Canadian Nurses Association

2026 CNA CONFERENCE

ABSTRACT BOOK

SEPTEMBER 21-23, 2026
TREATY 1 TERRITORY, WINNIPEG, MANITOBA

THE POWER OF NURSES TO TRANSFORM HEALTH

OUR EXPERTISE, OUR IMPACTS

Introduction

The Canadian Nurses Association (CNA) Conference 2026, held in Treaty 1 Territory, Winnipeg, Manitoba, from September 21 to 23, 2026, brought together nurses, nursing students, researchers, educators, leaders, policymakers, and health system partners from across Canada to explore the conference theme, **The Power of Nurses to Transform Health: Our Expertise, Our Impacts**.

Of the 384 abstracts submitted to CNA Conference 2026, 229 were accepted following a rigorous, double-blind peer-review process. The accepted abstracts were organized across five conference streams and four presentation formats, as outlined below.

Conference stream	Workshops	Oral Presentation	PechaKuchas	Posters	Total
The Power of Ethical Practice: From Commitments to Measurable Action	2	7	5	11	**25**
The Power of Nurse-Led Innovation Through Technology	1	6	3	10	**20**
The Power of Specialty Knowledge and Practice	3	19	8	32	**62**
The Power of Nurse/Co-Led Solutions on Well-Being and Retention	1	20	11	30	**62**
The Power of Nurses to Build a Healthier Canada	3	32	9	16	**60**
Total	**10**	**84**	**36**	**99**	**229**

Each abstract was assigned to the stream that best aligned with its primary focus. In each stream, presenters shared their work in a variety of formats, including 60-minute interactive workshops, 10-minute oral presentations, world-cafe style pechakucha sessions, and poster presentations.

The conference awarded five poster winners—one per conference stream. The selection process occurred in two phases. In the first phase, a select group of reviewers were invited to judge the posters for quality and creativity, relevance and impact, innovation, and rigour. Following this phase, the five highest-scoring posters in each stream advanced to the second stage, where conference attendees voted via Mentimeter for the best poster in each stream. In total, the voter turnout was 322 attendees. Poster winners are identified in this publication.

The abstracts contained in this publication demonstrate the significant contributions of the nursing profession to advancing knowledge, informing policy, improving care delivery, and addressing complex health challenges facing individuals, families, communities, and populations.

CNA extends its sincere appreciation to all authors who submitted their work, the volunteer abstract reviewers who generously contributed their time and expertise, the conference planning committees, moderators, judges, and conference staff whose dedication made the conference possible. Their collective efforts enriched the program and helped foster meaningful learning, collaboration, and professional dialogue. We also thank all conference participants for their commitment to sharing knowledge, advancing excellence in nursing, and strengthening the profession's ability to transform health for the people and communities we serve.

Navigating the Abstract Book

The abstracts in this publication are organized into five conference streams, reflecting the key themes of CNA Conference 2026. Within each stream, abstracts are grouped by presentation format: interactive workshops, oral presentations, PechaKuchas and posters. Each entry includes the presentation title, presenter(s), corresponding author(s) and abstract. The five CNA Poster Award winners are also identified throughout the publication.

Stream 1: The Power of Ethical Practice From Commitments to Measurable Action

This stream focuses on the implementation and impact of CNA's 2025 Code of Ethics for Nurses across designations, professional domains (i.e., practice, leadership, research, policy, education), health systems, and populations. This stream includes nurse-led, community-led, or team-based actions and initiatives that improve accountability and outcomes (e.g., equitable access, patient/client/person [now referred to as 'client'] experience, individual and population health).

The stream reflects the application of the seven core values:

- Value 1: Honouring the Dignity and Autonomy of All People
- Value 2: Valuing Relationships and Humanizing Care
- Value 3: Maintaining Integrity and Accountability in Nursing Practice
- Value 4: Pursuing Truth and Reconciliation
- Value 5: Promoting Social Justice
- Value 6: Providing Competent Professional Nursing Practice
- Value 7: Preserving Privacy and Confidentiality

Sessions in this stream explore objectives such as ethical decision-making, program improvement, policy adoption, co-design with partners, and population and health outcomes. Emphasis is placed on measurable impact, including community engagement, increased participation, equitable access, improved health outcomes, and successful policy implementation.

Indigenous-focused content centres on advancing the *Truth & Reconciliation Commission of Canada: Calls to Action* (18–24), including cultural safety and humility, Indigenous data sovereignty, relational accountability, and respectful partnership.

INTERACTIVE WORKSHOPS

1. Conciliation before Reconciliation: Using digital critical nursography and a seed of good trouble to examine intersections of modern nursing history, nursing education, and critical nursing praxis

Presenters: Dr. Margaret Rauliuk, NP(P), MN, EdD, FCAN
Corresponding author: Dr. Margaret Rauliuk, NP(P), MN, EdD, FCAN

Abstract

This workshop confronts modern nursing's under-explored eugenic past - not to assign blame, but to disrupt the white silence that allows historical harm to persist in contemporary nursing practice. When Helen Randal became editor of The Canadian Nurse in 1916, she published a series of papers explicitly

promoting eugenics - a false and harmful pseudoscience rooted in the racist social and mental hygiene movements that gained prominence among white Anglo-Saxon progressives, including nurses and first-wave feminists in the late 19th and early 20th century. Eugenic thinking promoted racial superiority and purity placing disproportionate focus on identifying and segregating so-called "feeble minded" individuals into special classes or institutions where forced sterilizations were known to take place. Indigenous women were disproportionally affected by this practice. Early 20th century colonial white benevolence led nurses into complicity causing harm to vulnerable populations; something that remains under-examined in the nursing literature. A seed of good trouble that contains the spark of hope is introduced as a tool to inform conversations that recognize, name, and disrupt anti-Indigenous racism in contemporary healthcare by critically examining its origins -- to inform contemporary and future nursing practice. Participants will examine systemic racism embedded in nursing's professional history, articulate connections between historical complicity and contemporary health inequities, and explore future possibilities that support health equity, social and planetary justice. Digital critical nursography is introduced as a methodology that supports relational, active allyship in nursing education and practice. Without conciliation -- truth-telling that names and examines hidden histories to restore balance -- meaningful reconciliation and culturally safe practice will remain aspirational. Digital critical nursography is a critical autoethnographic research methodology that can be used to examine nursing's past, present, and future through an intersectional ecofeminist and relational inquiry lens. Demonstrated in Canada's first interactive, multimodal dissertation, A Settlers Guide to Conciliation offers a living ePortfolio dissertation that models adult self-directed and self-regulated learning in digital space. A curated musical soundscape and links to primary documents invite participants to follow a linear path or choose their own adventure. This emergent methodology is used to unpack uncomfortable truths about the origins of modern nursing through digital storytelling - and by planting seeds of good trouble that contain the spark of hope. All nurses in all domains of practice are invited make some good trouble by engaging in difficult conversations about professional complicity to shift white silence toward active allyship. Conciliation must precede reconciliation. Examining nursing's racist foundations through a trauma and culturally-informed lens helps create a space for accountability as the profession addresses contemporary health inequities, social and planetary injustices. This work builds on my response to the Truth and Reconciliation Commission Calls to Action 23, 24, and 45i, ii by facilitating an exploration of love informed relational inquiry. Using interactive activities, participants explore nursing's hidden history and its relationship with to present-day sexism and anti-Indigenous racism in contemporary Canadian health care systems. We will pool our shared wisdom to vision a new way forward that supports health equity, social and planetary justice in nursing education and practice.

2. Caregivers at the Table: Inclusive Policy Development for Nurses New to Policy Writing

Presenters: Clara Dyck, RN, BSN, MSN, CHPCN(C); Lisa Matthews, BSN, MPH, CHE
Corresponding author: Clara Dyck, RN, BSN, MSN, CHPCN(C)

Abstract

Approximately one in four Canadians currently provides unpaid care to a family member, friend, or neighbour, and one in five caregivers are over the age of sixty-five. The mental, physical, and financial

impacts of caregiving are well documented, yet caregivers remain frequently excluded from strategic care planning despite their essential contributions. This exclusion can result in care plans that do not align with the values, preferences, and needs of patients or caregivers, leading to distress, suboptimal outcomes, and inefficient resource use. This workshop presents the research, consultation, and community collaboration undertaken to create a caregiver-centric policy that embeds caregiver participation at all stages of care planning. By the end of the session, participants will be able to identify the essential components of a caregiver-centric policy, apply strategies for engaging stakeholders in policy development, and recognize their capacity to influence health policy that advances dignity, autonomy, and compassion for caregivers and care recipients alike. Methods/Approach and Key Insights Developed by a clinical nurse specialist in hospice palliative care, the policy was implemented across both Residential Hospice and Hospice at Home programs. The approach intentionally moved beyond a single-discipline model toward an interprofessional, co-created framework involving physicians, nurses, social workers, care aides, advocacy organizations, and-most importantly-caregivers themselves. Key insights reveal that this inclusive, collaborative process enhances caregivers' experiences of participation in care planning and improves transitions between care settings. It promotes person- and family-centred care, reduces caregiver distress, and strengthens coordination across settings. These outcomes signal a promising pathway for advancing systemic quality, dignity, and autonomy in caregiving. Practice Relevance and Implications This caregiver-centric policy approach aligns with two foundational values in the Canadian Nurses Association's Code of Ethics for Nurses (2025): Honouring the Dignity and Autonomy of All People and Valuing Relationships and Humanizing Care. The workshop highlights how nursing leadership can leverage policy development as a tool to uphold caregiver dignity and inclusion in care decision-making. Moreover, by nurturing authentic relationships between nurses and caregivers, this approach supports psychological resilience, workforce sustainability, and preparedness as health needs evolve-ultimately contributing to a more compassionate and equitable health care system.

ORAL PRESENTATIONS

3. Giving Voice to Indigenous Students' Research Priorities: Indigenous Undergraduate Nursing Students' Perspectives Related to Non-Indigenous Undergraduate Nursing Students' Relationship with the Truth and Reconciliation Commission Calls to Action

Presenters: Erica (Samms) Hurley, RN, PhD, MN, BN, CCNE
Corresponding author: Erica (Samms) Hurley, RN, PhD, MN, BN, CCNE

Abstract

Background: It has been over 10 years since The Truth and Reconciliation Commission (TRC) of Canada released the 94 Calls to Action. It emphasized the responsibility of all Canadians to address the harms that were caused to Indigenous People in Canada. Additionally, healthcare educators were specifically called on to open up space for truth telling and advance reconciliation, particularly through curriculum and systemic change. While attention has been placed on developing Indigenous health content and faculty initiatives, limited research has examined how non-Indigenous undergraduate nursing students have been

engaging with the TRC Calls to Action (TRC-CA). Further to this there has been a lack of attention given to the perspectives of Indigenous undergraduate nursing students (IUNS) regarding how engagement and conversation surrounding how TRC-CA in curriculum should be studied and understood. Objective: This presentation will provide information about our project which is an exploratory study centering IUNS' voices in shaping future research priorities on reconciliation in nursing education. Method: The study utilizes Indigenous storytelling and a community-based participatory approach. Additionally, a Mi'kmaq researcher and community member is part of the research team. The researchers are completing this work with IUNS at Memorial University Bachelor of Nursing programs across Newfoundland and Labrador. Implications: The project creates space for participants to share thoughts, ideas and information surrounding TRC-CA within nursing curriculum. Furthermore, because it directly impacts IUNS we hope that by attempting to creating a safe space students will provide insights into how to engage research with non-Indigenous students regarding the knowledge and the treatment of Indigenous content in curricula and specifically in regards to the TRC calls to action in relation to healthcare . The insights from this project have the strong potential to create a foundation for a multi-phase, national study that will compare provincial perspectives and extend to other health disciplines.

4. Indigenous-Nurse Led Graduate Nursing Education Through a Decolonizing Policy Lens

Presenters: Tammy Rogers, RN, MN; Nikki Rose Hunter-Porter, RN, MN; Vera Caine, RN, MN, PhD
Corresponding author: Vera Caine, RN, BScN, MN, PhD

Abstract

Despite strong commitments to Indigenous leadership, graduate programs in nursing education struggle to translate intention into sustained structural change. The Indigenous Graduate Education in Nursing (IGEN) is a CIHR-funded, Indigenous-led, multi-community and organizational research initiative that was also funded by the Ministry of Post Secondary Education and Future Skills. The goal of the research initiative is to co-design graduate nursing education for Indigenous nurses. We conducted a document analysis and a critical literature review to gain insight into our processes and the work of other scholars. Our understanding is grounded in a decolonizing policy analysis framework adapted from Kehoe et al. (2022) for use in Australia. The framework helped prioritize the gathered data by comparing recorded processes to the principles of power sharing, transparency and accountability, a defensible basis for the work, legitimate content and logic, advancing decolonization, and responsible implementation. We reviewed over 140 documents within the IGEN project (including meeting minutes, presentations, curriculum drafts, and advisory communications). Key themes, strengths, and areas for growth in the collaborative development process were identified. Our analytical approach was a reflexive, contextual content analysis. Following the document analysis, we conducted a comprehensive literature review to examine how Indigenous-led, collaborative program development has been approached in other contexts. Three themes emerged: limited Indigenous representation in leadership roles, unclear decision-making processes, and institutional barriers that hinder Indigenous authority over decision-making and timelines. The literature reviewed reflected a persistent tension between the aspirations of Indigenous-led programming and the constraints imposed by Western institutional systems. While many programs articulated strong visions for Indigenous leadership and community engagement, their implementation was often challenged by short-term funding

cycles, rigid academic calendars, limited structural support and diverse worldviews. Despite some changes, institutions struggled to shift structures to support sustained progress. This speaks to the limits of institutional logics, in which systems are built and maintained around linear timelines and hierarchical decision-making processes that do not readily translate to Indigenous ways of knowing, working, and relating from a distinctions based approach. This presentation invites nursing leaders, educators, and decision-makers to reflect on how institutional and programmatic structures must be reshaped to move beyond commitment toward accountable, Indigenous-led pathways for graduate nursing education within Schools of Nursing and the post-secondary institutions in which they are located.

5. 'No one has ever asked us what we want to do.' Lessons from a Flipped Approach to Research

Presenters: Shasha Abdulnour, RN; Kristen Schott; Stacey Waters, RN, BScN, MN, BCCN, CCCI, CCNE
Corresponding author: Stacey Waters, RN, BScN, MN, BCCN, CCCI, CCNE

Abstract

Objective(s) We will share how a flipped approach to funding has led to the growth of research capacity within an Indigenous community. Methods/Approach, key insights Our team began with a preceptorship arrangement to host nursing students at an Indigenous community health center. We saw opportunities for improved health outcomes through internally driven research and recognized our potential synergies. While we all have areas of expertise and wisdom, we approached this relationship with humility and as learners. We were thrilled to received institutional funding to build relationships and research capacity within the community. We hold monthly visits at the health center and get lunch at the local diner. Our first success was a research memorandum of understanding between the educational and community health organizations that formalizes this respectful partnership and addresses consent for building a relationship. With this foundational understanding in place, we funded the tuition for health center staff and community members to complete a micro credential in applied research. Connections and learning opportunities for community members continue to expand and we are making steps towards building our first research project. There are so many impactful, achievable possibilities that have been informed by our growing team. One key insight has been that supporting existing interest and capacity for research within the community has sparked connection and has potential to sustain future growth. An investment in this relationship from the post-secondary institution has supported sustained research capacity building and the potential for improved health outcomes in this community. Practice relevance and implications Funding for health research is often awarded after many hours of work have been put into a large proposal by those familiar with the process and capacity to hold research funds. This leaves many communities out of the planning phase until a funded researcher comes looking for a partner. We hope to highlight the novelty, bravery, and effectiveness of the flipped approach used in our case not to fund a project, but a relationship. While the process may take time, our team will work together to build research projects designed and implemented by the community. We will respect data sovereignty with the aim of improving local health outcomes while building research capacity and confidence through incremental, intentional steps. Our team has crafted this abstract for submission together as it aligns with our long-term goals of research capacity building and sharing what we have learned to improve health outcomes.

6. Designing for Disruptive Dialogue: Flipping the Classroom to Cultivate Student Commitment to Anti-Racism, Cultural Safety, and Social Justice

Presenters: Andrew Kerr, BSc(N), MSc(A), GCCT; Alexandria Chow, RN
Corresponding author: Andrew Kerr, BSc(N), MSc(A), GCCT

Abstract

Objectives: 1. Describe how elements of a flipped classroom design were applied over four semesters in a second-year undergraduate nursing course that introduces students to the concepts of oppression, anti-racism, cultural safety, and social justice. 2. Reflect on how elements of a flipped classroom design increased undergraduate nursing student engagement, fostered a sense of community in the classroom, and facilitated peer-to-peer discussion surrounding principles of anti-racism, cultural safety, and social justice. Learning Outcomes: By the end of this session, participants will be able to: 1. Identify elements of flipped classroom course design that enhanced peer-to-peer discussion surrounding principles of anti-racism, cultural safety, and social justice. 2. Understand how structured group whiteboard activities can increase nursing students' engagement and foster professional identity development while simultaneously generating real-time evidence of learning. Approach: The course instructor assigned weekly asynchronous pre-learning modules to be completed prior to each class. Students were assigned to a group for the entirety of the semester. Student groups were permitted to divide the weekly assigned pre-learning materials amongst themselves and were then required to teach their group members the key points in a modified jigsaw activity. During class, students were instructed to discuss their readings and visually represent their learning on whiteboards in response to question prompts. Large class debriefing sessions followed. Key Insights: This pedagogical approach, in combination with critical self-reflection practices, increased student engagement, deepened class discussions earlier in the course, fostered peer-to-peer collaboration, and generated real-time evidence of student learning. Practice Relevance and Implications: The nursing profession in Canada is undergoing a significant shift by explicitly adopting values that support anti-oppressive healthcare practices. Faculty must rise to the challenge of designing courses that meaningfully engage students in discussions about the ongoing impacts of oppression while simultaneously developing capacity to contribute to a more equitable healthcare system. As such, it is imperative that nursing faculty equip students with the attitudes, knowledge, and skills to provide care that is founded on principles of anti-racism, cultural safety, and social justice. Although many nursing faculty are committed to doing this important work, the "how" of translating that commitment into effective pedagogy remains elusive. This presentation will offer nursing faculty practical course design strategies which can be adapted and applied to their specific educational contexts.

