked the physician order, order parameters, and titration compliance based on those physician order parameters. We utilized an audit sheet we created that highlighted the metrics we were tracking. Coaching was performed in real time which reinforced clarity of titration parameters, alignment with provider orders, frequency of reassessment, and proper documentation within the Electronic Medical Record (EMR). This just-in-time intervention model promoted accountability, strengthened clinical judgment, and improved standardization of practice.

**Results/Implications:** Following implementation, compliance with vasoactive titration standards increased from 46% to 93%. The initiative not only aligned practice with TJC expectations but also enhanced staff confidence and reinforced a culture of safety within the ICU. Sustained auditing, ongoing education, and leadership engagement remain critical to maintaining high reliability in the management of high-alert medications.

**Conclusion:** This PI project demonstrates that just-in-time coaching, ongoing education, and sustained auditing of charts increased compliance of vasoactive drug titration protocols.

## Biography

Ivan A. G. Logarta MSN (c), BSN, RN, CCRN is a critical care nursing leader with over two decades of clinical leadership experience. Logarta earned an Associate's Degree from Mercer County Community College in 2004 and later obtained a Bachelor of Science in Nursing from Thomas Edison State University. Logarta is currently pursuing a Master's degree from Walden University for Adult Geriatric Acute Care Nurse Practitioner (AGACNP) to further advance healthcare expertise. Logarta has been certified in critical care (CCRN) for the past 10 years, demonstrating sustained expertise in managing high-acuity patient populations and commitment to excellence in critical care practice. Since 2005, Logarta has been a dedicated member of RWJ Hamilton, where Logarta began a career as an ICU staff nurse. Logarta advanced to Clinical Coordinator and was recently promoted to Director of intensive care unit (ICU) and intermediate care unit (IMCU). In the current role, Logarta leads critical care operations with a focus on patient safety, regulatory compliance, quality improvement, and staff development.

Feliciano A. Jimenez, BSN, RN, CCRN serves as a critical care nurse and leader with five years of dedicated experience in high-acuity intensive care. Jimenez earned an Associate Degree in Nursing from Mercer County Community College in 2020 and completed a Bachelor of Science in Nursing at Rutgers University in 2022. Jimenez is driven by clinical excellence and a deep respect for the complexity of critical illness. Jimenez takes pride in managing unstable patients, anticipating complications, and remaining calm and decisive in high-pressure situations. Jimenez values teamwork, accountability, and creating an environment where both patients and staff feel supported and safe. For Jimenez, ICU nursing is the balance of precision and compassion, making confident clinical decisions in complex situations while never losing sight of the human being at the center of it all. Jimenez is committed to continuous growth, professional excellence, and elevating the standard of care for both patients and team.

Naomi Hurley MSN (c), BSN, RN, CCRN is a dedicated Nursing Professional Development Practitioner who is currently working as a clinical nurse educator in the ICU at RWJBH Hamilton. Naomi has 16 years of nursing experience in telemetry, neurocritical care, school nursing and the last three and a half years in nursing education. Hurley is a Critical Care Certified Nurse and is currently pursuing a master's degree in nursing education from Aspen University. Naomi is passionate about engaging critical care staff in innovative educational experiences. Hurley spends the majority of days in the unit, believing that being readily available encourages

collaboration and empowers the bedside nurse to confidently navigate complex clinical situations, fostering a culture of continuous learning and improvement. Beyond the unit, Naomi is a proactive leader within the interdisciplinary landscape, serving as the chair of the Code Committee, an active member and leadership liaison in the ICU unit-based council, Professional Governance and Professional Practice Council. These roles allow Naomi to ensure that frontline staff are not clinically proficient but are also supported by policies that reflect the evolving landscape of modern nursing.



## Janelle Guentter

Northeastern State University Tahlequah, Oklahoma,  
United States

### Cultivating moral resilience to reduce moral distress in nursing students

Complex healthcare environments create ethical challenges, many times placing nurses in situations of limited influence and advocacy, resulting in moral distress. Moral distress is defined as a lack of internal moral peace or a struggle between what the nurse understands as ethically correct and the circumstances of a situation. The prevalence of moral distress has been documented in the literature, occurring to as many as 95% of nurses. Further, up to 50% of nurses planning to leave the profession cite moral distress as a key driver in the decision. The consequences of moral distress can be far reaching and impact patient outcomes, nurse wellbeing, feelings of empowerment and retention. Moral resilience refers to the capacity of nurses to sustain or restore their integrity in response to moral adversity and has been found to be an effective strategy to mitigate the impact of moral distress. A key tenet outlined in the American Nurses Association Code of Ethics recognizes the nurse's duty to themselves and patients to preserve integrity and promote growth, as in moral resilience. Evidence suggests that systematic approaches found in moral resilience initiatives that focus on proactive approaches are effective in developing and restoring ethical practice and moral peace. Providing these tools to nursing students can improve resilience and inner peace and positively influence care.

#### Biography

Dr. Guentter has worked in nursing education and various roles including direct care and leadership. Guentter served as a founding faculty member of a prelicensure nursing program earning 100% NCLEX pass rates for many years. Guentter served on the American Nurses Association Moral Resilience Task Force to promote nurse resilience. Guentter has provided support to others through mission service and volunteer work. Dr. Guentter has also served

as an item writer for the National Pediatric Certification exam. Dr. Guentter is a member of the National Pediatric Nurses Association, Sigma Theta Tau, The American Nurses Association and the Ohio Nurses Association.



