Sigma | SoCal Odyssey
presented by Sigma chapters

A Legacy of Excellence, A Future of Innovation:

Celebrating 30 Years of Sigma SoCal Odyssey

WHEN
October 22nd and 23rd, 2026

WHERE
Sharp Prebys Innovation
and Education Center
8695 Spectrum Center Blvd
San Diego, CA 92123



THURSDAY PROGRAM 10/22/26

7:30 AM-8:30 AM
Registration, Continental Breakfast, Exhibits & Poster Viewing

8:30 AM-8:45 AM
Welcome & Opening Remarks

8:45 AM-9:45 AM
KEYNOTE SPEAKER: Benita Chatmon, PhD, MSN, RN, CNE, FAAN

9:45 AM-10:15 AM
Break — Exhibit, Poster Viewing & Refreshments

10:20 AM-12:00 PM
Breakout Session
A. Research Session
B. Innovative Session

12:00 PM-1:00 PM
Lunch

1:05 PM-2:25 PM
Breakout Session
A. Research Session
B. Innovative Session

2:30 PM-3:00 PM
Break — Exhibit, Poster Viewing & Refreshments

3:00 PM-4:00 PM
Speaker: George Peraza-Smith, DNP, APRN, GNP-BC, A-GNP-C, GS-C, CNE, FAANP

4:00 PM-4:30 PM
Daily Debrief & Raffle

FRIDAY PROGRAM 10/23/26

7:30 AM-8:30 AM
Registration, Continental Breakfast, Exhibits & Poster Viewing

8:30 AM-8:45 AM
Welcome & Opening Remarks

8:45 AM-9:45 AM
KEYNOTE SPEAKER: Sagie De Guzman, PhD, MSN, APRN, A-CNS, ANP-C

9:45 AM-10:00 AM
Poster Awards

10:00 AM-10:30 AM
Break — Exhibit, Poster Viewing & Refreshments

10:35 AM-11:55 AM
Breakout Session
A. Research Session
B. Innovative Session

12:00 PM-1:00 PM
Lunch

1:00 PM-2:30 PM
SYMPOSIUM: Lina Najib Kawar, PhD, RNRM, CNS, FAAN; Veronica S. Timple, PhD, RN, CCRN; Stacey A. Warner, PhD, RN, CPNP-PC, ACUE; Carmen N. Urbayan, DNP, RN, CNS, CPN, PCNS-BC; Regina M. Valdez, MA; Cristelyn Joyce Chua, BSN, RN, PHN; Arielle Jonna Guinto, BSN, RN, PHN — Iota Sigma / Kaiser Permanente

2:30 PM-2:45 PM
Break — Exhibit, Poster Viewing & Refreshments

2:45 PM-3:45 PM
Speaker: Kristen Kellogg, RN, FNP-C, DNP; Amanda Thurman, DNP, RN, FNP

3:45 PM-4:15 PM
Conference Summation & Raffle

TABLE OF CONTENTS

PROGRAM	**1**
TABLE OF CONTENTS	**2**
SIGMA SO CAL ODYSSEY 501(c)(3) BOARD OF DIRECTORS	**3**
CONFERENCE PLANNING COMMITTEE	**4-6**
SIGMA MISSION AND VISION STATEMENT	**7**
KEYNOTE SPEAKERS' BIOGRAPHIES AND ABSTRACTS	**8-12**
RESEARCH AND INNOVATIVE PODIUM PRESENTATIONS	**13-15**
RESEARCH PODIUM PRESENTERS IN ALPHABETICAL ORDER BY THE LAST NAME OF THE FIRST AUTHOR	**17**
RESEARCH PODIUM ABSTRACTS	**18-29**
RESEARCH POSTER PRESENTERS IN ALPHABETICAL ORDER BY THE LAST NAME OF THE FIRST AUTHOR	**30**
RESEARCH POSTER ABSTRACTS	**31-41**
INNOVATIVE PODIUM PRESENTERS IN ALPHABETICAL ORDER BY THE LAST NAME OF THE FIRST AUTHOR	**42**
INNOVATIVE PODIUM ABSTRACTS	**43-58**
INNOVATIVE POSTER PRESENTERS IN ALPHABETICAL ORDER BY THE LAST NAME OF THE FIRST AUTHOR	**59**
INNOVATIVE POSTER ABSTRACTS	**60-72**
SPONSORS	**73**
EXHIBITORS	**74**

SIGMA SO CAL ODYSSEY 501(c)(3) BOARD OF DIRECTORS

Position	Name
Chair	Denise Boren
Secretary	Patricia Esslin
Treasurer	Jan Nick
Directors-At-Large	Allen Perez Nancy Sarpy *Open Position*
Finance Committee	Allen Perez Claudia Benton Jan Nick, Treasurer, ex officio member

2026 30th SIGMA SO CAL ODYSSEY RESEARCH CONFERENCE
PLANNING COMMITTEE MEMBERS

Conference Chair-Melodie Daniels

Chapter University	**Name**	**Committee Responsibility**
Chi Beta West Coast University	Savina Venkova	CEUs and Evaluation
	Allison Murray	
Chi Mu California Baptist University	Amber Hill	Proceedings Edits and Reviews
	Terri Thompson	
Gamma Alpha Loma Linda University	Jan Nick	Onsite Technology and Equipment
	Nancy Sarpy	
	Zelne Zamora	
Gamma Gamma California State University San Diego	Melodie Daniels	Facilities
	Julie Kathryn Graham	Facilities
	JP Conly	Facilities
Gamma Tau At-Large University of California Los Angeles (UCLA) California State University Northridge California State University Channel Island UCLA Health.	Emily Carlson	Posters
	Claudia Benton	
Iota Sigma Azusa Pacific University	Marilyn Klakovich	Exhibitors/Sponsors
	Kathleen Taylor	Opportunity Drawing
	Patrica Esslin	Exhibitors/Sponsors
Nu Mu	Kathy Hinoki	Innovative Abstracts and Education Session, if

	Janice Lew Rinka Shiraishi	needed
Omicron Delta University of Phoenix	Susan Engle Julie Vaday	Research Abstracts
Phi Alpha Western University	Patricia Shakhshir Linda Flores Terri Thompson	Volunteers
Phi Pi Chamberlain University	Allen Perez Linda Hargreaves	Publicity
Phi Theta	Denise Boren Bulaporn (Bee) Natipagon-Shah	Program: Keynote and Closing Sessions
Psi Theta At-Large Vanguard University and Concordia University	Caroline Rae Miki Boyle	Research Abstracts
Rho Beta California State University San Bernardino	Anne Lama Dawn Blue	Proceedings
Upsilon Beta	Kelley Scott Kate Bayhan	Innovative Abstracts and Education Session, if needed

Xi Theta California State University Dominguez Hills	Vera Kunte	Program
Zeta Mu at-Large University of San Diego and Point Loma Nazarene University	MIchelle Kabakibi	Registration
	Jannise Baclig	

SIGMA MISSION AND VISION STATEMENT

Our Vision

Connected, empowered nurse leaders transforming global healthcare.

Our Mission

Developing nurse leaders anywhere to improve healthcare everywhere.

Strategic Goals

1. Nurses find Sigma resources and programs essential to further their professional advancement.

2. Sigma is the preeminent pathway to connect to nursing excellence around the globe.

3. Sigma connects nurses to industry, to lead the design and utilization of healthcare innovations to transform care delivery.

KEYNOTE SPEAKERS' BIOGRAPHIES
Thursday, October 22, 2026, 0845 to 0945



Benita Chatmon, PhD, MSN, RN, CNE, FAAN, FADNL, ANEF, is an Associate Professor of Clinical Nursing and the Assistant Dean for Clinical Nursing Education at Louisiana State University Health Sciences Center – New Orleans School of Nursing (LSUHSC-NO SON). She also holds dual appointments as a Nurse Researcher at Manning Family Children's Hospital in New Orleans and within the LSUHSC-NO School of Graduate Studies. Dr. Chatmon is a committed nurse leader with extensive service to Sigma at the regional and international levels and previously served as the North America Region 6 Coordinator. She is the Immediate Past President of the Louisiana State Nurses Association and holds additional leadership roles, including Immediate past Secretary of the Association of Black Nursing Faculty and a member of the Board of Directors for the National Black Nurses Association. She also serves on the American Nurses Association Professional Policy Committee and as a member of the ANA NextGen Advisory Committee.

Her scholarly work focuses on mentorship, leadership development, and strengthening the nursing workforce. She has presented nationally on mentoring best practices, established two impactful mentoring programs, and published multiple articles advancing the science of mentorship. Her contributions have been recognized through her induction as a Fellow of the American Academy of Nursing, the Academy of Diverse Nurse Leaders, and the Academy of Nursing Education. Dr. Chatmon is a Certified Nurse Educator and a Certified Adult and Youth Mental Health First Aid Instructor, with teaching experience across undergraduate and graduate levels. She is a proud veteran of the United States Army and is most fulfilled in her roles as wife to Michael and mother to MJ and Mia. Dr. Chatmon earned her PhD in Education with a concentration in Nursing Education from Capella University and her MSN and BSN from Southern University and A&M College



Sagie D. De Guzman, PhD, APRN, A-CNS, ANP-C, is a nurse practitioner specializing in urology and urologic oncology at Providence Saint John's Cancer and Research Institute in Santa Monica, California. He also serves as Director of the MSN–Family Nurse Practitioner Program at Pacific College and Program Director of the Upper Division BSN Transfer Program at Azusa Pacific University.

Dr. De Guzman's clinical and scholarly interests include prostate cancer care, men's sexual health, erectile dysfunction, climacturia, and recovery following prostatectomy. His research also examines health-seeking behaviors and barriers to sexual health discussions in nursing practice. He earned his PhD in Nursing and master's degree in nursing from Azusa Pacific University. As a clinician, educator, and researcher, Dr. De Guzman emphasizes evidence-based, patient-centered care that addresses both cancer control and quality of life. His presentation explores nursing's role in prostate cancer



Kristen Kellogg, DNP, RN, FNP-C, is an Associate Professor in the School of Nursing at Point Loma Nazarene University. She teaches in the FNP program and is the Clinic Director of the Health Promotion Center, a free and charitable community clinic. An RN since 2013 with a clinical foundation in acute cardiac and renal progressive care at Sharp Grossmont Hospital, she transitioned to practice as a Family Nurse Practitioner in 2018. Since starting work as an FNP, she has primarily worked in refugee, immigrant, and unhoused populations in low-income settings.

Dr. Kellogg's doctoral research examined the integration of food prescription programs and nutrition education to foster healthy eating behaviors in patients with chronic illness. In her dual academic and clinical roles, she actively mentors nursing students on quality improvement and evidence-based practice projects, focusing on health equity, diabetes education, chronic disease management, and food insecurity. She is deeply passionate about immersing students in community health to expand their understanding of preventative medicine and the complex social determinants of health facing vulnerable populations.



Dr. George Peraza-Smith, DNP, APRN GNP-BC, A-GNP-C, GS- C, CNE, FAANP is Professor & Campus Dean overseeing Post Licensure Nursing Programs at West Coast University. Dr. GPS is a Fellow of the American Association of Nurse Practitioners and the American Association for Men in Nursing and has practiced as an Adult-Gerontology Primary Care Nurse Practitioner for over 25 years, specializing in geropsychiatry and long-term care. He currently serves as president of the Gerontology Nursing Certification Commission and is past President of the Gerontological Advanced Practice Nurses Association. George is an active Sigma member and currently serves as Treasurer with the Chi Beta Chapter.



Amanda Thurman, DNP, RN, FNP, is a Family Nurse Practitioner and full-time faculty at Azusa Pacific University. Her Doctorate of Nursing Practice studies focus on training healthcare providers to screen for food insecurity in the clinical setting. Food insecurity, defined as insufficient food to meet the demands of an active and healthy lifestyle, exists in one in five households in California and disproportionately affects low-income, Hispanic and Black families; especially those with children. Food insecurity causes poor health outcomes including obesity, poor control of blood sugar, depression, difficulty concentrating in children and low birth weight. Integration of screening food insecurity screening and appropriate food resource referrals in the health care setting is imperative for the health and well-being of all patients who suffer the ill health effects of food insecurity.

RESEARCH AND INNOVATIVE PODIUM PRESENTATIONS

Thursday, October 22, 2026

1015 to 1200 - Morning Breakout Session

Research Session

1020 - 1045 Christine Kaford, DNP, FNP, RN chkaford@fullerton.edu Upsilon Beta/Cal State Fullerton	HIGH STRESS ACLS SIMULATION TO STRENGTHEN INTERPROFESSIONAL TEAM SKILLS
1045 - 1110 Kristin Stagg, BSN, RN, MHI, NI-BC, CNOR kstagg@students.llu.edu Loma Linda University School of Nursing	FROM BEDSIDE CARE TO STUDENT SUPPORT: A PHENOMENOLOGICAL PILOT
1110 - 1135 Gabriela Andrade, PhD, RN, FNP-C, WCC, DWC gandrade13@apu.edu Iota Sigma/Azusa Pacific University	SEVEN DECADES OF 20TH CENTURY NURSING: AN ORAL HISTORY
1135 - 1200 Elizabeth M. Drake, PhD, RNC-OB elizdrake88@gmail.com University of San Diego	PRESENTATION, STRUCTURE, AND STORYTELLING OF PERINATAL LOSS MEMORY BOXES

Innovative Session

1020 - 1050 Kate Boughanem, BSN, RN kboughanem@health.ucsd.edu Rahel Bahru, MSN, RN, CPHQ Kim McConnell, PharmD, BCPS, CCRP UCSD	EMPOWERING NURSES TO SUPPORT FIRST IN-HUMAN GENE THERAPY TRIAL
1050 - 1120 Rinka Shiraishi, MSN, RN rinka.shiraishi@cshs.org Aileen Espiritu-Tepper, DNP, RN, NEA-BC Heejae Kwon, BSN, RN, CMSRN Nu Mu/Cedars Sinai	SCAN AWAY THE ANXIETY: A MOBILE QR-CODE-RESOURCE FOR FLOATING NURSES
1120 - 1150 Rhonda Infante, DNP, APRN, FNP-BC, NPD-BC, RNC-OB rhonda.b.infante@kp.org Steven Dine, BSN, RN Upsilon Beta/Kaiser	FROM ENGAGEMENT TO PARTNERSHIP: CO-LEADING WITH THE CLINICAL NURSE

Thursday, October 22, 2026

1300 to 1430 - Afternoon Session

Research Session

1305 - 1325 Keirstin Uomoto DNP, PMHRN-BC, CNE kuomoto@calstatela.edu Nu Mu/Cal State LA	EMPOWERING NURSING STUDENTS AGAINST WORKPLACE VIOLENCE
1325 - 1345 Emily Bloom, PhD(c), RN ebloom97@g.ucla.edu UCLA	TECHNOLOGY-DEPENDENT YOUTH & HPV VACCINATION: A LATENT CLASS ANALYSIS
1345 - 1405 Cynthia Grauvogl, DNP, RN, PMH-BC, CNE, CCM, PHN cgrauvogl@fullerton.edu Cal State Fullerton	VETERANS' PREFERENCES DURING HEALTHCARE IN THE COMMUNITY
1405 – 1425 Austin Nation, PhD, RN, PHN, NE-BC anation@fullerton.edu Upsilon Beta/Cal State Fullerton	HIV AWARENESS AND STIGMA REDUCTION THROUGH IMMERSIVE THEATRICAL DRAG STORYTELLING

Innovative Session

1305 - 1325 Kate Bayhan, DNP, RN, CCRN skbayhan@fullerton.edu Upsilon Beta/Cal State Fullerton	INCLUSIVE BY DESIGN: TRANSGENDER ADVOCACY IN EDUCATION
1325 - 1345 Najood Azar, PhD, RN nazar@fullerton.edu Upsilon Beta/Cal State Fullerton & Iota Sigma	INCLUSIVE CLINICAL TEACHING STRATEGIES FOR NEURODIVERGENT LEARNERS
1345 - 1405 Crystal Lee, BS crystallee@students.llu.edu Ashra Denise Tugung, BS Gamma Alpha/Loma Linda University	ADVANCING NURSE SCHOLARS & LEADERS: A STUDENT-LED JOINT INITIATIVE
1405 - 1425 Joseph Kastely, MSN, RN, CMSRN Jkastel2@calstatela.edu Jessica Lin, BSN, Harley Reyes, BSN, Justine Leung, SN, Alessandra Pador, SN Nu Mu/Cal State LA	SCALING VIRTUAL REALITY SIMULATION THROUGH A PEER-LED FELLOWSHIP MODEL

Friday, October 23, 2026

1030 to 1200 - Morning Breakout Session

Research Session

1035 - 1055 Linda Flores, PhD, MSN, RN lflores@westernu.edu Phi Alpha/Western University of Health Sciences	THE RELATIONSHIP BETWEEN CLINICAL JUDGMENT AND WRITTEN EXEMPLARS
1055 - 1115 Mary Gars, BSN, RN garsmary1204@gmail.com Stacey Warner, PhD, RN, CPNP-PC Nu Mu/Cal State LA	MENTAL WELLNESS INTERVENTION FOR UNDERGRADUATE NURSING STUDENTS
1115 - 1135 Jenna Reyes, EdD, MSN/Ed, RN, PHN, CHSE jereyes@apu.edu Katharine West, DNP, MPH, RN, CNS Kyra Reyes, BSN, RN Iota Sigma/Azusa Pacific University	DEAF HEALTH EQUITY AND SIMULATION PEDAGOGY IN NURSING EDUCATION
1135 - 1155 Terri Thompson, DNP, RN, C-EFM territhompson@westernu.edu Chi Mu/California Baptist University Phi Alpha/Western University of Health Sciences	TRAINING TOMORROW'S CLINICIANS THROUGH AI GENERATED SCENARIOS