7. Affirming and Inclusive Nursing Education for 2S LGBTQIA+ Students: From Guidelines to Action

Presenters: J. Craig Phillips, LLM, PhD, RN, ACRN, FAAN, FCAN; Erin Ziegler, PhD, NP-PHC, FNPAC; Anthony Agam, NP
Corresponding author: J. Craig Phillips, LLM, PhD, RN, ACRN, FAAN, FCAN

Abstract

Nursing educators are pivotal in creating equitable, affirming learning environments that prepare graduates to deliver culturally safe care. Persistent gaps in inclusion for Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other gender- and sexually-diverse (2S LGBTQIA+) students compromise academic success and health equity globally. In response, the Canadian Association of Schools of Nursing (CASN) released Promoting Equitable, Affirming, and Inclusive Environments for 2S LGBTQAI+ Nursing Students: Guidelines for Canadian Schools of Nursing (2025), a landmark resource designed to dismantle systemic barriers and foster belonging in nursing education. Objective(s) and expected learning outcomes - Identify key elements of the CASN (2025) guidelines and evaluate current teaching practices for alignment with affirming, inclusive standards. - Apply evidence-informed strategies-such as inclusive language, intersectional case studies, and bias-challenging learning activities-to strengthen 2S LGBTQIA+ student belonging and safety. - Develop actionable plans for structural and curricular change that embed accountability, allyship, and continuous learning in nursing programs. Methods/Approach and key insights/results Using computer-mediated technologies, participants will engage in reflective dialogue on questions such as: How do my teaching practices advance or hinder inclusion? What structural changes are required to align with equity guidelines? How can we embed continuous learning and accountability into academic culture? By amplifying 2S LGBTQIA+ voices and equipping educators with evidence-based tools, this session aims to inspire transformative change in nursing education to advance social accountability and health equity. Practice relevance and implications for nursing, health systems, or communities Advancing inclusion for 2S LGBTQIA+ learners strengthens nursing education, improves workforce readiness, and supports health equity. By operationalizing the CASN guidelines, educators help dismantle systemic barriers, reduce harm, and cultivate culturally safe learning environments. These shifts ripple outward-enhancing clinical care quality, fostering trust with marginalized communities, and positioning health systems to better meet the needs of diverse populations. Activities In this session we introduce the guidelines and actionable strategies to integrate 2S LGBTQIA+ health content through case studies, simulations, and clinical learning; using inclusive language in syllabi and feedback; embedding intersectionality to reflect diverse lived experiences; and modeling allyship through visible advocacy. Student-centered innovations-such as identity-affirming reflection journals, role-play exercises to challenge bias, collaborative curriculum audits, and peer-led dialogue on microaggressions-will be showcased to promote empathy and critical reflexivity.

8. Nursing Education Through a Cultural Lens

Presenters: Fabienne Germeil, RN, BScN, MSc(A), PhD student
Corresponding author: Fabienne Germeil, RN, BScN, MSc(A), PhD student

Abstract

Objectives: 1. To examine nursing education and practice through an explicit anti-racism, Equity, Diversity, and Inclusion (EDI), and cultural humility lens. 2. To identify actionable strategies for integrating anti-racist and culturally humble practices into nursing education and healthcare systems. Learning outcomes: 1. Differentiate between cultural awareness and cultural humility in nursing education and clinical care. 2. Identify how systemic racism and colonial legacies influence assessment, documentation, pain management, and care pathways. 3. Apply practical strategies to advance and promote Black health

equity within their own practice or educational settings. 4. Recognize their role as educators, practice leaders, and system influencers in advancing equitable healthcare. Methods/Approach: 1. Use of critical policy and ethics analysis grounded in the Canadian Nurses Association Code of Ethics 2. Use of anti-racist and decolonial theoretical framework 3. Use of EDI-informed pedagogical lens 4. Use of practice-informed reflection from nursing education and clinical leadership 5. Integrating evidence on anti-Black racism in healthcare and contemporary scholarship on cultural humility and anti-racist nursing education Key insights: 1. Cultural awareness alone is insufficient; cultural humility requires sustained critical self-reflection and accountability. 2. Everyday clinical tools (documentation systems, assessment frameworks, clinical algorithms) may unintentionally reproduce inequities. 3. Data invisibility and racial bias directly influence pain management, maternal health outcomes, and chronic disease management among Black patients. 4. Anti-racist nursing education strengthens therapeutic relationships, patient trust, and quality of care. 5. Nurses are uniquely positioned to drive systemic transformation due to their sustained presence in clinical settings and leadership roles in education. Practice relevance and implications: A) Nursing Practice - Supports safer, trauma-informed, and culturally responsive care environments. - Enhances ethical decision-making aligned with professional standards. - Strengthens patient trust, particularly among Indigenous, Black, and racialized communities. -Improves clinical assessment accuracy and equity in treatment planning. B) Health Systems - Encourages structural review of policies, documentation practices, and quality improvement processes through an anti-racist lens. - Promotes accountability mechanisms for addressing systemic racism in care delivery. C) Communities - Contributes to rebuilding trust between healthcare institutions and marginalized communities. - Supports improved engagement and health outcomes. - Advances community-informed approaches to care delivery and health education.

9. Exploring the Prevalence and Magnitude of Implicit Anti-Indigenous Bias Among Intensive Care Unit (ICU) Healthcare Workers in Alberta

Presenters: Alan Han, RN, BScN
Corresponding author: Alan Han, RN, BScN

Abstract

Implicit and explicit racial bias within the healthcare system can negatively impact patient outcomes, especially for Indigenous populations. However, there is limited research describing anti-Indigenous bias among nurses and healthcare professionals in high acuity settings, like intensive care units (ICUs) in Canada. The Truth and Reconciliation Commission calls on all healthcare professionals to work towards bridging gaps in health outcomes for Indigenous Peoples. Specifically, Calls to Action 18 and 20 propose that we address anti-Indigenous racism and recognize the disparities in Indigenous health services and outcomes (Truth and Reconciliation, 2015). This study aimed to examine the prevalence of implicit racial bias within the ICU workforce in Alberta and to ultimately promote social justice, maintain accountability of the healthcare workforce to the Indigenous community, and advance equitable healthcare access. This project was led by Indigenous team members and Indigenous partners co-designed and informed all aspects of the project. A multidisciplinary survey was developed using Qualtrics and emailed to ICU healthcare professionals working in 20 ICUs across a diversity of sites in Alberta. The survey tool is anonymous and includes questions evaluating explicit anti-Indigenous bias. Anti-indigenous bias is a preference against Indigenous peoples, either explicitly stated or in delayed association of Indigenous

people with positive traits. The survey also included the Indigenous Peoples of Canada Implicit Association Test (IPC-IAT), developed in Toronto by Well Living House researchers. This IAT has been utilized in Indigenous cultural safety training for teaching hospitals and was developed as a method of identifying implicit bias to improve health outcomes for Indigenous Peoples. Descriptive statistics were used for analysis, and IPC-IAT scores were stratified by demographics, healthcare professional type, and geographic location. We obtained 322 responses out of 3796 possible ICU staff (8.48% response rate). Responses have not yet been stratified; however, preliminary data analysis suggests that approximately 75.25% of participants exhibited preference for European features despite only 15.19% reporting explicit bias. In their free text responses, some participants perceived cultural training to be ineffective, some stated that training did not change their clinical approach, and many perceived that provincial health authority training helped them develop greater cultural awareness, empathy, and improve practice with Indigenous patients. Our findings highlight the potential magnitude of anti-Indigenous bias in Alberta ICUs and can inform future interventions to enhance cultural competency for ICU staff, develop policies, and realize greater cultural safety and experiences for Indigenous patients and their families.

PECHAKUCHAS

10. Muslim Nurses' Experiences of Islamophobia in Canada

Presenters: Zahra Upal, BA, RN, BScN, MN
Corresponding author: Zahra Upal, BA, RN, BScN, MN

Abstract

Objective: Ethical nursing practice depends on environments that honour dignity, value relationships, and promote social justice. This presentation will examine how Islamophobia shapes the professional experiences of Muslim nurses in Canada and explore the ethical implications for nursing education, leadership, and practice. Grounded in the CNA Code of Ethics for Nurses, this study's focus aligns with value 5: Promoting social justice. This work highlights how gaps between ethical commitments and everyday practice affect nurses' well-being, belonging, and workforce sustainability. Approach: Guided by Critical Race Theory, this qualitative study used Interpretative Phenomenological Analysis to explore how Muslim nurses make sense of their experiences within educational and clinical nursing contexts. The study centered Muslim nurses as experiential experts and was conducted with attention to cultural responsiveness and ethical research practices. Female Canadian registered nurses who wear the hijab participated in semi-structured interviews. Informed consent was obtained from all participants, and institutional research ethics approval was granted. Key Insights: Participants described experiences of Islamophobia closely linked to imposed stereotypes of Muslim women, shaping how their competence, professionalism, and legitimacy were perceived by peers, educators, leaders, and patients. These experiences reflected ethical breaches that undermined participants' dignity and disrupted professional relationships. Findings were interpreted within broader social, political, and historical contexts of Islamophobia, racialization, and power relations in Canadian nursing. Participants described ongoing efforts to negotiate belonging and professional identity, with some reporting emotional distress, isolation, and considerations of leaving specific practice settings or the nursing profession. Practice Relevance and

Implications: Findings demonstrate how Islamophobia represents a failure to uphold core ethical values in nursing, including honouring dignity, valuing relationships, and promoting social justice. Addressing these gaps requires measurable, system-level action beyond individual awareness, including embedding anti-racism education in nursing curricula, strengthening ethical leadership accountability, and implementing institutional policies that protect nurses from discrimination. By centering racialized nursing voices and translating ethical commitments into action, nursing leaders and organizations can strengthen retention, support ethical practice environments, and enhance the collective power of nurses to transform health in Canada.

11. Creating Vibrant Communities: An Organic and Inclusive Approach to Person Directed Living Culture Evolution

Presenters: Dr. Genevieve Thompson, RN, PhD; Dr. Deanne O'Rourke, RN, PhD
Corresponding author: Dr. Genevieve Thompson, RN, PhD

Abstract

Riverview Health Centre in Winnipeg, Manitoba, has undertaken a comprehensive, organisation-wide cultural transformation to embed Person Directed Living (PDL) across diverse clinical, residential, and community service environments. Grounded in the Canadian Nurses Association (CNA) values of Honouring the Dignity and Autonomy of All People and Valuing Relationships and Humanizing Care, this initiative represents a shift from traditional care models to a holistic, relational, and ethically grounded approach to practice. This session will illustrate how these two ethical values serve as foundational drivers for Riverview's PDL Implementation Model, shaping interactions, organisational processes, and the cultural fabric of the institution. Specifically, we will: 1. Describe Riverview's Person Directed Living Implementation Model and its alignment with CNA ethical values and Riverview's PDL Commitments. 2. Assess the applicability of the PDL Model within participants' own organizational contexts. 3. Support participants to begin developing or refining an implementation plan for culture transformation grounded in dignity, autonomy, and humanizing relational care. This hands-on session, will describe the evidence-informed and organic approach to culture transformation Riverview has embarked on, allowing participants the opportunity to explore the possibilities for their own organisation. To this effect, we will describe the journey we have embarked upon and progress to date, guided by our Person Directed Living Implementation Model. Participants will have the opportunity to examine their organizational context, living environment, workplace practices, and care process and understand the importance of the Person Directed Living Commitments as a foundational guide for integration within a culture transformation model. We will share the specific steps Riverview has undertaken to document our journey and monitor the impact and outcome of this change. Overall, we see that Person Directed Living is not a 'program' in the sense that once the attention is turned to other things or priorities, it fades away and people return to the 'usual' way of doing things. The intent of Person Directed Living is to create lasting change through replacement of an existing culture with a new one. Person Directed Living becomes part of the fabric of the organization and serves as the basis in how we think, act, problem-solve, make decisions, and treat each other. Ultimately, Riverview's experience demonstrates how anchoring transformation efforts in ethical nursing values fosters meaningful, enduring culture change, where dignity, autonomy, relationships, and humanising care become inseparable elements of organisational life.

12. Lessons from Blue Door Clinic: Building Low-Barrier HIV Primary Care for People from Uninsured Communities

Presenters: Sarah Ionson, RN, BScN, PDTN, ACRN; Eileen Murphy, PHC-NP, MScN
Corresponding author: Sarah Ionson, RN, BScN, PDTN, ACRN

Abstract

Uninsured and precariously insured people living with HIV, including newcomers, refugees, international students, and undocumented people, are routinely excluded from timely, continuous, and culturally responsive HIV care across Canada. Blue Door Clinic is a nurse-led, interdisciplinary HIV primary care clinic in Toronto, Ontario, created to address these gaps. This presentation introduces a low-barrier model of care and its impact on improving access, engagement, and continuity for underserved populations. Drawing on clinical program data, interdisciplinary team experience, and findings from the Beyond Blue Door Research Study, this presentation highlights how nurses, in partnership with communities and grounded in the lived expertise of people living with HIV, can reshape care delivery for populations facing structural exclusion. Key insights demonstrate that low-barrier, community-based HIV care enables access to life-saving treatment for clients who would otherwise go without care. This work positions nurses as leaders in advancing equitable access and driving system change across Canada.

13. When you know better, you do better. Mobilizing nurses to create and sustain culturally safe healthcare

Presenters: Olivia Riley-States, RN, MScN, PhD Student; Cara Bablitz
Corresponding author: Olivia Riley-States, RN, MScN, PhD Student

Abstract

To explore and discuss how nurses can support culturally safe healthcare environments through education. Background: Cultural safety is an outcome that is heavily influenced by nursing care. Anti-Black racism in Nova Scotia has and continues to affect generations of African Nova Scotian (ANS) people. Within healthcare, experiences of overt racism and microaggressions negatively affect Black patients and reduce help-seeking behaviours, thus increasing health disparities (Waldron 2020; Waldron et al., 2023). Black nurses are also impacted by inequities and are underrepresented in the profession. Representation is essential to the reimagining and co-design of healthcare systems that reflect the communities they serve. The inherent power imbalance in care relationships further challenges progress. To implement the Canadian Nurses Association (CNA) 2025 Code of Ethics, nurses must be social justice activists working to dismantle anti-Black racism within the healthcare system. Objective: To increase cultural safety for ANS people in healthcare. Methods: To address the lack of culturally safe care, an ANS nurse developed a cultural safety workshop for Black patients, particularly the ANS population. The development included a literature review, an environmental scan, and engagement with local knowledge users and holders. The outcome was an in-person workshop designed to foster discussion and learning. Results: The workshop has been delivered and received positive evaluations. Participants found the content valuable, demonstrated higher post-test scores on multiple-choice questions, and reported increased confidence in addressing anti-Black racism. They actively engaged in discussions, challenged their own biases and those of colleagues, and gained practical tools to increase cultural safety. Implications for Nurses: Safe and

equitable care is a professional standard for nurses, compelling them to challenge systems that harm equity-denied groups. Value 5 of the 2025 CNA Code of Ethics provides guidance and a call to action for nurses. Nurses can be catalysts for meaningful change. Cultural safety education shows promise in shifting healthcare providers' attitudes; it is not yet clear how this impacts patient experience. The author is currently partnering with an ANS educator and other ANS healthcare providers at their local hospital to deliver an enhanced cultural safety education program comprising four in-person education sessions. Following completion of the program, participants will be invited to take part in a study to explore their experiences and behaviour change. Rebuilding trust with the Black community, acknowledging past harms, and increasing Black representation at all levels-from executive leadership to direct care-are critical to improving cultural safety.

14. Business Ethics Certification for Healthpreneurs: Aligning Innovation with Canadian Values

Présentatrice : Pepper Pritty, RN, PhD(c), MNRM, BN
Auteure correspondante : Pepper Pritty, RN, PhD(c), MNRM, BN

Abstract

Canada's publicly funded health system is a defining national value grounded in equity, accessibility, and collective responsibility. At the same time, independent, private, and hybrid health services are expanding across provinces in response to workforce gaps, population complexity, consumer demand, and shifting policy and economic pressures. Many nurses are already participating in these evolving care models, often without consolidated guidance on how to navigate business, regulatory, and ethical expectations. As private and entrepreneurial practice grows, there is an increasing need for accessible education that supports nurses in innovating responsibly while preserving the values that define Canadian health care. Objectives • Examine how expanding independent practice and health innovation are influencing Canadian care delivery. • Identify ethical and regulatory literacy needs for providers entering entrepreneurial or hybrid practice. • Explore how nursing leadership can reinforce ethical practice expectations in emerging healthpreneurship. • Operationalize Canadian universal-care practice expectations in independent practice through a structured certification program. Methods Interdisciplinary workforce consultations, environmental scanning, and policy analysis were used to examine ethical and regulatory considerations in emerging health enterprises. Cross-sector input identified priority areas where providers seek clearer guidance to support ethically aligned independent practice. Findings informed development of a Canadian Ethical Healthpreneurship Certification Program designed to complement existing regulatory standards and support health professionals engaged in independent, innovative, and hybrid care models. Results Findings indicate strong clinical and ethical capacity among Canadian health professionals to contribute to new service models, including crisis-responsive delivery; however, accessible pathways for developing services, products, and technologies within a coherent ethical framework remain limited. A certification program was developed across ten domains spanning: (1-3) governance and regulatory literacy (including conflicts of interest, scope awareness, advocacy, and ethical advertising/pricing); (4-6) clinical integrity and trust (documentation/consent, data security/privacy and responsible AI, quality assurance, and equity-centred design); and (7-10) resilience and systems alignment (sustainability/healthy built environments, crisis and emergency management operations, responsible innovation, and system integration). Impact As

care models evolve, nurses require practical tools to participate ethically in independent and entrepreneurial practice. Strengthening ethical and regulatory literacy can support responsible innovation while reinforcing public trust and equity. A coordinated certification pathway offers nurses a structured way to engage in emerging practice models while upholding the professional and cultural values that underpin Canadian health care.

POSTERS

15. Définir la sécurité culturelle en pédiatrie hospitalière à partir de la voix de parents Innus et Wendats : résultats d'une recherche-action visant la co-construction d'une formation

Présentatrice : Marie-Eve Blackburn, RN, BScN, PhD(c)
Auteure correspondante : Marie-Eve Blackburn, RN, BScN, PhD(c)

Résumé

Afin de proposer des services et des soins culturellement sécurisants, il faut d'abord connaître et comprendre ce que cela signifie pour les personnes autochtones. Or, bien que le guide du Ministère de la Santé et des Services sociaux offre un cadre pour soutenir la sécurisation culturelle au Québec, il explicite peu la manière dont cette notion se décline, en contexte clinique, à partir de l'expérience des familles autochtones, notamment en pédiatrie hospitalière. Cette absence de repères situés complique la traduction du cadre en compétences infirmières observables et en contenus de formation adaptés aux interactions cliniques quotidiennes. Dans le cadre d'une recherche-action doctorale menée avec un organisme communautaire autochtone, la définition de la sécurité culturelle a été documentée, au cycle 1 sur 3, à partir de 12 entretiens semi-dirigés auprès de parents Innus et Wendats ayant vécu l'hospitalisation de leur enfant sur une unité de médecine pédiatrique. Les verbatims ont été analysés selon une analyse thématique afin d'orienter la co-construction, la mise à l'essai et l'évaluation d'une formation en sécurité culturelle. Les résultats montrent que la sécurité culturelle est d'abord décrite comme une expérience relationnelle marquée par la politesse, l'humanisme et le respect. Elle repose sur une communication claire, la construction d'un lien de confiance et un climat où la famille se sent légitime, sans crainte d'être jugée. La langue demeure centrale : même lorsque le français est utilisé, les parents soulignent l'importance de pouvoir s'exprimer dans leur langue et de recourir à une médiation par des personnes autochtones, comme un navigateur aux usagers autochtones, pour traduire, expliquer les règles du milieu et prévenir les malentendus. De petits gestes d'accueil, dont l'usage de mots en langue autochtone, sont perçus comme des marqueurs de reconnaissance. Enfin, la dimension culturelle renvoie à l'adaptation aux réalités des Premières Nations, incluant la place accordée à la famille élargie dans les soins, des repères relationnels, dont l'humour, et les besoins liés au déracinement. Ces résultats invitent à considérer la sécurité culturelle comme une expérience relationnelle, repérable dans des micro-pratiques infirmières — accueil, explications, vérification de la compréhension, attention au ton, posture non jugeante, reconnaissance de la famille élargie — et soutenue par des dispositifs organisationnels, notamment les services d'interprétariat, les navigateurs aux usagers autochtones ou agents de liaison autochtones, ainsi que les services d'hébergement et de déplacement. Intégrés à une formation, ces

repères peuvent renforcer la capacité des infirmières à instaurer la confiance, ajuster la communication et mobiliser les ressources pertinentes pour les familles autochtones.