**Tinamarie Graca,  
Jessica Antretter\***

North Shore University Hospital, United States

## **Maternal child emergency response preparedness: Pearls of the Panda Radiant Warmer**

As neonatal emergencies occur infrequently on mother-baby units, maternal child nurses may feel unprepared when urgent neonatal clinical situations arise. Innovative education strategies address learning needs to ensure nurses gain confidence, understanding, and practical skills to respond effectively during stressful clinical scenarios. The Pearls of the Panda emergency response initiative bridges the learning gap for maternal child nurses while improving team preparedness for neonatal emergencies in the acute care setting. A multimodal education strategy includes specific tools and a formal process for emergency preparedness with the neonatal Panda Warmer. The Panda Warmer checklist is a step-by-step guide ensuring the warmer is functional and ready for immediate use during emergencies. The Panda Shift log is a documentation tool promoting accountability and consistency; nurses track warmer readiness assessing gaps across shifts. Strategies include dedicating space for extra emergency supplies, dedicating one Panda Warmer for emergency use and a transport monitor equipped with necessary supplies. Maternal child nurse leaders first completed the initiative to enhance knowledge, empowering them to cascade the education ensuring implementation consistency across units. The interactive, memorable learning experience includes a “field trip into the nursery.” The hands-on walkthrough enables exploration of emergency preparedness equipment in the actual care environment. The Panda Warmer education, along with Neonatal Resuscitation Program (NRP) mock code simulations lead by neonatal nurse practitioners, became skills stations in annual nursing education. The dedicated education time provides nurses with realistic experience in responding to neonatal emergencies while nurses perform return demonstrations to achieve proficiency.

Traditionally, Panda Warmer preparedness and NRP simulation occurred simultaneously with limited time to focus on critical elements of Panda Warmer preparation. Separating Panda

Warmer skills and NRP simulation enables increased time for education in multiple aspects of neonatal emergency response while providing opportunities for nurses to master skills with return demonstration and feedback with interdisciplinary educators. Active repetition with clinical skills for emergency response ensures nurses build confidence while increasing knowledge. Currently, 144 nurses completed the initiative gaining confidence and knowledge to act swiftly and effectively during neonatal emergencies. Nurses completed pre and posttests evaluating learning outcomes for Panda Warmer competency and NRP simulation.

During the pretest, 52% of nurses reported feeling very confident with Panda Warmer competency while 82% of nurses reported feeling very confident after completion. Nurses completed the Panda Warmer skills station prior to NRP simulation; reported confidence levels increased from 15% to 61% of nurses feeling very confident with NRP skills. The Pearls of the Panda initiative successfully addresses learning needs by empowering nurses with confidence, understanding, and hands-on experience to respond to neonatal emergencies. The initiative reinforces a culture of safety, readiness, and collaboration through innovative education. Focusing on knowledge attainment in emergency response best practice strengthens both neonatal and adult emergency response preparedness. The emergency response preparedness in maternal child health care initiative enhances clinical readiness while strengthening cohesion among interdisciplinary teams. Prioritizing our shared commitment to providing exceptional patient care through a collaborative nursing education model sustains best practice in maternal child health.

## Biography

Jessica Antretter, MSN, RNC-OB, IAP, MNN, C-EFM, NPD-BC is a clinical professional development educator in maternal child health services at North Shore University Hospital dedicated to meeting the clinical education needs of nurses within interdisciplinary teams. Antretter is committed to promoting evidence-based nursing practice while advancing nursing professional development through innovative education including nurse residency and mentorship programs.



**Joshua T. Mohs**

Mayo Clinic, Rochester, MN, United States

## Improving compliance of Chlorhexidine Gluconate (CHG) bathing through team-based communication strategies

**Background:** Hospital-Acquired Infections (HAIs), including Central Line-Associated Blood stream Infections (CLABSIs), remain a significant source of patient harm. Daily Chlorhexidine Gluconate (CHG) bathing is an evidence-based intervention shown to reduce infection risk; however, inconsistent practice and documentation limit its effectiveness in acute care settings.

**Purpose:** This quality improvement project aimed to increase the reliability of CHG bathing for eligible hospitalized patients on an adult internal medicine unit at a large academic medical center.

**Methods:** A multidisciplinary team led by a Clinical Resource Nurse implemented a series of Plan-Do-Study-Act (PDSA) cycles to improve CHG bathing compliance. Interventions included staff education, standardization of workflow, improved supply accessibility, visual reminders, and audit-and-feedback processes. Compliance data were tracked through routine audits, with a target reliability rate of  $\geq 90\%$ .

**Results:** CHG bathing compliance improved substantially following implementation of targeted interventions, with sustained gains observed over time. Increased staff awareness, improved access to supplies, and ongoing feedback were key drivers of success. Enhanced documentation accuracy also contributed to more reliable measurement of practice.

**Conclusion:** Improving reliability of evidence-based infection prevention practices such as CHG bathing can reduce patient risk and enhance quality of care. This project demonstrates how structured quality improvement methods and frontline nursing engagement can lead to sustainable practice change. Future work will focus on expanding this approach to other units and exploring the impact on infection outcomes.

## Biography

Joshua Mohs, RN, is a Clinical Resource Nurse at Mayo Clinic in Rochester, Minnesota, and a Doctor of Nursing Practice student specializing as an Adult-Gerontology Clinical Nurse Specialist. Mohs' work focuses on quality improvement, evidence-based practice, and staff education to enhance patient outcomes. Mohs has led multiple initiatives targeting infection prevention, safe patient handling, and clinical documentation improvement. Joshua is passionate about empowering frontline nurses and advancing the role of the Clinical Nurse Specialist in driving system-level change.



**Zhen-Zhen Liu<sup>1</sup>, Katherine Luo<sup>2\*</sup>,  
Cun-Xian Jia<sup>3</sup>, Xianchen Liu<sup>3,4</sup>**

<sup>1</sup>Department of Preventive Medicine, School of Basic Medicine, Changchun University of Chinese Medicine, Changchun, China

<sup>2</sup>Phillips Exeter Academy, New Hampshire, United States

<sup>3</sup>Department of Epidemiology, School of Public Health, Cheeloo Medical College, Shandong University, Jinan, China

<sup>4</sup>Kelin Health Research, NJ, United States

## **Start or end of a romance and subsequent depressive symptoms and non-suicidal self-injury: A longitudinal study of Chinese adolescents**

**Background:** Romantic experiences are common during adolescence and may play an important role in individual development. However, little is known about the impact of romantic involvement on depressive symptoms and Non-Suicidal Self-Injury (NSSI) among Chinese adolescents. The present study was to examine the longitudinal associations between start or end of a romance and subsequent depressive symptoms and NSSI in a large cohort of Chinese adolescents.

**Methods:** A school-based longitudinal survey was conducted among 7,072 adolescents in Shandong, China. Data on Starting a Romantic Relationship (SRR), romantic breakups, depressive symptoms, NSSI, and demographics were collected using a self-administered questionnaire. Multivariable logistic models were used to assess the associations.