Innovative Session

1035 - 1055 Rhonda Infante, DNP, APRN, FNP-BC, NPD-BC, RNC-OB rhonda.b.infante@kp.org Upsilon Beta/Kaiser	BUFFERING STRESS: HEART-FOCUSED BREATHING FOR FACULTY RESILIENCE
1055 - 1115 Kristine Mandani, MSN, RN kmandani@pointloma.edu Zeta Mu at-Large	HOLISTIC SELF-CARE PRACTICES AND PRE-LICENSURE NURSING STUDENT RESILIENCE
1115 - 1135 Claudia Rizo, DNP, RN, FNP-BC, PHN CRizo@coh.org Upsilon Beta/City of Hope	UNLOCKING NURSE PRACTITIONER PRODUCTIVITY AND VALUE
1135 - 1155 Cara Gonzalez, MSN, RN cmgonzalez@students.llu.edu Patricia Roselle Tan, BSN, RN Gamma Alpha /Loma Linda University	IMPROVING SRNA MEDICATION PREPARATION THROUGH AN ESCAPE ROOM

Friday, October 23, 2026

1300 to 1430 - Afternoon Session

Symposium Session

MENTORING SUCCESS: INSPIRING UNDERGRADUATE STUDENTS TO BECOME NURSE RESEARCHERS

Lina Najib Kawar, PhD, RNRM, CNS, FAAN Lina.n.kawar@kp.org Iota Sigma/Kaiser Permanente	SYMPOSIUM OVERVIEW
Lina Najib Kawar, PhD, RNRM, CNS, FAAN Veronica S. Timple, PhD, RN, CCRN	MENTOR NURSE SCIENTIST PERSPECTIVE
Stacey A. Warner, PhD, RN, CPNP-PC, ACUE	MENTOR NURSE FACULTY PERSPECTIVE
Carmen N. Urbayan, DNP, RN, CNS, CPN, PCNS-BC Regina M Valdez, MA	MENTOR RESEARCH LIAISONS PERSPECTIVE
Cristelyn Joyce Chua, BSN, RN, PHN Arielle Jonna Guinto, BSN, RN, PHN	MENTEE STUDENT NURSE PERSPECTIVE

RESEARCH PODIUM PRESENTERS IN ALPHABETICAL ORDER BY THE LAST NAME OF THE FIRST AUTHOR

SEVEN DECADES OF 20TH CENTURY NURSING: AN ORAL HISTORY
Gabriela Andrade, PhD, RN, FNP-C, WCC, DWC
& Kathleen Ruccione, RN, PhD, MPH, CPON, FAAN, FAPHON

TECHNOLOGY-DEPENDENT YOUTH & HPV VACCINATION: A LATENT CLASS ANALYSIS
Emily Bloom, PhD(c), RN, Dorothy Wiley, PhD, RN, & Mary-Lynn Brecht, PhD

PRESENTATION, STRUCTURE, AND STORYTELLING OF PERINATAL LOSS MEMORY BOXES
Elizabeth M. Drake, PhD, RNC-OB

THE RELATIONSHIP BETWEEN CLINICAL JUDGMENT AND WRITTEN EXEMPLARS
Linda Flores, PhD, MSN, RN

MENTAL WELLNESS INTERVENTION FOR UNDERGRADUATE NURSING STUDENTS
Mary Gars, BSN, RN & Stacey Warner, PhD, RN, CPNP-PC

VETERANS' PREFERENCES DURING HEALTHCARE IN THE COMMUNITY
Cynthia Grauvogl, DNP, RN, PMH-BC, CNE, CCM, PHN, Sylvia Miller, EdD, RN, FNP,
Kathleen Rindahl, DNP, RN, FNP-C, & Sue Robertson, PhD, RN

HIGH STRESS ACLS SIMULATION TO STRENGTHEN INTERPROFESSIONAL TEAM SKILLS
Christine Kaford, DNP, FNP, RN, Stephanie Vaughn, PhD, CRRN, FAHA, FARN, FAAN,
& Kimberly Won, PharmD, ApH, BCCCP

HIV AWARENESS AND STIGMA REDUCTION THROUGH IMMERSIVE THEATRICAL DRAG STORYTELLING
Austin Nation, PhD, RN, PHN, NE-BC, May Marsh, & Jonathan Tovar

DEAF HEALTH EQUITY AND SIMULATION PEDAGOGY IN NURSING EDUCATION
Kathleen Ruccione, PhD, MPH, RN, CPON, FAAN, FAPHON,
Jenna Reyes, EdD, MSN/Ed, RN, PHN, CHSE, Carmen Varela, EdD, MS,
Katharine West, DNP, MPH, RN, CNS, & Kyra Reyes, BSN, RN

FROM BEDSIDE CARE TO STUDENT SUPPORT: A PHENOMENOLOGICAL PILOT
Kristin Stagg, BSN, RN, MHI, NI-BC, CNOR
& Lisa Roberts, DrPH, MSN, RN, FNP-BC, CHES, FAANP, FAAN

TRAINING TOMORROW'S CLINICIANS THROUGH AI GENERATED SCENARIOS
Terri Thompson, DNP, RN, C-EFM

EMPOWERING NURSING STUDENTS AGAINST WORKPLACE VIOLENCE
Keirstin Uomoto DNP, PMHRN-BC, CNE, Ayman Tailakh, PhD, RN,
& Elizabeth Winokur, PhD, RN, CEN

RESEARCH PODIUM ABSTRACTS

SEVEN DECADES OF 20TH CENTURY NURSING: AN ORAL HISTORY

Gabriela Andrade, PhD, RN, FNP-C, WCC, DWC
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Kathleen Ruccione, PhD, RN, MPH, CPON, FAAN, FAPHON

Background & Purpose: There has been a comparative scarcity of reported nursing history in the Western United States (U.S.), with contributing factors including historical demographics, a lack of institutional infrastructure, a lower population density, and biases in historical research (Bigbee & Lind, 2007, D'Antonio et al., 2010). The study reported here is an oral history spanning seven decades of the life of Phyllis Nie Esslinger, a transformative Western U.S. nurse leader. This oral history offers a firsthand account of how the profession has evolved, providing valuable insights into the past that shape and influence current and future practices and addressing the aforementioned gap in recorded Western U.S. nursing history.
Methods: One primary narrator (Esslinger) and two supplemental narrators were recruited. Semi-structured interviews and open dialogue were employed. The interviews were recorded, transcribed, and reviewed by the principal investigator. A narrative theoretical approach was used for analysis, following the four-stage method described by Miller-Rosser et al. (2009) and Firouzkouhi & Zargham-Boroujeni (2015). Limitations such as subjectivity and memory bias were considered when interpreting the narratives.
Results: The primary narrator was born in Buffalo, New York, in the 1930s. Her life experiences were shaped by a series of pivotal historical events: the Great Depression, World War II, postwar social resistance, and second-wave feminism (Costanzo, 2023). Three main thematic categories emerged: “being, becoming, and leading beyond retirement.” Within these categories, the primary narrator’s experiences in clinical, academic, and community nursing are documented, including the establishment of the Western Conservancy of Nursing History (WCNH), a non-profit organization dedicated to preserving the region’s nursing history. The WCNH, in collaboration with the Azusa Pacific University School of Nursing and the Iota Sigma Chapter of Sigma Theta Tau International, exists to preserve the culture and heritage of nursing through the acquisition, organization, interpretation, preservation, and exhibition of nursing documentation, artifacts, and other media.
Conclusion: Much of our knowledge about nursing history comes from research conducted in the Eastern U.S. This work aims to broaden our understanding of American nursing history. Within the context of historical events, the narrator’s legacy is a multifaceted tapestry woven by her family and students, and defined by her significant contributions to academia, research, community engagement, and the preservation of nursing history. The study underscores the belief that analyzing past meaningful ideas and their implications for the future can inspire and inform what is yet to come (Lewenson & Herrmann, 2008).

TECHNOLOGY-DEPENDENT YOUTH & HPV VACCINATION: A LATENT CLASS ANALYSIS

Emily Bloom, Ph.D. Candidate, RN
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Dorothy Wiley, Ph.D., RN
Mary-Lynn Brecht, Ph.D.

Objective: To identify latent subgroups of Pediatric Complex Chronic Conditions (PCCCs) and Developmental Disabilities (DDs) among youth with medical technology dependence (TD) and evaluate differences in Human Papillomavirus (HPV) vaccination initiation across subgroups.
Background: Youth with TD often live with other co-occurring developmental disabilities (DDs) and Pediatric Complex Chronic Conditions (PCCCs) that uniquely shape their healthcare experiences. Data suggest that HPV vaccination, which protects against HPV infections that can lead to cancer, may be lower among youth with DDs and PCCCs. However, to date, no published studies have specifically examined HPV vaccination uptake among youth with TD or evaluated the effect of co-occurring PCCCs and DDs on HPV vaccination uptake in this population.
Methods: Claims records from U.S. youth with TD and continuously enrolled in a commercial insurance program between ages 9 and15 years were analyzed. Latent class analysis (LCA) was used to identify subgroups of youth with TD with the same patterns of co-occurring PCCCs and DDs. HPV vaccination initiation (≥1 dose before age 15) was compared across subgroups. Bolck–Croon–Hagenaars (BCH) adjustment accounted for uncertainty in latent class assignment when evaluating vaccination outcomes at the individual level.
Results: Among 16,936 youth with TD, three latent subgroups were identified: (1) *neuromuscular and congenital conditions with DDs*, (2) *cardiometabolic and hematologic-oncologic complexity*, and (3) *general technology dependence*. Overall, only one third (33.6%) of youth with TD initiated HPV vaccine before age 15. The BCH-estimated probability of HPV vaccine initiation before age 15 was lowest in the *neuromuscular and congenital conditions with DDs* subgroup (21%, 95% CI: 20-23%), intermediate in the *cardiometabolic and hematologic-oncologic complexity*

PRESENTATION, STRUCTURE, AND STORYTELLING OF PERINATAL LOSS MEMORY BOXES

Elizabeth M. Drake, PhD, RNC-OB
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Phenomenon of interest: Perinatal loss is a profound and life-altering experience for families and the healthcare professionals who care for them. Memory boxes are a common component of bereavement care, providing tangible connections that help parents maintain continuing bonds with their baby. These boxes often contain meaningful keepsakes from the infant. Despite their widespread use, the style and presentation of memory boxes remain largely unexplored in the literature.
Description of methodology: Grounded in meaning reconstruction, storytelling, and continuing bonds, this study employed narrative inquiry (Clandinin and Connelly (2000) to explore the phenomenon of interest.
Description of participants: A sample size of six was obtained, this small sample is consistent with narrative inquiry methodology, that allowed for in-depth exploration of participants' stories.
Knowledge gained from study: Resonance threads revealed memory boxes function as more than repositories of items, their presentation influences recognition of personhood and validation of loss, relational presentation shapes meaning, continuing bonds through the senses were experienced and the meaning of the memory box changed over time. Absence of boxes and humor were subthreads.
Implications or significance: Findings underscored the importance of the physical and relational presentation of memory-making items in shaping meaning making and bereavement experiences over time.
Recommendations for future studies: This study contributes foundational knowledge to an underexplored area of perinatal memory boxes and highlights the need for greater institutional support, standardization, and equity in the provision of memory boxes.
Funding By: Deans Grant, Hahn School of Nursing, University of San Diego

THE RELATIONSHIP BETWEEN CLINICAL JUDGMENT AND WRITTEN EXEMPLARS

Linda Flores, PhD, MSN, RN
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Objective: This quantitative correlational study investigated the relationship between written reflective practice, in the form of clinical exemplars, and standardized clinical judgment scores among accelerated entry-level Master of Science in Nursing (ELM) students.
Background: The research focused on the growing importance of written reflective practice in the structured format of the clinical exemplar, and on its impact on standardized clinical judgment scores, as highlighted in the Next Generation National Council Licensure Exam (NCLEX). The sample included an understudied population of ELM students participating at their clinical practicum site. This study included quantitative analysis to correlate the strength of the relationship between written reflective practice and standardized clinical judgment scores among ELM students practicing reflections at varied advanced medical-surgical sites.
Significance: Developing clinical judgment among new graduate nurses at ELM nursing programs may benefit patient outcomes (ACEN, 2024, CCNE, 2021, NLN, 2020, 2021).
Research Methodology: IRB was obtained. Archival data from 78 ELM nursing students taking an advanced medical-surgical clinical course and clinical practicum were deidentified. Two variables included the number of written exemplars the 78 ELM nursing students wrote, and their ATI NCLEX predictor exam and clinical judgment scores. The ATI NCLEX predictor exam for clinical judgment has been evaluated using standard psychometric principles with >76,000 students between 2023 and 2025. The confirmatory factor analysis yielded an excellent model fit, indicating that ATI's structure mirrored the NCLEX domains and supporting construct validity. Item analysis within the standardized testing methodology and large data sets of the ATI NCLEX predictor exam demonstrated stable, reproducible properties, supporting reliability.
Data Analysis: Nonparametric correlation statistics from Intellectus statistical software (2023), Spearman's rho, and Kendall's tau were used to assess the two variables for statistical significance. Adequate power was achieved based on the G*Power analysis for N = 68. The sample size in this study was N=78.
Research Findings: Descriptive statistics revealed exemplar counts ranged from 0 to 22 (M = 11) and clinical judgment scores from 0.39 to 0.90 (M = 0.64). Post hoc power analysis confirmed adequate power (86%) for detecting a medium effect size. Nonparametric tests revealed modest but statistically significant positive correlations: Spearman's rho ($\rho = .24$, $p = .038$) and Kendall's tau ($\tau = .16$, $p = .047$).
Implications: These findings suggested that structured reflective writing may support the development of clinical judgment. There was a positive correlation between the ATI NCLEX predictor exam score for clinical judgment and the number of clinical exemplars written by ELM nursing students after clinical practicum experiences. Future studies may expand to include varied clinical foci and baccalaureate nursing programs.

MENTAL WELLNESS INTERVENTION FOR UNDERGRADUATE NURSING STUDENTS

Mary Gars, BSN
Garsmary1204@gmail.com
Stacey A. Warner, PhD, RN, CPNP-PC

Background. Undergraduate nursing students are reported to have the highest risk of self-harm, suicide, and mental distress while completing their nursing program with studies reporting an inverse relationship between resilience and adverse childhood experiences in this population.
Objective. To examine the relationship among perceived stress, resilience, flexibility, and childhood trauma in the undergraduate nursing student population.
Research Methodology. An interventional study was conducted utilizing an online pre and post-test survey. Four reliable and valid tools were utilized: the Adverse Childhood Experiences (ACE), the Perceived Stress Scale-4 (PSS-4), the Brief Resilience Scale (BRS), and the Acceptance and Action Questionnaire for University Students (AAQ-US-12).
Data Analysis. Initial demographic characteristics were analyzed using numbers, percentages, means, and standard deviation. Further analyses were conducted through paired *t*-test and Pearson's correlation.
Results. A total of $n = 41$ paired responses were analyzed. Decreased perceived stress and flexibility with increased resilience were reported after the intervention. Greater than 73% of participants scored greater than 36 for inflexibility in the post-test. No significance was found between resilience and adverse childhood experiences.
Nursing Implications. It is recommended for nursing faculty to promote student well-being through strategies to increase student flexibility and resilience starting in nursing school in preparation for frontline readiness. This is one of the first studies to report on flexibility in nursing students with non-nursing studies reporting flexibility decreases with mental fatigue and decreased sleep.

Keywords: nursing student, suicide prevention, mindfulness intervention study

VETERANS' PREFERENCES DURING HEALTHCARE IN THE COMMUNITY

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Objective: To discover whether veterans want providers to ask about their military service, whether they believe providers' knowledge of the health risks they experienced during military service will improve quality of care, and what they identify as their most significant health concerns.
Rationale: Seventy-two percent of the 7.8 million veterans who served during the Middle East Conflicts seek healthcare in the community. Although the American Academy of Nursing and White House Joining Forces Initiative have encouraged civilian health providers to ask patients, "Have you ever served in the Military?" and to initiate specialized care when needed, the literature reveals this occurs during no more than 51% of healthcare appointments. Further, it was not clear whether veterans want to be asked or want to disclose their history of military service.
Research Question: In veterans of the Middle East Conflict Era, how does evaluating history of military service compared to ignoring history of military service during the healthcare intake assessment affect veterans' perceived quality of care?
Quantitative Sampling Procedure: Survey
Instrument: Survey accessed through QR code
Data Collection Procedure: Survey included 6 quantitative and 3 qualitative questions. Information about the survey, the consent form, and access to the survey were available at the Veterans Resource Center (VRC) on a large southern California majority minority university campus, via a QR code posted in the VRC office and also distributed via email to veterans using the VRC on that campus for a period of 6 weeks.
Quantitative Data Analysis Procedure: Statistical calculations: ANOVA and SPSS, presented in pie and bar charts
Qualitative Data Collection: Same as Quantitative Sampling Procedure above
Qualitative Data Analysis Procedure: Narrative analysis: Analyzed through Leininger's Theory of Cultural Care Diversity and Universality and four-phase qualitative analysis, leading to identification of themes. Themes are presented in pie and bar charts.
Findings/Results: Detailed responses indicated 97% of participants believe providers should include their military history in health assessments and that the information might or could improve the accuracy of assessment and quality of care. Some veterans feared disclosure to non-veterans or those they perceived could be judgmental of military service. Veterans also expressed concerns about existing physical and mental health problems and future health problems resulting from hazardous exposures.
Strength of the Study: Rich qualitative responses added context and depth of understanding to quantitative responses
Implications: Veterans benefit from an informed, sensitive approach to care that encompasses their unique healthcare needs.