16. Equity-Centered Nursing Leadership and Management in 2026: Reimagining Power, Accountability, and Care

Presenters: Fabienne Germeil, RN, BScN, MSc(A), PhD(student)
Corresponding author: Fabienne Germeil, RN, BScN, MSc(A), PhD(student)

Abstract

Nursing leadership is being reshaped by intersecting crises in workforce sustainability, moral distress, and widening health inequities. By 2026, equity, diversity, and inclusion (EDI) must move beyond aspirational discourse to become core leadership competencies embedded in managerial, clinical, and policy decision-making. Drawing on transformational, relational, and ethical leadership traditions, this presentation argues that equity-centered nursing leadership requires leaders to redistribute power, cultivate moral agency, and embed structural accountability within health systems (American Nurses Association [ANA], 2015). Grounded in critical race theory and structural competency, the framework positions racism and inequity as systemic-not interpersonal-failures requiring adaptive and structural leadership responses (Ford and Airhihenbuwa, 2010; Metzl and Hansen, 2014). Cultural safety reframes leadership accountability by shifting evaluative authority to patients, communities, and marginalized staff, challenging traditional hierarchical models of nursing management (Richardson, 2011). Health equity is operationalized through disaggregated data, shared governance, and outcome transparency to ensure leadership decisions are measurable and accountable (Braveman et al., 2017). Relational leadership theory further informs the creation of psychologically safe and morally resilient environments in which nurses can raise ethical concerns without fear of retribution (Edmondson, 2018). Addressing workforce inequities and moral distress becomes a leadership responsibility rather than an individual resilience task. Finally, equity-centered leadership must critically interrogate digital innovation and algorithmic decision-making to prevent the reproduction of structural bias in emerging health technologies (Benjamin, 2019; Obermeyer et al., 2019). By integrating transformational, relational, ethical, and structural leadership theories, this presentation advances a practice-oriented framework for nursing leaders committed to advancing just, accountable, and inclusive systems of care in complex healthcare environments. This presentation will touch upon the following values of the 2025 CNA Code of Ethics for Nurses: Value 3: Maintain Integrity and Accountability in Nursing Practice Value 6: Providing Competent Professional Nursing Practice Key words: nursing leadership, EDI, equity-centered, access, accountability, workforce inequities, critical race theory, structural competency.

17. Shaping the future of healthcare: co-constructing compassionate care in digital age - CNA Poster Award Winner

Presenters: Anne Bisschop, RN, BN, MN, PhD(c)
Corresponding author: Anne Bisschop, RN, BN, MN, PhD(c)

Abstract

As Canadian healthcare rapidly digitizes, nurses face an unprecedented challenge: mastering emerging technologies while preserving the humanistic care that defines the profession. This research aims to explore nurses' point-of-care digital competency needs and their influence on person-centered care. The expected learning outcomes for this presentation include reframing digital competency education from purely technical training to a conceptually integrated model, analyzing strategies to balance efficiency-driven technologies with relationship-based care, and identifying practical applications of the emerging Integrated Dimensions of Technology and Care Framework within diverse practice settings and educational curricula. The study utilizes a constructivist grounded theory approach, involving semi-structured interviews with diverse nursing cohorts to explore the cognitive and reflective processes nurses use to bridge the divide between technological competency and humanistic values. Key insights from the initial data analysis have led to the development of the emerging Integrated Dimensions of Technology and Care Framework. This framework serves as a conceptual map, illuminating the cognitive and reflective processes nurses use to bridge the divide between technological competency and humanistic values. It identifies the deliberate practices nurses use to navigate technology in ways that preserve therapeutic presence and conceptualizes the relationship between compassionate care and technological competence as symbiotic and mutually reinforcing. This approach provides process-oriented guidance for nurses to critically evaluate how technology impacts the delivery of humanistic care. The practice relevance of this work is significant for nursing, health systems, and communities. By moving beyond basic “user training,” the Integrated Dimensions of Technology and Care Framework emphasizes the clinical significance of digital tools and how they integrate into person-centered workflows, cultivating digitally agile practitioners anchored in nursing's core values. For health systems, these insights offer a strategy for workforce sustainability and professional development, ensuring that as workflows evolve in the digital age, the humanistic heart of nursing remains the primary driver of the healthcare experience. Ultimately, for patients and communities, this research ensures that digital transformation leads to more equitable, personalized, and compassionate care.

18. Des situations de soins aux contenus de formation : co-construire une formation en sécurité et humilité culturelles pour des infirmières en pédiatrie au Québec

Présentatrice : Marie-Eve Blackburn, RN, BScN, MA
Auteure correspondante : Marie-Eve Blackburn, RN, BScN, MA

Résumé

Au Québec, l'offre de formation continue destinée aux infirmières en matière de sécurité culturelle demeure limitée et fragmentée. Elle n'est pas déployée uniformément selon un parcours accrédité et repose sur des initiatives variées aux contenus et formats divers. La seule formation obligatoire disponible est centrée sur la sensibilisation culturelle et aborde des repères historiques sans les outiller pour appliquer la sécurité culturelle dans les situations cliniques quotidiennes. Cette présentation vise à exposer les résultats de deux des trois cycles d'une recherche-action menée avec un organisme autochtone dans le cadre d'une thèse doctorale en sciences infirmières. Au cycle 1, une formation a été co-construite à partir de 25 entretiens semi-dirigés auprès de 12 parents Innus et Wendats dont l'enfant

avait été hospitalisé et 13 infirmières de la même unité. Au cycle 2, la formation a été mise à l'essai auprès de deux groupes d'infirmières, en collaboration avec des partenaires autochtones. Le cycle 3, non présenté, porte sur l'évaluation du dispositif et du processus de co-construction. La co-construction s'est appuyée sur un partenariat autochtone. Les contenus et approches pédagogiques ont été proposés à partir d'une analyse thématique croisée effectuée par la doctorante, puis validés auprès de l'organisme autochtone selon une entente de collaboration respectant les principes PCAP® et avec un conseiller pédagogique en autochtonisation Anishinaabe. Le cycle 2 a permis de traduire des situations jugées problématiques ou non par les parents et les infirmières en contenus de formation regroupés en trois thèmes : comprendre les effets contemporains de l'histoire coloniale sur la méfiance, afin de situer le retrait de certaines familles dans un contexte sociohistorique plutôt que dans des lectures culturalistes; communiquer et construire une relation de confiance, en abordant les barrières linguistiques, les ressources cliniques disponibles et des pratiques de communication favorisant la sécurité culturelle; et comprendre et appliquer la sécurité et l'humilité culturelles, incluant les enjeux de pouvoir, la posture professionnelle, les biais inconscients, les micro-agressions et des stratégies de réparation. Validés par des partenaires autochtones, ces thèmes ont structuré un curriculum centré sur des situations vécues et des compétences transférables. Ce projet s'inscrit dans les appels à l'action de la Commission de vérité et réconciliation en intégrant des partenaires autochtones dans tout le processus de co-construction et validation d'une formation soutenant la pratique infirmière auprès de familles autochtones en contexte pédiatrique hospitalier. Le consentement des partenaires à soumettre ce résumé a été obtenu par courriel.

19. Building Culturally Safe Critical Care: A Province-Wide Environmental Scan of Indigenous Resources Across Alberta ICUs

Presenters: Tanmay Sheokand, RN, BScN
Corresponding author: Tanmay Sheokand, RN, BScN

Abstract

Indigenous Peoples in Canada experience disproportionate burdens of critical illness and report lower satisfaction with healthcare encounters, yet the availability of culturally safe resources within intensive care remains poorly understood. Guided by the Truth and Reconciliation Commission's Call to Action 19, this nurse-led environmental scan aimed to identify ICU-specific resources available to Indigenous patients and families across Alberta and generate actionable system-level recommendations. Participants will learn how environmental scanning can reveal structural equity gaps in critical care, identify key organizational barriers limiting culturally safe ICU care, and consider policy-informed strategies nurses can advance to embed accountability and measurable change. We conducted a two-phase environmental scan across all 21 adult and pediatric ICUs in Alberta. Phase 1 included a structured review of 29 organizational and national websites. Phase 2 involved 21 semi-structured interviews with ICU leaders, clinical nurse educators, social workers, and medical directors. Indigenous partners co-designed and informed all stages of the project. No ICU-specific resources, programs, or policies designed with or for Indigenous patients and families were identified. Only two national clinician-focused resources met inclusion criteria. Interviews revealed that culturally safe practices such as smudging or Elder involvement were largely reactive and dependent on individual initiative rather than embedded policy. Four themes emerged: Indigenous Inclusive Environment; Personnel Support; Translation and Accessibility Resources; and Staff

Education. Barriers included limited Indigenous liaison coverage, superficial online cultural safety training, staff burnout, spatial constraints, and minimal Indigenous representation in decision-making structures. Findings reveal a systemic absence of ICU-specific equity infrastructure despite national reconciliation commitments. Nurses are uniquely positioned to translate these findings into measurable action through policy development, interdisciplinary advocacy, and leadership in quality improvement. Priorities include formalizing ceremonial pathways, strengthening Indigenous liaison staffing models, embedding meaningful cultural safety education into ICU practice, and integrating Indigenous leadership within governance structures. This work demonstrates the power of nurses to transform health by translating expertise into structural change that advances equity, accountability, and reconciliation in critical care.

20. Two Steps Back: The Fight for Healthcare Access for Uninsured People in Ontario

Presenters: Sarah Ionson, RN, BScN, PDTN, ACRN
Corresponding author: Sarah Ionson, RN, BScN, PDTN, ACRN

Abstract

Ontario's rollback of the Physician and Hospital Services for Uninsured Persons (PHSUP) program in 2023 has created significant barriers to medically necessary care for uninsured and precariously insured individuals, including refugees, asylum seekers, migrants, and others excluded from provincial health coverage. These cuts have widened health inequities and increased financial and systemic hardship for communities already facing exclusion. This poster presents findings from "Two Steps Back: The Impact of Ontario's Rollback on Healthcare Access for Uninsured Residents", a Health Network for Uninsured Clients (HNUC) report documenting the impacts of the PHSUP policy removal on client access, provider workload, and health system accountability. This work aligns with CNA's Code of Ethics values of honouring dignity and autonomy (Value 1), valuing relationships and humanizing care (Value 2), promoting social justice (Value 5), and maintaining integrity and accountability in professional nursing practice (Value 6). Methods/Approach To capture the impacts of the PHSUP cuts, HNUC conducted a mixed-methods assessment between January and March 2024. A total of 66 service providers responded to a survey, and 15 providers participated in key informant interviews. Participants represented diverse professional roles, including nurses, nurse practitioners, midwives, physicians, social workers, and care navigators, across hospitals, community health centres, midwifery clinics, non-profit organizations, specialty clinics, and other care settings. Key Results/Insights Providers reported grave impacts on uninsured clients' access to essential health services and overall well-being following the program's removal. Identified barriers included poorer coordination between community-based care and hospitals, higher service fees, and increased discriminatory practices toward uninsured clients. Participants linked these access barriers to worsening health outcomes, with emergency care, reproductive care, and non-acute care for severe or chronic conditions highlighted as areas of particular concern. Practitioners also described increased workload and moral distress due to challenges in delivering equitable, medically appropriate care within the context of systemic exclusion. Practice Relevance and Implications Findings underscore urgent ethical and policy implications for nursing and health system leadership. Recommendations include reinstating and standardizing PHSUP across Ontario hospitals, expanding and clarifying billing pathways for uninsured care, strengthening provider education, and advancing broader policy solutions such as OHIP for all and

inclusive regularization pathways. This work highlights the critical role of nurses in advocating for equitable access to life-saving and health-promoting care. The presenter is also an RN and one of the Co-Chairs of HNUC.

21. Advancing integration of the 2025 CNA Code of Ethics in nursing education through Professional Identity Formation

Presenters: Asha Pereira; Cheryl Cusack, RN, PhD, FCAN; Julia Fineczko, RN
Corresponding author: Cheryl Cusack, RN, PhD, FCAN

Abstract

Professional Identity in Nursing is defined as a nurse's sense of self, influenced by the discipline's unique characteristics and values. Developing a robust professional identity in nursing is essential for improving client care, team functioning, and workforce retention. Given the complexities of modern healthcare, it is urgent to move beyond “doing” nursing to “being” a nurse through intentional education. A curriculum renewal is currently underway in our Bachelor of Nursing program. This initiative is guided by the Professional Identity in Nursing model, which provides the philosophical and conceptual underpinning for our program. The objective of this presentation is to demonstrate the alignment between the Canadian Nurses Association Code of Ethics and the domains of the Professional Identity in Nursing model. The four central domains of the Professional Identity in Nursing model are values and ethics, knowledge, nurse as leader, and professional comportment. Initial mapping has identified 100% alignment between the four domains of the Professional Identity in Nursing model and the Canadian Nurses Association Code of Ethics. Under values and ethics, the Code of Ethics focuses on the promotion of competent professional practice, accountability, autonomy and integrity, social justice, and Truth and Reconciliation. Under knowledge, the Code of Ethics emphasizes critical reflection, clinical judgment, and evidence-informed practice developed through lifelong learning. Under nurse as leader, preparing all graduates to lead through communication and care coordination, regardless of formal titles, is an explicit expectation of the Code of Ethics. Under professional comportment, the Code of Ethics calls for nurses to cultivate a professional presence and accountability, acting as a role model in all practice settings based on an internalized sense of professional identity. Explicitly integrating the Canadian Nurses Association Code of Ethics, based on ethical values expected of registered nurses, with the conceptual model guiding curriculum renewal provides a standardized language for faculty and students to engage in professional identity formation. Socializing nurses to an internal sense of professional identity in nursing, grounded in these four domains and ethical values, is vital for the sustainability of the profession. This strategic approach will help to ensure future graduates can articulate the complexity of their role, uphold public trust, and provide ethically grounded care in an evolving Canadian healthcare landscape.

22. Persons' experiences of preterm urgent/emergent cesarean section (UE-CS): An exploratory descriptive qualitative study examining stressors and interventions to improve the childbirth experience

Presenters: Christine Kurtz Landy, RN, BScN, MScN, PhD
Corresponding author: Christine Kurtz Landy, RN, BScN, MScN, PhD

Abstract

Describe participants' experiences of preterm urgent/emergent Cesarean Section (UE-CS). Identify nurse and interdisciplinary provider interventions participants identify that can aid in decreasing the emotional/psychological sequelae of UE-CS. Learning Outcomes: Understand patients' experiences of preterm UE-CS that impact emotional/psychological health; and patient identified patient-centred nurse and interdisciplinary provider interventions to improve their UE-CS experience. Preterm UE-CS is a very stressful and often dehumanizing experience. UE-CS are important predictors of psychological birth trauma and development of childbirth-related post-traumatic stress disorder (Huner et al, 2024). Patients experience loss of control, loss of their planned birth, fear for their premature baby, fear of surgical pain, fear of being awake or put to sleep, fear of dying and worry about their partners (DiTosto et al., 2024; Orovou & Antoniou, 2024). The overwhelming stress during the CS can lead to dissociative reactions suggesting that at least some of the psychological trauma patients experience during UE-CS can be reduced by improving the quality of supportive care from nurses and the interdisciplinary team (Carter et al., 2021).To be effective, this requires an improved understanding of the factors related to women's care which either create or exacerbate their stress and those which help to avoid or reduce it. Methods: An exploratory qualitative study, using in-depth one-to-one semi-structured interviews within 72 hours after CS was undertaken in a tertiary hospital with a purposeful sample of 20 participants to explore their preterm UE-CS experiences. Open-ended questions regarding stressors during CS and care received or wanted to mitigate the stressors were included. Interviews were recorded, transcribed and analyzed using thematic content analysis. Results: Mean participant age was 34 years; 55% were primiparous; 35% were 32 to <37 weeks, 40% were 28 to <32 weeks and 25% were 24 to <28 weeks gestation at UE-CS. Themes included: preparedness for CS (lack of CS knowledge, surprise), loss of expected birth (loss of control, 'normal' birth, seeing baby, skin to skin), fear (pain, being cut, dying, being awake/being asleep, fear preterm newborn survival), uncertain trust of nurses, physicians (skills, CS decision, precarious rapport), and feeling invisible. Participant identifies interventions included provider anticipatory guidance throughout UE-CS, informational, emotional and instrumental support. Implications: The results provide important insights to guide the development of actionable interventions to decrease the emotional/psychological impact of preterm UE-CS. Responsive interventions should also include provision of targeted patient centred care that can actualize feasible maternal preterm birth expectations.

23. Using Layered Learning to Advance Nursing Education in General Internal Medicine

Presenters: Susan Ritchie, RN, BScN, MN, GNC(C); Ashley Lagleva; Julianne Camera
Corresponding author: Susan Ritchie, RN, BScN, MN, GNC(C)

Abstract

This presentation will describe the use of layered learning as the approach for education days provided to nurses working in general internal medicine (GIM). In response to increased nursing turnover within the GIM program, education days were implemented to invest in staff and promote safe, competent care across our three adult inpatient GIM units. With the aim of continuing competence and professional development, aligning with CNA Code of Ethics (2025) value 6, nurse educators at a teaching hospital in Ontario provided two consecutive years of education days for current staff within our GIM program. The

presentation will take participants through the layers of knowledge, skill, ability, and judgement and describe the assessment, planning, implementation and evaluation of the educational content delivered. Methods/Approach The method of conducting learning needs assessments will be described, including the preceptorship of nursing students throughout this process and the alignment with guiding principle 6.3.3 in the Code of Ethics (CNA, 2025). An overview of data sources, patient population, and the challenging reality of staff nurses within our GIM program will be provided as well as our teaching strategies for addressing the numerous priorities to share with nurses. The progression of the layered learning model through knowledge, skill, ability, and judgement will be discussed. Evaluation and participant feedback of the education days over two consecutive years will be shared. Innovative ways to involve leadership and our patient and family advisors will also be discussed. Practice relevance and implications The extensive age range of patients, multiple diagnoses, and competing priorities makes GIM a challenging area, yet one of constant and invigorating learning opportunities. This brief overview is bound to spark interest in clinical managers and educators across the country who are interested in finding ways to address a broad range of topics within a short time using teaching methods that are engaging to nurses in direct care.