**Results:** At baseline, participants had a mean age of  $14.97 \pm 1.46$  years, and 49.1% were female. In the baseline survey, 7.1% of the participants reported SRR only, 8.8% reported breakups only, and 17.4% reported SRR+ breakups in the past year. Adolescents who experienced SRR or breakups in the past year reported significantly higher rates of subsequent depressive symptoms and NSSI at 1-year follow-up compared with peers without these experiences (all  $p < 0.001$ ). After adjusting for covariates and baseline depressive symptoms and NSSI, SRR only was significantly associated with a 48% higher odds of subsequent depressive symptoms and a 47% higher odds of subsequent NSSI. Experiencing both SRR and breakups

was significantly associated with a 41% increase in the odds of subsequent NSSI during 1-year follow-up.

**Conclusions:** Starting a romantic relationship and experiencing a romantic breakup predict elevated risks of depressive symptoms and NSSI risk over one year. The findings highlight the need to integrate early romance education and romantic stress coping strategies into adolescent mental health programs.

## Biography

Katherine Luo is an 11th grader at Phillips Exeter Academy, a boarding preparatory school in Exeter, New Hampshire. On campus, Luo is a part of H4, a health-department affiliated student wellness group and the CAPS (Counseling and Psychological Services) Liaison in Student Council.



**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 graduation scheduled for May 2026. Mensah 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), contributing to outreach programs focused on raising awareness and reducing the burden of rabies and other zoonotic infections. Through academic training and volunteer work, Mensah aspires to make a meaningful impact on healthcare delivery and community health promotion.



**Lovely Sajan**

Swansea University, Swansea, Wales, United Kingdom

## Analysis of assessment & feedback in higher education

This poster presentation will analyse various forms of assessments used in higher education setting in the UK. It will critically analyse pros and cons of the assessment methods and provide evaluation of these tools of assessment. This will also discuss student choices of assessment and explore impact of Open AI on contemporary assessment methods. Additionally, reviewed and preferred working methods of assessment will be included. Feedback methods will also be analysed making sense of how feedback would help develop students learning, consider inclusivity and improve future assessments. Constructive methods of feedback and tips on user friendly feedback will also be covered.

Overall, the above poster would help enhance understanding of assessment and feedback in higher education and equip audience with ideas on various assessments and feedback methods available. This will enable them to choose some of these for practice in their education setting to promote student development and overall satisfaction. Analysis of assessment and feedback in higher education promotes learner centred, reflective, and evidence based approach. By continually evaluating the effectiveness of assessment strategies and feedback practices, educators can enhance learning experiences, improve student outcomes, and foster a culture of continuous improvement within higher education.

### Biography

Lovely Sajan is a highly motivated and enthusiastic lecturer with great passion for nursing education. Sajan gained clinical expertise from 16 years' experience in the NHS in medical, cardiac areas, continuing healthcare and haemoglobinopathy settings. Sajan also has nine

years of background in teaching in higher education and is currently working as a lecturer at Swansea University. Sajan holds an MSc in Nursing Science, with additional teaching qualifications and accreditations. Sajan is devoted to the career and loves to support and develop students in gaining knowledge, skills and expertise required in their journey to becoming a qualified nurse.

**Maxine Jeffery**

University of Tampa, United States

## Evaluating parental knowledge, misconceptions, and preventive strategies related to teenage vaping and their influence on adolescent health outcomes

**Background:** Teen vaping continues to rise, posing significant health risk including nicotine dependence, respiratory irritation, and long-term pulmonary complications. Parents play a vital role in influencing and shaping adolescents' health behaviors; however, their knowledge of vaping products and the strategies they use to prevent use of, vary widely. According to Becker and Rice, youth vaping is now a well-studied phenomenon with various physical and behavioral health risks. Understanding parental knowledge and preventive strategies influence adolescent vaping behaviors, is essential for effective public health interventions.

**Aims of the study:** This systematic review evaluates parental knowledge of teen vaping, identifies commonly used preventive strategies, and examines how these factors influence adolescents' vaping behaviors and health outcomes.

**Methods:** A systematic search of peer-reviewed literature published between 2020 and 2026 to capture the most current evidence related to vaping trends, parental awareness, and adolescent health outcomes is conducted across PubMed, CINAHL, PsycINFO and Scopus. Studies include the assessment of parental knowledge, communication, monitoring or prevention strategies related to adolescent vaping. Data extracted and synthesized.

**Discussion and Implications:** This systematic review indicates that parental knowledge and the use of preventive strategies play a vital role in changing adolescents' vaping behaviors and related health outcomes. Many parents lack accurate and up-to-date information about

vaping devices, nicotine concentration, and the potential health risks. The gaps in parental understanding influence the inconsistency in the prevention efforts and decrease the overall effectiveness of parental guidance. Parents who engaged in open, supportive dialogue and establish clear communication and expectations tend to have adolescents with lower rates of vaping and some expressed uncertainties as to how to address vaping among their teens, underscoring the need for further educational interventions and updating prevention strategies.



**Mee Kyung Lee**

St. John's University, United States

## Beyond nurse-to-student ratios: School nurse caseloads and type 1 diabetes care

**Background:** School nurse caseload and workload are often used interchangeably, but the two terms are different. Caseload focuses on the actual number of students assigned to a school nurse, whereas workload incorporates the number of assigned students and other factors related to performing nursing responsibilities. Students with Type 1 Diabetes (T1D) may need support from school nurses and school staff for diabetes management during the school day. However, little is known about how school nurses' assigned caseloads per Full-Time Equivalent (FTE) are related to their nursing practice in providing diabetes care to students.

**Purpose:** The aims of this study were to (1) report school nurses' caseloads per FTE and (2) explore relationships among school nurses' caseloads per FTE, their self-efficacy in diabetes care and education, and diabetes care for students with T1D.

**Methods:** This descriptive study explored relationships between school nurses' FTE caseloads and their diabetes management and education practices. A convenience sample of 114 school nurses participated in surveys exploring school nurses' roles in diabetes management and education. Participants were school nurses working in public school districts who had provided diabetes management and education to students with T1D. Descriptive statistics, correlation coefficients, t-tests, and multiple regression analyses were used to analyze the data.