HIGH STRESS ACLS SIMULATION TO STRENGTHEN INTERPROFESSIONAL TEAM SKILLS

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Objectives: The objective of this study was to evaluate the effectiveness of simulated interprofessional medical scenarios (SIMS) focused on Advanced Cardiovascular Life Support (ACLS) at increasing interprofessional competencies—specifically leadership, teamwork, and task management—across nursing, pharmacy, and physician assistant (PA) students.
Background: High-pressure emergent situations require effective interprofessional collaboration, yet gaps remain regarding how simulation complexity influences team performance. While the Institute of Medicine suggests that interprofessional education (IPE) can enhance these skills, there is a need to determine the impact of high-fidelity team training on performance during resuscitation events. This study addresses the need to determine if ACLS-focused interprofessional simulations should be formally integrated into prelicensure healthcare curricula.
Research Methodology: This prospective, observational study utilized a convenience sample of 520 graduating prelicensure nursing, pharmacy, and PA students from two universities. Over five weeks, interprofessional teams rotated through five 25-minute SIMS covering cardiac arrest (CA), pulmonary embolism (PE), opioid overdose (OO), ST-elevation myocardial infarction (STEMI), and digoxin toxicity (DT). To assess nontechnical interprofessional skills, participants completed the validated Team Emergency Assessment Measure (TEAM) tool following each scenario and debrief. The TEAM tool uses a 0–4 scale for leadership, teamwork, and task management domains, and a 1–10 global rating for overall performance.
Data Analysis: Data were analyzed using IBM SPSS version 29. One-way analysis of variance (ANOVA) tests with Bonferroni post-hoc pairwise comparisons were used to evaluate TEAM domain scores across the five SIMS. Additional one-way ANOVAs were conducted to compare domain scores across healthcare roles for each scenario. The significance level was set at .05.
Research Findings: Results showed statistically significant improvements in interprofessional skills, though performance varied significantly by scenario complexity ($p < .001$). The STEMI and DT scenarios yielded the highest scores for leadership, teamwork, and task management. Conversely, CA scenarios consistently produced the lowest scores in all domains, highlighting the challenge of high-stress, chaotic environments. Performance was consistent across professional roles, with only one significant difference: PA students provided higher overall team ratings than nursing students in the DT scenario.
Implications to Nursing: These findings demonstrate ACLS-focused simulations are effective, scalable tools for strengthening interprofessional leadership and teamwork. Performance variability underscores the need for tailored training approaches, particularly for high-stress situations like cardiac arrest. Nursing educators should design SIMS that authentically reflect real-world roles and to better prepare a practice-ready, collaborative healthcare workforce.

HIV AWARENESS AND STIGMA REDUCTION THROUGH IMMERSIVE THEATRICAL DRAG STORYTELLING

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Background/Rationale: HIV stigma remains a persistent barrier to HIV testing, prevention engagement, and healthcare access among LGBTQ+ communities. Traditional HIV education strategies may not adequately engage marginalized populations. Arts-based and community-led interventions, including immersive theatrical storytelling, represent a promising but understudied approach to HIV prevention and stigma reduction.
Aim/Objectives: This pilot study evaluated the impact of a live, autobiographical drag performance on HIV-related knowledge, stigma awareness, and testing empowerment.
Research Questions: (1) Does participation in an immersive theatrical storytelling intervention influence HIV-related knowledge, attitudes, and testing empowerment? (2) How do participants describe the emotional, cultural, and educational impact of the intervention? (3) How do qualitative findings help explain quantitative outcomes related to HIV awareness and stigma reduction?
Methods: A convergent mixed-methods, cross-sectional pre-post survey design was utilized. Quantitative data were collected using electronic pre- and post-performance surveys administered via QR code immediately before and after the intervention. Adult audience members (N = 70) attending a community theatrical performance in the Western United States were recruited through convenience sampling, 51 matched responses were retained for analysis. Surveys assessed HIV knowledge, testing history, stigma perceptions, comfort discussing HIV, and testing empowerment. Quantitative analyses included descriptive statistics, paired t-tests, and Wilcoxon signed-rank tests. Qualitative data were collected through an open-ended post-survey question exploring participant experiences and perceptions of the performance. Inductive thematic content analysis was used to identify recurring patterns and themes.
Results: Pre-performance findings indicated that 94.1% of participants perceived HIV stigma within their communities and 41.2% had never been tested for HIV. Following the intervention, 90.2% reported increased HIV prevention knowledge and empowerment to seek HIV testing, while 84.3% stated the performance reflected their identity or lived experience. All participants reported comfort discussing HIV-related topics post-intervention and would recommend similar events to others. Qualitative analysis generated five themes: (1) authenticity and vulnerability, (2) inspiration and empowerment, (3) emotional resonance, (4) HIV education and awareness, and (5) cultural affirmation and belonging. Participants described the intervention as emotionally impactful, culturally relevant, and effective in facilitating meaningful dialogue around HIV, stigma, and recovery.
Implications/Significance: Findings suggest that immersive theatrical storytelling and drag performance may serve as effective, community-based tools for HIV awareness, stigma reduction, and engagement among LGBTQ+ communities and allies. Results support the role of nurses and public health.

DEAF HEALTH EQUITY AND SIMULATION PEDAGOGY IN NURSING EDUCATION

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Objective: Design a simulation module to guide nursing students when using communication resources during an ED/ER encounter with a client who is Deaf/Hard-of-Hearing (DHH). Assess the module's effect on students' cultural competence, knowledge, and communication skills.
Background: DHH individuals may experience significant deficits in health care access, health education, and health outcomes. These deficits often stem from gaps in communication expertise among healthcare providers resulting in inadequate care, privacy breaches, and unnecessary stress during healthcare, including client anxiety and dissatisfaction with care. Standardized patient (SP) simulation uses trained actors to portray realistic behaviors and emotions during patient care, offering students an opportunity to directly practice (active role) patient-preferred communication.
Methodology: Using a pre-post survey design, we evaluated pre-licensure students in a single SP simulated scenario with a Deaf actor and an in-person American Sign Language (ASL) interpreter. The scenario was designed using INACSL Standards of Best Practice, then developed with guidance from an invited Community Advisory Board (CAB) composed of 11 members of the DHH community. Likert scale assessment questionnaires measured student demographics, confidence in DHH communication, cultural competence pre and post simulation, and how well their learning needs were met during the simulation. Two recorded reflective debriefing sessions with students and actor/interpreter provided supplemental qualitative data.
Data analysis: Analysis of the debriefing transcripts using the *ecological sentence synthesis* strategy provided robust thematic statements revealing the actionability and utilization value of the simulation. Pre- and post-questionnaire analyses supported these findings.
Results. The effectiveness of simulations with live actors on intervention and implementation in encounters with DHH patients was confirmed. Student knowledge deficits were identified for resolving communication gaps upon patient admission, both before and after the arrival of the ASL interpreter. Additional knowledge deficits were identified for staff interaction with the ASL interpreter and for obtaining alternative communication modalities for the DHH client.
Implications for nursing: For optimal communication with all patients, especially DHH individuals, nurses need experience assessing patient communication preference and facilitating the preferred modality. With DHH patients, culturally concordant care requires practice using ASL interpretation services whether in-person or video relay. Nurses also need experience gaining confidence and competence when using alternate and readily available modalities (e.g., cell-phone texting, video relay interpretation) while waiting for the preferred communication method. Multiple communication-focused training simulations using this SP framework could be developed for other courses, disciplines, and communication needs.
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FROM BEDSIDE CARE TO STUDENT SUPPORT: A PHENOMENOLOGICAL PILOT

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Phenomenon of interest: Registered nurses who transition from clinical practice into education-focused student-support roles may experience changes in professional identity, role expectations, and the expression of nursing purpose. Although literature addresses clinical nurses entering faculty or academic roles, less is known about nurses working in hybrid roles involving academic coaching, mentoring, simulation, clinical teaching, and student-support services.
Description of methodology: This phenomenological pilot study explored the lived experience of one registered nurse who transitioned from clinical nursing practice into an education-focused student-support role. Data collection included one semi-structured key informant interview, contextual observation of a student-support setting, and post-interview field notes. The interview was transcribed verbatim and analyzed through descriptive coding, followed by a phenomenological review of significant statements, in vivo language, and emerging meaning units.
Description of participants: The participant was a registered nurse with prior clinical nursing experience who had transitioned into a student-support role within a school of nursing while continuing some clinical practice.
Knowledge gained from study: Four preliminary experiential themes were identified: an expected future became an immediate transition, living between nurse, teacher, and student-support professional, “traded patients for students”, and learning a new rhythm from clinical urgency to educational presence. Findings suggest the transition was not experienced as abandonment of nursing identity, but as a reorientation of nursing purpose toward student development, mentoring, teaching, reassurance, and preparation of future nurses.
Implications or significance: Education-focused student-support roles may represent an underexamined pathway through which nurses continue to enact nursing values outside full-time bedside care. Nursing programs may benefit from recognizing the identity work, pacing adjustment, and mentoring needs of clinicians entering these hybrid educational roles. This pilot also highlights the need to recognize student-support work as a legitimate extension of nursing practice rather than as a departure from nursing. Better understanding this transition may help schools of nursing design onboarding, mentorship, and role-socialization processes that support clinicians entering academic and student-development roles.
Recommendations for future studies: Future phenomenological inquiry should include multiple participants across student-support, simulation, clinical teaching, skills lab, and formal faculty roles to further examine how nurses preserve, revise, and express professional identity when care is redirected toward students.

TRAINING TOMORROW'S CLINICIANS THROUGH AI GENERATED SCENARIOS

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Aim: The aim of this study is to improve communication, confidence, clinical judgment, and critical thinking among health science and nursing students by utilizing Artificial Intelligence (AI) generated patient scenarios and case studies as an educational strategy.
Background & Significance: Limited clinical experience can hinder the development of students' communication skills, confidence, and clinical judgment. Artificial intelligence (AI) offers realistic, simulated practice scenarios that help bridge this gap by providing opportunities to enhance communication and clinical decision-making skills in a safe learning environment.
Research Questions: Does AI-generated patient scenarios and case studies enhance confidence and improve competence of health science students in clinical settings?
Methods: Recruitment materials and a survey link were distributed to Entry-Level MSN and second-year Physician Assistant students enrolled in Women's Health/OB courses. An anonymous, 35-question mixed-methods Qualtrics survey was used to evaluate the impact of AI on student learning in both classroom and clinical settings.
Findings/Results: Among the fifteen (15) participants, 86% reported increased confidence in patient communication and indicated that AI-based scenarios reinforced learning in both classroom and clinical settings. Qualitative data were collected through nine open-ended questions and analyzed using thematic analysis, which revealed enhanced clinical confidence and improved communication skills following engagement with the AI tools.
Implications and Recommendations for Practice: AI is an effective educational tool for enhancing clinical readiness, communication skills, confidence, and critical thinking through realistic practice experiences. The use of AI-generated patient scenarios and case studies supports the development of clinical competence and reinforces understanding of disease processes. Integrating AI into nursing and health science curricula is recommended as a valuable strategy to better prepare students to understand and manage complex clinical situations.

EMPOWERING NURSING STUDENTS AGAINST WORKPLACE VIOLENCE

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Background: Workplace violence (WPV) in health care is a growing and urgent concern, significantly impacting both nurses and nursing students. According to a nationwide survey conducted by the National Nurses United (NNU) (2024), 48% of hospital nurses reported an increase in WPV, with nearly 82% reporting experiencing at least one type of WPV within the last year, and with an alarming 60% having considered leaving their job or profession. In response, national organizations such as the Occupational Safety and Health Administration (OSHA) and The Joint Commission have introduced prevention frameworks and accreditation requirements that mandate violence prevention strategies, including staff education and reporting systems.
Objective: This quasi-experimental study evaluated a structured, trauma-informed WPV training program designed to enhance Behavioral Health Care Competency (BHCC) among undergraduate nursing students.
Methodology: This study used a non-randomized, pretest-posttest quasi-experimental design to evaluate the effect of WPV training on a convenience sample of 87 undergraduate, pre-licensure nursing students. Data was collected between September 2024 and February 2025. The sample consisted of two cohorts from the same nursing school: 29 students from an Accelerated Bachelor of Science in Nursing (ABSN) program and 58 from a Traditional Bachelor of Science in Nursing (BSN) program.
Results: The sample was predominantly female (81.0%) and aged 18-30 (70.5%). An independent-samples t-test revealed a statistically significant improvement in overall BHCC scores from pre- to post-WPV training ($t(161) = 2.02$, $p = .045$, Cohen's $d = 0.32$), indicating a small-to-moderate effect of the training on perceived competency. Item-level analysis revealed statistically significant improvements in several key competencies, including maintaining a safe environment, intervening during hallucinations, recognizing when to seek help, assessing psychiatric problems, and accessing hospital resources. A two-way ANOVA revealed a significant interaction between time and cohort ($F (1, 76) = 5.95$, $p < .05$, $\eta^2_p = .073$), indicating that training-related gains varied by program type. ABSN students who demonstrated lower pre-WPV training scores showed greater improvements post-training than their TBSN peers.
Implications and Recommendations: These findings underscore the importance of integrating comprehensive WPV training into nursing curricula to better prepare students for the realities of clinical practice. Future steps include encouraging all undergraduate nursing programs nationwide and worldwide to incorporate WPV training into their curricula, highlighting how this training enhances students' behavioral health competencies and improves safety in future healthcare roles.

RESEARCH POSTER PRESENTERS IN ALPHABETICAL ORDER BY THE LAST NAME OF THE FIRST AUTHOR

TRANSFORMATIVE LEARNING THROUGH COMMUNITY-BASED PRACTICUM
Eurina Y. Cha, Ph.D., MSN, RN, CRRN, PHNA-BC, CHES, CPH

THE EFFECT OF MINDFULNESS BASED INTERVENTIONS AMONG GRADUATE LEVEL NURSING STUDENTS: AN INTEGRATIVE REVIEW
Delia J. Linch, DNPc, MSN, RN, PHN, CRRN, Kimberly Dunker, PhD, DNP, RN, CNE, CNEcl, PHN, & Melissa Duprey, EdD, MSN, RN, CNE

THE IMPACT OF AI ON NURSING STUDENT SELF-EFFICACY
Kristine L. Mandani, DNPc, MSN, RN, Hannah d'Arc, BSN, Taylor Keomuangtai, BSN, Jennifer Dyck, MSN-Ed, RN, Laura Otto, BSN, RN, CCRN-CSC, & Michelle Jackson, PhD, RN, ANP-BC, PMHNP-BC

HEPCIDIN AND IRON REGULATION: A LITERATURE REVIEW
Tara Marko, PhD, RN, Mikoto Detwiler, SN (student nurse), Makena Burke, SN, Alyssa Attempa-Attempa, SN, Julia LaMothe, SN, Amelia Hong, SN, & Makenna O'Neal, SN

APPLE LUNG MOTION STUDY
Rebecca Mattson, PhD, RN, PHN, Sunny Stirling, PhD, MBA, RN, Melodie Daniels, PhD, RN, CNS, NPD-BC, Aaron Elkins, PhD, & Maria Liu, MSBME

MEN IN NURSING: CHALLENGES AND OPPORTUNITIES IN NURSING EDUCATION
Aaron McColpin, DNP, Ed.S, RN, FNP, ENP, RRT

IMPACT OF SELF-CARE PRACTICES ON RESILIENCE IN NURSING FACULTY
Colleen Nevins, DNP, RN & Grace Greaney, MSN, RN

ARTIFICIAL INTELLIGENCE AND NURSING LEADERSHIP: A SYSTEMATIC REVIEW
Timothy Ortiz DNP, MSN-Ed, FNP-C, MBA, RNC

PREVALANCE OF SUICIDE POST STROKE: A SYSTEMATIC REVIEW PROTOCOL
Jan Serrano, RN, DNP, MHA, Nancy Sarpy, PhD, RN, Brianna Wren, MLIS, & Jan M. Nick, PhD, RN

CLOSED-LOOP LUNG CANCER SCREENING REGISTRY AND NAVIGATION
Sunny Stirling, PhD, MBA, RN, Rebecca Mattson, PhD, RN, PHN, Melodie Daniels, PhD, RN, CNS, NPD-BC, Aaron Elkins, PhD, & Maria Liu, MSBME

TOWARD A MODEL OF CIVILITY AND ENGAGEMENT IN ONLINE NURSING EDUCATION
Martha Zepeda, DNP, RN, NPD-BC, Karen Myers, DNP, RN, Barbara Welcher, MSN< RN, DHA, CNS, Margaret Kroposki, PhD, RN, & Connie Houser, MSN, RNC, CNE

RESEARCH POSTER ABSTRACTS

TRANSFORMATIVE LEARNING THROUGH COMMUNITY-BASED PRACTICUM

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Objective: To evaluate the impact of a year-long community-based nursing practicum on senior BSN students' engagement, learning outcomes, professional growth, and preparedness to address social determinants of health (SDOH) in underserved communities.
Background: Traditional nursing education often emphasizes acute care experiences, limiting opportunities for sustained community engagement. To address this gap, the Patricia A. Chin School of Nursing (PACSON) at California State University, Los Angeles partnered with AltaMed Health Center, which is one of Federally Qualified Health Center (FQHC) to implement a year-long community-based practicum. Students participated in mobile health clinics, home visits, community outreach, health education activities, professional development training, and precepted clinical experiences serving diverse and medically underserved populations.
Methods: A convergent mixed methods design was used to evaluate outcomes among senior BSN students participating in the practicum. Quantitative data were collected using pre- and post-practicum surveys measuring confidence in addressing SDOH, cultural humility, leadership development, interprofessional collaboration, and readiness for community-based practice. Descriptive and comparative analyses were conducted. Qualitative data were obtained through reflective journals, focus groups, and practicum evaluations and analyzed using thematic analysis. Quantitative and qualitative findings were integrated during interpretation.
Results: Students demonstrated increased confidence in community assessment, patient advocacy, health promotion, and addressing social determinants of health. Improvements were observed in self-reported leadership skills, cultural responsiveness, and preparedness to work with vulnerable populations. Four themes emerged from qualitative analysis: (1) understanding health beyond clinical settings, (2) developing a professional identity grounded in health equity and social justice, (3) strengthening communication and relationship-building skills through community engagement, and (4) appreciating the value of interprofessional collaboration. Integrated findings indicated that longitudinal community immersion fostered transformative learning and enhanced readiness for professional nursing practice.
Implications: Academic-practice partnerships that provide sustained community-based experiential learning can strengthen nursing education by promoting health equity competencies, professional identity formation, and workforce readiness. Findings support integrating longitudinal community engagement experiences into undergraduate nursing curricula to prepare future nurses to address complex community health needs.
Funding: Health Resources and Services Administration (HRSA), Nursing Education, Practice, Quality and Retention Program (NEPQR) grant.