24. Healing Through Connection: Imagining the Future of the Indigenous Wellness Clinic

Presenters: Natasha Gougeon; Sarah Kaup, BA
Corresponding author: Sarah Kaup, BA

Abstract

Objectives: This report explores how leadership and expertise contribute to transforming Indigenous primary healthcare through a community-driven, culturally safe(r), and trauma-informed model of care, and specifically the expansion of the Indigenous Wellness Clinic. Participants will learn how practitioners operationalize equity, reconciliation, and wholistic wellness within primary care settings. Highlighting the importance of community consultation and community led initiatives. Healing through connection is a significant step towards equitable healthcare, fostering truth and reconciliation and building trust with Indigenous patients and their families. Methods/Approach and Key Insights: The presentation is grounded in Healing Through Connection: Imagining the Future of the Indigenous Wellness Clinic, informed by an Indigenous-led symposium held in April 2025 in Edmonton, Alberta. Using Indigenous storytelling, expressive arts, facilitated dialogue, and strengths-based consultation, Elders, Knowledge Keepers, Indigenous community members, and healthcare professionals collectively articulated a future vision for Indigenous primary healthcare. The process was guided by the Six Rs of Indigenous research: Respect, Relevance, Reciprocity, Responsibility, Relationships, and Representation. Key insights identified five interrelated priorities: connecting with community, improving accessible health services, decolonizing wellness, honouring culture as medicine, and continuous quality improvement. Practitioners emerged as central to translating these priorities into practice through care coordination, trauma-informed nursing, health navigation, chronic disease management, palliative and mental health support, and advocacy across health and social systems. Practice Relevance and Implications: This initiative demonstrates the power of practitioners to transform health by advancing culturally responsive, relationship-based primary care that improves access, trust, continuity, and health outcomes for Indigenous Peoples. Lessons learned are transferable to other primary care, hospital, and community settings seeking to address health

inequities, embed reconciliation into practice, and support Indigenous self-determination in healthcare. By integrating traditional knowledge, research-based care improvements and specialized support, the IWC will address the historical and systemic barriers to healthcare faced by Indigenous communities in Edmonton and the surrounding areas.

25. Integrating Harm Reduction into Vascular Access Care for People Living with HIV Who Use Substances: The Importance of Challenging Current Practices

Presenters: Kathleen Booth
Corresponding author: Vera Caine, RN, BScN, MN, PhD

Abstract

People living with HIV who inject drugs continue to face significant barriers when discharged into the community with central vascular access devices such as Peripherally Inserted Central Catheters (PICC) lines for ongoing intravenous therapy. Stigma and risk-based assumptions negatively influence vascular access decision-making resulting in delayed access, premature device removal, second-line treatment options, or failed treatment. Ultimately, these practices lead to disproportionately poorer health outcomes and further marginalization in an already vulnerable community. Ethical nursing practice requires more than technical and procedural expertise; it demands advocacy, critical reflection, and action to address intersectional stigma and structural vulnerability within health systems. This poster presents an evidence-informed, case-based framework demonstrating how nurses can operationalize harm reduction principles and trauma-informed care into vascular access planning and management to support people living with HIV who use substances. Key strategies include non-judgmental assessment, shared decision-making, transparent communication, vein preservation, and individualized risk mitigation planning. The poster introduces 'SAFE-VA' - a structured clinical reasoning framework - which integrates therapy requirements, vascular assessment, environmental context, safety considerations and client goals with harm reduction strategies to support equitable vascular access decision-making. Trauma informed communication is positioned as a clinical intervention that strengthens therapeutic relationships, enhances treatment adherence, and improves outcomes among populations chronically underserved in health care systems. Implications for practice include reducing stigma in vascular access care, improving continuity of treatment, enhancing client experience, and reinforcing the leadership role of nurses in translating ethical commitments into measurable action. This framework can be used across inpatient, outpatient, and community settings caring for people who use substances.

Stream 2: The Power of Nurse-Led Innovation Through Technology

This stream explores how nurses are driving innovation in health systems through the use of both new and existing technologies. Nursing leadership in the adoption and integration of advanced technologies and tools, including artificial intelligence, is transforming care delivery and shaping more responsive health systems.

This stream highlights how technology enhances the client experience and contributes to improved health outcomes, enabling more efficient, personalized, and equitable care. It examines how innovation connects to policy levers like digital investments and data sovereignty, and the measurable impacts on individuals, communities, nurses, and teams.

Examples may include, but are not limited to:

- Virtual care models (e.g., remote patient monitoring, on-demand, telehealth)
- Digital solutions (e.g., electronic health records, AI, mobile health apps)
- New & emerging technologies (e.g., wearables, robotics, smart medical devices, automated systems, new medical products, genomics)

INTERACTIVE WORKSHOPS

26. Always-On Support: A Systems-Level Approach to Reducing Attrition Through Reflective Practice and Digital Mentorship

Presenters: Jennifer Johnson, BScN, RN, CEN; Monica McGraw, RN
Corresponding author: Jennifer Johnson, BScN, RN, CEN

Abstract

Always-On Support: A Systems-Level Approach to Reducing Attrition Through Reflective Practice and Digital Mentorship This abstract is aimed at nursing leaders, educators, researchers, and health system decision-makers interested in innovative, scalable solutions to support early career nurse retention and psychological safety. Early career nurses experience disproportionately high rates of burnout, moral distress, and psychological fatigue, leading to premature departure from the profession at a time when health systems are already under pressure. The transition from student to practicing nurse often lacks consistent, timely support, particularly during night shifts, weekends, and in high-acuity environments. While formal orientation and residency programs exist, they rarely provide scalable or continuous support that addresses emotional demands in real time. This initiative focuses on building capacity within and across health systems by embedding low-burden psychological supports directly into the flow of nursing practice to improve retention and well-being. The intervention introduces a new model that combines brief

post-shift reflection with an optional artificial intelligence-based mentorship tool designed specifically for new graduate and early career nurses. Grounded in trauma-informed practice and principles of implementation science, the solution helps nurses process ethically complex situations, develop self-awareness, and reinforce professional identity. The mentorship component simulates supportive dialogue and offers just-in-time guidance during moments when human support is unavailable. This always-available approach is adaptable across clinical contexts and complements rather than replaces existing transition programs. Initial pilot testing with early career nurses focused on usability, emotional impact, and early signals of workforce outcomes. Key insights include increased emotional regulation after difficult shifts, greater confidence when facing clinical uncertainty, and a stronger connection to the nursing role. Participants reported greater psychological safety, reduced feelings of isolation, and increased intent to remain in the profession. The model aligns with workplace excellence and evidence-based implementation frameworks such as Best Practice Spotlight Organization and the Stellar Certification Program. It shows promise as an actionable recruitment and retention strategy for nurse leaders and health system planners. This abstract presents a practical example of how nurse-led digital innovation can reduce moral distress and improve retention by building psychological safety capacity across the early stages of professional practice. Attendees will gain insight into designing scalable supports that fit within existing structures while addressing the emotional realities of care delivery. This work contributes to workforce sustainability by focusing on prevention, reflection, and system-level support for new nurses.

ORAL PRESENTATIONS

27. Enhancing Sickle Cell Disease Education through Simulation

Presenters: Oluwamisimi Oluwole, BNSc student
Corresponding author: Oluwamisimi Oluwole, BNSc student

Abstract

Background: Sickle cell disease (SCD) is a genetic haematologic condition characterised by recurrent vaso-occlusive pain crises that require timely and adequate analgesia. Despite well-established clinical guidelines, Black patients with SCD continue to experience delayed, inadequate, and biased pain management within acute care settings. Health professional education often underemphasises the structural and interpersonal factors contributing to these disparities. Methods: A high-fidelity clinical simulation was developed for nursing and medical students to examine pain management, racial bias, and advocacy in the care of a patient presenting with a sickle cell pain crisis. The simulation required learners to assess severe pain, initiate evidence-based interventions, and navigate interprofessional communication. Debriefing emphasised reflection on bias, power dynamics, and moral distress. Qualitative and quantitative feedback were collected through pre- and post-simulation reflections. Results: Learners reported increased awareness of implicit bias in pain assessment, greater confidence advocating for adequate analgesia, and improved understanding of systemic barriers faced by patients with SCD. Learners identified discomfort with hierarchical escalation but recognised advocacy as a professional responsibility rather than an exceptional action. Reflections highlighted the emotional and ethical dimensions of caring for marginalised patients experiencing pain. Conclusion: Simulation-based education

offers a powerful approach to addressing inequities in sickle cell pain management by integrating clinical skill development with critical reflection on bias and power. Embedding equity-centred simulations within nursing curricula may better prepare future clinicians to provide compassionate, evidence-based, and just care for patients with SCD.

28. Empowering Nurses to Transform Health: Advancing Clinical Excellence through a Comprehensive Simulation Program and Mobile Simulation Innovation

Presenters: Amrutha Kumar, RN, BSN, MHM, CHE, CPHQ; Charissa Cordon, RN, BScN, MN, EdD, CHE
Corresponding author: Charissa Cordon, RN, BScN, MN, EdD, CHE

Abstract

Objective(s) and Expected Learning Outcomes Educating and empowering nurses to provide high-quality, evidence-informed care is essential to transforming health systems and patient outcomes. At a large multi-site healthcare organization in Ontario, Canada, a comprehensive and innovative simulation-based education program was developed to strengthen nurses' continuing professional development and enhance clinical competence across all levels of practice. This initiative aims to demonstrate the power of nurses to transform health through simulation-based learning that builds confidence, competence, and collaboration at the point of care. Participants in this presentation will: 1. Describe how a hospital-wide simulation strategy supports nurses' ongoing professional development. 2. Explore the integration of a mobile simulation cart to build rapid response readiness and enhance early recognition and management of the deteriorating patient. 3. Examine measurable improvements in nursing knowledge, confidence, and patient outcomes resulting from the program's implementation. Methods/Approach and Key Insights/Results The Simulation Program delivers high-, medium-, and low-fidelity simulation experiences across both clinical labs and bedside environments, guided by four key pillars of excellence: 1. Care Provider Training and Orientation 2. Interprofessional Team Training 3. Procedural and Skills Development 4. Standardized Simulation Programs A unique innovation was the implementation of a mobile simulation cart, designed and led by nurse educators, to provide on-unit, real-time simulation training. This mobile platform allows teams to practice managing deteriorating patients and responding effectively during the first five minutes of a code, reinforcing situational awareness, teamwork, and clinical judgment in the actual care environment. Program evaluation using the Kirkpatrick Model demonstrated significant gains across all four levels of impact. Participants reported that simulations bridged gaps in knowledge and skills, increased psychological safety in learning, improved confidence in managing emergencies, and enhanced interprofessional collaboration. Clinical outcome metrics also improved, with reductions in adverse events and enhanced response times to clinical deterioration. Practice Relevance and Implications This initiative showcases how nurses' expertise and leadership drive innovation in clinical education and quality care. By embedding simulation within everyday practice and deploying mobile technologies for just-in-time learning, simulation program demonstrates the transformative power of nurses to improve outcomes, strengthen team performance, and sustain a culture of learning. The model provides a scalable framework for educating the nurse of today and tomorrow, ensuring a resilient and practice-ready nursing workforce equipped to meet the evolving complexities of patient care.

29. Reorganizing Nursing Through Technology Leadership: An Intelligence-Enabled Community Care Model

Presenters: Joseph Andrew Pepito, PhD, MAN, BScN
Corresponding author: Joseph Andrew Pepito, PhD, MAN, BScN

Abstract

Objective(s) and Expected Learning Outcomes: Health systems across Canada face hospital overcrowding, workforce shortages, widening rural and urban access disparities, and increasing demand for aging-in-place services. Community nursing often remains episodic, limiting real-time clinical visibility between visits and contributing to avoidable deterioration and preventable hospital transfers. This presentation introduces an intelligence-enabled community care delivery model that positions nurses at the forefront of digital integration to enhance continuity, responsiveness, and equity in home-based care. Objectives are to: (1) describe how RN-led triage, supported by NP clinical governance and structured PSW supervision, anchors accountable adoption of remote monitoring and artificial intelligence; (2) examine how interoperable digital infrastructure, Canadian data residency, and governance frameworks strengthen data sovereignty, ethical oversight, and professional accountability; and (3) outline measurable impact indicators embedded within the model. Participants will identify practical strategies to lead technology-enabled transformation while preserving scope integrity, advancing equitable access, and strengthening professional autonomy. Methods/Approach and Key Insights/Results: The model integrates remote patient monitoring, smart home sensing, and FHIR-based interoperable data exchange into a centralized clinical dashboard governed by nursing leadership. An intelligence-enabled risk prediction tool generates advisory risk scores based on physiologic and behavioural indicators, including vital signs, medication adherence, and activity patterns; all outputs require licensed nurse validation prior to intervention. Structured escalation pathways define PSW-to-RN-to-NP communication, enabling timely and scope-aligned response. Governance mechanisms include role-based access controls, audit logs, privacy impact assessments, and alignment with Canadian digital investment strategies and health information legislation standards. Embedded evaluation indicators include ≥30% reduction in avoidable hospital transfers, RN alert review within five minutes, ≥90% client satisfaction, ≥20% reduction in PSW travel time, improved interdisciplinary coordination, workflow efficiency gains, strengthened continuity of care, and cost comparison advantages relative to institutional care. Practice Relevance and Implications for Nursing, Health Systems, or Communities: By formalizing nursing leadership over digital adoption, this model strengthens accountability while extending continuous oversight into the home environment. It demonstrates how strategic digital investments, when embedded within structured governance rather than layered onto fragmented workflows, can enhance equitable access, personalize care delivery, improve measurable health outcomes, and support workforce sustainability. The model offers a scalable and policy-aligned framework for jurisdictions seeking measurable improvements in client experience, team performance, system efficiency, and nursing-led innovation across diverse Canadian community health contexts.

30. From mHealth to AI-Enabled Oncology Care: Development of a Nurse-Led Digital Innovation for Women with Breast Cancer in Canada

Presenters: Oluwadamilare Akingbade, RN, CGNC, Ph
Corresponding author: Oluwadamilare Akingbade, RN, CGNC, PhD

Abstract

Background: Breast cancer care extends beyond biomedical treatment to encompass significant psychosocial, emotional, and self-management challenges. Artificial intelligence (AI) and digital technologies are increasingly embedded within oncology systems; however, nurse-led innovations remain underrepresented in large-scale implementation and policy discourse. Evidence from AI-enabled interventions demonstrates improvements in psychological well-being, symptom monitoring, early risk detection, and quality of life, yet gaps persist in clinical validation, equity-focused personalization, and governance integration. Purpose: This presentation highlights a nurse-led digital innovation trajectory, culminating in the development of an AI-enabled oncology support model tailored for Canadian women with breast cancer. Methods: Guided by the UK Medical Research Council framework for complex interventions, a three-phase doctoral study was conducted. Phase I involved a systematic review and meta-analysis of mHealth interventions addressing psychological outcomes among women with breast cancer receiving chemotherapy. Phase II used qualitative methods to explore women's perceptions of feasibility and acceptability of a nurse-led psychoeducational mobile application. Phase III included intervention development and evaluation through a pilot and full assessor-blinded randomized controlled trial (RCT). Furthermore, a scoping review was conducted to synthesize evidence on AI-enabled digital interventions in breast cancer care. Results: The systematic review included nine RCTs (N = 1,457) and demonstrated a statistically significant improvement in quality of life (SMD = 0.32, 95% CI [0.07, 0.58], p = .01, I^2 = 17%). Qualitative findings revealed unmet psychoeducational needs and strong endorsement of culturally tailored mobile support. In the full RCT (N = 126), the six-week nurse-led intervention significantly improved self-efficacy and both problem- and emotion-focused coping (all p < .001), reduced avoidant coping (p = .001), improved overall quality of life (p < .001), and significantly reduced symptom interference (p < .001). The scoping review on AI-enabled interventions in breast cancer care revealed identified high diagnostic accuracy models (approaching 99%), enhanced symptom detection, and improved distress monitoring, though limited external validation and governance considerations were noted. Innovation and Policy Implications: Building on this evidence, the next phase involves developing an AI-enabled, nurse-led digital platform integrating adaptive psychosocial algorithms, real-time symptom monitoring, risk stratification, equity-informed personalization, and secure data governance aligned with Canadian digital investment and data sovereignty standards. Conclusion: By positioning nurses at the forefront of AI-enabled innovation, this work advances a transformative model for cancer care in Canada, demonstrating clear potential to enhance client experience, strengthen psychosocial outcomes, and improve system-wide efficiency.

31. Nurse Leaders Applying an AI Lens to Co-Create Optimal Work Environments

Presenters: Jessica Burford, PhD(c) RN, R/TRO, BScHK(Hon), MN-LPNP, GNC(C), CCNE, CHE, CNLC(C)
Corresponding author: Jessica Burford, PhD(c) RN, R/TRO, BScHK(Hon), MN-LPNP, GNC(C), CCNE, CHE, CNLC(C)

Abstract

Objective and Expected Learning Outcomes: The presentation will explore findings from a qualitative study on how nurse leaders are shaping the integration of artificial intelligence (AI) into nursing leadership practice to strengthen workforce well-being and co-create optimal work environments. AI, defined as computer systems that perform tasks requiring human-like cognitive abilities, such as learning, pattern recognition, and language generation, is integrated within care environments with implications for nursing practice, yet few studies investigate the experiences of nurse leaders. Objectives are to examine how nurse leaders perceive AI's influence on leadership work, identify strategies used to reduce administrative burden and restore relational presence, and describe the organizational conditions that support safe and meaningful digital integration. Attendees will gain practical insight into how leadership actions, education, and governance context influence whether AI functions as a supportive resource or a source of strain. Methods and Key Insights/Results: A constructivist grounded theory design with a critical lens guided semi-structured Zoom interviews with 25 nurse leaders across Canada and the United States. Iterative coding, constant comparison, and reflexive memoing generated a process-oriented interpretation of AI within leadership work. Three interrelated themes emerged. First, nurse leaders strategically leveraged AI to improve work environments by reclaiming time previously consumed by administrative tasks. Second, leaders engaged AI to restructure leadership work in ways that enabled intentional presence, mentorship, and relational connection with teams. Third, participants directed AI Technology in their practice within constrained work environments by focusing on policy clarity, education, and transparent organizational intent, highlighting that technological effects were contingent on leadership-mediated conditions rather than the tools themselves. Practice Relevance and Implications: Findings position AI as a conditional tool for promoting workforce wellness and sustaining leadership capacity when integration is accompanied by digital literacy, inclusive dialogue, and intentional protection of recovered time for human-centred leadership activities. Conversely, ambiguous policies, inequitable access, and cost-containment narratives may intensify uncertainty and contribute to work environment strain. Participant-driven insights reveal implications for nurses, health systems, and educators, including prioritizing governance pathways, embedding nursing perspectives in technology decisions, and strengthening leadership competency in digital environments. Taken together, this grounded theoretical contribution positions nurse leaders as active agents who direct how AI functions within practice to address specific work needs, support well-being, and shape its intersection with professional integrity, relational leadership, and optimal nursing work environments.