**Results:** School nurses reported caseloads ranging from 100 to more than 1,800 students per FTE, and approximately one-quarter reported more than 1,800 students per FTE. The number of schools covered by a nurse and the number of students with diabetes cared for by a nurse

were positively correlated with school nurses' caseloads per FTE. School nurses' caseloads per FTE were significantly associated with school staff's knowledge of students' Emergency Care Plans and having a care plan for students attaining independent diabetes management after adjusting for full-time status and self-efficacy in diabetes care and education.

**Conclusion:** School nurses care for students with diabetes as part of their caseloads per FTE. The findings suggest that school nurses' caseloads per FTE are related to selected diabetes care practices in school settings. Collaboration among school nurses, school districts, state government agencies, and researchers is needed to better understand school nurse caseloads and their relationship with diabetes care for students in schools.

## Biography

Dr. Mee Kyung Lee studied nursing at Seoul National University, South Korea, and graduated with a BSN in 1999 and an MSN in 2001. Lee received an MSN at Columbia University, USA, in 2007 and a PhD in nursing at the University of Washington in 2017. Lee worked in various clinical settings, such as a pediatric intensive care unit, primary care clinics, school-based clinics, and community settings. Lee's research interests include diabetes self-management in schools and school nurses' roles in promoting health in students with diabetes. Lee works as an assistant professor at St. John's University, USA.

## Meiko Kawano

Oita University of Nursing and Health Sciences, Graduate School, Japan

# Institutional and workplace determinants of foreign nurse retention: A literature-informed comparative study of Japan and Germany

**Background:** The global nursing shortage has intensified international recruitment, yet retention of foreign nurses remains a persistent challenge. While Japan and Germany have both expanded acceptance policies, their institutional designs differ substantially. However, cross-national, theory-informed syntheses of how these differences shape retention remain limited.

**Objective:** This study aims to provide a theory-informed comparative synthesis of research on foreign nurse acceptance and retention in Japan and Germany, with particular attention to how institutional frameworks and methodological approaches shape the conceptualization of retention.

**Methods:** A structured literature review was conducted using international academic databases and German-language primary sources. Studies were systematically extracted using a review matrix and analyzed through a three-step process: descriptive mapping of study characteristics, coding into meaning units, and thematic synthesis. The analysis was guided by the Sunrise Model to enable theory-driven comparison across contexts.

**Results:** The findings reveal a fundamental divergence in both policy orientation and research framing. In Japan, foreign nurse policies are tightly coupled with licensure and language requirements, and research predominantly frames retention as an issue of individual adaptation. In contrast, Germany adopts a labor market-oriented model centered on qualification recognition and systemic workforce integration, accompanied by more methodologically

diverse research. Across both contexts, retention emerges as a multi-layered phenomenon shaped by the dynamic interplay of institutional structures and cultural factors.

**Conclusion:** Foreign nurse retention cannot be adequately explained solely by individual-level adaptation; rather, it requires a multi-level perspective that integrates institutional, individual, and workplace factors. The findings of this study contribute to the development of more context-sensitive and structurally informed support strategies and underscore the importance of comparative and theory-driven approaches in global nursing workforce research.



## Michelle Zuercher

Faculty, Cumberland University Jeanette C. Rudy School of Nursing, United States

DNP Student, Belmont University, United States

## Bridging the gap: A bottom-up educational strategy for LPN advancement to BSN

**Background Information:** The National Academy of Medicine's Future of Nursing report set a strategic goal for an 80% BSN-prepared workforce. Despite this, Licensed Practical Nurses (LPNs) at the bedside often face significant barriers to advancement, including financial constraints and “imposter syndrome” regarding academic rigor. While hospital administrations focus on top-down policy, there is a timely and noteworthy need for educator-led, bottom-up empowerment strategies that address the unique needs of the LPN learner.

**Purpose & Significance:** The purpose of this project is to implement an innovative educational intervention for hospital-based LPNs to increase their knowledge of BSN benefits and their intent to enroll in bridge programs. This project is significant because it enhances professional competence—a factor directly linked to improved patient outcomes and nurse well-being—while simultaneously advancing diversity within the professional nursing workforce.

**Processes & Procedures (Methods):** This project utilizes a one-hour interactive workshop, delivered via a virtual platform to maximize accessibility. The intervention includes:

**Evidence-Based Content:** A focused review of the correlation between BSN-prepared bedside nurses and reduced patient mortality and readmission rates.

**Active Learning (The “Waterfall” Activity):** Participants engage in a real-time, synchronous digital activity to identify personal barriers (situational/dispositional) and crowdsource potential institutional solutions.

Pathway Navigation: Distribution of a “Resource Handout” detailing local BSN bridge programs, tuition reimbursement navigation, and flexible enrolment options.

**Implementation & Recommendations:** The design utilizes pre- and post-intervention surveys to measure immediate changes in knowledge and a 3-month follow-up survey to assess the intent to pursue BSN enrollment. It is recommended that nursing leadership adopt this educational model as a sustainable recruitment and retention tool. By focusing on LPN empowerment rather than administrative mandate, institutions can create a more engaged workforce that is motivated toward professional advancement and academic nursing excellence.

## Biography

Michelle Zuercher, MSN, RN, CNE is a nurse educator and clinician with over a decade of experience across the healthcare continuum. Since 2014, Zuercher has served in diverse clinical roles, including medical-surgical, intensive care, infectious disease, and community health. For over five years, Zuercher has served as a faculty member at Cumberland University, where Zuercher also earned an MSN in Executive Leadership and Management. Zuercher holds a Post-Master’s Certificate in Nursing Education from Vanderbilt University and is currently pursuing a DNP in Innovation and Leadership at Belmont University, focusing on transformative strategies in nursing education.