THE EFFECT OF MINDFULNESS-BASED INTERVENTIONS AMONG GRADUATE-LEVEL NURSING STUDENTS: AN INTEGRATIVE REVIEW

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Background: The ongoing nursing shortage remains a significant healthcare concern, with projections estimating a deficit of 64,000 nurses by 2030. The American Association of Colleges of Nursing reported more than 1,500 unfilled nursing faculty positions in 2025, limiting student access to nursing education and worsening workforce shortages. Graduate-level nursing students experience substantial stress and burnout, with attrition rates exceeding 70% in MSN, DNP, and PhD programs. These challenges negatively affect nursing education, workforce sustainability, and patient care outcomes. Evidence suggests mindfulness-based interventions may reduce stress and burnout while promoting resilience, emotional well-being, and self-awareness. However, limited research has specifically examined these interventions among graduate-level nursing students and their potential influence on retention and patient safety.
Purpose: This integrative review evaluated the effects of mindfulness-based interventions on stress, burnout, and resilience among graduate-level nursing students. A secondary objective examined the relationship between mindfulness practices, attrition reduction, student retention, and patient safety outcomes.
Methodology: This integrative review was guided by the Johns Hopkins Medicine Evidence-Based Practice framework and incorporated elements of the Joanna Briggs Institute methodology. PRISMA 2020 guidelines structured the study selection process. Literature searches in CINAHL, PubMed, and PsycINFO yielded 511 articles. After applying the inclusion criteria, 211 peer-reviewed English-language full-text articles published between 2000 and 2026 were screened. Manual review and secondary screening using Rayyan Artificial Intelligence software facilitated duplicate detection and study selection. Eleven studies met the final inclusion criteria.
Results: Mindfulness-based interventions demonstrated statistically significant reductions in perceived stress and burnout among graduate-level nursing students. Findings also revealed improvements in resilience, emotional regulation, coping behaviors, focus, sleep quality, psychological well-being, and academic performance. Collectively, these outcomes suggest mindfulness practices may improve student retention, reduce attrition, and support safer clinical practice environments and improved patient care.
Conclusions: Mindfulness-based interventions are effective strategies for reducing stress and burnout while enhancing resilience among graduate-level nursing students. Integrating mindfulness practices into graduate nursing curricula may strengthen student well-being, academic success, retention, and professional sustainability during a critical nursing workforce shortage. Future research should evaluate the long-term effects of mindfulness interventions on attrition, clinical outcomes, and patient safety.

THE IMPACT OF AI ON NURSING STUDENT SELF-EFFICACY

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Objective: To examine the effect of artificial intelligence (AI) tools, printed handouts, and no supplemental resources on self-efficacy (SE) among freshman nursing students learning medical terminology.
Background: As AI becomes increasingly integrated into nursing education, its impact on students' confidence and perceived ability to learn independently remains unclear. Self-efficacy is associated with academic success, persistence, and clinical performance. Understanding how AI influences SE may help guide effective integration of AI into nursing curricula.
Methods: A quantitative pre-post quasi-experimental design was conducted with freshman nursing students enrolled in a medical terminology course. Eighty-four students completed a baseline survey, and 77 completed a post-survey. Students were assigned by course section to one of three groups: AI-assisted learning (n=23), printed handouts (n=25), or control/no resources (n=29). SE was measured using the General Self-Efficacy Scale (GSE), a validated 10-item instrument. Additional baseline questions assessed AI use patterns and confidence with medical terminology. Descriptive statistics, one-way ANOVA, and pairwise t-tests were used for analysis.
Results: Baseline SE for the cohort was moderate to high (M=32.6/40, SD=3.93). Post-intervention, the handouts group demonstrated the highest SE (M=34.3, SD=4.36), followed by the control group (M=32.4, SD=4.67) and the AI group (M=31.4, SD=4.11). The overall ANOVA approached statistical significance (F=2.63, p=.079). A significant difference was identified between the handouts and AI groups (p=.025), with students using printed handouts reporting higher SE. Compared with baseline, SE increased in the handouts group (+1.7), remained stable in the control group (-0.2), and decreased in the AI group (-1.2).
Implications for Nursing: Traditional learning resources may promote greater self-efficacy than AI-assisted learning among novice nursing students. Nursing educators should thoughtfully evaluate how AI is integrated into curricula to ensure that technology supports students' confidence, independent learning, and academic development.

HEPCIDIN AND IRON REGULATION: A LITERATURE REVIEW

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Specific aims of the study: The aim of this study was to examine what is known about hepcidin hormone, understand its role in iron homeostasis, and the implications to clinical practice.
Rationale or background for the study: The fairly recent discovery of the hormone hepcidin connected a crucial element into the pathophysiology of iron deficiency and iron overload. Hepcidin is the main negative regulator of plasma iron concentration. It binds to and blocks the iron exporter, ferroportin, blocking the body's access to iron and preventing release of recycled iron from macrophages and iron from hepatocytes (Nemath & Ganz, 2023). This iron absorption pathway is critical to understanding iron related disease and the effect of iron therapy.
Research methodology: A thorough literature review was conducted using databases CINAHL and PubMed with search terms including: hepcidin, iron deficiency, hemochromatosis, iron overload, iron absorption, and iron deficiency anemia. Since hepcidin is a rarely studied topic, the search was expanded 20 years in order to capture early articles of its discovery.
Data analysis used: A literature table was created and categorized into the following: the first author listed, databases/search terms used, aims/questions/hypothesis, sample (inclusion/exclusion criteria), results, discussion, discipline, and age of population studied. These categories will provide a picture of the breadth of knowledge related to hepcidin and how this hormone has been studied in various populations.
Implications or significance of findings to nursing: Iron regulation is a vital function of the human body. The WHO estimates that iron deficiency affects at least 1.2 billion individuals worldwide, with and without anemia, when specific parameters are used (Hamarsha et al., 2025). Iron overload is less prevalent but can also have profound consequences. Understanding the role of hepcidin in iron regulation is important for nurses and nurse practitioners for adequate identification, education, and management of iron treatment.

APPLE LUNG MOTION STUDY

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Objective: To determine whether wearable-derived physiologic and behavioral data can objectively identify smoking behavior, quantify smoking burden, and detect lung disease and lung cancer risk, while evaluating associations with cancer stage and histologic subtype.
Background: Lung cancer remains the leading cause of cancer mortality in the United States. Despite expanded U.S. Preventive Services Task Force (USPSTF) criteria for low-dose CT (LDCT) screening, late-stage diagnosis persists, screening uptake remains suboptimal, and a substantial proportion of lung cancers occur in individuals outside traditional risk profiles. Smoking-associated and non-smoking lung cancers demonstrate distinct epidemiologic and physiologic patterns, highlighting the need for improved risk stratification approaches. Wearable devices offer continuous, real-world physiologic and behavioral data, and prior large-scale studies have demonstrated the feasibility of detecting clinically meaningful signals using consumer-grade sensors, however, a critical gap remains in linking longitudinal wearable data with smoking behavior and lung cancer outcomes.
Methodology: We will conduct a prospective, observational cohort pilot study across all Sharp acute-care hospitals and affiliated outpatient clinics. Participants will be enrolled during LDCT screening encounters, with inclusion requiring ownership of a compatible iPhone and Apple Watch and Smoking counter (self-developed). Data collection will integrate wearable sensor data with electronic health record (EHR) data and LDCT screening outcomes. Participants will complete structured questionnaires at baseline and at prespecified follow-up intervals (e.g., quarterly) to capture smoking status, cigarette quantity and frequency, vaping or nicotine replacement use, and respiratory symptom burden. Additional instruments will include the Lung Cancer Screening Health Belief Scales, the Fagerström Test for Nicotine Dependence, a self-developed smoking counter, and semi-structured interviews. Self-reported smoking status will serve as the reference comparator for supervised model development and validation.
Data Analysis: Analyses will be conducted using SPSS, R, and Python, incorporating time-series preprocessing, feature engineering, and classification and regression modeling. Primary outcomes include smoking classification accuracy (area under the curve), lung disease classification, and associations with lung cancer risk, stage, and histologic subtype, using de-identified datasets.
Results: Findings will describe the implementation and performance of the lung cancer screening registry and navigation program and identify key barriers, facilitators, and opportunities to improve LDCT screening adherence and follow-up.
Implications: This work is designed to inform future approaches to lung cancer screening, early detection, and risk stratification through integration of wearable data into clinical workflows.

MEN IN NURSING: CHALLENGES AND OPPORTUNITIES IN NURSING EDUCATION

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Objective: The purpose of this qualitative study was to explore the lived experiences of male nurses and male nursing faculty, with a focus on the challenges, stereotypes, and structural barriers encountered across clinical and academic environments. A secondary aim was to identify opportunities for systemic change to improve recruitment, retention, and equitable practice for men in nursing.

Background: Men represent approximately 13% of the registered nursing workforce in the United States, yet their experiences within nursing education and academic practice remain significantly underexplored. Despite a growing emphasis on workforce diversity, male nurses and male nursing faculty continue to encounter persistent structural barriers, gender-based stigma, and informal exclusion across both clinical and academic settings. The absence of male representation in nursing faculty compounds recruitment and retention challenges, perpetuating a self-reinforcing cycle of underrepresentation. This study was designed to illuminate the lived experiences of male nursing faculty as a foundation for evidence-based curricular reform, mentorship development, and institutional policy change.

Methods: A qualitative descriptive design was employed using semi-structured interviews conducted via video and telephone platforms. Nine male nursing faculty members were recruited. Interview questions explored career pathways, experiences of gender-based discrimination and stigma, clinical access and educational equity, mentorship, and perceptions of systemic change. Audio-recorded interviews were transcribed and subjected to thematic content analysis using initial coding and cross-participant pattern recognition.

Findings: Nine overarching themes emerged from analysis: (1) non-traditional pathways into nursing, (2) gender-based stereotypes and social stigma, (3) limited clinical opportunities due to sex, (4) mentorship and representation gaps, (5) workplace microaggressions and gendered task assignments, (6) discrimination and pay inequity in academic roles, (7) lack of formal support structures, (8) cultural and family influences on entry into nursing, and (9) systemic change and evolving perceptions.

Conclusions: Despite incremental improvements in social perception, nursing continues to subtly marginalize male nurses through biased curriculum, restricted clinical access, informal exclusion from female-dominated academic networks. Three cross-cutting patterns warrant particular attention: the compounded disadvantage experienced by male nurses in academic roles, the systematic devaluation of pre-nursing clinical expertise in nursing pedagogy, and a self-reinforcing cycle in which the absence of male faculty perpetuates the underrepresentation of male students. These findings underscore the need for evidence-based action at the levels of curriculum design, clinical education policy, faculty compensation, and formal mentoring infrastructure.

IMPACT OF SELF-CARE PRACTICES ON RESILIENCE IN NURSING FACULTY

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Aim: Nursing faculty endured significant challenges during the COVID-19 pandemic, providing an opportunity to explore the relationship of self-care and resilience in nursing faculty.
Background: Limited research has been published on self-care and resiliency in nursing faculty. Self-care practices, e.g., yoga, mindfulness, meditation, prayer, mantras, etc., have been perceived by nurses to improve physical and mental well-being (Andrews et al., 2020, Slemon et al., 2021). Resilience further provides the ability to adapt more effectively. In a study of nursing faculty during the pandemic, Keener et al. (2020) found resilience to be the strongest predictor variable for reported quality of life.
Methodology: The hypothesis was that nursing faculty would report changes in their self-care practices between pre-pandemic and post-pandemic, and those who reported increases in self-care would measure higher in resilience. A cross-sectional research survey was designed to collect quantitative data within three sections of inquiry: demographic data, self-care questions, and measurement of resilience. Self-care questions were constructed by the research team, using descriptive rating scales to identify types and frequencies of self-care practices. The Connor-Davidson Resilience Survey was chosen based on its high level of internal consistency and validity. A listing of names and email addresses of undergraduate nursing faculty teaching in a large state-wide university system was obtained from program websites (n=312) with 67 (21.5%) responses, accepting only those who taught prior, during and post the pandemic.
Findings: The self-care activity rate was reported to be higher prior to the pandemic and decreased during and after the pandemic: 6.86, 5.92, and 5.88, respectively. Linear regression analysis revealed a statistically significant relationship between self-care practices and resilience during and after the pandemic (p = 0.007, 0.018), none of the demographic variables were found statistically significant predictors of resilience. Faculty who practiced regular meditation had higher resilience (p = .001). Internal reliability of the Connor-Davidson Resilience Survey tool was found to be high with Cronbach's α measuring .913.
Significance & Implications: The findings from the study supported the hypothesis that faculty who reported higher levels of self-care practice scored higher in resilience. Although the reported self-care activity by nursing faculty decreased during and immediately after the pandemic, a consistent practice of self-care prior to the pandemic may have enhanced resilience. Encouraging self-care practices among nursing faculty can enhance resilience in handling challenging situations and potentially improve overall wellbeing. Further research on factors of influence on self-care and resilience would be of benefit.
Data collection and analysis was supported by grant funding from the California State University Emeritus and Retired Faculty (CSU-ERFSA) Charitable Foundation

ARTIFICIAL INTELLIGENCE AND NURSING LEADERSHIP: A SYSTEMATIC REVIEW

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Objective: To systematically review and synthesize the current evidence regarding nurse leaders' perceptions of artificial intelligence (AI) in healthcare operations and workforce management, including perceived benefits, challenges, readiness, and implementation considerations.
Background: Artificial intelligence is rapidly transforming healthcare systems through applications such as workforce scheduling, staffing optimization, predictive analytics, clinical decision support, and resource allocation. Nurse leaders play a critical role in adopting and implementing AI technologies within healthcare organizations. Understanding their perceptions, attitudes, and readiness is essential to support successful AI integration and ensure positive organizational and patient outcomes.
Methodology: A systematic review was conducted following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Electronic databases including PubMed, CINAHL, Scopus, Web of Science, and ProQuest were searched for peer-reviewed studies published between 2020 and 2026. Studies examining nurse leaders', nurse managers', directors', or healthcare administrators' perceptions of AI in healthcare operations and workforce management were included.
Results: Preliminary findings suggest that nurse leaders generally recognize the potential of AI to improve workforce efficiency, staffing decisions, operational planning, patient safety, and healthcare quality. Commonly reported benefits included enhanced decision-making, workload management, predictive workforce analytics, and improved resource utilization. However, concerns regarding data privacy, ethical implications, algorithm transparency, workforce displacement, financial costs, and insufficient AI knowledge were frequently identified. Organizational readiness, leadership support, interdisciplinary collaboration, and targeted education emerged as key factors influencing successful AI adoption.
Conclusions: Nurse leaders view AI as a promising tool for enhancing healthcare operations and workforce management, yet significant barriers remain. Findings highlight the need for leadership development, AI competency training, and organizational strategies that promote ethical and effective implementation.
Implications for Nursing Leadership: Understanding nurse leaders' perceptions can inform educational initiatives, workforce policies, and implementation strategies that strengthen AI readiness and support sustainable healthcare innovation.

PREVALANCE OF SUICIDE POST STROKE: A SYSTEMATIC REVIEW PROTOCOL

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Objective: This systematic review aims to determine the global prevalence of suicide or attempted suicide rates occurring in post-stroke adults.
Background: Someone experiences a stroke every 40 seconds in the United States. Advances in stroke care have increased survival rates, resulting in more individuals living with physical and cognitive impairments. Post-stroke survivors experience a high rate of depression, which may lead to suicide or attempted suicide within the first five years. Previous reviews have been limited in scope, often focusing on specific populations rather than addressing the global prevalence of this issue. Therefore, a comprehensive systematic review is needed to address this gap and alert healthcare providers to the mental health needs of this vulnerable population.
Methodology: Studies with participants 18 years of age or older, diagnosed with an ischemic or hemorrhagic stroke, and committed suicide or attempted suicide will be included. All studies, regardless of their methodological quality, will undergo data extraction and synthesis. To be included in the review, studies must report suicide or attempted suicide rates in post-stroke, moderate to high methodological quality, and low risk of bias. In the final review, studies that do not report any details of suicide or attempted suicide numbers or have missing or poor methodology would not be included.
Data Analysis: Standardization will be achieved by converting study results to a common effect measure for proportional meta-analysis. A random-effects model will be used to estimate pooled prevalence with 95% CIs, using the Freeman–Tukey double arcsine transformation to address variance. Forest plots will display individual and pooled estimates, and prediction intervals will reflect variability across settings. Heterogeneity will be evaluated using chi-squared and I-squared tests. Sensitivity analyses will assess methodological decisions. Subgroup analyses will examine age, gender, stroke type, suicide method, and region, with exploratory analyses informing predefined hypotheses. Publication bias will be assessed using Doi plots and the LFK index.
Research Findings: Ongoing, Review registered in PROSPERO CRD420261300662.
Implications for Nursing: This systematic review will support routine screening for depression and suicidal ideation during hospitalization and follow-up care. The topic emphasizes the need for integrating psychological care and incorporating mental health discussions into routine nursing care for stroke patients.
Keywords: post-stroke depression, despair, self-harm, paralysis, cognitive impairment

CLOSED-LOOP LUNG CANCER SCREENING REGISTRY AND NAVIGATION

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Objective: To benchmark the lung cancer screening cascade against the breast cancer screening cascade and identify gaps across eligibility assessment, ordering, completion, results documentation, follow-up, and implement and evaluate a closed-loop LDCT registry and navigation workflow.
Background: Lung cancer remains the leading cause of cancer-related mortality, with significantly improved outcomes when detected early. Despite strong evidence supporting low-dose CT (LDCT) screening, uptake remains low. System-level gaps include incomplete eligibility documentation, inconsistent ordering practices, lack of standardized results reporting, and absence of reliable closed-loop follow-up. Additionally, disparities in screening access, completion, and diagnostic follow-through persist, influenced by social risk factors, comorbidities, and access to primary care.
Methodology: This mixed-methods study includes a retrospective electronic health record (EHR) analysis and a prospective evaluation of program implementation. Qualitative interviews will be conducted with patients and clinicians. The study will take place within a San Diego–based integrated healthcare system across affiliated primary care and outpatient clinics.
Data Analysis: Outcomes will include cascade completion rates and time-to-event intervals. Pre- and post-implementation comparisons will be performed. Multivariable regression will identify predictors of non-completion. Time-series or segmented regression analyses will evaluate workflow effects using R and SAS.
Results: Findings will describe the implementation and performance of the lung cancer screening registry and navigation program. Results are expected to identify key barriers, facilitators, and opportunities to improve LDCT screening adherence and follow-up.
Implications: This study will generate site-specific cascade metrics and implementation insights to improve LDCT completion and follow-up within primary care settings, including those partnering with Federally Qualified Health Centers. Identified workflow changes associated with improved timeliness and completion will inform future risk stratification efforts using EHR data and may be adaptable to other health systems.