32. Virtual Reality Innovations for Distressing Auditory Hallucination: Compassion-Focused CBT

Presenters: Haley Ashe, RN, BScN, MEd; Lisa Murata, RN, BScN, MEd
Corresponding author: Haley Ashe, RN, BScN, MEd

Abstract

Avatar virtual reality (VR) therapy is a novel intervention designed to support individuals experiencing persistent and distressing auditory hallucinations. Nurses at The Royal Ottawa Health Care Group are leading the planning, clinical integration, and evaluation of this emerging digital intervention within outpatient mental health services. The objectives of this initiative are to a) implement a structured VR-assisted treatment; b) reduce symptom distress and increase therapeutic engagement, and; c) establish a scalable framework aligned with digital health priorities to enhance mental health care. This session will demonstrate how nurse-led technology adoption enhances patient experience, strengthens measurable outcomes, and provide equitable access to specialized care. The software, HEKA VR , allows the therapist to engage in guided dialogues between individuals and their digitally created avatars. Using the voice-changing software, the therapist can simulate both the sound and the content of the distressing voices and also alternate to their normal voice to provide support and coaching. The dialogues seek to restructure conversations to decrease the perceived power and control of the voices. Nurses conduct comprehensive assessments, co-create therapeutic avatars, facilitate therapy sessions, monitor psychological safety, and collect standardized outcome measures, ensuring that technology integration remains person-centered, trauma-informed, compassion driven, and ethically grounded. The intervention complements pharmacological and psychosocial treatments while expanding virtual care capacity. Implementation includes competency-based nurse training, structured clinical supervision, ethical safeguards, trauma-informed protocols, and secure digital infrastructure to ensure privacy and responsible data stewardship. Standardized documentation and integrated outcome tracking enables real-time evaluation and quality improvement. Published studies demonstrate measurable reductions in voice-related distress, improved assertive responding, and increased patient-reported empowerment and engagement. VR therapy exemplifies the power of nurse-led innovation through emerging technology. Under nursing leadership, immersive VR enhances the patient's experience by providing personalized, responsive, and engaging therapeutic encounters towards supporting improved health outcomes while expanding access to specialized psychosis care. This initiative aligns with national and provincial digital health investment priorities by embedding secure digital infrastructure, measurable clinical outcomes, and responsible data governance into implementation. It highlights how nurses drive technology-enabled care that strengthens outcomes for individuals, communities, nursing teams, and health systems. This presentation will demonstrate the VR therapy, outline implementation strategies, discuss the process of developing a multi-site collaborative research project including the participation with people with lived experience. It will demonstrate how nurse-led immersive technology is reshaping mental health care delivery while upholding excellence, equity, and data stewardship in Canadian mental health practice.

PECHAKUCHAS

33. Empowered Health: Exploring the Digital Health Journey of First Nations

Presenters: Nadia Green, RN, BN, MN; Caroline Chamberland-Rowe
Corresponding author: Nadia Green, RN, BN, MN

Abstract

Objective(s): This presentation will: Describe the broader context of digital health and the use of digital health tools in a northern community setting in Canada. Offer insights into the care experiences of both First Nation participants and health care providers of the project community. Highlight the importance of Indigenous engagement and describe the engagement processes for the project. Learning outcomes: By the end of the presentation, attendees will be able to: Describe the integration of digital health tools into existing community-based care models, assessing whether they complement or disrupt local, trusted, in-person care. Explain the intersection of perspectives between First Nation patients and providers to identify strengths and gaps in current care delivery. Explain the rationale behind Indigenous engagement in research and key steps in the projects engagement process. Approach: This Indigenous-led qualitative study follows a decolonizing methodology and Indigenous research principles to explore the role and importance of DHTs in the context of care delivery in northern Manitoba, Canada. First Nation's patients and health care providers, predominantly nurses, in the community will participate in conversational, semi-structured interviews with the Principal Investigator (PI). A Memorandum of Understanding outlining the intentions and a reciprocal relationship, was established to align with the community's goals and practices. Additionally, an Advisory Circle will help guide the project to ensure cultural relevancy and applicability of components of the project. Key insights: The Ownership, Control, Access, and Possession (OCAP®) Principles will guide the respectful management of participants' knowledge and data (FNIGC, 2023). Data analysis will use the Nanatawihowin Acimowina Kika-Mosahkinikehk Papiskıci-Itascikewin Astacikowina [Medicine/Healing Stories Picked, Sorted, Stored], which follows a five-step process: 1) data collection, 2) data pre-analysis, 3) data digitalization, 4) data reduction and display, and 5) conclusion and verification (Starblanket et al., 2019). As this is a work in progress, it is anticipated that there will be a preliminary understanding about how familiar patient and provider participants are with DHTs, how DHTs may play a role in healthcare access, how that care is received, and potential suggestions for change. Practice relevance: This project is critical in supporting UNDRIP (United Nations, 2007), the TRC, Calls to Action 18 and 19 (NCTR, n.d.), and self-determining communities to drive systemic change. Sharing these insights with nurses and educational stakeholders will influence funding, training, and policies, as well as contribute to literature on Indigenous perspectives in Canada, for national and international impact.

34. More Care. Less NOISE. Reducing Notifications Interrupting Safe and Effective Care

Presenters: Kaitlyn Vingoe, RN, BScN, MN; Eileen Murphy, NP
Corresponding author: Kaitlyn Vingoe, RN, BScN, MN

Abstract

Objective: Clinical decision support (CDS) systems are powerful tools for influencing decision making and enhancing patient safety. However, when poorly optimized, interruptive alerts can overwhelm clinicians and diminish the intended benefits of CDS. This presentation will share case-based insights demonstrating how an integrated technical and clinical initiative (NOISE) can meaningfully reduce low value alerts. Nurse leaders will gain replicable strategies on how to meaningfully address over-alerting for point of care nurses. Background: Following the implementation of a new electronic health record (EHR) across a multisite organization, more than 3,000 nurses were introduced to new CDS tools, including interruptive alerts.

Shortly after go-live, alert volumes escalated dramatically, in January 2025 alone over 4 million alerts were delivered across the organization, with more than half directed to nursing staff. While CDS tools can enhance decision making and reduce errors, they also pose risks when clinicians are inundated with nonspecific or low-value alerts, contributing to alert fatigue and workflow disruption (1,2). Despite nurses being one of the major recipients of CDS, literature often focuses on physicians particularly within the lens of prescribing and medication management (2,3). This work examines the impact of alerting burden on nurses and how nurse leaders and informaticians can take action to mitigate unnecessary interruptions. Methodology: Multi-modal interventions using technical and clinical expertise to evaluate interruptive alerts has proven effective and scalable in quickly reducing alert burden (4). Using this approach, first back-end system analytics were leveraged to identify the most ignored interruptive alerts. Once problem alerts were identified a multi-pronged approach consisting of technical analysis, clinical workflow review, and expert consultation were used to interrogate high frequency alerts. A robust governance framework was used to review recommendations. This principled and structured approach guided decisions to modify or decommission low-value alerts Results: The total number of interruptive alerts decreased substantially across all 3 sites over a 12-month period. Nurses experienced an 82.9% reduction in interruptive alerts received in January 2026 (n=395, 676) compared to January 2025 (n= 2, 297,888). This reduction was achieved by specifically targeting the most frequently ignored alerts for intervention. Key Implications: This work demonstrates that a strategic, data-driven initiative (NOISE) can meaningfully reduce alert fatigue for nurses while preserving the clinical value of CDS tools. By centering nursing workflow and engaging clinical informatics expertise, organizations can reduce unnecessary alert "noise" releasing time for patient care.

35. Integrating Point-of-Care Testing into Mental Health Practice: A Nurse-Led Implementation Model

Presenters: Haley Ashe, RN, BScN, MEd; Lisa Murata, RN, BScN, MEd
Corresponding author: Haley Ashe, RN, BScN, MEd

Abstract

Nurses play a critical role in translating digital innovation into meaningful improvements in care delivery, particularly for complex populations requiring frequent laboratory monitoring. Individuals receiving clozapine therapy require ongoing white blood cell (WBC) and absolute neutrophil count (ANC) monitoring, traditionally dependent on venous sampling and off-site laboratory processing, which can result in delays, increased patient burden, and potential treatment interruptions. This initiative evaluated the implementation of a nurse-led point of care (PoC) device to improve clozapine monitoring within The Royal Ottawa Health Care Group's (The Royal) Regional Psychosis Clinic, an outpatient clinic. The objectives were to a) improve timeliness of WBC/ANC monitoring and clinical decision-making; b) enhance workflow efficiency through digital integration and interprofessional collaboration, and; c) improve patient experience and reduce barriers to clozapine management. Participants will learn how nurse-led digital innovation can be implemented safely and effectively in specialty mental health settings, including key considerations related to competency development, quality assurance, workflow redesign, and change management. A structured nurse-led implementation model was introduced in which trained nursing staff performed capillary blood sampling and on-site PoC WBC/ANC testing during scheduled clinic visits. Results were automatically uploaded to a secure Patient Care Portal and integrated into the electronic

health record, enabling near-real-time clinical review by prescribers. Standardized education, competency validation, quality control procedures, and data governance processes were established to ensure accuracy and compliance with organizational and provincial standards. Interprofessional workflows were redesigned to support collaboration among nursing, prescribers, pharmacy, and laboratory services. Implementation reduced turnaround time from days to minutes, enabling same-visit clinical decision-making and timely clozapine continuation or dose adjustments, which decreased reliance on external laboratory services along with minimization of repeat venipuncture while streamlining communication among team members through digital reporting integration. Patients reported reduced wait times, increased convenience, and improved satisfaction. This initiative demonstrates how nurse-led PoC technology can enhance safety, efficiency, and patient-centered care in clozapine management. For nurses, it highlights expanded scope in diagnostic testing, leadership in digital health integration, and accountability in quality assurance. For health systems, it demonstrates opportunities to reduce delays, improve care coordination, and optimize resource utilization. For patients and families, the model supports equitable access to timely treatment and reduces barriers for individuals living with severe mental illness. This model is now being scaled across all service areas at The Royal, further reinforcing its sustainability, organizational impact, and transferability to other speciality settings requiring frequent laboratory monitoring.

POSTERS

36. Optimizing Rapid Response and Reducing Failure-to-Rescue: Continuous Monitoring & Mobile Simulation

Presenters: Amrutha Kumar, RN, BN, CPHQ, MHM, CHE; Desa Dlugosz
Corresponding author: Amrutha Kumar, RN, BN, CPHQ, MHM, CHE

Abstract

William Osler Health System (Osler) is a multi-site hospital system with 5 locations that had 54,191 inpatient admissions in 2024-2025. Osler employs over 7,000 staff members, 1,100 physicians, and supports over 1500 learners annually. Osler has experienced an increasing trend in the admission of higher acuity patients to medical-surgical units under the standard model of care. Currently, there is a critical gap in how these patients' respiratory rates are assessed and monitored. We aim to address this gap through the implementation of contact-free continuous monitoring (CFCM) technology on 78 beds across two pilot medicine-surgical units. CFCM enables continuous, non-invasive monitoring of respiratory rates to detect early signs of patient deterioration. This is accomplished through a sensor built into the bed frame that measures the expansion and contraction of the lung walls when occupied by a patient. The implementation of this technology will include leveraging our mobile simulation program to promote interprofessional skills and confidence through on-site simulation of deteriorating patient scenarios related to respiratory decline. Focused education and evaluation will measure improvements in nursing knowledge and skillset, technology adoption, and patient outcomes through improved accuracy and clinical reliability of respiratory rate data. This proof of concept is the first phase in a multi-year safety initiative aimed at reducing patient safety incidents related to patient deterioration and optimizing Osler's rapid response

system. This abstract discusses how William Osler Health System addresses a practice gap in respiratory rate assessment, monitoring and documentation by leveraging the continuous monitoring feature on patient beds. The pilot study will compare and evaluate the technology on medicine and cardiology beds with nursing assessments. Two respiratory decline focused mobile simulation modules will be developed to support education and build nursing skills, technology adoption, and improve patient outcomes.

37. Digital modernization of public health STI and HIV testing services in Ontario: The GetaKit Project

Presenters: Lauren Orser, BScN, MScN, PhD
Corresponding author: Lauren Orser, BScN, MScN, PhD

Abstract

Objectives: In light of reductions to healthcare system following the COVID-19 pandemic, access to sexually transmitted infection (STI) and HIV testing across Ontario also became limited. To increase access to sexual health testing, we developed an online system, GetaKit, which is a website through which eligible persons can obtain clinically indicated sexual health services, including HIV self-tests and requisitions for STI testing to be completed at a local laboratory. Extragenital swabs for chlamydia and gonorrhea are also provided. To determine eligibility, patients complete a risk assessment. The system then offers HIV and STI testing based on reported risks and public health guidelines. As part of this presentation, participants will learn how nurse-led digital platforms can expand equitable access to STI and HIV testing while improving patient experience and health outcomes. Methods/Key Results: GetaKit operates as a prospective research study evaluating uptake, testing completion, and positivity rates for STI/HIV services delivered through an online platform. Patients complete a nurse-designed risk assessment algorithm, which generates guideline-concordant testing recommendations, including HIV self-testing and laboratory-based STI testing (including extragenital swabs). Nurses oversee eligibility determination, ordering, and results monitoring, with follow-up care coordinated through collaborations with over 18 Ontario public health units. GetaKit initially launched in July 2020 with HIV self-tests and then expanded in May 2023 to offer full STI testing. To date, over 38,000 orders for testing have been place. In 2025 alone, 18,738 testing orders were placed, with 95.5% deemed eligible. Over one-quarter were first-time testers. The platform reached priority populations effectively: 50.9% identified as HIV priority populations, 76.0% as priority populations overall, and 49.6% were under 30 years of age. Testing uptake was high, with 84.1% completing gonorrhea/chlamydia testing and 81.4% completing HIV and/or hepatitis C testing. Positivity rates included chlamydia (3.3%), gonorrhea (1.1%), syphilis (1.7%), and HIV (0.1%). Among clients offered PrEP referrals, 35.1% accepted. Practice Relevance: Through use of a unique risk screening algorithm and partnerships with public health units and clinicians, GetaKit offers comprehensive STI/HIV testing, without requiring participants to attend an appointment. GetaKit demonstrates how nurse-led digital innovation can deliver efficient, responsive, and personalized care while advancing equity. The initiative supports health system resilience, data-informed practice, and expanded access for underserved communities. With expanded reach, it is possible GetaKit in partnership with local public health units can help facilitate access to testing and treatment and work to reduce STI/HIV rates.

38. Building a High Reliability Organization with a Digital Quality Board: Integrating Data and Engagement for Sustainable QI

Presenters: Nimrah Kiyani
Corresponding author: Tiziana Rivera, RN, MSc, CHE

Abstract

Objective(s) and Expected Learning Outcomes: Large, complex healthcare systems often struggle with fragmented quality and patient safety data, limiting timely decision-making and consistent care delivery. At William Osler Health System, this challenge prompted the co-development of the iHuddle Board, a digital, organization-wide quality management platform. The primary objective of this initiative was to implement a real-time, standardized quality and patient safety dashboard that enhances transparency, supports team-based accountability, and strengthens daily improvement conversations across clinical and operational units. By the end of this session, participants will be able to: Describe how real-time digital quality boards can improve frontline engagement and decision-making. Identify key design elements that support standardization while allowing local adaptability. Apply lessons learned to their own settings to foster a culture of continuous improvement. Methods/Approach and Key Insights/Results The iHuddle Board was co-designed through a collaborative, iterative process involving frontline staff, nursing leaders, physicians, corporate teams (Quality and Patient Safety, Organizational Performance, Business Intelligence, Clinical Operations), and Patient and Family Advisory Committee (PFAC) members. The platform integrates real-time data aligned with organizational priorities, including patient safety, experience, and operational performance. Implementation focused on embedding the board into daily huddles, standardizing metrics across departments, and supporting teams with training and leadership visibility. Process measures included frequency of board use and completion of structured quality discussions, while balance measures assessed staff workload and system usability. Since implementation, Osler has completed over 8,500 iHuddles, shared 300+ corporate spotlights, posted 1,500 unit-level messages, and generated 1,000+ quality improvement ideas. These outcomes reflect increased staff engagement, faster escalation and response to safety concerns, and consistent use of real-time data across teams. The iHuddle Board has been recognized as a Leading Practice by Accreditation Canada. Practice Relevance and Implications for Nursing, Health Systems, . At a system level, this approach demonstrates how digital infrastructure can align strategy with frontline practice, reduce communication gaps, and sustain large-scale quality improvement. This session will include interactive activities to support applied learning. Participants will engage in small-group discussions using real-world scenarios, explore sample iHuddle Board layouts, and identify opportunities to adapt digital quality boards to their own practice environments.