## Rachael Holder

Texas Tech University Health Sciences Center School of Nursing, Lubbock, Texas, United States

### Resiliency for nurse educators: Incorporating resiliency training for nursing faculty

**Background:** Nursing education settings are increasingly challenged by workforce short ages, rising faculty workload demands, and escalating levels of stress and burnout. These pressures threaten faculty well-being, retention, and the quality of nursing education, underscoring the need for innovative, evidence-based leadership strategies that support professional sustainability. Resilience has been identified in the literature as a critical protective factor that enhances adaptability, well-being, and leadership capacity among nurses and nurse educators. However, scalable and accessible resilience-building interventions for nursing faculty remain limited. This quality improvement project reflects a leadership-driven, evidence-based approach to strengthening faculty resilience in response to a rapidly changing academic and healthcare environment.

**Methods:** A quantitative pre- and post-intervention design was used to evaluate the impact of a self-paced, online resiliency training program implemented for full-time undergraduate nursing faculty. Resilience levels were measured using the 10-item Connor-Davidson Resilience Scale (CD-RISC-10) administered before and after program completion. Descriptive statistics were analyzed to assess changes in resilience scores, and qualitative feedback was collected through open-ended post-survey questions to capture faculty perceptions of the intervention.

**Results:** The post-intervention findings demonstrated an increase in mean CD-RISC-10 scores from 33.27 to 35, indicating a clinically meaningful improvement in resilience. Qualitative feedback revealed enhanced self-awareness, increased confidence in stress management, and greater utilization of adaptive coping strategies. The convergence of quantitative and

qualitative data suggests that brief, technology-enabled, self-paced resilience training can positively influence faculty well-being.

**Conclusion:** This project highlights an innovative, evidence-based strategy to promote faculty resilience in academic nursing programs, which can be easily translated into clinical practice or infused into nursing program curricula to prepare students for their careers. By leveraging flexible, technology-driven interventions, nursing leaders can support faculty well-being, strengthen workforce sustainability, and model resiliency behaviors for students. Integrating resilience-building initiatives into faculty development represents a transformative approach to shaping the future of nursing education and leadership in a changing world.

## Biography

Rachael Holder, DNP, RN, CNE, has been a nurse educator since 2014 and a registered nurse since 2010. Holder has a clinical background in women's health. Holder currently serves as an Assistant Professor and Curriculum Coordinator for the Texas Tech University Traditional Undergraduate Nursing Program, where Holder also teaches OB/Pediatrics. Holder has also previously held the role of Clinical Coordinator. Dr. Holder holds a DNP with an emphasis in nursing education, an MSN in Nursing Education, and a BSN. Holder is a Certified Nurse Educator and is dedicated to advancing evidence-based teaching and faculty development.



**Rachel Cascone<sup>1\*</sup>,  
Barry Weinberger<sup>2</sup>**

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## The effect of structured antepartum lactation consultation on exclusive human milk feeding for preterm infants

The benefits of human milk feeding for preterm infants are substantial, but the mothers of preterm infants face challenges in initiating and sustaining lactation. They often experience physical and emotional stress after admission of their child to the Neonatal Intensive Care Unit, which may impair the effectiveness of postnatal instruction on lactation benefits and techniques. We asked if a structured antepartum lactation consultation could improve the rate of exclusive human milk feeding for infants born below 34 weeks gestation. We conducted a retrospective cohort study in which we compared the rates of exclusive human milk feeding between mothers who received informal antepartum consultation in 2022–2023 (n=63) with those who received structured antepartum consultation in 2024 (n=34). The structured program included a standardized intake form and checklist addressing lactation history, education, and emotional support. Exclusive human milk feeding was assessed at 30 days or discharge, whichever came first. Our results were that the overall rate of exclusive human milk feeding was 76% in the structured group vs 57% in the informal group ( $p=0.06$ ), and the increase in exclusive human milk feeding was significant among nulliparous women (from 58% to 88%,  $p=0.03$ ). These findings suggest that structured antepartum lactation education increases exclusive human milk feeding for mothers of preterm infants, particularly those without prior lactation experience. The study supports broader implementation of structured antenatal lactation consultation for high-risk pregnancies.

### Biography

Rachel Cascone, MSN, RN, IBCLC, NPD-BC has served Northwell Health for 25 years, beginning as a NICU RN and Lactation RN Specialist. Since 2017, Cascone has been the Clinical Program Manager at North Shore University Hospital and Cohen Children's Medical

Center at North Shore, overseeing operations, education, and quality for the lactation service as well as and a team of IBCLCs providing over 10,000 annual consultations. Rachel teaches and presents at local and national conferences, supports lactation research, and contributes to policy and education in lactation management.



## Rebecca Tierney

Community Health Network, Indianapolis, Indiana,  
United States

### Implementing educational rounding to identify and address practice gaps in ambulatory care settings

**Background:** As ambulatory care continues to expand in complexity and scope, organizations must identify innovative methods to support caregivers, standardize practice, and ensure high-quality patient care. Traditional education approaches often rely on retrospective identification of issues through audits, quality metrics, or incident reports. Educational rounding offers a proactive strategy for clinical educators to engage directly with caregivers in the practice environment, assess learning needs in real time, and provide targeted support at the point of care.

**Purpose/Objective:** The purpose of this initiative was to develop and implement a structured educational rounding program designed to identify practice gaps, enhance caregiver competency, and strengthen relationships between ambulatory clinical educators, leaders, and caregivers.

**Methods:** A standardized educational rounding framework was developed for use within a large healthcare system. Clinical educators conducted routine rounds using an data-based tool focused on clinical workflows, regulatory compliance, patient safety practices, caregiver turnover, and caregiver educational opportunities. Observations, caregiver questions, and identified opportunities for improvement were documented and categorized by theme. Findings were used to guide educational interventions, resource development, and leader collaboration.

**Interventions:** Targeted interventions included just-in-time education, individualized coaching, workflow clarification, competency reinforcement, creation of educational

resources, and communication of key findings to clinic leadership. Trends identified during rounding informed broader educational priorities and system-level practice improvement efforts.

**Results:** Educational rounding provided valuable insight into frontline practice and facilitated early identification of educational needs that may not have been captured through traditional reporting mechanisms. The initiative strengthened educator visibility, fostered caregiver engagement, and promoted collaborative problem-solving between educators and operational leaders. Themes identified through rounding guided focused educational initiatives and supported ongoing quality improvement efforts.