TOWARD A MODEL OF CIVILITY AND ENGAGEMENT IN ONLINE NURSING EDUCATION

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Phenomenon of Interest/Purpose: Online nursing programs increasingly incorporate synchronous learning strategies to strengthen community and social presence, however, incivility, inconsistent facilitation, and logistical barriers continue to undermine the online classroom climate. These challenges have implications not only for student learning but also for faculty effectiveness and the development of professional behaviors expected in clinical practice. Guided by Caritas-informed caring principles and the Community of Inquiry framework, this study aims to examine how civility and synchronous engagement interact to shape online learning environments and to identify conceptual relationships that inform the development of a preliminary model of civility in the online classroom.

Methodology: This study employs qualitative content analysis of two prior datasets focused on the online nursing learning environment. An inductive, team-based coding approach will be used to identify patterns, develop categories, and examine relationships among emerging concepts. Codes will be refined through consensus-building, with inclusion and exclusion criteria and exemplar quotations supporting analytic rigor.

The research team has engaged in a structured preparation phase, including developing codebook templates and analytic procedures to promote consistency and transparency. Codes will be iteratively grouped into categories through team discussion, while analytic memos guide identification of relationships to support model development.

Knowledge Gained/Significance: This study will generate a preliminary, nursing-specific conceptual model of civility in the online classroom that integrates synchronous engagement and relational dynamics. Findings will provide faculty and academic leaders with a structured framework to guide facilitation practices, foster psychological safety, and promote civil, engagement-rich learning environments that support professional formation.

Recommendations for Future Studies: A modified Delphi technique is planned as a subsequent phase of this research, involving a panel of nursing faculty experienced in online teaching, selected with support from College of Nursing leadership. Participants will evaluate the clarity, relevance, and conceptual alignment of categories and proposed relationships across iterative rounds to refine the model.

Following refinement, future studies will examine the implementation of facilitation strategies derived from the model and evaluate their impact on student engagement and classroom.

INNOVATIVE PODIUM PRESENTERS IN ALPHABETICAL ORDER BY THE LAST NAME OF THE FIRST AUTHOR

INCLUSIVE CLINICAL TEACHING STRATEGIES FOR NEURODIVERGENT LEARNERS
Najood Azar, PhD, RN

INCLUSIVE BY DESIGN: TRANSGENDER ADVOCACY IN EDUCATION
Kate Bayhan, DNP, RN, CCRN

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MENTORING SUCCESS: INSPIRING UNDERGRADUATE STUDENTS TO BECOME NURSE RESEARCHERS
Lina Najib Kawar, PhD, RNRM, CNS, Stacey A Warner, PhD, RN, CPNP-PC, Veronica S. Timple, PhD, RN, CCRN, Cristelyn Joyce Chua, BSN, RN, PHN, Arielle Jonna Guinto, BSN, RN, PHN, Carmen N. Urbayan, DNP, RN, CNS, CPN, PCNS-BC, & Regina M Valdez, MA

ADVANCING NURSE SCHOLARS & LEADERS: A STUDENT-LED JOINT INITIATIVE
Crystal Lee, BS

HOLISTIC SELF-CARE PRACTICES AND PRE-LICENSURE NURSING STUDENT RESILIENCE
Kristine Mandani, MSN, RN

UNLOCKING NURSE PRACTITIONER PRODUCTIVITY AND VALUE
Claudia Rizo, DNP, RN, FNP-BC, PHN

SCAN AWAY THE ANXIETY: A MOBILE QR-CODE-RESOURCE FOR FLOATING NURSES
Rinka Shiraishi, MSN, RN, Heejae Kwon, BSN, RN, & Aileen Espiritu-Tepper, DNP, RN

INNOVATIVE PODIUM ABSTRACTS

INCLUSIVE CLINICAL TEACHING STRATEGIES FOR NEURODIVERGENT LEARNERS

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Statement of the Problem: Neurodiversity describes natural variation in cognitive functioning and includes autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), and learning differences such as dyslexia. Neurodivergent learners are increasingly present in nursing programs, yet clinical education may still reflect neurotypical assumptions (e.g., rapid task switching, reliance on unwritten social rules) and evaluation practices that may inadvertently privilege communication style over clinical reasoning. These conditions can create avoidable barriers and inconsistent learning experiences across clinical sites and instructors. The purpose is to synthesize evidence on neurodivergent nursing students' education barriers they may encounter in clinical placements and to propose practical, evidence-informed strategies for inclusive clinical teaching and evaluation that maintain competency standards and patient safety.

Methods. Peer-reviewed sources were synthesized to identify (a) common clinical barriers for neurodivergent nursing students, (b) strengths and workforce implications of neurodiversity, and (c) feasible instructional and evaluative strategies for clinical faculty and preceptors. Evidence-informed recommendations were organized into actionable teaching, evaluation, and program-level implementation steps, supplemented by illustrative case vignettes.

Description: Key barriers included unclear expectations and variable routines, high executive functioning demands under time pressure, communication and social interpretation differences, sensory overload and anxiety in high-stimulation environments, and disclosure concerns shaped by stigma and prior experiences with disability support systems. Recommended strategies emphasized explicit expectations (e.g., written clinical roadmaps), structured preparation, executive functioning scaffolds (e.g., prioritization routines and checklists), explicit instruction in structured communication (e.g., SBAR and closed-loop communication), sensory-informed supports when feasible, and bias-resistant evaluation using observable rubrics and transparent criteria. Program-level recommendations included standardized clinical teaching tools, faculty development to strengthen knowledge and attitudes, and collaborative accommodation workflows with disability services and clinical partners.

Implications: Across sources, barriers were frequently linked to environmental and relational factors (hidden curriculum, inconsistent expectations, and subjective evaluation) rather than lack of student capability. Inclusive strategies largely involved adjusting methods of instruction and assessment without changing competency standards by increasing transparency, consistency, and structured support. Collaborative accommodation processes were identified as essential for aligning support with patient safety and clinical site policy.

Recommendation: Neurodivergent nursing students may experience disproportionate difficulty in clinical placements when learning environments rely on implicit norms and subjective evaluation. Evidence-informed, low-cost strategies implemented by faculty, preceptors, and programs can improve equity, belonging, and performance while maintaining patient safety and required competencies.

INCLUSIVE BY DESIGN: TRANSGENDER ADVOCACY IN EDUCATION

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Problem: Healthcare disparities among transgender patients continue to result in poor health outcomes due to systemic biases and provider discomfort with gender-affirming care. Transgender and Gender Diverse (TGD) individuals delay or avoid medical care due to stigma, discrimination, and anticipated mistreatment. These individuals experience high rates of depression, intimate partner violence, and chronic health conditions. Nursing education plays a pivotal role in addressing these disparities by fostering cultural humility and advocacy skills among future nurses. Opportunities to practice inclusive care and advocacy are scarce but critical, especially in undergraduate curriculum.

Purpose: This case-based learning module implemented a dynamic clinical scenario with prelicensure nursing students to enhance their competence and comfort with caring for transgender patients. The scenario introduced students to a transmasculine patient seeking emergency care during pregnancy. The main purpose was to provide students a low-stakes opportunity to not only provide inclusive care but navigate a situation with lateral and transphobic aggression.

Methods: Students engaged in a case-based scenario that required them to navigate protected patient records, provide trauma-informed and sensitive care, and advocate for the patient in the face of discrimination. The scenario culminated in an interaction with an ultrasound technician who was verbally aggressive, misgendering, and deadnaming the patient. Following the scenario, students participated in a debriefing session where they defined key terms, discussed implicit biases, and healthcare disparities. Students then submitted a written reflection of their experiences.

Results: Preliminary reflections demonstrated increased awareness of healthcare barriers for transgender individuals and a greater understanding of advocacy within clinical practice. Many students expressed initial discomfort in navigating the power scenario, especially with consideration of power dynamics between hospital staff and student nurses but acknowledged the importance of developing these skills to provide equitable care.

Limitations: Limitations to this case-based scenario included risk for emotional overload and student readiness as the topic can be complex and emotionally heavy. This may have influenced student engagement as well as reflection. With a small cohort (n=24) and assessment through reflection, there is limited generalizability, but opportunities for future revisions.

Implications for Practice/Conclusion: Integrating dynamic clinical scenarios that address vulnerable populations enhances student engagement and preparedness to provide inclusive care. By incorporating experiential learning opportunities into nursing curricula, educators can foster empathy, reduce bias, and equip students with the tools necessary to advocate for equitable healthcare. This project underscores the importance of addressing healthcare disparities through innovative nursing education strategies.

EMPOWERING NURSES TO SUPPORT FIRST IN-HUMAN GENE THERAPY TRIAL

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Statement of the Problem: First-in-human (FIH) gene therapy trials present unique operational, regulatory, and patient safety challenges when transitioning from outpatient research settings to inpatient clinical environments. Limited institutional experience, evolving treatment protocols, and the need for extensive interdisciplinary coordination can create barriers to safe and efficient trial implementation. This quality improvement project describes the development and evaluation of an inpatient operational framework designed to support the safe delivery of FIH adeno-associated virus (AAV) gene therapy trials at a large academic medical center.

Method: A practice-based quality improvement approach was used to develop and implement an inpatient operational framework through multidisciplinary collaboration among nursing, physicians, pharmacy, research coordinators, infection prevention, environmental services, and clinical leadership. Key interventions included workflow mapping, development of standardized procedures, staff education, communication pathways, and electronic medical record (EMR) integration. Following implementation, staff perceptions were evaluated using an anonymous Qualtrics survey consisting of 5-point Likert-scale and open-ended questions assessing preparedness, resource availability, communication effectiveness, workload impact, and patient safety. Quantitative data were analyzed using descriptive statistics, while qualitative responses underwent thematic analysis.

Description of Innovation and Results: The innovative framework integrated structured leadership engagement, interdisciplinary planning, standardized clinical workflows, and EMR-supported treatment processes to facilitate inpatient administration of FIH gene therapy. Four inpatient gene therapy cases were successfully completed without safety events or protocol deviations attributable to process failures. Survey findings demonstrated high levels of staff preparedness, confidence in protocol adherence, and satisfaction with interdisciplinary communication. Qualitative feedback identified opportunities to strengthen standardized handoff processes, improve EMR functionality for research-specific workflows, and enhance continuity of communication between outpatient and inpatient teams.

Implications and Significance: This project demonstrates that a structured, multidisciplinary operational framework can support the safe implementation of complex FIH gene therapy trials within an inpatient setting. The model provides a scalable approach for healthcare organizations seeking to expand advanced therapeutic research while maintaining patient safety, regulatory compliance, and protocol fidelity.

Recommendations and Future Questions: Future efforts should focus on optimizing EMR-integrated research tools, expanding staff competency-based education, and developing system-wide protocols to support increasing gene therapy trial activity. Additional evaluation is needed to determine long-term sustainability, staff competency retention, and applicability of the framework across diverse inpatient settings and novel cellular or genetic therapies.

IMPROVING SRNA MEDICATION PREPARATION THROUGH AN ESCAPE ROOM

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Background: Medication errors remain a persistent threat to patient safety, particularly in anesthesia, where providers independently prepare and administer high-alert medications under time pressure. In anesthesia practice, errors occur in approximately 1 in 133 administered doses, with many involving incorrect drug selection or dosing. Gap-analysis data from two Student Registered Nurse Anesthesia (SRNA) cohorts at a University in Southern California revealed that 79% had experienced a medication error or near miss, most commonly due to unfamiliarity with dilutions, incorrect calculations, or distraction. Although foundational pharmacology is taught, students reported needing additional hands-on practice to safely apply medication-preparation skills in realistic clinical contexts.

Problem: First-year SRNAs enter anesthesia programs with variable experience in medication preparation, dilution, and infusion setup. Traditional lecture-based instruction does not adequately replicate the complexity or cognitive load of anesthesia practice, contributing to reduced confidence and increased risk for error during early clinical rotations.

Method: This evidence-based quality improvement project integrates a gamified escape-room simulation into the first-year pharmacology curriculum. Nineteen SRNAs will complete four sequential anesthetic scenarios requiring medication preparation, dilution, infusion setup, and dose calculations. Validated tools include the SRNA Medication Preparation Self-Efficacy Scale (MP-SES), four case-based scenarios, post-test, the Student Satisfaction and Self-Confidence in Learning Scale (SSSCL), and CDC Training Effectiveness items. Pre-intervention MP-SES scores will be compared with immediate and 8-week post-intervention scores using paired t-tests or Wilcoxon signed-rank tests. Knowledge retention will be evaluated using a post-test immediately after the ER and at 8-weeks.

Innovation: The escape-room design incorporates simulation, gamification, teamwork, and time-pressured problem-solving, an approach shown to improve engagement, knowledge retention, and clinical reasoning among healthcare learners. This project is the first at this University to apply escape-room pedagogy specifically to anesthesia-focused medication preparation.

Results: Anticipated outcomes include: (1) statistically significant improvement in SRNA self-efficacy scores, (2) maintained or improved medication-preparation knowledge at 8-week follow-up, (3) high satisfaction and perceived effectiveness of the escape-room activity, and (4) enhanced readiness for clinical medication management.

Implications: If effective, this innovative strategy may be integrated into the nurse anesthesia curriculum to strengthen medication-safety competencies, reduce early-training medication errors, and support safer anesthesia practice. The model may also be adapted for other high-risk clinical training environments.

BUFFERING STRESS: HEART-FOCUSED BREATHING FOR FACULTY RESILIENCE

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Problem: Teaching is consistently identified as a high-stress profession, with adverse impacts on faculty health and on the students and communities they serve. Faculty in under-resourced school communities face compounded stressors, and workplace stress predictably escalates as the academic semester progresses. While workplace mindfulness and stress-reduction interventions are well-supported in the literature, school-based applications have largely centered student outcomes, with limited attention to faculty wellness. Scalable, low-cost interventions to support faculty resilience during high-stress academic periods remain underdeveloped.

Method: A pre/post evidence-based practice project was implemented across four K–8 charter school sites serving under-resourced California communities. Seventy faculty and staff (N=70) participated in a four-session heart-focused breathing training, grounded in the HeartMath Psychophysiological Coherence Model and the Johns Hopkins Evidence-Based Practice Model. Training included a 90-minute initial education session followed by three weekly 15-to-30-minute reinforcement sessions delivered via virtual platform. The validated Perceived Stress Scale (PSS-10) was administered electronically via REDCap as a pre-training baseline immediately following a three-week school break and again as a post-training assessment during mid-semester, a period associated with documented escalation of teacher stress. Paired comparison and dose-response analyses by sessions attended were conducted.

Innovation and Resulting Change: Despite transitioning from a post-break baseline (mean PSS-10 = 16.34, moderate stress) to a high-stress mid-semester assessment, mean perceived stress remained essentially stable (post mean PSS-10 = 16.71). Contrary to documented patterns of escalating teacher stress across the semester, participants did not progress from moderate to high perceived stress. A dose-response pattern emerged: participants attending all four training sessions demonstrated the smallest change from baseline, while those attending fewer sessions showed larger increases. These findings reframe the project's primary outcome from stress reduction to stress stabilization, suggesting heart-focused breathing may function as a resilience-building buffer rather than a simple stress-lowering technique.

Implications: Stability of perceived stress through a period of expected escalation is a clinically meaningful outcome for workplace wellness programming, particularly in high-stress professions. The dose-response finding supports investment in sustained, multi-session interventions over single-exposure trainings. For nursing leadership, the project offers a low-cost, scalable wellness model with applications well beyond education, including nursing workforce resilience during high-stress periods such as accreditation cycles, surge events, and post-pandemic recovery.

Recommendations: Future work should incorporate a control group to isolate intervention effects, extend follow-up intervals to assess durability of resilience, and test the model within nursing and healthcare populations during high-stress professional periods.

FROM ENGAGEMENT TO PARTNERSHIP: CO-LEADING WITH THE CLINICAL NURSE

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Problem: Large-scale nursing initiatives spanning inpatient and ambulatory service lines — accreditation journeys, service line redesign, quality transformations, and culture change — are routinely led from the top with clinical nurses positioned as recipients of change rather than co-architects. Traditional engagement strategies seek frontline buy-in after strategy is set, producing shallow ownership, limited peer credibility, and gains that erode once initiatives end. The literature consistently identifies authentic frontline leadership as a determinant of sustained practice change, yet operational models for embedding the clinical nurse as a formal co-leader in system-wide work remain underdeveloped.