39. Digital Access as Professional Power: Advancing Digital Health Access for Nurses in Remote and First Nations Communities

Presenters: Michelle Culverwell, RN, BScN, MSc, MHA, CMPC; Charles Mann, RN
Corresponding author: Michelle Culverwell, RN, BScN, MSc, MHA, CMPC

Abstract

Objectives and Expected Learning Outcomes Nurses and nurse practitioners in remote and First Nations communities often serve as the primary healthcare providers for geographically isolated populations. This

presentation will showcase the initiative that explores the digital divide influencing nursing practice in Ontario's remote and First Nations communities, and its impact on care coordination, data sharing and patient safety. This initiative seeks to: 1. Examine systemic and structural barriers that restrict nurses' equitable access to digital health tools and data systems. 2. Identify Indigenous-led, nurse-driven solutions that enhance digital infrastructure and policy alignment. 3. Present actionable pathways aligned with CNA's Policy Roadmap for 2025 and beyond to unleash the full value of the nursing workforce, improve digital connectivity, and strengthen system resilience. Participants will leave with evidence-based and policy-informed strategies to advocate for bold, system-level reforms that embed nurses and Indigenous partners as co-designers of digital transformation. Methods/Approach, and Key Insights This multi-phase analysis integrated data from the 2023 Canadian Survey of Nurses' Use of Digital Health Technology, environmental scans, and structured interviews with nurses, Indigenous health authorities, and policy stakeholders. The study applied a health equity and digital inclusion framework to assess current digital infrastructure within Ontario's First Nations and remote health networks. Digital health tools were evaluated for utility, feasibility, and scalability, leading to the development of practical recommendations. Findings reveal persistent exclusion of nursing from role-based access to key digital platforms-such as electronic referrals and consult systems-due to policy, licensing, and interoperability barriers. These systemic gaps weaken care coordination and continuity. Insights highlight how Indigenous-led governance, policy inclusion, targeted infrastructure investments, and removing role-based barriers to digital tool can strengthen nurse-led, team-based care-advancing professional power through equitable digital health access for nurses in remote and First Nations communities. Practice Relevance and Implications Strengthening digital equity is foundational to building a healthier Canada. The findings underscore three actionable policy levers: • Expand role-based access and interoperability standards to empower nursing-led care. • Invest in nurse informatics education and secure connectivity infrastructure in underserved communities. • Embed Indigenous and nursing leadership in digital governance, ensuring co-designed, culturally aligned health innovations. By integrating these strategies, Canada can unlock the full capacity of its nursing workforce, reduce systemic inequities, and realize the vision of a digitally connected, equitable, and sustainable health system for all communities.

40. Nurses' Experiences Implementing and Delivering Remote Patient Monitoring: A Scoping Review

Presenters: Harroop Sharda, RN, MSN, PhD
Corresponding author: Mahsa Khalili, MASc, PhD

Abstract

Background: Remote patient monitoring (RPM) enables the collection and transmission of patient health data beyond traditional clinical settings, including continuous physiological monitoring via wearable or home-based technologies. In Canada, RPM is embedded within the federal virtual care policy framework to strengthen access, quality, and system responsiveness. Evidence demonstrates that RPM can improve patient safety, reduce hospital admissions and readmissions, and lower healthcare costs. Despite growing implementation, literature has predominantly emphasized patient outcomes and system efficiency, with limited synthesis of nurses' experiences implementing and delivering RPM-enabled care. Nurses serve as clinical interpreters of remote data, coordinators of follow-up care, and frontline decision-makers

responding to alerts. While nurses report benefits such as enhanced surveillance and timely intervention,4 they also report challenges, including data overload, alarm fatigue, concerns regarding data validity, unclear role expectations, workflow misalignment, and insufficient digital competencies. As RPM programs evolve, a comprehensive synthesis of nurses' experiences implementing and delivering RPM-enabled care is needed to inform sustainable, nurse-centred integration into clinical practice. Objective: To synthesize the literature on nurses' experiences in implementing and delivering RPM-enabled care and identify facilitators and barriers. Methods: This scoping review will follow Arksey and O'Malley framework, refined by Levac et al., and aligned with the JBI guidance. Reporting will adhere to PRISMA-ScR guidelines. Eligibility criteria will follow the Population-Concept-Context framework: Population (nurses involved in implementing and delivering RPM-enabled care), Concept (experiences and implementation determinants), and Context (any outpatient or community healthcare setting using remote monitoring technologies for chronic disease management). A comprehensive search strategy will include systematic database searches (CINAHL, MEDLINE, Embase, Cochrane Library) and gray literature (provincial health authority reports, nursing association publications, conference proceedings). Two independent reviewers will conduct study selection and data charting using predefined criteria. Data will be synthesized using: 1) directed content analysis guided by the Consolidated Framework for Implementation Research (CFIR) to categorize facilitators and barriers across individual, organizational, and system levels; and 2) inductive thematic analysis to capture experiential accounts. RPM Technologies will be classified by data frequency (continuous vs. intermittent) and device type (wearable vs. home-based vs. mobile application). Findings will be reported overall and stratified by technology where patterns differ. Expected Outcomes: The review will synthesize nurses' experiences implementing and delivering RPM-enabled care and identify multilevel determinants shaping implementation. Findings will identify priorities for competency development, regulatory standards, prelicensure or specialty education curriculum integration, workforce planning, and policy to support sustainable, nurse-centred RPM integration.

41. Provincial standardization of falls prevention through policy-to-EPR alignment

Presenters: Mahnoosh Matlabi Lotfabadi, BScN; Shingai Siyadanga
Corresponding author: Mahnoosh Matlabi Lotfabadi, BScN

Abstract

Falls remain a leading cause of preventable harm in acute care and other health settings (Canada 2023). Practice variation in falls risk assessment, documentation, and incident reporting limits timely prevention and reduces the health system's ability to learn and improve (Sugianto et al. 2022), particularly in the context of national Required Organizational Practices (ROPs) for falls prevention and injury reduction (Health Standards Organization (2024). This initiative aims to (1) develop a province-wide, falls prevention policy that standardizes risk assessment, documentation, and post-fall response across health authorities in Manitoba, and (2) align the electronic patient records (EPR) and incident reporting processes to support consistent practice and system-wide quality improvement. Through this presentation, participants will be able to: 1.Describe a practical model for translating a provincial safety policy into standardized digital workflows. 2.Identify implementation measures and data elements that enable reliable monitoring of falls prevention practice. 3.Apply lessons on engaging clinical point persons to improve feasibility, adoption,

and sustainability. Provincial Policy Consultants within Health Information Services at Shared Health led policy development using a structured workflow approach. The policy standardizes the use of a validated multi-factorial falls risk assessment, Schmid tool, specifies assessment triggers (e.g., admission, transfer, post-fall, significant change in patient condition), and defines universal and high-risk prevention strategies and escalation pathways. To enable measurement and learning, the work integrates requirements for consistent documentation in the EPR and consistent reporting of falls/near misses through the provincial incident reporting platform (RL6). Current project outputs include draft policy, a mapped set of documentation and reporting requirements for EPR alignment, and an engagement plan to obtain feedback from clinical point persons across Manitoba Regional Health Authorities prior to finalization. Evaluation will use implementation and data-quality indicators (e.g., completeness of risk assessment documentation and incident reporting fields, alignment of risk level with prevention plan, and documentation of post-fall review). This approach advances nurse-led innovation by using policy levers to drive standardized digital practice, improving consistency across acute care sites, and supporting more responsive, person-centered prevention planning. For health care providers, it reduces ambiguity and variation, strengthens the transfer of accountability, and enables actionable feedback loops. For health systems and communities, it builds a scalable foundation for monitoring falls-related harm, targeting improvement efforts, and supporting safer care through reliable data, while leveraging digital investments and data governance to support high-quality care across regions, also advances a proactive culture of patient safety across the provincial health system.

42. Transforming Care Delivery: Implementing a digital note template within Electronic Health Record (EHR) system for hand-off following IPASS format - CNA Poster Award Winner

Presenters: Ziwei Liu, RN, BScN, MHI(c); Anthony Agam
Corresponding author: Ziwei Liu, RN, BScN, MHI(c)

Abstract

Objective(s) and expected learning outcomes: The purpose of this Quality Improvement (QI) initiative was to improve nursing handover during shift change in a cardiovascular and vascular surgery unit by transitioning from a paper-based tool to a standardized digital note template within the organization's Electronic Health Record (EHR). The presentation audience will be able to describe a collaborative approach to transforming nursing workflow in an acute care unit. They will be able to identify practical engagement and implementation strategies to promote sustained change of a digital solution. Audiences will also develop an understanding of the impact of digital transformation on communication and workflow efficiency. Methods/Approach and key insights/results: In this inpatient Cardiovascular and Vascular Surgery Unit, nursing handover relied on a paper tool that increased nurses' workload and limited communication to the multidisciplinary team. A pre-implementation survey was conducted to identify nurses' workflow needs. A standardized digital handover tool was then developed in collaboration with nurses and integrated within the EHR and tested for two months. The template incorporated organizational communication frameworks consists of Illness Severity, Patient Summary, Action List, Situation Awareness and Contingency Planning, and Synthesis by Receiver (I-PASS), along with auto-populated fields such as

vital signs and lab values to reduce documentation burden (Starmer et al., 2012). The digitalized note template was also formatted to include a specific head-to-toe section. Prior evidence has shown that structured processes are crucial for reducing miscommunication, improving patient safety, and quality of care (Rhudy et al., 2022). Implementation strategies included recruiting unit champions and developing interactive staff training. Unstructured interviews were used to help make iterative adjustments. The digital template achieved high adoption and eliminated the paper-based tool. A post-implementation survey (n=21) reported reduced documentation time, improved handover clarity, and increased confidence during handover. Qualitative feedback identified the head-to-toe section and action list as the most useful features. Multidisciplinary team members also highlighted that the digital template improved care plan communication with nurses. Practice relevance and implications for nursing, health systems, or communities: Improving the shift handover workflow requires an iterative and collaborative approach that actively engages staff throughout the process. This Quality Improvement (QI) initiative highlights the importance of collecting staff feedback to improve usability, aligning the new tool with existing workflow to sustain change, and recruiting champions to support adoption.

43. Nurse-Led Innovation in Respiratory-Rate Monitoring: Mapping Technology, Practice, and the Path to Health-System Impact

Presenters: Karlene Haubrich, RN, BScN, BTech
Corresponding author: Karlene Haubrich, RN, BScN, BTech

Abstract

This in-person poster presentation maps the current landscape of respiratory-rate monitoring technologies in acute care and examines how emerging technologies can strengthen patient safety. Evidence is grounded in international nursing research demonstrating that respiratory rate is a strong predictor of clinical deterioration, yet is often undervalued, inconsistently measured, and frequently missed in routine care. Learners will understand the central role of respiratory rate within digital early warning systems and escalation pathways; compare emerging respiratory monitoring technologies and critically examine their methods, strengths, and limitations; and gain insight into how nurses lead the progression of technologies from initial clinical insight to widespread adoption through co-design, product development, and implementation. An environmental scan identifies current and emerging respiratory-rate monitoring solutions used in acute care, including bedside monitors, wearable sensor patches, camera- and radar-based contactless systems, mattress sensors, and AI-enabled digital platforms. The poster invites critical reflection on how these technologies differ in accuracy, usability, workflow integration, and equity implications across care settings. As a case study, the poster will feature a Canadian nurse-designed prototype medical device to illustrate the pathway of technological innovation in healthcare, including an inside look at the medical device commercialization pathway, with regulatory, manufacturing, and distribution considerations. Key insights underscore the central role of nursing leadership in translating clinical problems into practical, workflow-aligned solutions, with nurses actively shaping every phase of technology development. This work positions nurses as leaders in technological transformation by demonstrating how frontline insight shapes innovation. Attendees will leave with a practical understanding of the respiratory-rate monitoring technologies they are likely to encounter, a deeper appreciation of respiratory rate as a critical clinical signal, and a clearer view of how nurse-led innovation drives new

knowledge, improves care quality and patient experience, and translates clinical insight into solutions that strengthen care delivery and system readiness for emerging technologies.

44. Nurse-Led Network Analysis to Transform Post-Stroke Depression Care: Identifying Symptom Targets for Precision Nursing Interventions

Presenters: Peijia Zhang, BScN, MScN
Corresponding author: Peijia Zhang, BScN, MScN

Abstract

Post-stroke depression substantially impairs recovery, increases health-care utilization, and reduces quality of life. Although nurses play a central role in screening and symptom management, conventional total-score approaches offer limited guidance regarding which symptoms should be prioritized for intervention. The objectives of this presentation are to demonstrate how nurse-led analytic technologies can identify dynamic symptom drivers of post-stroke depression and to outline how these findings can inform precision, technology-enabled nursing care. Participants will learn how symptom-level network modelling can be applied in clinical research, how sleep disturbance and core affective symptoms influence post-stroke depression trajectories, and how these insights can be translated into practice across acute, rehabilitation, and community settings. Network analysis treats depressive symptoms as an interacting system rather than a single total score, enabling nurses to see which symptoms drive others and where interventions may have the greatest impact. Longitudinal cross-lagged panel network models further identify early symptoms that predict later deterioration, supporting proactive, symptom-focused nursing strategies across care transitions. This nurse-led longitudinal study analyzed depressive symptoms in 613 adults with new-onset stroke assessed during acute hospitalization and again six months post-discharge. Cross-sectional symptom networks and cross-lagged panel network models were constructed to examine contemporaneous and temporal relationships while adjusting for sociodemographic and clinical covariates. Across both time points, sadness consistently emerged as the most central symptom. Longitudinal modelling identified sleep disturbance as the strongest predictor of subsequent depressive symptoms, including loneliness, reduced motivation, and perceived effort in daily activities. Fatigue-related symptoms were highly influenced by other nodes, suggesting they represent downstream targets within the symptom system. These findings illustrate how nurse-led use of analytic technologies can uncover clinically meaningful symptom pathways that are not visible through conventional screening approaches. Targeting sleep disturbance and core affective symptoms offers actionable opportunities for innovation through enhanced bedside screening, discharge planning, behavioral sleep interventions, and digitally supported follow-up in rehabilitation and community care. Embedding symptom-focused analysis into nursing workflows and decision-support tools may improve early identification of post-stroke depression, support individualized care planning, and promote more efficient allocation of health-system resources. This work demonstrates the power of nursing-driven data science to transform post-stroke mental health care and advance scalable, precision approaches to symptom management.

45. When “Answered” Doesn’t Mean “Attended”: Nurse-Led Digital Insight to Better Understand Care Capacity, Support Frontline Practice, and Strengthen Long-Term Care Systems

Presenters: Colleen Walker, BScN
Corresponding author: Colleen Walker, BScN

Abstract

Abstract Across long-term care (LTC) and seniors' living environments in Canada, call-bell response time is commonly used as a performance indicator. While intended to promote timely assistance, this measure does not fully capture the complexity of nursing care delivery, including care prioritization, concurrent clinical responsibilities, and the conditions required to provide safe, uninterrupted care. When interpreted in isolation, response-time metrics may attribute delayed attendance to individual performance rather than to staffing capacity and active care demands. Evidence suggests that faster call-bell response times do not consistently translate into improved safety outcomes, underscoring the limitations of response-time metrics as proxies for meaningful care delivery (Tzeng and Yin, 2015). This presentation will enable participants to critically examine current call-bell performance measures, understand how real-time location system (RTLS)-derived care delivery analytics reveal care capacity in context, and explore how nurse-led data governance can support safer staffing and frontline retention. This work draws on a nurse-led implementation review, comparative analysis, and observational pattern review of RTLS-derived workflow data across multiple long-term care sites. Patterns of response time, attendance, and care sequencing were examined to better understand workload realities and system capacity. Key insights demonstrate that rapid call acknowledgement frequently coexists with delayed physical attendance due to concurrent care demands, including two-person assistance outlined in care plans. These findings align with nursing literature on missed or unfinished care, which identifies interruptions, competing priorities, and staffing constraints as primary contributors to delayed care rather than lack of effort or accountability (Jones et al., 2015; Recio-Saucedo et al., 2018). RTLS-derived care delivery analytics enable nurse leaders to move beyond compliance-based metrics and examine care delivery in context-revealing interruption burden, workload inequities, peak-risk periods, and gaps between perceived and actual responsiveness. This approach supports evidence-informed staffing discussions, targeted workflow redesign, and more realistic performance expectations. Importantly, the model emphasizes clinician-led governance and system transparency rather than surveillance of individual staff. Aligned with key elements of the CNA Nursing Retention Toolkit, this nurse-led use of digital insight reduces cognitive and moral burden, improves workload transparency, and fosters psychologically safer work environments. By shifting focus from measuring speed to understanding capacity, this model supports resident safety, workforce sustainability, and system accountability in long-term care.

Stream 3: The Power of Specialty Knowledge & Practice

This stream highlights nursing expertise and specialty nursing practice (SNP) roles across the continuum of care as critical drivers for health system improvement. It explores how specialized nursing knowledge and practice is central to high-quality and comprehensive care, improves the client experience, and achieves better outcomes while bending the cost curve.

This stream examines the systems, structures, and mechanisms that support the development and recognition of specialized nursing knowledge and practice, including approaches that optimize specialty certification and strengthen both intra-professional and interprofessional collaboration to advance equitable care.

SNP excellence across care settings is reflected through:

- Leadership
- Education
- Policy and advocacy
- Networking
- Research
- Evidence-informed practice

The Canadian Network of Nursing Specialties (CNNS) is a network of national associations in a variety of specialized areas of nursing. CNNS contributes to CNA's national nursing voice and its work to shape and influence health policy and drive systemic change.

INTERACTIVE WORKSHOPS

46. Nurse Psychotherapists as Specialists in the Field: Advancing the profession through knowledge and practice

Presenters: Dr. Siobhan Bell, RN, MN, DNP; Kamini Kalia, RN, MScN, CPMHN(C)
Corresponding author: Stacey Roles, RN, BScN, MScN, PhD

Abstract

Nurses have played a pivotal role in delivering psychotherapy throughout history, yet their expertise remains inconsistently recognized and undervalued in modern mental health systems. Despite developing strong psychotherapeutic competencies through practice, education, and mentorship, nurses face fragmented and poorly aligned pathways to psychotherapy practice. This presentation aims to clarify psychotherapy scope for nurses, align training with regulatory frameworks, and elevate the nursing

profession's contributions to mental health by establishing a comprehensive, nursing-led pathway for psychotherapeutic practice. The objectives are to: Increase understanding of psychotherapy scope, regulatory responsibilities, and documentation for nurses. Increase confidence in using structured and unstructured psychotherapeutic modalities. Integrate foundational nursing concepts into applied training for psychotherapy. Highlight the historical and ongoing contributions of nurses in the field. Translate educational principles into a national and international nurse-led pathway. Emphasize the importance of nursing voices in transdisciplinary psychotherapy. Methods/Approach The Nurse Psychotherapy Training Collective (NPTC) was developed as an extension of the new book: The Nurses' Guide to Psychotherapy. Advanced Practice Nurses, nurse psychotherapists, and regulatory experts transformed the book's chapters into modular learning units. Content was mapped to regulatory expectations, competencies, and practical examples. The initiative created applied learning experiences including case scenarios, reflective exercises, and documentation practice and developed a mentorship/supervision model that leverages the relational strengths of nursing. National environmental scans, focus groups, and surveys informed the program, revealing inconsistencies in understanding psychotherapy scope, legislation, and assessment, while affirming nurses' strong clinical capabilities. Practice relevance and Implications This is Canada's first nursing-specific psychotherapy Collective, spanning from a comprehensive reference to a not-for-profit training organization. The initiative aligns with regulatory requirements, trauma and violence-informed care, and equity-oriented practice, thereby supporting nurses as competent psychotherapists. By empowering nurses with knowledge, ethical grounding, and clinical skill, the NPTC addresses major gaps in knowledge, regulation, and practice consistency. The model's future includes national and international scaling, with evaluation focused on client outcomes, workforce retention, and systemic impacts.