**Implications for Practice:** Educational rounding represents a scalable and sustainable approach to advancing clinical excellence in ambulatory care. By bringing education directly to the point of care, organizations can proactively address practice gaps, support caregiver development, and promote a culture of continuous learning and quality improvement. This model may serve as an effective strategy for healthcare organizations seeking to strengthen competency, standardize practice, and improve patient outcomes across diverse ambulatory settings.

## Biography

Rebecca Tierney, MSN, RN, NPD-BD is a Senior Clinical Education Specialist at Community Health Network in Indianapolis, Indiana. With nearly 25 years of experience spanning critical care, perioperative services, ambulatory care, leadership, nursing academia, and clinical education, Tierney is dedicated to advancing professional development and clinical excellence. Rebecca earned a Master of Science in Nursing Education from Western Governors University and is Board Certified in Nursing Professional Development. Passionate about developing others and fostering leadership growth, Tierney enjoys creating innovative learning experiences and leveraging data-driven insights to collaborate with interdisciplinary teams and drive meaningful change.



**Rosalina Porio-Butao\*, Yaciel Almira\***

Mount Sinai Medical Center, United States

## Achieving 100% dysphagia screening compliance in acute stroke patients outperforming national & state

**Background & Significance:** Dysphagia screening prior to oral intake is a core AHA/ASA Get With The Guidelines®–Stroke (GWTG–Stroke) quality measure and a DNV Stroke Center requirement. National GWTG data report average compliance of 83.9%, with Florida hospitals averaging 85.5%, illustrating ongoing variability and patient safety risk. Missed screening increases aspiration, pneumonia, length of stay, and mortality. This initiative aimed to improve consistency and sustainability of dysphagia screening in the Emergency Department (ED).

**Key Innovations:** Interventions included: (1) Embedding dysphagia screening orders into all stroke-related imaging studies, (2) Targeted re-education of ED providers on non-typical stroke symptoms (e.g., dizziness, nausea) and the requirement for screening prior to oral medications, and (3) Real-time abstraction of all ED stroke cases by the stroke program manager to identify documentation gaps and provide immediate feedback.

**Results:** Baseline compliance was 90%, exceeding national and state benchmarks. Following implementation, compliance increased to 95.1% and subsequently achieved 100%, significantly outperforming GWTG national and Florida averages. Improvements were sustained across reporting periods with reliable screening prior to oral intake for all stroke patients.

### **Benchmark Comparison Table:**

Measure | Compliance Rate

National GWTG–Stroke Average | 83.9%

Florida Hospitals GWTG–Stroke Average | 85.5%

Organization Baseline | 90.0%

Post-Intervention | 95.1%

Sustained Performance | 100%

### Key Highlights:

- Exceeded national (83.9%) and Florida (85.5%) GWTG-Stroke benchmarks
- Improved compliance from 90% → 95.1% → 100% sustained
- Addressed non-typical stroke presentations in the ED
- Implemented real-time abstraction and immediate corrective action
- Demonstrated top-decile stroke program performance
- Strengthened documentation accuracy and survey readiness

**Conclusion / Implications:** Standardized workflow integration, provider education, and real-time data oversight can eliminate variability and achieve top-decile performance. This model supports AHA/GWTG-Stroke measure compliance and DNV certification readiness.



**Rosalina Porio-Butao\*,  
Yaciel Almira\* Marlene Sanchez**  
Mount Sinai Medical Center, United States

## **Nursing leading the way to excellence: Achieving the first and only Comprehensive Heart Attack Center certified in the state of Florida**

**Background and Significance:** Acute Myocardial Infarction (AMI) remains one of the leading causes of morbidity and mortality in the United States. Timely, coordinated, and evidence-based care is critical to improving survival rates and long-term outcomes. Recognizing the growing need for standardized, high-reliability cardiovascular emergency care, our organization embarked on a transformative journey to elevate AMI care through the pursuit of Comprehensive Heart Attack Center certification. This designation represents the highest level of capability for managing the full spectrum of AMI cases, including complex and high-risk presentations, and serves as a benchmark for excellence in cardiovascular systems of care.

The objective of this program was to elevate cardiovascular care quality, streamline AMI treatment pathways, and achieve state-wide distinction as Florida's first and only Comprehensive Heart Attack Center. The program sought to ensure rapid, reliable, and evidence-based care across the continuum from EMS activation to post-event follow-up while demonstrating measurable improvements in patient outcomes and operational efficiency.

### **Key Innovations and Transformational Achievements:**

Creation of a multidisciplinary AMI improvement committee, led jointly by the medical director and cardiac program nurse manager, to drive coordinated, system-wide change.

Standardization of AMI clinical protocols across the continuum of care, ensuring consistent, evidence-based treatment for both STEMI and NSTEMI patients. Optimization of STEMI/

NSTEMI care pathways, reducing variability, tightening handoff efficiency, and improving door-to-balloon and door-to-diagnosis times. Enhanced integration with EMS partners, strengthening pre-hospital notification, field ECG transmission, and rapid activation workflows. Expansion of data analytics and real-time performance dashboards, enabling transparent monitoring, immediate feedback, and rapid response to performance gaps. Implementation of intensive education and competency-based training, elevating staff readiness, clinical confidence, and standards adherence. Adoption of ongoing audits, mock surveys, and PDSA improvement cycles, ensuring sustained high performance and continuous accreditation readiness.

**Results:** The program resulted in significant improvements across several quality domains. The organization exceeded the state & national hospitals on majority of the AHA/GWTG metrics. Door-to-balloon times, EMS-to-hospital coordination were reduced and consistently exceeded state & national benchmarks. Clinical practice variation decreased as standardized pathways improved adherence to evidence-based protocols. Data accuracy, abstraction quality, and reporting timeliness improved markedly, supporting the successful achievement of Florida's first and only Comprehensive Heart Attack Center certification.

**Conclusion/Implications:** The journey to certification highlights the impact of strategic leadership, rigorous quality improvement methodology, and strong interdepartmental collaboration. This achievement strengthens community confidence, enhances the region's capacity to manage complex AMI cases, and provides a scalable model for institutions aiming to elevate cardiac emergency care. Sustaining this excellence requires an ongoing commitment to innovation, continuous monitoring, and system-wide reliability.