Method: Over a fourteen-month implementation beginning April 2025, a nursing leader at a large integrated healthcare organization (approximately 1,000 nurses) partnered with a medical-surgical/telemetry clinical nurse and shared governance co-lead to co-lead a system-wide nursing transformation spanning inpatient and ambulatory services. The partnership reframed the clinical nurse from engaged stakeholder to formal co-leader with shared authority, accountability, and organizational visibility. Joint responsibilities included activation of six shared governance councils (five practice councils, one coordinating council, 77 members), development and training of a 90-plus champion network across 18 departments, peer-led staff and leadership education, joint unit rounding, evidence and document review, and co-facilitation of leadership and conference presentations.

Innovation and Resulting Change: Grounded in Porter-O'Grady's shared governance principles and Kanter's theory of structural empowerment, the model formalized clinical-nurse co-leadership in large-scale change. Structural elements included formal co-leadership designation, shared decision authority, protected time, joint visibility in leadership forums, and co-facilitated education. Mid-cycle evaluation demonstrated robust champion activation across inpatient and ambulatory units, all six councils operational with structured action plans, and sustained outperformance of national NDNQI benchmarks across all four nurse-sensitive indicators in 100% of eligible inpatient units, and across all measured ambulatory indicators, for eight consecutive quarters.

Implications: Clinical-nurse co-leadership produced deeper shared governance, more credible peer education, and stronger frontline ownership than traditional engagement, while delivering measurable patient-safety and quality outcomes. The framework is portable across large-scale initiatives requiring frontline credibility, including accreditation cycles, service line transformation, and system-level practice change. The partnership also functioned as a structured leadership pipeline, accelerating the clinical nurse partner's executive presence, project leadership, and educator competencies.

Recommendations: Future inquiry should compare partnership-led to leadership-led initiatives on engagement, sustainability, and nurse-sensitive outcomes, and examine the model's contribution to clinical nurse retention, certification, and leadership pipeline development across diverse settings.

SCALING VIRTUAL REALITY SIMULATION THROUGH A PEER-LED FELLOWSHIP MODEL

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Problem: Virtual reality (VR) simulation is increasingly used in nursing education to supplement clinical learning experiences and promote clinical judgment. However, implementation of VR simulation can be resource-intensive, requiring faculty time, technological expertise, and ongoing operational support. As demand for simulation-based learning increased at a Public University Nursing School, innovative approaches were needed to expand access while maintaining educational quality.

Method: This evidence-based quality improvement project implemented a peer-led VR simulation fellowship model grounded in social constructivism, experiential learning, and cognitive apprenticeship. Upper-division nursing students completed a structured simulation education course and then served as VR Fellows. Fellows were trained in simulation pedagogy, prebriefing, scenario facilitation, psychological safety, and structured debriefing. Faculty content experts remained present during simulation activities to mentor fellows, lead and support debriefs, and monitor learner outcomes.

Innovation and Results: The fellowship model expanded simulation delivery by pairing student leadership with faculty mentorship. The program grew from 3 fellows, 13 VR simulation sessions, and 124 learning experiences in the initial implementation year to 32 fellows, 76 sessions, and 684 learning experiences across three academic years. VR simulation expanded across Fundamentals, Medical Surgical Nursing, Advanced Medical Surgical Nursing, Pediatrics, Labor and Delivery, and Community Health. Student facilitator feedback reflected increased confidence, leadership development, and improved articulation of clinical reasoning. Learner feedback suggested enhanced engagement and psychological safety during peer-facilitated experiences.

Implications: This initiative demonstrates a scalable approach to integrating VR simulation into nursing curricula while maximizing resources, strengthening student leadership, and supporting equitable access to simulation-based learning.

Recommendations: Future evaluation should examine the impact of peer-led VR simulation on learner confidence, communication, critical thinking, clinical judgment, transition-to-practice outcomes, and long-term facilitator development.

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MENTORING SUCCESS: INSPIRING UNDERGRADUATE STUDENTS TO BECOME NURSE RESEARCHERS

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Regina M Valdez, MA

Learning Objectives

The learner will be able to:

1. State three mentorship strategies used to establish and enhance nursing research collaboratives
2. Discuss the value of mentoring the next generation of nurses in advancing the research agenda
3. Describe common challenges facing nursing research and how mentorship address them

Overview

This symposium will feature presentations on the collaboration between service and academia on mentoring undergraduate nursing students. Each collaborator offered guidance as needed to the two students who were aspiring to foster early engagement in nursing research. The mentors developed the students' appropriate research knowledge, skills, expertise, and leadership through conducting a research study. The presenters will use interactive methods to share their mentors-mentees experiences, providing the audience with strategies on how to foster collaborative research agenda. Attendees will learn about opportunities to support the undergraduate nursing students from idea to dissemination through the roles: a) nurse scientists, b) academic faculty, c) research liaisons (clinical nurse specialist and data analyst), and d) undergraduate nursing students. Facilitators and barriers to successful advancement of the study completion will be presented. Principles and strategies for successful research mentorship affiliation will be highlighted. Each of the presenters will share their learnings and growth of the overall collaboration, providing examples of how this experience benefited the undergraduate nursing students' advancement.

MENTOR: NURSE SCIENTIST PERSPECTIVE

Lina Najib Kawar, PhD, RNRM, RN, CNS, FAAN
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Statement of the problem: Nursing research is fundamental to advancing nursing knowledge, patient care, and professional practice. Undergraduate nursing curricula has limited opportunities for meaningful research education due to time-constraints, lack of resources, or research experiences exposure. Early mentorship influences career trajectories, increase retention, building foundation for graduate education and research scholarship.
Methods: A structured mentorship program was developed to provide undergraduate nursing students with guidance and hands-on research experience. Faculty and nurse scientists partnered to connect academic and clinical settings and foster early interest in nursing research. Students were paired with nurse scientist mentors and engaged in structured research activities through ongoing mentorship, strengthening their skills and supporting study completion.
Description of the innovation: Nursing students and mentors collaborated on a research topic within a structured timeline that guided the project from the initial idea to dissemination of findings. Guided by Benner's Novice to Expert framework, students were recognized as novice learners who benefited from scaffolding, structured support, and progressive skill development. Implementation included regular meetings, protocol development, data analysis, and ongoing feedback. Nurse scientists provided expertise in methodology, population access, scholarly writing, and Institutional Review Board approval. Learning was evaluated through formative checkpoints, and feedback from students and mentors informed opportunities for improvement.
Implication and Significance of the project: The mentorship produced several positive outcomes. It enhanced students' knowledge and skills in research design, data collection, and analysis, supported study completion and dissemination through poster and podium presentations at multiple venues, increased students' confidence, scholarly communication, and professional identity, inspired pursuit of graduate education, improved scholarly writing skills of the manuscript completion, and strengthened partnerships between academia and practice, reinforcing the role of nurse scientists in workforce development and fostering a culture of inquiry among future nurse researchers.
Recommendations: This mentorship initiative showed that structured collaboration between faculty and nurse scientists can engage undergraduate nursing students in research and support successful study completion. It also highlights the value of integrating research mentorship into undergraduate education to strengthen research capacity and prepare future nurse research leaders. It is encouraged to expand this mentorship model across undergraduate programs and clinical sites and evaluating its long-term effects on career trajectories. Nursing curricula should introduce mentorship frameworks early, while clinical settings strengthen partnerships between nurse scientists and faculty. Future research can examine the model's scalability, sustainability, and impact on organizational outcomes, retention, professional development, and the generation of nurse researchers.

MENTOR: NURSE FACULTY PERSPECTIVE

Stacey A. Warner, PhD, RN, CPNP-PC

Statement of the Problem: There are limited studies related to the mentorship of undergraduate nursing students conducting nursing research in collaboration with nurse scientists and nurse faculty. Undergraduate nursing curricula degree requirements support appraising the literature only, however, does not fully integrate conducting research studies. Therefore, undergraduate nursing students are often hesitant to participate in nursing research due to lack of research knowledge, education, skill set, or collaborative opportunities.
Methods: A collaborative partnership was formed with nurse scientists, nurse faculty, and undergraduate nursing students to conduct a research study in a tertiary hospital setting focusing on the pediatric population.
Description of the Innovation: A collaborative structured mentorship program was developed to provide undergraduate nursing students with guidance and hands-on research experience. Faculty and nurse scientists partnered to connect academic and clinical settings and foster early interest in nursing research. Students were mentored by the faculty to search and apprise the evidence then prepare draft proposal. Undergraduate students presented their proposal to the nurse scientists for consideration to complete the study. The faculty prepared the students as they receive the ongoing feedback from the nurse scientists throughout protocol development, data collection and analysis, interpretations, and dissemination.
Implication and Significance of the Project: Through the mentorship process, a genuine collaborative and supportive environment was established to brainstorm ideas, create directives towards successful study completion, disseminate findings at regional and national nursing conferences, and formulate manuscripts.
Recommendations: Support, guidance, and mentorship should be provided to undergraduate nursing students interested in nursing research to advance research, expand knowledge, and strengthen the nursing profession. Nursing faculty can encourage students early to consider nursing research and explore inquisitive innovative ideas to improve patient outcomes.

MENTEE: STUDENT NURSE PERSPECTIVE

Cristelyn Joyce Chua, BSN, RN, PHN
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Statement of the Problem: Undergraduate nursing students are not instructed on how to build a question into a research study outside of literature reviews in their baccalaureate programs. There are few studies on nurses' mentorship in general and nurse faculty-student mentorship. However, articles on undergraduate nursing students-nurse scientist mentorship or collaborating with nurse scientists in the clinical field were not found.
Methods: A collaborative partnership was formed with clinical nurse scientists, nurse faculty, research liaisons (clinical nurse specialist and research analyst) and undergraduate nursing students to conduct a pilot research study in a tertiary hospital setting among pediatric population.
Description of the Innovation: A structured mentorship program was developed to provide undergraduate nursing students with direction and hands-on research experience. Faculty and nurse scientists partnered to bridge the gap between academia and service to foster the future nurses' interest in nursing research. Undergraduate nursing students were paired with clinical nurse scientist mentors and navigated the research processes from idea to dissemination through ongoing mentorship, nursing faculty and research liaisons support strengthening their research knowledge and skills. Guided experience with the experts concluded with successful completion of the research study.
Implication and Significance of the Project: This academic service mentorship model can be implanted among other undergraduate nursing students with innovative researchable ideas. Introducing structured mentorship in undergraduate nursing education can strengthen students' research skills and confidence before they enter professional practice. Bringing together students, faculty, and clinical research mentors fosters interdisciplinary teamwork and shared learning. Supportive mentorship may inspire undergraduate students to pursue advanced education, scholarship, and leadership roles in nursing. Through the mentorship process, the undergraduate nursing students were able to achieve their research goals and complete a nursing research study.
Recommendations: Encourage undergraduate nursing students to inquire about research ideas early in their nursing program. Motivate students to connect with faculty to explore collaborative partnership with the clinical nurse scientists. Urge faculty to nurture the inquisitive spirit and cultivate the innovative students' ideas. Clinical nurse scientists and research liaisons can promote service academia collaborative relationships.

MENTOR: RESEARCH LIAISONS' PERSPECTIVE

Carmen N. Urbayan, DNP, RN, CNS, CPN, PCNS-BC
Regina M Valdez, MA

Statement of the problem: Mentorship is a critical driver in advancing nursing research initiatives, particularly for novice investigators navigating the complexities of study design, data collection, and analysis. From the perspective of a Research Liaison Mentor, this presentation explores the intentional mentorship strategies used to support nursing students during the data collection and analysis stages of the study.
Methods: Research liaisons served as a vital bridge between clinical practice, academic inquiry, and organizational research infrastructure. Students were paired with an on-site clinical liaison and a research analyst to guide them to navigate the clinical setting and ensure meaningful data interpretation.
Description of the innovation: Nursing students and liaisons collaborated on the research topic from concept development to dissemination. During the presentation, three core mentorship strategies from the research liaisons' perspective will be highlighted: (1) structured guidance aligned with the research process, regulatory requirements, and study design to ensure clarity in data collection parameters, while providing psychological support necessary to help students navigate the emotional demands of the acute care setting, (2) individualized coaching to strengthen research competencies and build confidence, and (3) collaborative engagement to ensure methodological rigor and operational feasibility.
Implication and Significance of the project: Common challenges encountered during data collection and analysis, such as limited access to eligible participants, timeline constrains, ensuring consistency in data capture, and navigating analytic tools, will be discussed. This presentation will demonstrate how clinical and data analytics mentorship addresses these challenges through hands-on guidance, connecting mentees to appropriate resources, and reinforcement of ethical and research standards. Sustained partnership throughout the mentorship period illustrates how targeted mentorship interventions enhance research quality and empower mentees to successfully complete their studies.
Recommendations: This mentorship initiative showed the value of structured, interdisciplinary collaboration in engaging undergraduate nursing students in research and supporting successful study completion. Effective mentorship accelerated research progress, enhanced data quality, and supported timely study completion through ongoing feedback, structured problem-solving support, and accountability. Consistent mentor/mentee engagement enabled research liaisons to proactively mitigate common barriers that often lead to stalled or abandoned projects, thereby strengthening overall research productivity and dissemination.

ADVANCING NURSE SCHOLARS & LEADERS: A STUDENT-LED JOINT INITIATIVE

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Statement of the Problem: Nursing scholarship, interdisciplinary collaboration, and leadership development are important components of academic and professional growth within nursing education. While interdisciplinary learning has been shown to enhance communication, collaboration, and problem-solving among nursing students, limited opportunities exist. Evidence suggests a lack of formal infrastructure and opportunities for students to initiate peer-to-peer learning, leadership, mentorship, and professional networking.
Method Used to Address the Problem: To address the problem, an interdisciplinary planning committee initiated by students was established. This committee comprises undergraduate, Entry-Level Master's (ELM), Doctor of Nursing Practice (DNP), and Doctor of Philosophy (PhD) students alongside faculty and administrative staff. The team organized a peer-to-peer learning event that highlighted student research, evidence-based practice (EBP) projects, and students' experiences in disseminating their work at conferences. Post event, a quality improvement descriptive survey consisting of Likert-scale and open-ended questions was distributed to committee members to explore their overall experiences and perceptions. Quantitative survey data were analyzed using descriptive statistics, while open-ended responses were reviewed and synthesized.
Description of Innovation and Resulting Change: Earlier iterations of the student-led planning committee began with one student leader, who was supported by two faculty members. This initiative provided opportunities for student participation, however, cross-program collaboration was not intentionally structured. In its third year, the planning committee expanded to include students from different levels of nursing programs, creating opportunities for shared leadership, peer socialization, knowledge exchange, and scholarly engagement. Innovatively, a formal quality improvement evaluation of committee members' experiences was conducted for the first time. Participants overwhelmingly perceived the collaborative effort as meaningful, describing the experience as "collaborative," "supportive," "eye-opening," "inspiring," and "valuable for professional growth."
Implications and Significance
Findings suggest that a School of Nursing's interdisciplinary initiative promotes opportunities for student academic growth. Participants consistently identified teamwork across educational levels, peer learning, and community-building as meaningful aspects of their experience. The quality improvement findings provided actionable feedback to augment future student-led scholarly events, including diverse cross-program participation and continued opportunities for leadership. Additionally, the quality improvement process helped the team develop organizational and analytical skills that can support their future professional practice.
Recommendations: Nursing schools can encourage scholarship by creating opportunities and empowering students to initiate mutual learning programs. Future initiatives should consider the value of incorporating formal quality improvement processes to guide ongoing program development and sustainability.

HOLISTIC SELF-CARE PRACTICES AND PRE-LICENSURE NURSING STUDENT RESILIENCE

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Problem: Undergraduate nursing students report high anxiety in nursing school and self-report low levels of practicing self-care strategies.
Methods: The evidence-based quality improvement project employed a pre-post intervention design using the Connor-Davidson Resilience Scale (CD-RISC) as an outcome measure. The sample included 35 traditional undergraduate sophomore-level nursing students participating in a 6-week holistic self-care strategy educational intervention during their first clinical rotation. Students participated in a 6-week holistic self-care practice intervention during their clinical day and debriefed with their clinical group and instructor for social support. Holistic self-care practices included a focus on physical self-care in the first two sessions, emotional self-care in the third and fourth sessions, and spiritual self-care in sessions 5 and 6.
Results: At the end of 6 weeks, utilizing the CD-RISC, scores demonstrated a significant increase in resilience ($z = 3.93$, $d = 1.37$, $p = .001$). Peer support ($z = 2.50$, $d = 0.63$, $p = .013$) and faculty support ($z = 3.07$, $d = 0.91$, $p = .002$) also showed a significant increase. There was also a trend toward the reduction of academic and clinical anxiety.
Implications and Significance: Incorporating structured resilience building strategies into the clinical experience through physical, emotional, and spiritual self-care practices, as well as peer support, may improve student academic and clinical resilience. The practice of self-care strategies can strengthen resilience skills in nursing students, which may help prevent future nurse turnover.
Recommendations: Integrating resilience practices and social support within clinical education can help strengthen resilience in nursing students.