47. The Evidence Doesn't Bleed. The Patient Does. Forensic Nursing Beyond the Kit: Where Specialized Trauma Care Strengthens Every Clinical Setting

Presenters: Adrienne Olszewski, RN(C), MN, BScN, BA (Hons Psych), AC (Emergency, Forensic), SANE-A, SANE-P, LNC; Emily Smith RN
Corresponding author: Ashley Stewart, MSN, BScPN, RPN, SANE-A, SANE-P

Abstract

1. Recognize how forensic nursing expertise strengthens frontline patient care by identifying violence, victimization, and trauma that often remain hidden in plain sight. 2. Understand how trauma-informed and evidence-informed forensic nursing approaches enhance safety, documentation, and clinical response while reducing retraumatization for patients impacted by sexual violence and interpersonal harm. 3. Explore how forensic nursing serves as a strategic healthcare and system resource, supporting team-based care, improving health outcomes, and advancing Canada's coordinated response to violence as a public health issue. Forensic nursing is often narrowly associated with evidence collection and courtroom testimony; however, its impact extends far beyond the forensic evidence kit. The evidence does not bleed, the patient does. Across Canadian healthcare, a critical gap remains: limited understanding of forensic nursing expertise and how it can be leveraged within everyday clinical practice and interdisciplinary teams. This narrow perception restricts opportunities to strengthen patient outcomes, safety, and trauma-responsive care. This presentation reframes forensic nursing as a foundational approach to patient-centred

care grounded in three interconnected pillars: healthcare excellence, trauma-informed practice, and evidence-informed clinical reasoning. Patients affected by interpersonal violence, abuse, neglect, exploitation, and coercive control are present in every care environment, often without disclosure and with complex, unmet needs. Violence is not only a justice issue, it is a public health issue, shaping long-term physical, psychological, and societal outcomes. For frontline nurses, forensic nursing principles offer practical, immediately applicable tools to recognize subtle indicators of victimization, strengthen assessment and documentation, reduce retraumatization, and initiate timely interventions, referrals, and continuity of care. These skills are not confined to specialized programs; they enhance everyday nursing practice wherever vulnerable patients are seen. Building from the bedside outward, this session will explore how forensic nursing expertise supports managers and acute care leaders in creating safer clinical pathways, improving collaboration, and embedding trauma-responsive care into organizational culture. At the system level, integrating forensic nursing strengthens quality improvement, advances equity, and reinforces patient safety by addressing violence as a determinant of health rather than an isolated event. Finally, the session will connect these clinical realities to broader provincial and national imperatives, positioning forensic nursing as a strategic healthcare resource essential to Canada's response to sexual violence and trauma. Moving beyond the evidence kit reframes forensic nursing not as a task-specific role, but as a critical contributor to resilient healthcare systems, improved population health outcomes, and a coordinated societal response.

48. Advancing Menopause as a Nursing Specialty in Canada: A Competency and Curriculum Framework

Presenters: Pepper Pritty, RN, PhD(c), MNRM, BN
Corresponding author: Pepper Pritty, RN, PhD(c), MNRM, BN

Abstract

Background Public awareness of menopause and demand for current, evidence-informed support has surged across Canada; however, workforce preparedness and evidence-to-practice translation have not kept pace. Menopause education remains inconsistently integrated across Canadian undergraduate nursing programs and has historically been positioned as a specialty area. Consequently, many nurses enter careers without foundational preparation in menopause practice, limiting their capacity to safely interpret and integrate rapidly evolving research and clinical recommendations into routine care. Despite being framed as a specialty domain, accessible Canadian nursing-specific competency-building pathways remain limited beyond graduate education. Many nurses therefore rely on self-directed learning or certification programs developed outside Canada-most commonly U.S.-based, physician-dominant resources not designed around Canadian nursing scope of practice or Canada's publicly funded health system. This reliance contributes to inconsistent practice readiness and highlights the need for a coordinated, nurse-led, made-in-Canada approach to menopause competency development. Objectives 1. Analyzed menopause education and certification resources accessed by Canadian nurses for structure, scope alignment, and competency-building capacity. 2. Mapped identified content and competency gaps against Canadian nursing regulatory expectations and scope of practice frameworks. 3. Developed a nurse-led Canadian menopause competency framework and curriculum blueprint to support accessible continuing education. Methods A multi-phase, document-based analysis of menopause certification

pathways and clinical guideline resources was conducted using established curriculum design frameworks. Resources were assessed for learning objectives, opportunities for applied learning (e.g., case studies, simulation, reflection), feedback and self-assessment mechanisms, and alignment with nursing scope of practice. Findings were mapped to Canadian nursing competency frameworks, including entry-to-practice and continuing competence expectations across jurisdictions. Results / Impact Findings informed development of a Canadian nursing menopause competency framework and curriculum blueprint integrating structured learning objectives, case-based and simulation-informed learning, reflective activities, self-assessment tools, and flexible delivery options for practicing nurses. The analysis clarified core competency domains for menopause practice within Canadian nursing roles and translated these into structured course materials that are currently being evaluated within a nurse-led continuing education pilot to validate feasibility, relevance, and accessibility across practice settings. This work supports recognition of menopause as an emerging area of specialty nursing practice and provides a scalable, nurse-led model to strengthen evidence-informed care and workforce readiness in response to growing public demand.

ORAL PRESENTATIONS

49. The Power of Nurses to Transform Health: Advancing Evidence-Informed Leadership through the eINSPIRE Nursing Fellowship Program

Presenters: Desa Dlugosz, RN, MN; Charissa Cordon, RN, BScN, MN, EdD, CHE
Corresponding author: Charissa Cordon, RN, BScN, MN, EdD, CHE

Abstract

Empowering nurses to lead innovation in practice, education, and research is fundamental to transforming health systems and advancing patient outcomes. The eINSPIRE Nursing Fellowship Program-which stands for evidence-INformed and Sustainable Practice, Innovation, Research and Education-was established at a large multi site community health system to cultivate nursing leadership, scholarly inquiry, and promote a culture of evidence-informed excellence. This initiative demonstrates how frontline nurses, when supported with mentorship, protected time, and financial resources, can generate meaningful, measurable impacts on clinical practice and patient care. Participants in this session will: 1. Understand the design and implementation of the eINSPIRE Program as a model for sustainable nursing leadership development. 2. Identify how nurses' expertise can shape practice, research, and innovation to transform health outcomes. Methods/Approach and Key Insights/Results Launched in fiscal year 2025-2026, the eINSPIRE Program was developed through the strategic reinvestment of resources to support and enable nurses to pursue up to 20 scholarly projects with protected time (1-2 days per week for six months) and mentorship support. Eligible projects include evidence-informed practice implementation, quality improvement initiatives, innovative models of care, research studies, and educational program development. The program's structured application, review, and mentorship framework ensures alignment with the organization's strategic priorities in nursing excellence, professional development, and patient-centered innovation. Early results indicate a strong uptake from point-of-care nurses eager to advance practice-based research and leadership. The program has sparked interdisciplinary collaboration, increased nurses'

engagement in scholarly work, and supported initiatives improving patient outcomes and system processes. Practice Relevance and Implications The eINSPIRE Program exemplifies the power of nurses to transform health by creating a pathway for practice-based innovation and evidence-informed leadership at the bedside. By funding nurses' protected time for scholarly inquiry and project implementation, eINSPIRE strengthens clinical capacity, retention, and career satisfaction while enhancing the quality and sustainability of patient care. This initiative demonstrates how reinvestment of nursing workforce funds can build enduring academic-practice partnerships, elevate nursing scholarship, and empower nurses to shape the future of healthcare through their expertise and impact.

50. Empowering the Next Generation: Evaluating the Impact of the Clinical Scholar Program on Nursing Confidence, Competence, and Workforce Retention

Presenters: Beth Morris, BScN, RN, MN; Alexandra Harris, RN, MN, PhD, CHE; Charissa Cordon, RN, BScN, MN, EdD, CHE
Corresponding author: Charissa Cordon, RN, BScN, MN, EdD, CHE

Abstract

The global nursing shortage, intensified by the COVID-19 pandemic, has placed unprecedented demands on healthcare systems while accelerating the transition of newly graduated and internationally educated nurses into independent practice. In response, the Clinical Scholar Program was established across several Ontario hospitals to strengthen the transition-to-practice experience through dedicated mentorship and leadership from experienced nurses in supernumerary roles. This study aimed to evaluate the effectiveness of the Clinical Scholar Program in enhancing novice nurses' confidence, clinical competence, job satisfaction, and retention. By the end of the presentation, participants will: 1. Understand how structured mentorship supports successful transition to independent practice. 2. Explore the role of Clinical Scholars in fostering psychological safety, clinical excellence, and workforce resilience. 3. Identify strategies for sustaining mentorship programs that strengthen retention and organizational culture. Methods/Approach and Key Insights/Results A mixed-methods study design was used across three urban and one rural healthcare organization. Data were collected from Clinical Scholars, novice nurses, and clinical leaders through electronic surveys and semi-structured interviews. Surveys assessed self-reported confidence, competence, job satisfaction, and retention intentions using a 5-point Likert scale. Qualitative data were analyzed thematically. Key Findings: • Improved confidence and competence: 100% of novice nurses agreed that Clinical Scholar mentorship enhanced their preparedness for independent practice. • Enhanced job satisfaction and retention: All novice nurses reported increased satisfaction and intention to remain within their organizations. • Positive unit outcomes: Leaders reported improved workflow efficiency, communication, and onboarding processes. • Professional growth for mentors: Clinical Scholars reported strengthened leadership, teaching, and communication skills, contributing to career fulfillment. Themes from interviews highlighted mentorship as a bridge between education and practice, providing real-time guidance, emotional support, and fostering a culture of learning and teamwork. Practice Relevance and Implications This evaluation demonstrates the power of nurses to transform health systems through mentorship, leadership, and knowledge transfer. The Clinical Scholar Program exemplifies how experienced nurses can shape the next generation by fostering clinical excellence, confidence, and

retention in a demanding healthcare environment. By investing in structured mentorship, organizations not only empower novice nurses but also strengthen their own workforce capacity, resilience, and patient safety outcomes. The Clinical Scholar Program serves as a scalable model of nursing leadership in action-transforming education into sustained practice excellence across Canada's healthcare landscape.

51. Nurse Practitioner Led Outpatient Wound Care Clinic for Individuals living with Spinal Cord Injury in Ontario

Presenters: Marynell Laguna, RN, BScN, MN/NP
Corresponding author: Marynell Laguna, RN, BScN, MN/NP

Abstract

Background: This NP-led clinic in Ontario has represented a transformative shift in specialized rehabilitation and community-based care for the spinal cord injury (SCI) population. It was designed to build upon a previous outpatient wound care clinic to better address the disproportionate burden of pressure injuries and complex wounds among people living with SCI in the community. In keeping with the primary value of the hospital system of which this clinic is a part--"the needs of our patients come first"--the NP-led clinic has offered a comprehensive, accessible model that bridges the gap between acute care, rehabilitation, and community living. the clinic provides timely assessment, evidence- informed interventions, and coordinated follow up tailored to the unique physiological and functional needs of this population. Patient flow and wait-times have improved because of changes made to this outpatient service-wait times for patients were reduced from 2 to 3 months to 2 to 3 weeks, over 2024-25 and 2025-26. Approach: A series of purposeful, targeted modifications to organizational systems, clinical processes, and interprofessional workflows was required to ensure that the clinic addressed the unique complexity of SCI related wounds-typically chronic, multifactorial, and influenced by mobility limitations, autonomic dysregulation, and neurogenic complications. As well, tasks traditionally performed by a physician were shifted to the NP, and addional nursing roles, such as the existing Clinical Nurse Specialist for Wound Care role, were refined to work collaboratively with the clinic NP to focus on surveillance, dressing application and treatment, and patient education, thus increasing efficiency. Referral pathways were also updated to ensure continuity of care for patients transitioning between inpatient rehab, outpatient care, and community/primary care settings. The clinic's focus on rigorous documentation and outcome tracking (healing trajectories, referral patterns, dressing utilization, response times) has further strengthened organizational capacity for wound related quality metrics, informed strategic goals for pressure injury reduction, and supported future QI projects and research readiness. Implications for Nursing, Health Systems or Communities: The NP-led Outpatient Wound Care Clinic for Individuals with Spinal Cord Injury has evolved into a powerful driver of knowledge transfer and continuous improvement by: a) generating specialized SCI focused wound care expertise; b) standardizing clinical processes and elevating practice quality; c) making better use of data to inform quality improvement and care planning; d) enhancing interprofessional collaboration; e) strengthening continuity of care across the healthcare system, and f) demonstrating the value and scalability of NP-led clinical models for specialized patient populations.

52. Unifying the Nurse Psychotherapist role across Canada

Presenters: Siobhan Bell, RN, MN, DNP; Stacey Roles, RN, BScN, MScN, PhD
Corresponding author: Stacey Roles, RN, BScN, MScN, PhD

Abstract

Nurses are essential contributors to addressing Canada's mental health crisis, providing high-quality, accessible, and evidence-based psychotherapy services across diverse care settings. Despite this capacity, the full potential of nurse psychotherapists within the mental health workforce remains underutilized due to inconsistent regulatory recognition and exclusion from provincial and territorial legislative frameworks governing psychotherapy and counselling services. To ensure sustainable access to mental health care, it is imperative that nurses are explicitly included in all existing and emerging provincial and territorial legislation related to psychotherapy regulation, including pending proclamations in jurisdictions undergoing regulatory change. The continued omission of nurses from these frameworks has contributed to workforce attrition, with experienced nurse psychotherapists leaving the profession or seeking registration under other regulatory bodies in order to continue providing care, an outcome that undermines health system stability and exacerbates access gaps. As Canada advances toward a pan-Canadian licensure framework, a coordinated national and provincial strategy is urgently required to support nurse psychotherapists through aligned regulation, legislative inclusion, and workforce planning. This presentation examines the regulatory, legislative, and system-level conditions necessary to enable nurses to practice to their full scope in psychotherapy, expand access to mental health services, and retain this critical segment of the mental health workforce across Canada. Learning Outcomes: By the end of this presentation, you will be able to: Describe the web of relationships required for united advocacy Understand pan-Canadian variations in terminology, including legislative language This presentation will address CNA's Key Priorities for Federal Action, specifically regarding access and quality. We will also discuss how to support the unleashing of the true value of the nursing work force by describing the creation of a pan-Canadian position paper entitled" Qualified Regulated Nurses Performing Psychotherapy". This presentation highlights the national leadership required to understand regional variations in legislation and language, and to address misinformation and make visible the longstanding yet buried nursing expertise in psychotherapy. The process, instrumental changes and next steps will be described. Practice relevance and implications for nurses, health systems, clients, and/or communities: Understanding the advocacy required for teamwork and clear communication Establishing relationships with partners: pan-Canadian nurse network, government, industry, and regulators Recognizing regional differences and finding ways to leverage common ground Embedding National organizations within grassroots settings, attentive to member voices, issues and political landscapes Establishing a means for National organizations to develop a web of networks to monitor upcoming legislation

53. Advancing Indigenous Health Through Indigenous Clinical Nurse Specialist Leadership: Co-Creating Relational, Systems Level Change

Presenters: Nikki Rose Hunter-Porter, RN, MN; Jessica Key, RN, BSN, MSN
Corresponding author: Nikki Rose Hunter-Porter, RN, MN

Abstract

Objectives: This presentation examines Indigenous Health and Cultural Safety Clinical Nurse Specialist roles in British Columbia as an emerging and inaugural area of specialty nursing practice. At the time this work was undertaken, only four formally recognized Indigenous Health CNS roles existed in BC, three held by Indigenous nurses, representing the only formally established roles of this kind in Canada. The presentation aims to strengthen understanding of how Indigenous nurse-led CNS roles exercise specialty Indigenous nursing knowledge, authority, and leadership to influence care, policy, and health systems. Participants will gain insight into the conditions required to support these roles as specialty practice and their relevance to advancing anti-racist, culturally safe care and health system accountability. Approach and Key Insights: This Indigenous nurse-led initiative positioned truth-telling as both method and evidence. It also builds on the research of the BC Indigenous Health Nursing Research Chair and the legacy of Indigenous nurses, with support from the Michael Smith Health Research BC C2 Program. A provincial gathering brought together Indigenous nurse leaders, including Indigenous Health and Cultural Safety CNSs, alongside Indigenous nursing Knowledge Holders and leaders to ground the work in Indigenous Knowledges and accountability. Rather than defining Indigenous-specific CNS roles, the gathering held collective dialogue on evolving responsibilities to community and Indigenous governance. Indigenous nurses led relational dialogue examining how specialty knowledge, power, and authority are structured and enacted within health systems, with the Clinical Nurse Specialists Association of British Columbia and other invited guests participating in the discussion. Key insights identified what is required to establish and sustain Indigenous-specific CNS roles as specialty practice, including clear scope, formal recognition, decision-making authority, and organizational accountability. These roles were articulated as a distinct form of specialty nursing practice grounded in Indigenous Knowledges, influencing care for Indigenous patients, families, and communities across all CNS domains. The work responds to the Truth and Reconciliation Commission Calls to Action (2015), the In Plain Sight recommendations (2020), and longstanding calls for Indigenous nursing specialty recognition (Bourque Bearskin et al, 2016). Practice Relevance and Implications: Recognizing Indigenous CNS roles as specialty practice activates the power of advanced nursing knowledge to drive systems-level change. This work strengthens Indigenous nurse authority, supports workforce sustainability, and advances accountability for distinctions-based, culturally safe care. Indigenous CNS specialty practice demonstrates how inaugural specialty roles can function as levers for equity, governance, and transformation within health systems in British Columbia and beyond.

54. Meeting Complex Needs Close to Home: The Power of Specialty Nursing in the Community

Presenters: Pauline Therrien, RN, BScN, MN; Michelle Pothier, RN, BN, MN; Erica Samms-Hurley RN, PhD, MN, BN, CCNE

Corresponding author: Michelle Pothier, RN, BN, MN

Abstract

Objective(s) of the initiative or project and expected learning outcomes of the presentation: Community health nurses are increasingly caring for clients with complex and acute needs in the home as health systems shift care from hospitals to the community. Managing higher acuity, advanced technologies, and complex symptom needs in home environments raises important questions about workforce capacity and

system sustainability. Aligned with the CNA conference theme The Power of Nurses to Transform Health - Our Expertise, Our Impact, this initiative aimed to implement a specialty "champion" model to strengthen and sustain advanced nursing expertise in wound care, infusion therapy, palliative care, and community health while maintaining nurses' integration within generalist community teams. Learning outcomes: After this presentation, participants will be able to: 1. Describe a specialty champion model for community nursing. 2. Identify organizational strategies that support specialty skill development. 3. Discuss how targeted nursing expertise can enhance care quality and system capacity in community settings. Methods/Approach and key insights/results of the initiative or project: A structured, practice-based approach was implemented within a community service provider organization. Priority specialty areas were selected in response to rising client acuity, growing care complexity, and the transfer of services from acute care to community settings. Nurses were supported to pursue formal education and certification (e.g., CNA certifications in Wound Care, Community Health Nursing, and Palliative Care, CVAA, and other specialty certifications). Organizational supports included mentorship, peer-led study groups, protected learning time, financial assistance, and formal recognition of certification achievements. Certified nurses were designated as clinical "champions" and intentionally aligned with clients requiring specialized care at home. In addition to direct care, champions served as accessible clinical resources to colleagues, ensuring specialty knowledge remained embedded within community practice. Early outcomes include increased nurse confidence, strengthened clinical leadership, improved consistency in specialty care delivery, and enhanced collaboration within and across teams. Practice relevance and implications for nurses, health systems, clients, and/or communities: This initiative demonstrates how community health nursing can balance generalist practice with targeted specialty expertise to meet increasing client complexity. The model supports professional development and sustainable career pathways for nurses while improving client access to high-quality specialized care at home. Embedding expertise within teams builds system capacity, supports safe hospital-to-home transitions, and may reduce avoidable acute care utilization. As care continues to shift to the community, investing in nursing expertise is critical to a sustainable and resilient health system.