**Relevance to the Conference Theme:** Advancing Patient Care—Optimization Through Innovation and Collaboration

This program directly aligns with the conference theme by demonstrating how optimized clinical operations, innovative care models, and meaningful collaboration can transform patient outcomes. The project embodies innovation through data benchmarking, standardized AMI pathways, and use of annual required training & training. It exemplifies collaboration through cohesive partnerships with EMS agencies, cardiology teams, quality departments, and executive leadership. Together, these strategies showcase how high-reliability systems can elevate patient care, reduce variation, and achieve groundbreaking recognition at a statewide level.



**Sara Pump\*, Mary Hawes**

Children's Health, Plano, Texas, United States



## Advancing pediatric behavioral health: Integrating psychiatric nursing expertise to promote culturally responsive safety, collaboration, and outcomes

Behavioral health crises increase safety risks and distress for pediatric patients, families, and staff. Recognizing the cultural and social diversity within pediatric populations, the purpose of this initiative was to integrate Psychiatric Resource Nurses (Psych RNs) to reduce behavioral health emergencies while promoting culturally responsive, trauma-informed care that improves safety and staff confidence.

Behavioral health escalations can result in harm and are often influenced by cultural differences in communication, stigma, and perceptions of mental health. A pediatric hospital experienced a 42% rise in behavioral health events from 2020–2022, highlighting the need for equitable, culturally sensitive interventions. Integrating Psych RNs supported trauma-informed and culturally humble care practices that respect diverse beliefs, family roles, and communication preferences. This approach strengthened patient-centered care and addressed disparities experienced by vulnerable populations.

In 2023, three Psych Resource RNs with psychiatric expertise were implemented and trained in inclusive communication, and trauma-informed care. They conducted structured daily rounds with pediatric behavioral health patients, incorporating culturally sensitive mental health assessments, safety evaluations, and individualized care planning that reflected each patient's values and lived experiences.

Psych RNs collaborated with interdisciplinary teams and families to implement tailored interventions, including appropriate de-escalation strategies, environmental modifications, and family-centered engagement. Interpreter services and inclusive communication techniques supported understanding and shared decision-making.

Behavioral Health Emergency Response activations decreased by 39% from 2023 to 2025, demonstrating the effectiveness of proactive and responsive interventions. CAPE (Collaboration to Prevent Escalation) calls increased by 200% from January 2024 to September 2025, reflecting improved interdisciplinary collaboration. Staff reported increased confidence in caring for culturally diverse patients, supported by Psych RN-led education on culturally responsive communication and de-escalation strategies. These outcomes indicate improved safety, reduced escalation, and enhanced patient and staff experiences.

Embedding Psych RNs in pediatric acute care enhances safety, staff competency, and culturally responsive practice. Integrating psychiatric expertise with cultural humility promotes equitable, patient-centered care and strengthens interdisciplinary collaboration. This model offers a sustainable approach to addressing behavioral health needs while respecting the diverse cultural identities of pediatric patients and families.

## Biography

**Sara Pump** is an experienced Psychiatric Registered Nurse with over a decade dedicated to advancing mental health care within pediatric populations. Proven expertise in assessing and managing complex behavioral and emotional needs of children and adolescents, with a strong focus on trauma-informed care. Passionate about fostering safe, therapeutic environments that prioritize both patient well-being and staff resilience. Skilled in crisis intervention, interdisciplinary collaboration, and implementing patient safety initiatives that reduce risk and improve outcomes.

**Mary Hawes**, MSN, MBA, RN is the Director of Nursing for Psychiatry at Children's Health, bringing over 30 years of nursing experience and executive leadership in pediatric behavioral health. A psychiatric nurse by background, she has dedicated 18 years to advancing care for pediatric eating disorder populations. Mary leads strategic initiatives focused on multidisciplinary care models, early intervention, and improving outcomes for high-acuity patients. Previously, she served as Clinical Manager for the Center for Pediatric Eating Disorders at Children's Medical Center Plano, driving program development and care transformation. She holds an MSN from Chamberlain University and an MBA from Keller Graduate School of Management.



**Sheri Howard**

University of Memphis-Loewenberg College of Nursing,  
United States

## Innovative poverty simulation activity to teach about health equity

**Aim:** The aim of the study was twofold. Our goal was to determine how poverty is perceived by Nurse Practitioners (NP) and other health provider students and if a poverty simulation would change students' attitude and stigma toward poverty. Our second goal was to show how integration of health equity into nursing curricula could improve understanding of the upstream challenges and conditions of poverty.

**Background:** With NPs abating the shortage of primary care services, especially within rural, underserved, poorly resourced areas, it is imperative that they understand poverty and how health equity is related to care outcomes.

**Method:** We used a mixed method design that presented the Community Action Poverty Simulation to N=161 health provider students at two different universities. We measured poverty using the Attitude Towards Poverty Short Form (ATP) that included subscales of personal deficiency, stigma, and structural perspectives. We included open-ended questions of the experience on how the simulation made them feel, how learning was impacted, and how they would use this experience in practice. We used two-group t-tests to compare means pre- and post-simulation and simple content analysis for the narratives and written open-ended questions.

**Results:** We found significant differences with the ATP subscale means between the groups tested, although no significant differences were found in the pre- and post-simulation ATP scores. Significant differences were also found regarding individual items within the ATP scale concerning the personal deficiency and structural subscales. Qualitative narratives were rich

and indicated that the simulation was valuable in understanding poverty and health equitable care. Overall, our results indicated greater understandings of poverty and its antecedents and how to improve health equity in care. Our results indicate that incorporating a poverty simulation into curricula would provide future providers with tools they need to meet the needs of a growing population of impoverished patients. We believe that exposing students to the enormous challenges that poverty creates can improve quality of care.



**Misty Stone\*, Stephanie Hodges\***

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## **B.A.S.E.-Burnout Awareness, Support, and Empowerment: A nurse well-being program**

**Background:** Nurse burnout poses a significant threat to workforce stability, quality of care, and patient safety, particularly in rural and long-term care settings where staffing shortages, emotional labor, and limited access to support resources are common. Evidence-informed, scalable interventions are needed to support nurse well-being in these underserved environments.