UNLOCKING NURSE PRACTITIONER PRODUCTIVITY AND VALUE

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Objective: To develop, implement, and evaluate a standardized dashboard that quantifies and visualizes nurse practitioner (NP) productivity and value in an ambulatory hematology setting, addressing the lack of standardized measurement tools for NP contributions.
Background: Despite the rapid growth of the NP workforce, there is a lack of standardized tools to measure NP productivity and contributions. Traditional metrics often overlook non-billable activities and fail to fully capture NP value, limiting recognition and the optimization of their roles.
Methodology: A quality improvement project guided by the Iowa Model of Evidence-Based Practice. An interdisciplinary team collaborated to design and pilot a Tableau dashboard that integrates clinical billing, scheduling, and HR data from the Epic EHR. The dashboard tracked key performance indicators (wRVU, session utilization, visit volume). NPs received targeted education and ongoing support. The Advanced Practice Nurse Role Perception Survey (APNRPS) was administered pre- and post-intervention. Data were analyzed using paired t-tests and chi-square tests.
Results: Twelve NPs participated (60% of eligible APPs). Post-intervention, there was a statistically significant improvement in NPs' perceptions of physician support ($p = 0.006$). Perceptions of nurse and administrative support did not change significantly. The dashboard enhanced transparency, supported professional recognition, and provided actionable data for workforce optimization. Demographics: majority female, average 11+ years RN experience, 6–10 years as NP, diverse certifications.
Implications and Significance: The dashboard supports independent NP practice, improves data-driven decision-making, and promotes interprofessional collaboration. It addresses gaps in traditional productivity measurement and highlights the need for comprehensive metrics that include non-clinical activities. The project demonstrates a scalable model for recognizing and optimizing NP contributions in diverse healthcare settings.
Recommendations for Future Work: Further research should refine productivity metrics for non-clinical activities, validate the dashboard across larger, more varied settings, and integrate ongoing billing/coding education. Institutional adoption of dashboards and policy integration are recommended for sustainability.

SCAN AWAY THE ANXIETY: A MOBILE QR-CODE-RESOURCE FOR FLOATING NURSES

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Statement of the Problem: Nurses floating to unfamiliar units without formal orientation are still expected to provide high-quality patient care. Research reveals that floating to unfamiliar units can increase anxiety, disrupt workflow, decrease efficiency, and cause nursing dissatisfaction. To optimize the staff experience and nurse engagement, a quality improvement initiative was developed to provide floating nurses with immediate access to unit-specific information through a mobile QR-code-resource. The SMART aim was to increase staff familiarity and comfort with unit-specific resources by 25% from the baseline, as measured by REDCap surveys by May 31, 2025.

Method Used to Address the Problem: The project was implemented on a medical-surgical unit by an interprofessional team of medical-surgical nurses, a Nursing Professional Development Practitioner (NPDP), and unit leaders. QR-code stickers were placed on staff badges, allowing for direct access to a mobile guide that contained unit-specific information including specialties, patient ratios, POCR times, contact numbers, and the top five expectations for floating nurses. Promotion and use of the resources was conducted during staff huddles and in-services. REDCap pre- and post-surveys were distributed between December 2024 and May 2025 to evaluate staff comfort, familiarity, and perceived effectiveness of the tool using descriptive statistics.

Description of the Innovation and Resulting Change: The resource was a mobile QR-code-resource that provided floating nurses with instantaneous on-demand access to crucial unit information. The project achieved its SMART aim. Staff comfort when floating increased by 25.9% from baseline by May 2025. Staff familiarity with unfamiliar units increased by 27.7% from baseline by May 2025, exceeding the target improvement of 25%.

Implications and Significance for Practice, Leadership, and Education: The QR-Code project positively impacted floating nurses by reducing anxiety and improving comfort, familiarity, and efficiency. The project was found to be practical, low-cost, and a measurable strategy to improve nurse engagement and enhance the staff experience. Results from the project can help leadership to develop future efforts targeted at supporting workforce flexibility, staff satisfaction, and facilitating successful transitions between clinical units.

Recommendations and Future Questions: To ensure effectiveness, ongoing maintenance of the resource will be necessary to keep information up to date and effective. Limitations can occur if staff lack the scanning technology to utilize the resource. The project will be implemented and expanded hospital-wide in the future as a standard for floating nurses. Effectiveness will be evaluated as well as the impact on nurse satisfaction and patient care outcomes.

INNOVATIVE POSTER PRESENTERS IN ALPHABETICAL ORDER BY THE LAST NAME OF THE FIRST AUTHOR

EARLY MOBILITY EDUCATION IN PEDIATRIC INTENSIVE CARE UNIT
Gulshen Abdikadir, BSN, RN, CCRN, & Amy Gow, DNP, CPNP-AC/PC, PMHS, PHN

CULTURAL HUMILITY IN EARLY TYPE 1 DIABETES EQUITY
Camila Baez-Smith, MSN, APRN, AGPCNP-BC

OPTIMIZING LEARNING PROGRAMS WITH MICROSOFT 365 AND LEAN PRINCIPLES
Melodie Daniels, PhD, RN, CNS, NPD-BC, Anela Wu, MS, LSSGB,
Lisa A. Simpson, BS, LSSYB, Sara Cardenas-Krok, LSSYB, & Christopher Grey, LSSYB

SEPSIS EDUCATION FOR EMERGENCY ROOM NURSES
Brittanee Dominick, BSN, RN, MICH, Robin Dudley Pueschel, DNP, APRN,
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IMPACT OF STRUCTURED CLINICAL MENTORSHIP ON SRNAS
Sadokat Dusbekova, BSN, RN, Esther Kim, BSN, RN, & Janet L Nguyen, MSN, RN

GET MOVING: INCREASING PATIENT MOBILITY AND NURSE EMPOWERMENT
Aileen Espiritu-Tepper, DNP, RN, NEA-BC, & Rinka Shiraishi, MSN, RN, SCRN

VIRTUAL REALITY SIMULATION FOR MANAGEMENT OF MALIGNANT HYPERTHERMIA
Jessica Gore, BSN, RN, Alexandria Martin, BSN, RN,
Alexandra Shanko, BSN, RN, & Leah Onsgard, BSN, RN

EMOTIONAL INTELLIGENCE TRAINING IN NURSE ANESTHESIA STUDENTS
Cassandra Humphries, BSN, RN, Giselle Imperio, BSN, RN, Ian Kershisnik, BSN, RN,
Gabriel Marin, BSN, RN, & Lena Dailey, EdD, CRNA

STANDARDIZING ULTRASOUND-GUIDED PIV ACCESS IN ANESTHESIA
Karen Joya, BSN, RN, Helena Van Doren, BSN, RN,
Krysten DeShields, BSN, RN, & Krizelle Alvarez, BSN, RN

USE OF AI-GENERATED CONTENT IN ONLINE APRN EDUCATION
John Lazar, PhD, RN, FNP-BC, CHEP, Stacy Baldwin, DNP, RN, FNP-BC, &
Joanne Freeman-Gill, DNP, APRN, WHNP, AGACNP-BC, FNP-BC, CHEP

IMPLEMENTING BASELINE DIAGNOSTICS PRIOR TO INITIATING LABETALOL
Jennifer Pham, MSN, RN

THE WEIGHT OF BOTH WORLDS: DUAL BURDEN OF MALNUTRITION
David Ramos, BSN, RN, PHN

EXPLORING STRUCTURE PRECEPTORSHIP MODELS IN ADVANCED NURSING
Savina Venkova, DNP, APRN, PGC-NEd, FNP-C, ENP-C, Allison Murray, MSN, APRN,
AGACNP-BC, CNE, & Peggy Kincaid, DNP, RN, CNE

INNOVATIVE POSTER ABSTRACTS

EARLY MOBILITY EDUCATION IN PEDIATRIC INTENSIVE CARE UNIT

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Introduction and Background: Critical care medicine has evolved substantially over the past several decades, with scientific and technological advances that have significantly reduced mortality and improved survival among critically ill patients. In the pediatric intensive care unit (PICU), resuscitation and organ failure management often involve deep sedation and bed rest, which are intended to promote safety, physiological stability, and comfort. However, these practices are associated with multiple complications, including prolonged mechanical ventilation, extended PICU and hospital length of stay, increased delirium, higher mortality, muscle weakness, pressure injuries, and venous thromboembolism.
Consequently, up to 70% of PICU survivors develop chronic illness or functional impairment, with one-third experiencing functional difficulties at discharge and 13% remaining impaired two years later. Evidence suggests that these outcomes can be mitigated through structured early mobility (EM) interventions. Despite this evidence, knowledge, perceptions, and clinical practices related to early mobilization remain inconsistent and often inadequate. This quality improvement (QI) project aims to improve PICU nurses' attitudes and behaviors related to EM through a structured educational intervention.
Methodology: This DNP QI project will be conducted in the 25-bed PICU at Loma Linda University Children's Hospital, a tertiary academic medical-surgical ICU. Approximately 50–100 PICU nurses will complete the DNP Practice Inquiry Demographic Questionnaire and the Johns Hopkins Medicine Patient Mobilization Attitudes and Beliefs Survey before education sessions during staff meetings. Four weeks post-intervention, in mid-June 2026, the same participants will repeat the Johns Hopkins' survey along with the CDC Recommended Questions for Delayed Evaluation to assess sustained changes in attitudes and behaviors.
Expected Outcomes: Participating nurses will demonstrate more positive attitudes regarding the feasibility, safety, and importance of early mobilization (EM) in critically ill pediatric patients. There will be a significant increase in nurses' self-reported engagement in EM activities. Additionally, nursing staff will indicate whether they have integrated the education into their practice or identify barriers to implementation.
Conclusion: Targeted EM education enhances nursing competence, promotes earlier mobilization, and supports integration of EM into routine PICU care. Embedding EM into daily practice improves recovery, reduces complications, and enhances quality of patient care. Sustained education and nurse engagement are essential for successful implementation and future unit-wide adoption of EM guidelines.

CULTURAL HUMILITY IN EARLY TYPE 1 DIABETES EQUITY

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Problem: Hispanic and Black children continue to experience inequities in the early recognition of type 1 diabetes mellitus (T1DM), including delayed testing, delayed referral, and a higher risk for diabetic ketoacidosis (DKA) at diagnosis. As screening and prevention pathways for early-stage T1DM expand, nursing practice must also address the relational and cultural factors that shape whether symptoms are heard, interpreted, and escalated. Cultural humility may support earlier recognition by strengthening nurse-family communication, eliciting caregiver concerns, acknowledging power differences, and reducing assumptions that contribute to diagnostic delay.
Method: A PRISMA-informed gap review and theory-guided conceptual synthesis were conducted to examine how cultural humility has been applied to the early recognition of T1DM among Hispanic and Black children and adolescents. The literature was reviewed through the lens of nursing, pediatric diabetes, cultural humility, health equity, and diagnostic disparity scholarship. Walker and Avant's concept analysis method was used to clarify the concept of cultural humility. Leininger's Culture Care Theory and Campinha-Bacote's process model were then used to organize a nursing-centered conceptual, theoretical, and empirical model.
Innovation: This project positions cultural humility as a practical nursing mechanism for diagnostic equity rather than a broad professional ideal. For example, when a Hispanic child presents with fatigue, weight loss, urinary frequency, or increased thirst, a culturally humble nurse avoids premature assumptions about diet, hydration, or adherence. Instead, the nurse asks the caregiver to describe what has changed, uses language-concordant communication when needed, validates the family's concern, reflects on possible bias in symptom interpretation, and escalates to glucose and autoantibody testing. The proposed model links cultural humility to culturally responsive communication, family trust, symptom interpretation, access-sensitive monitoring, and timely diagnostic escalation. Empirical indicators include autoantibody results, CGM metrics, symptom duration, referral timing, language preference, missed visits, DKA diagnosis, stage 2 identification, stage 3 progression, and eligibility for Tzield.
Significance: This work identifies an important gap in nursing science: cultural humility has not been directly tested as an intervention to improve early detection of T1DM among Hispanic and Black pediatric populations. The model offers a theory-driven foundation for developing measurable nursing interventions that may reduce diagnostic delay and prevent avoidable DKA.
Recommendations: Future nursing research should pilot a cultural humility-informed early T1DM recognition pathway that includes language-concordant education, structured caregiver narrative elicitation, equity-focused referral tracking, and race/ethnicity-stratified outcomes.

OPTIMIZING LEARNING PROGRAMS WITH MICROSOFT 365 AND LEAN PRINCIPLES

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Statement of the Problem: Healthcare learning programs are often fragmented across departments, resulting in inefficiencies, duplication, and limited scalability. At the time of this project, multiple learning functions operated independently with significant variability, high workload burden, and reduced staffing and financial resources.
Methodology: A quality improvement (QI) initiative was conducted within a large integrated healthcare system to consolidate learning program functions into a centralized department. Lean Six Sigma principles guided process redesign. Microsoft 365 tools (SharePoint, Power Apps, Power BI, and Visio) were used to map workflows, standardize processes, automate tasks, and monitor outcomes. Iterative review cycles and stakeholder feedback informed implementation.
Innovation and Resulting Change: The project introduced a low-cost, technology-enabled model leveraging existing enterprise tools rather than purchasing new systems. Visio-based process mapping identified inefficiencies and eliminated waste. Automated workflows reduced manual tracking and improved data visibility. Standardized processes across programs improved coordination, reduced redundancy, and enhanced operational efficiency despite fewer staff and reduced budgets.
Implications and Significance: This model demonstrates that nurse leaders and professional development teams can achieve large-scale structural transformation using accessible technologies. The approach supports nursing leadership, education, and practice by improving efficiency, transparency, and data-driven decision-making. The framework is scalable and adaptable across healthcare systems facing similar constraints.
Recommendations/Future Questions: Future evaluation should focus on long-term outcomes, including staff satisfaction, learner outcomes, and cost savings. Additional innovation is recommended to explore scalability across multi-site systems and integration with emerging AI-enabled tools to further enhance learning program operations.

SEPSIS EDUCATION FOR EMERGENCY ROOM NURSES

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Problem Statement: Sepsis is a life-threatening medical emergency associated with high mortality, delayed recognition, and increased healthcare costs, particularly in the emergency department (ED). Newly hired and new graduate nurses may lack the confidence and clinical knowledge required to promptly recognize and manage sepsis, leading to delays in treatment and poorer patient outcomes.
Methods: This evidence-based practice project will implement a sepsis-focused educational program for newly hired and new graduate ED nurses before they begin independent patient care. A pre- and post-intervention design will evaluate changes in sepsis knowledge, confidence, screening practices, and perceptions of educational effectiveness among 10–20 participants. Data collection will include validated knowledge and confidence surveys, sepsis screening and activation rate evaluations, demographic questionnaires, and the CDC post-course and delayed evaluation tools.
Innovation: This project integrates structured sepsis education into ED nurse onboarding before independent practice. The initiative aims to strengthen early recognition, improve screening and activation rates, and increase nurses' knowledge of sepsis and confidence in communicating concerns and escalating care. It promotes a proactive, nursing-driven approach to early identification and management of sepsis.
Implications: Improved sepsis education may support earlier identification and treatment, enhance nursing confidence, strengthen interdisciplinary collaboration, and improve patient outcomes in the ED. The project also supports the development of standardized educational practices that strengthen institutional sepsis and quality improvement initiatives.
Future recommendations: Future efforts should include expansion of the program hospital-wide, incorporation of simulation-based learning to improve retention, and evaluation of long-term impacts on patient outcomes and nursing practice. Further research is needed to identify strategies for sustaining sepsis knowledge and confidence among ED nurses.

IMPACT OF STRUCTURED CLINICAL MENTORSHIP ON SRNAS

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Statement of the Problem: The transition from didactic coursework to the first clinical rotation is a stressful milestone for second-year student registered nurse anesthetists (SRNAs), often associated with anxiety and challenges in professional role development. The current mentorship model used in a Nurse Anesthesia program at a Southern California university provides general academic pairing and informal support but does not specifically address the unique challenges of entering clinical practice.

Method Used to Address the Problem: This Doctor of Nursing Practice evidence-based practice project implemented a structured clinical mentorship program designed to improve SRNAs' perceived support and reduce transition-related stress during their initial clinical experience. Third-year SRNAs voluntarily served as peer mentors and participated in scheduled check-ins throughout the intervention period. Pre- and post-intervention surveys evaluated mentees' perceptions of support, stress, and transition experiences, along with mentor feedback regarding program implementation.

Description of Any Innovation and Resulting Change: This project introduced a structured mentorship model specifically tailored to the clinical transition phase of nurse anesthesia education. Unlike the existing informal mentorship approach, this intervention incorporated PowerPoint presentations on clinically relevant topics (e.g. patient safety, perianesthesia, critical thinking), defined expectations, and scheduled support touchpoints intended to promote consistency, accessibility, and meaningful peer guidance during this high-stress period of entering clinical practice.

Implications and Significance of the Project Findings for Leadership and Education: Structured mentorship is a valuable component of nurse anesthesia education, particularly in supporting SRNAs as they transition from didactic learning to clinical practice. Pre-intervention survey findings revealed high levels of transition-related stress among second-year SRNAs, with approximately 82% reporting they fairly often or very often felt stressed about transitioning into clinical practice and meeting performance expectations. For nurse anesthesia programs, implementing structured clinical mentorship may improve clinical readiness, student well-being, retention, and future leadership development.

Recommendations or Future Problems/Questions: Mentor training should be emphasized, delivered in a structured format, and initiated early with dedicated scheduling support from faculty. Future evaluation should explore the long-term impact of structured clinical mentorship on student confidence, retention, perceived stress levels, and professional development. Additional implementation across larger cohorts and other nurse anesthesia programs may help determine the broader applicability and sustainability of this intervention.

GET MOVING: INCREASING PATIENT MOBILITY AND NURSE EMPOWERMENT

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Statement of the Problem: Patient mobility is a critical component of safe, high-quality inpatient care and is associated with improved outcomes, fewer complications, and shorter hospital stays. On a 48-bed neurosurgical and spine unit, challenges were identified in timely patient mobilization, discharge delays related to immobility, and inconsistent ambulation practices. Patient immobility increases the risk of pressure injuries, infections, functional decline, prolonged hospitalization, and readmissions. A root-cause analysis revealed limited staff understanding of the Bedside Mobility Assessment Tool (BMAT), uncertainty regarding nursing responsibility for ambulating patients, and overreliance on rehabilitation services. These barriers reduced confidence and delayed mobility goals.