**Purpose:** The purpose of this project was to implement and evaluate Burnout Awareness, Support, and Empowerment (BASE), a nurse well-being initiative designed to address occupational stress and promote professional resilience within a rural continuing care retirement community.

**Methods:** A continuing care retirement community in rural Robeson County, North Carolina, was awarded a mini-grant from the American Nurses Foundation (ANF) as part of a national effort to expand the Nurse Well-Being: Building Peer and Leadership Support program into rural and long-term care settings. The BASE initiative was implemented in collaboration with faculty from the School of Nursing at Fayetteville State University and was guided by evidence-based principles of peer support, leadership engagement, and environmental modification. **Intervention:** Key components of the BASE initiative included leadership-supported education on burnout recognition, peer support strategies, and access to wellness resources. A central intervention involved the development of a dedicated nurse recharge room designed to provide a restorative space for stress reduction, reflection, and emotional regulation during work shifts. Grant funds supported renovation, furnishings, and training materials aligned with the ANF Nurse Well-Being curriculum.

**Results:** Early implementation findings indicate strong engagement among nursing staff and leadership, consistent use of the recharge space, and positive nurse-reported perceptions of organizational support and workplace well-being.

**Implications for Practice:** As the sole continuing care retirement community serving rural Robeson County, Wesley Pines provides a critical context for examining nurse well-being interventions in underserved environments. The BASE project demonstrates the feasibility and potential impact of nurse-led, grant-funded well-being initiatives in long-term care and rural settings and offers a scalable model to support nurse well-being, retention, and resilience in resource-limited healthcare environments.

## Biography

Dr. Misty Stone, PhD, MSN, RN is an Associate Professor of Nursing with more than 10 years of clinical, leadership, and academic experience. Stone's background includes long-term care, home health and hospice, maternal-child health, nursing leadership, and nursing education. Dr. Stone's research focuses on organizational and leadership support programs, nurses as second victims, and nursing students and program outcomes. Stone has published in peer-reviewed journals, including *Journal of Nursing Administration*, *Nursing Management*, and *Nursing Forum*, and has presented at regional, national, and international conferences. Stone earned a PhD from the University of North Carolina at Greensboro.

Dr. Stephanie Hodges, DNP, MSN, FNP-BC, is a Professor of Nursing with more than 25 years of clinical experience and over 18 years in nursing education across multiple program levels in a variety of teaching settings. Hodges is a board-certified Family Nurse Practitioner who maintains active clinical practice. Dr. Hodges' scholarly interests include nursing education, global health nursing, and mental health nursing, with a focus on suicide awareness and prevention. Hodges' clinical practice emphasizes chronic disease management, particularly obesity and comprehensive health and wellness. Dr. Hodges' scholarly work includes peer-reviewed scholarship and leadership of funded academic and community-based initiatives. Hodges earned a Doctor of Nursing Practice degree at the University of Massachusetts Amherst.



## Sun Young Park

Department of Family and Community Health, University of Maryland School of Nursing, Baltimore, MD, United States

### Implementation of Bedside Mobility Assessment Tool (BMAT) to prevent falls

**Background:** Falls can cause serious adverse health outcomes. A significant increase in fall rates and fall-related patient injury rates within the inner-city community hospital occurred 1.5 times higher than the national benchmark. One medical-surgical unit was accountable for more than 50% of the organization's falls despite comprehensive fall prevention.

**Purpose:** This project describes implementing and evaluating the Bedside Mobility Assessment Tool (BMAT) to reduce patient falls and fall-related injuries among medical-surgical patients.

**Methods:** This project was implemented over 15 weeks between September 5, 2021, and December 18, 2021. Unit secretaries were educated on workflow through in-person training, and nurses and nursing support technicians completed an online training module and in-person training. The BMAT assessment tool was implemented for patients who were admitted or transferred. Training data were collected using an online learning system, and project outcome data were collected through chart audits and the National Database of Nursing Quality Indicators (NDNQI) data on falls and fall-related injuries per 1,000 patient days.

**Results:** 58% of nurses and one hundred percent of unit secretaries were educated. 58% of total admitted patients during the project period were screened with BMAT. 100% of patients screened with BMAT received implementation of mobility safety plans. There were nine weeks without fall incidences during the project period, but there was no significant change in overall NDNQI fall data. However, falls occurred 1.8 times higher among unscreened patients.

**Conclusions:** This quality improvement project demonstrated that implementing BMAT is a feasible and meaningful fall prevention tool in the medical-surgical unit. BMAT provides evidence-based guidance for nursing staff to screen patients' mobility levels and implement a safe patient mobility plan as part of the fall prevention strategy.

## Biography

Dr. Sun Young Park, Assistant Professor at the University of Maryland School of Nursing, specializes in Community Public Health Nursing. Park 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, Park provided primary care to homeless individuals, addressing complex health needs. At the County Health Department, Park 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.

## Victoria Yu

University of New Mexico College of Nursing, United States

### Experiential learning with simulated deposition to improve nursing documentation

Increasingly, research indicates that newly licensed RNs are ill prepared to make appropriate entry level clinical judgments. Also, unknown to the newly licensed nurse is the litigation process. In fact, the litigation process is not well known among nurses in general especially deposition. Deposition examines documentation that clinicians record during their care. Documentation that is untimely, unclear, or non-existent is exposed at a great cost to a clinician's reputation. Errors in care can also be revealed in documentation. In order to rectify the knowledge deficit of deposition among newly licensed nurses, simulation is used to increase awareness about that process. A pre and post survey is used to determine knowledge before and after the mock deposition. The newly licensed nurse responds to interview questions related to their care of a fabricated patient chart.

#### Biography

Victoria Yu, DNP, JD, RN, CNE is a clinician educator assistant professor at The University of New Mexico (UNM) College of Nursing. Dr. Yu has had a varied career in Nursing, Risk Management and Medical Legal Consulting as well as Nursing Education. Yu forged knowledge of medical legal issues in risk management and served multiple times as a testifying witness. Yu's medical legal consulting was in domestic violence as well as child maltreatment issues. Yu consulted on cases in the district and federal court. With work in nursing education, particularly with nurse residents, Yu has assessed multiple gaps in the new nurse knowledge of documentation. Yu offers a simulated training presentation in order to increase knowledge and awareness for the newly licensed nurse.

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