Method Used to Address the Problem: The aim of this quality improvement project was to increase nurses' knowledge, confidence, and attitudes regarding BMAT utilization and patient ambulation by at least 5%. A baseline Johns Hopkins Patient Mobility Survey identified knowledge deficits and lack of confidence. In June 2025, the unit launched the Safe Patient Mobility Initiative through a staff-engagement campaign called the "Mobility Olympics." Eight RN mobility champions provided education and hands-on training on BMAT use and safe ambulation. Additional interventions included laminated BMAT tools and mobility signage, a Mobility Toolkit binder with FAQs, escalation pathways, patient education scripts, and mobility resources, and mobility education flyers in admission packets. Nursing assistants received focused education, and trained volunteers assisted with ambulating BMAT Level 4 patients.

Description of Innovation and Resulting Change: The initiative utilized a nurse-led, multidisciplinary approach combining education, visual reminders, standardized resources, and staff engagement. By August 2025, nurses' understanding of the importance of patient mobilization increased by 8%. Staff mobilized patients at least once per shift increased by 5%. Knowledge of mobility resources improved by 14%, while understanding of BMAT assessment and interventions increased by 13%.

Implications and Significance: Findings demonstrate that empowering nurses through education, accessible resources, and clear expectations improves confidence, accountability, and engagement in patient mobility. Enhanced nurse ownership of mobility practices may contribute to safer care, improved patient outcomes, reduced complications of immobility, and more efficient discharge processes.

Recommendations and Future Questions: Future efforts should focus on sustaining mobility education, integrating mobility metrics into routine practice, expanding the initiative to additional inpatient units, and evaluating long-term effects on patient outcomes, length of stay, discharge efficiency, falls, and readmissions.

VIRTUAL REALITY SIMULATION FOR MANAGEMENT OF MALIGNANT HYPERTHERMIA

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Problem: Malignant hyperthermia (MH) is a rare but life-threatening perioperative emergency triggered by volatile anesthetics and succinylcholine. Delays in recognition and dantrolene administration significantly increase mortality risk. Although professional organizations recommend routine MH crisis training, immersive experiences for student registered nurse anesthetists (SRNAs) remain inconsistent. The purpose of this evidence-based practice project is to evaluate whether virtual reality (VR) simulation training for MH crisis management improves SRNA knowledge, clinical decision-making, confidence, anxiety, and satisfaction with the educational modality.

Methods: This project used a pre–post design to evaluate the effect of VR simulation on SRNA preparedness for MH crisis management. A convenience sample of Doctor of Nursing Practice nurse anesthesia students (Class of 2028, N = 17) at a University in Southern California participated in an MH educational PowerPoint presentation followed by an immersive VR simulation using Meta Quest headsets and the Simvana MH scenario. Pre- and post-intervention electronic surveys, linked by unique identifiers, assessed MH knowledge, clinical decision-making, confidence, anxiety, and learner satisfaction using validated instruments and an expert-validated 11-item knowledge assessment. Pre- and post-intervention scores were compared to evaluate outcomes for high-risk skills and procedures.

Innovation and Expected Outcomes: This project introduces immersive VR simulation as an innovative adjunct to traditional MH education within SRNA training. Data collection is ongoing, however, it is anticipated that the VR-enhanced educational experience will demonstrate improvements in SRNA knowledge, confidence, clinical decision-making, and perceived preparedness for malignant hyperthermia management. Pre- and post-intervention comparisons will be used to assess the training's effectiveness and impact on learner outcomes.

Implications for Nursing Education and Practice: Virtual reality simulation may provide a scalable and engaging method for supplementing traditional anesthesia crisis education while enhancing experiential learning during high-risk, low-frequency clinical events. Findings from this project may support the integration of immersive VR simulation into nurse anesthesia curricula to improve learner preparedness and patient safety outcomes.

Recommendations: Future projects should evaluate long-term knowledge retention, transfer of learning to clinical practice, and the effectiveness of VR simulation among SRNAs and among currently practicing certified registered nurse anesthetists. Different crisis scenarios should be tested and evaluated for other high-risk, low-frequency events.

EMOTIONAL INTELLIGENCE TRAINING IN NURSE ANESTHESIA STUDENTS

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Statement of Problem: Burnout among anesthesia providers poses significant risks to both clinician well-being and patient safety. Although emotional intelligence (EI) training has been shown to enhance resilience, reduce burnout, and improve stress management, its integration into nurse anesthesia education remains limited. A gap analysis conducted at a Southern California university identified that Student Registered Nurse Anesthetists (SRNAs) feel underprepared to apply EI skills in clinical practice.
Methodology: An evidence-based EI training intervention was developed to enhance SRNAs' transition into the clinical setting. The Bar On EQ-i 2.0 and Perceived Stress Scale (PSS-10) questionnaires were collected before and after a 90-minute evidence-based, interactive EI workshop. The same surveys were collected eight weeks following the intervention.
Description of Innovation and Resulting Change: Preliminary findings from a gap analysis (n = 14) indicated that while more than 90% of SRNAs perceived EI as valuable to clinical training, only 28.6% reported confidence in their ability to enhance their own EI. These findings identified a clear gap between perceived importance and self-efficacy in EI skill development. In response, an EI training workshop was implemented for 17 junior SRNAs immediately prior to the start of clinical rotations. The intervention incorporated role-play simulation, guided reflection, and application of EI strategies to high-stress clinical scenarios. Outcomes data from the intervention are currently being collected. Anticipated outcomes include increased EI levels, decreased perceived stress, and high participant satisfaction with the training. Full data analysis is expected in June 2026.
Implications and Significance: Preliminary findings suggest that structured EI training at a critical transition point may improve SRNA EI levels and stress management, equipping students with resilience and communication skills for the clinical setting. Incorporating EI training into nurse anesthesia curricula may offer a practical way to support student well-being, reduce burnout risk, and improve clinical readiness and patient safety.
Recommendations: Future work should evaluate the long-term effects of EI training on participants entering the professional field, both immediately after graduation and later in their CRNA careers. Studies should also explore the possibility of EI workshop integration into other Doctor of Nursing Practice programs.

STANDARDIZING ULTRASOUND-GUIDED PIV ACCESS IN ANESTHESIA

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Statement of the Problem: Peripheral intravenous (IV) access remains a persistent challenge in perioperative anesthesia, particularly among patients with difficult intravenous access (DIVA). Multiple failed IV attempts contribute to delays in care, patient discomfort, procedural inefficiency, and variability in vascular access practices. Although evidence supports ultrasound-guided peripheral IV (US-PIV) placement to improve first-attempt success and reduce complications, perioperative utilization within the anesthesia department at a public Level I trauma center in Southern California remains inconsistent. Identified barriers include limited formal education, inconsistent mentorship, lack of supervised practice opportunities, and variable access to ultrasound.

Method Used to Address the Problem: This Doctor of Nursing Practice (DNP) quality improvement project implements the institution's first standardized perioperative US-PIV educational pathway for anesthesia providers, including anesthesiologists, certified registered nurse anesthetists (CRNAs), and student registered nurse anesthetists (SRNAs). The evidence-based intervention incorporates didactic instruction, simulation-enhanced learning, hands-on ultrasound practice, and competency validation using a standardized procedural checklist. The project aims to standardize perioperative vascular access education, enhance provider proficiency and confidence, and support sustainable integration of ultrasound-guided IV placement into routine anesthesia practice.

Description of Innovation and Resulting Change: Preliminary gap analysis demonstrated substantial variability in prior US-PIV education and competency among anesthesia providers. Among respondents, 68.4% (n = 13) reported no formal US-PIV training, while 31.6% (n = 6) reported prior structured education. This quality improvement initiative introduces a competency-based perioperative vascular access training model designed to standardize skill acquisition, increase ultrasound utilization in DIVA populations, and support sustainable implementation of evidence-based vascular access practices. Implementation is scheduled for June 2026, with post-implementation evaluation planned for July 2026.

Implications and Significance: Early findings highlight the need for standardized perioperative ultrasound-guided vascular access training as both a patient safety and workflow improvement strategy. Expected outcomes include improved provider competency, greater use of US-PIV in patients with difficult intravenous access, fewer delays in obtaining vascular access, and improved perioperative efficiency. This initiative supports integrating evidence-based vascular access education into anesthesia training and provides a foundation for consistent practice standards that can be expanded across surgical care settings.

Recommendations or Future Problems/Questions: Managing difficult IV insertions is not a problem unique to the perioperative area. Replicating this EBP project in other settings would contribute to nursing science and standardize the training and use of US-PIV among healthcare providers, while improving IV success rates and patient satisfaction.

USE OF AI-GENERATED CONTENT IN ONLINE APRN EDUCATION

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Background: Artificial intelligence (AI) is transforming healthcare and higher education, creating new opportunities to enhance advanced practice registered nurse (APRN) education. As online APRN programs continue to expand, faculty must provide engaging, evidence-based learning experiences while meeting increasing demands for efficiency, personalization, and timely integration of evolving clinical evidence.
Statement of the Problem: Online APRN faculty face ongoing challenges related to workload, curriculum development, student engagement, and the creation of meaningful clinical reasoning experiences in virtual environments. Traditional instructional design approaches may be resource intensive and less adaptable to individualized learning needs. AI-generated educational content offers an opportunity to enhance instructional design, accessibility, learner engagement, and faculty efficiency.
Description of Innovation and Resulting Change: Four AI platforms—Vidnoz, SunoAI, NotebookLM, and Canva—were used to develop virtual class assistants, slide presentations, audio and video learning materials, infographics, flashcards, mind maps, and interactive assignments. Through a phased implementation process, faculty integrated AI-enhanced resources into APRN coursework to support core competencies and clinical reasoning development. Anticipated outcomes include reduced faculty development time, increased availability of adaptive learning resources, enhanced student engagement, and improved competency attainment.
Implications and Significance for Education or Practice: Purposeful integration of AI has the potential to improve personalization, accessibility, and responsiveness within APRN education while supporting practice readiness. Successful implementation requires faculty oversight, validation of AI-generated content, and safeguards addressing bias, transparency, privacy, academic integrity, and patient safety.
Recommendations for Future Studies: Future research should evaluate the impact of AI-enhanced learning on knowledge acquisition, clinical reasoning, long-term retention, and learner outcomes using mixed-methods approaches to inform scalable and responsible implementation.

IMPLEMENTING BASELINE DIAGNOSTICS PRIOR TO INITIATING LABETALOL

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Statement of the Problem: In the management of hypertensive disorders of pregnancy (HDP), the absence of consistent, evidence-based protocols for obtaining baseline diagnostic assessments, such as complete blood count, hepatic and renal function panels, electrolyte evaluation, and electrocardiogram, prior to initiating labetalol therapy, contributes to variability in clinical practice. This gap may compromise maternal–fetal safety by increasing the risk of undetected comorbidities and inconsistent monitoring practices.

Methods used to address the problem: A literature search was conducted using CINAHL, PubMed Central, One Search, and Google Scholar. Keywords included hypertension, pregnancy, preeclampsia, labetalol, beta-blockers, cardiac complications, renal and hepatic dysfunction, and heart block. The search yielded over 1,000 articles, of which 59 were selected based on relevance to hypertension in pregnancy, pharmacologic management, and medication-related complications. Inclusion criteria consisted of English-language, peer-reviewed, full-text articles published between 1994 and 2025. Exclusion criteria included patients under 18 years of age, postpartum-only hypertension, non-pregnant populations, prior labetalol exposure, fetal-only outcomes, and studies not involving labetalol therapy. Earlier studies provided foundational context for more recent evidence.

Description: Evidence supports the need for individualized management of hypertensive disorders of pregnancy (HDP) due to physiologic changes affecting pharmacokinetics and hemodynamics. Although labetalol remains a first-line agent, its safety and efficacy may be limited without baseline cardiovascular and laboratory assessment. While nifedipine may offer more rapid blood pressure control, labetalol has a favorable safety profile when monitored appropriately. Current guidelines advocate for standardized protocols incorporating baseline diagnostics to improve maternal–fetal outcomes and reduce practice variability, supporting the implementation of ECG and laboratory evaluation prior to labetalol initiation.

Implication for Practice: Integrating baseline diagnostic testing into labetalol therapy mitigates a key deficiency in current clinical practice, enhances individualized patient assessment, and promotes adherence to evidence-based guidelines for the management of HDP. This protocol has the capacity to strengthen maternal–fetal safety and reduce variability in antihypertensive treatment approaches.

Recommendations for future problems/Questions: Protocol adherence will be measured as the percentage of patients with hypertensive disorders of pregnancy who receive all required baseline diagnostic tests, a complete blood count, hepatic and renal function panels, electrolyte evaluation, and an electrocardiogram prior to initiation of labetalol therapy. Data will be collected through electronic health record review and compared between pre- and post-implementation phases to evaluate improvement in compliance.

THE WEIGHT OF BOTH WORLDS: DUAL BURDEN OF MALNUTRITION

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Statement of the Problem: The intersection of housing instability and nutritional deficit has created a contemporary public health crisis known as the dual burden of malnutrition. In vulnerable subpopulations, such as low income and unhoused individuals, malnutrition is no longer characterized solely by undernutrition. Instead, a distinct paradox occurs where high adiposity (obesity) and diet related non-communicable diseases (NCDs) coexist with severe micronutrient deficiencies. Driven by financial constraints, limited refrigeration, and a reliance on low cost, shelf stable, calorie dense foods, this metabolic programming accelerates chronic illness. In San Bernardino County (SBC), where widespread socioeconomic distress remains prevalent, 2025 regional hospital assessments reveal that adult obesity peaks between 45% and 47% within the City of San Bernardino's urban core, directly compounding high regional rates of hypertension, hyperlipidemia, and diabetes. This severe regional health disparity establishes a critical need for targeted, structural nursing interventions.

Method Used to Address the Problem: A comprehensive population health assessment was conducted utilizing the Social Determinants of Health (SDOH) framework to analyze systemic barriers in SBC. Primary data from windshield surveys and key informant interviews at local outreach centers were triangulated with secondary data from the 2024 SBC Homeless Count and Community Health Assessments. Evidence from recent "Food is Medicine" initiatives and pantry organizational studies were synthesized to evaluate innovative, community-based nutritional strategies.

Description of Innovation: This project proposes a dual-pronged nursing advocacy framework: "Nutrition Nudging" and Trauma Informed Navigational Advocacy. Shifting away from isolated, compliance-based education, this innovative model integrates mobile screening (blood pressure and glucose checks) directly into food distribution lines. It implements structural "nudges" by placing low sodium, nutrient dense options at eye level and pairs them with zero cook, accessible recipes.

Implications and Significance: This framework redefines the public health nursing role from simple educators to active environmental navigators. By treating nutritional non-compliance as a resource failure rather than a personal deficit, nurses can mitigate the long-term metabolic programming of starvation while preserving client dignity.

Recommendations: Future public health nursing initiatives should focus on collaborations, utilizing data driven clinical assessments to empower community-based organizations in securing structural resources. Public health nurses should actively partner with local outreach centers to provide the localized health disparity data necessary to validate community grant proposals. Academic nursing curricula must integrate structural social determinants of health competencies, preparing future clinicians to leverage population data for systemic community advocacy and equitable health navigation.

EXPLORING STRUCTURED PRECEPTORSHIP MODELS IN ADVANCED NURSING

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Background: The nurse practitioner (NP) workforce faces a paradox: U.S. News & World Report ranked nurse practitioners the number one job in 2024, yet the pipeline producing competent graduates is under significant strain. FNP certification pass rates declined for the fifth consecutive year in 2023, with experts citing inconsistent academic delivery models, variable admission standards, and fragmented clinical experiences as key contributors.
Clinical preceptorship lies at the heart of this crisis. Many programs require students to secure their own preceptors, producing wide variability in experience and quality. Research demonstrates that preceptors, though intrinsically motivated to fulfill their obligation to the profession, feel underprepared and overburdened by barriers including reduced productivity, weak organizational support, disrupted patient flow, and organizational politics. Structured preceptor development programs meaningfully improve teaching effectiveness. Models such as PRIME-NP and SNAPPS focus on diagnostic reasoning, which is an essential NP competency. The AACN emphasizes shared responsibility among faculty, preceptors, and students in achieving clinical outcomes. Addressing support deficits, adopting validated competency frameworks, and strengthening faculty-preceptor partnerships are essential to producing a competent NP workforce.
Purpose: To examine structured APRN/NP preceptorship models and their relationship to preceptor productivity and student clinical preparation.
Methods: PubMed and CINAHL were searched systematically from 2021–2026 using keywords including *nurse practitioner*, *preceptorship*, *clinical education*, *competency*, *role transition*, and *clinical reasoning*, with Boolean operators applied to refine results.
Findings: Following PRISMA guidelines, articles were screened by title, abstract, and full-text eligibility. Twenty-four sources met inclusion criteria and were appraised using the Melnyk and Fineout-Overholt (2023) hierarchy of evidence, ranging from Level I systematic reviews to Level VII expert opinion. Sources were synthesized thematically across three domains: preceptor preparation and support, competency assessment frameworks, and NP graduate outcomes.
Implications: Structured preceptorship may enhance workforce readiness and clinical productivity, supporting integration into advanced practice onboarding models.
Recommendations/Conclusions: A significant practice gap was identified: while APRN programs increasingly rely on preceptors for experiential learning, no widely adopted model simultaneously addresses student clinical readiness and preceptor productivity. In response, the Structured Preceptorship for APRN Readiness and Clinical Productivity (SPARC) Model was developed as a theory-driven, evidence-based innovation. This dual-focused scaffolded framework prepares both students and preceptors ahead of clinical rotations, aiming to reduce preceptor burden, accelerate student integration, and establish a replicable model for sustainable APRN education. The SPARC pilot will be proposed for implementation at West Coast University, with full implementation contingent on pilot outcomes.

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