55. Planning, Implementation, and Sustainability of the Eat, Sleep, Console Model of Care for Opioid-Exposed Infants in a Tertiary Healthcare Facility in Manitoba

Presenters: Veronica Braganza, RN, MN; Kira Friesen, RN, MN; Monica McGraw RN
Corresponding author: Veronica Braganza, RN, MN

Abstract

Neonatal opioid withdrawal syndrome (NOWS) continues to impact neonates, often resulting in prolonged hospitalization and increased pharmacologic treatment. The Eat, Sleep, Console (ESC) model offers a functional, family-centered approach to assessment and management. This presentation describes the planning, implementation, and sustainability of an ESC protocol within a tertiary healthcare facility in Manitoba. Participants will be able to: (1) describe key components of the ESC model; (2) outline a structured implementation framework for practice change; (3) identify measurable outcomes associated

with ESC adoption; and (4) apply sustainability strategies to maintain practice transformation. Methods/Approach and Key Insights/Results: A multidisciplinary task force was formed, including nursing leadership, neonatologists, pediatricians, social work, pharmacy, and bedside nurses. Baseline data on length of stay, pharmacologic treatment rates, and caregiver presence were reviewed to inform planning. Using a Plan-Do-Study-Act framework, the team reviewed and adopted standardized ESC assessment tools, developed staff education modules, parent engagement guidelines, and a comprehensive clinical practice guideline. Additionally, a detailed project plan was created outlining educational resources, standard operating procedures, and a structured coaching strategy to support competency development and practice integration. Key insights included the importance of nursing empowerment in functional assessment, early caregiver involvement, and alignment of ESC documentation within the electronic health record. Within the first 3 months of implementation, pharmacologic treatment rates decreased from 75% of newborns receiving maintenance morphine to 1 baby receiving PRN morphine, average length of stay declined from an average of 20 days in hospital to a maximum of 10 days, intensive care unit admissions decreased from 75% of newborns admitted to NICU to 4% admitted to NICU and caregiver presence increased. Staff-reported confidence in managing NOWS improved, and interprofessional collaboration strengthened. Practice Relevance and Implications: Implementation of ESC promotes trauma-informed, family-integrated care and reduces unnecessary pharmacologic exposure. For nurses, the model enhances clinical judgment and fosters therapeutic partnerships with families. For health systems, reduced length of stay translates into improved resource utilization and cost savings. For infants and families, ESC supports bonding, parental confidence, and potentially improved neurodevelopmental outcomes. Sustainability strategies include ongoing audit and feedback, designation of ESC champions, integration of ESC education into staff orientation, and visible leadership support. These strategies are critical to maintaining improvements and preventing regression to traditional symptom-based scoring models. This initiative demonstrates that structured planning, interdisciplinary collaboration, and continuous evaluation are essential to achieving successful and sustained integration of ESC within an acute care setting.

56. Bridging Two Lives: The Clinical Nurse Specialist as a Catalyst for Integrated Women's Health and NICU Excellence

Presenters: Veronica Braganza, RN, MN; Kira Friesen, RN, MN; Christine Finnbogason, RN, MN; Pauline Therrien, RN, BScN, MN
Corresponding author: Veronica Braganza, RN, MN

Abstract

This presentation examines the impact of the Clinical Nurse Specialist (CNS) role across Women's Health and the Neonatal Intensive Care Unit (NICU) as a driver of integrated, specialty-informed practice. Participants will be able to: 1. Describe how specialty knowledge across perinatal and neonatal populations enhances maternal–infant outcomes. 2. Identify system-level strategies used by CNSs to improve quality, safety, and continuity of care. 3. Analyze measurable outcomes linked to CNS-led initiatives in high-acuity maternal and neonatal settings. Methods/Approach and Key Insights/Results - Using a quality improvement and systems leadership framework, the CNS role was intentionally structured to bridge obstetrical, postpartum, and NICU services within a tertiary care center. Interventions included development of evidence-based clinical pathways for high-risk pregnancies, implementation of

standardized neonatal transition protocols, CNS-led interdisciplinary working groups, and targeted staff education focused on harm reduction, trauma-informed care, and family-integrated practice. The initiative was grounded in the Strong Model of Advanced Practice (Ackerman et al.), which defines CNS practice across five domains: direct comprehensive care; support of systems; education; research; and professional leadership/publication. Direct Comprehensive Care: CNSs provided expert consultation for high-risk maternal–neonatal dyads, developed collaborative care plans for complex deliveries, and standardized perinatal stabilization and neonatal transition processes. Support of Systems: Fragmentation between obstetrics and NICU was addressed through transfer algorithms, escalation protocols, interdisciplinary huddles, and joint monthly nursing leadership reviews. System strategies also supported early breastfeeding and skin-to-skin care for both well newborns and infants requiring intensive care. Education: Targeted professional development addressed trauma-informed care, neonatal stabilization, maternal assessment of at-risk newborns, and implementation and sustainability of the Eat, Sleep, Console care model. Post-education feedback demonstrated improved clinician confidence and strengthened interdisciplinary collaboration. Research: Key quality indicators were tracked with continuous data feedback loops guiding iterative improvement. Implementation science principles were applied to embed and sustain evidence-informed practice changes. Professional Leadership: CNSs chaired maternal–newborn quality and family-integrated care committees, influenced policy revisions, and disseminated findings locally and regionally to strengthen specialty-informed governance. Practice Relevance and Implications - The findings illustrate the power of specialty knowledge when operationalized through the CNS role across care continuums. By integrating advanced clinical expertise, systems thinking, and outcome evaluation, CNSs reduce fragmentation between women's health and neonatal services. This model strengthens clinical governance, enhances patient safety, and supports equitable, family-integrated care. For nurses and health systems, investing in CNS roles across maternal-child programs offers measurable improvements in quality metrics, workforce capacity, and patient experience. For clients and communities, integrated specialty practice promotes safer births, improved neonatal stability, and strengthened early family bonding during critical transitions.

57. Building Forensic Mental Health Nursing Competence

Presenters: Seonhee McDermott, RN, BScN, MScN
Corresponding author: Seonhee McDermott, RN, BScN, MScN

Abstract

Background: Forensic Mental Health Nurses (FMHNs) care for patients who have a long-term mental health condition that can be critically aversive when not managed properly. FMHN standards (Martin et al., 2013) set expectations for FMHNs to assess and manage risk, apply Trauma-Informed Care (TIC), and support the optimal health of forensic patients. Despite the standards' emphasis, the literature on this topic remains limited, and within this body of work, consistent gaps in FMHN preparedness and access to training are identified (He et al., 2024). Newman et al. (2020) found that FMHNs tend to rely on informal knowledge gained from work experience rather than research-based evidence, underscoring the need for structured educational and training to develop FMHN competencies. SJHH Forensic psychiatry service faced the same challenges identified in the literature, and the COVID-19 pandemic and subsequent staff turnover amplified them. As per the solution, Forensic Education Days were developed to strengthen

applied clinical skills, confidence, and decision-making in critical situations. Methods: 134 SJHH FMHNs attended a one-day education program over three months in 2025. The core learning objectives included a refresher on TIC, foundational assessment skills, psychiatric crisis management using both verbal de-escalation and physical intervention, and medical crisis management. An experiential learning approach served as the guiding model to increase engagement, knowledge retention, and clinical judgement among adult learners (Ward, 2022). We incorporated role-play and high-fidelity simulation of rare but high-impact psychiatric and medical emergencies (Tong et al., 2021) to prepare FMHNs for high-risk events that demand effective communication, rapid assessment, situational awareness, and sound decision-making. Results: 121 participants completed mixed methods pre- and post-surveys to assess their confidence and basic knowledge in the core forensic competencies. The result analysis demonstrated substantial improvement in participants' confidence, approximately 20-35%, across the foundational assessment, psychiatric crisis management, medical emergency response, and de-escalation intervention. The knowledge measurement was improved by 15-25% in correct answers. The qualitative feedback indicated that the experiential simulation, scenario-driven format was relevant, practical, and engaging for their learning. Conclusion and Implication: A dedicated, targeted, experiential education significantly improved both confidence and knowledge of the core FMHN competencies among FMHNs. Further, it addressed the FMHNs' continuing education needs and ongoing training gaps. This education offers a scalable approach for any Forensic psychiatry organization seeking to align frontline practice with standards and routine professional development, thereby strengthening FMHN workforce readiness, enhancing patient care, and supporting quality forensic mental health care.

58. From Asylum to Integration: Harnessing the Power of Mental Health Nursing to Lead Transformative Systems of Care

Presenters: Michelle Danda, RN, PhD, CPMHN(C)
Corresponding author: Michelle Danda, RN, PhD, CPMHN(C)

Abstract

This presentation aims to illuminate the central role of mental health nursing expertise in achieving integrated, equitable, and high-quality health care. Participants will learn how specialty knowledge in mental health nursing can drive systems improvement across care settings through leadership, education, and evidence-informed practice. Expected outcomes include enhanced understanding of the historical evolution of psychiatric nursing as a foundation for contemporary leadership, and practical strategies to leverage specialized nursing competencies to strengthen interprofessional collaboration, optimize safety, and improve client experience. Methods/Approach and Key Insights/Results This presentation draws on mixed-method historical research examining the evolution of mental health nursing in Canada and its influence on current models of practice, alongside insights from quality improvement and clinical informatics initiatives within acute inpatient psychiatric settings. Through critical analysis of archival materials, nursing documentation standards, and modern care redesign projects, key findings highlight how specialized mental health nursing knowledge continues to shape innovation in therapeutic relationships, trauma-informed care, and digital documentation systems. Results demonstrate that specialty practice enables the translation of complex psychosocial expertise into actionable system change. This enables improving safety, efficiency, and integration of mental and physical health services

while maintaining a humanistic focus on person-centred care. Practice Relevance and Implications for Nursing, Health Systems, or Communities Mental health nursing, as a distinct and evolving specialty, offers a model for advancing health system transformation through holistic, recovery-oriented, and relational care. The integration of mental and physical health services depends on recognizing the leadership capacity inherent within specialty nursing roles. By investing in mechanisms such as specialty certification, mentorship networks, and informatics-enabled practice supports, organizations can amplify the influence of mental health nurses as system redesign leaders. This work underscores that strengthening specialty knowledge is not only a professional imperative but also a pathway to more just, sustainable, and person-centred health systems responsive to the mental health needs of all communities. Attendees will leave with concrete examples of how specialty mental health nursing practice advances both clinical excellence and systemic equity.

59. Empowering Community Health Nurses: A National Delphi Study to Update the Canadian Community Health Nursing Standards

Presenters: Cheryl Cusack, RN, PhD, FCAN
Corresponding author: Cheryl Cusack, RN, PhD, FCAN

Abstract

As health systems evolve, community health nurses (CHNs) require modernized standards to address the shifting needs of diverse populations, including Indigenous an other racialized communities. This research, led by Community Health Nurses of Canada (CHNC), aimed to revise the 2019 Canadian Community Health Nursing (CCHN) Standards of Practice. By bridging the gap between current evidence and practice realities, the standards provide a roadmap for nurses to lead health system transformation and improve population health outcomes. Approach: This study utilized a structured, multi-round Delphi methodology to gather expert consensus. Step 1: An Advisory Group of expert CHNs-including Indigenous representation-revised the standards based on recent scoping reviews. Step 2: A broader national consensus was sought through a delphi survey sent to CHNC members and networks. Consensus Threshold: Statements required 80% or higher agreement to be finalized. The process ensures the updated 2026 standards are evidence-informed, culturally relevant, and reflective of the nursing expertise required in community settings. Findings and Impact: The resulting 2026 Standards define clear expectations for registered nurses to promote the health of individuals, families, communities, systems, and populations with a specific focus on health equity, anti-racism, and anti-oppressive practice. A critical impact of this revision is the explicit alignment with the Truth and Reconciliation Commission (TRC) Calls to Action, embedding cultural safety and Indigenous health priorities directly into the standards. Implications for Leadership: These revised standards empower nursing leaders, educators, and clinicians to advocate for social justice and equitable care. By establishing a national benchmark for excellence, the 2026 CCHN Standards serve as a powerful tool for professional development, policy advocacy, and the dismantling of health inequities across Canada.

60. Understanding Black Women's Experiences of Miscarriage in Canada - A Critical Hermeneutic Study informed by Black Feminist Thought

Presenters: Birgit Umaigba-Omoruyi, RN, BScN, MEd, CCRN, PhD(c)
Corresponding author: Birgit Umaigba-Omoruyi, RN, BScN, MEd, CCRN, PhD(c)

Abstract

Understanding the Miscarriage Experiences of Black women in Canada: A Critical Hermeneutic Study Informed by Black Feminist Thought Objective Miscarriage is a common pregnancy outcome for many women, yet the experiences of Black women in Canada have been ignored within nursing practice and health care systems. Despite increasing attention to racial inequities in maternal health, less attention has been paid to how systemic racism and intersecting social determinants influence Black women's experiences of sexual and reproductive health care and render Black women invisible in the broader narratives of maternal health. The goal of this presentation is to facilitate an improved understanding of Black women's experiences of miscarriage in the Canadian context and to examine how systemic racism, power, and racialized assumptions influence care experiences. Methods/Approach and Key Insights Using critical hermeneutics as methodology and informed by Black Feminist Thought (BFT) as a theoretical perspective, this study will explore how Black women interpret and make meaning of miscarriage within health care encounters and larger sociocultural contexts in Canada. Critical hermeneutics enables an interpretation of lived experience of miscarriage care among Black women with attention to how power operates within health care systems. BFT provides an analytic lens that centers Black women as knowledge holders, whose voices and embodied realities recognize how race, gender and social positioning intersect to shape their journies through health care. Through in-depth interviews, data will be collected and analyzed iteratively to identify the meanings that participants ascribe to their experiences of miscarriage. Practice Relevance and Implications for Nursing, Health Systems, and Communities This work has direct implications for nursing practice, education, and policy development. Findings from the proposed study will guide the development of trauma-informed, culturally responsive, and anti-racist nursing policies and practices to miscarriage care. By foregrounding Black women's lived experiences, this presentation challenges dominant biomedical narratives to provide practical insights for nurses and the improvement of sexual and reproductive health equity, and quality of health in Canada.

61. Nurses and Relational Accountability in Advancing Indigenous Cultural Safety

Presenters: Jessica Kwanxwalaogwa Key, RN, BSN, MSN
Corresponding author: Jessica Kwanxwalaogwa Key, RN, BSN, MSN

Abstract

Nursing continues to be framed as an inherently moral, ethical, and equitable profession. However, within the context of healthcare delivery in Canada, this self-concept can obscure the colonial foundations that shape nursing knowledge, professional standards, leadership structures, and everyday clinical practice. These foundations have contributed to persistent inequities in the health experiences and outcomes of Indigenous Peoples. While policy commitments to reconciliation and equity have increased in response to

the Truth and Reconciliation Commission of Canada, dominant nursing frameworks frequently reproduce Eurocentric assumptions about health, personhood, and care, limiting meaningful transformation. In the recently updated CNA Code of Ethics, pursuingTruth and Reconciliation is laid out as an essential value of Nursing and advancing Indigenous Cultural Safety (ICS) and Indigenous-Specific Anti-Racism (ISAR) are embedded throughout the Code. And yet, there is much work to do to ensure that Indigenous peoples experience safe, relevant, consistent care throughout the health system. Led by a First Nations nurse and guided by Indigenous models and frameworks, this presentation will argue for the re-orientation of nursing practice and leadership towards relational accountability, an ongoing commitment to being accountable to Indigenous patients, families, communities, and Nations, and to the lands on which care is delivered and away from the colonial frameworks of deficits, assimilation into biomedical norms, white supremacy and Anti-Indigenous Racism. Relational accountability asks nurses to move beyond surface-level understandings of cultural competence toward sustained self-reflexivity, critical inquiry, and ethical action to advance ICS and ISAR. The work is in unsettling the existing structures and systems that uphold harmful colonial ways of knowing and doing, grappling with the unease and discomfort that can arise, and engaging in a journey of transformation. In clinical practice, this may involve challenging deficit-based documentation practices, rethinking risk discourse, and supporting land-based, community-directed models of care. For nurse leaders, it demands redistributing power, resourcing Indigenous leadership, and aligning organizational policies with Indigenous sovereignty and self-determination. Participants will engage in critical reflection on their positionality and spheres of influence and will leave with ways of thinking to begin to embed relational accountability within clinical, and leadership contexts. By embracing unsettling as a professional responsibility, nursing can begin to reconstitute itself as a discipline that is ethically, politically, and relationally accountable to Indigenous Peoples.

62. Prévenir ensemble, une recherche action participative pour la prévention du suicide des adolescentes de 14 à 19 ans en milieu rural

Presenters: Claudia-Eve Therriault, (UQAR), Étudiante à la maîtrise en sciences infirmières
Corresponding author: Nathalie Maltais, Infirmière, Ph.D

Abstract

Dans la région de Chaudière-Appalaches, les jeunes de 15 à 24 ans présentent d'importantes inégalités de genre : les jeunes femmes sont deux fois plus nombreuses que les jeunes hommes à rapporter un niveau élevé de détresse psychologique (INSPQ, 2023; DSP, 2023). Entre 2016 et 2020, le taux d'hospitalisation, dans cette région, pour tentative de suicide chez les jeunes femmes de 15 à 19 ans s'élevait à 8,7 pour 10 000 personnes (Levesque et Perron, 2024). En milieu rural, certains facteurs spécifiques compliquent la prévention du suicide, notamment le risque accru de bris de confidentialité, la faible diversité et accessibilité des ressources, ainsi que la crainte du jugement du voisinage, qui peut freiner la demande d'aide (Thomson et al. 2023). Bien que ces vulnérabilités soient documentées, les raisons pour lesquelles les jeunes filles sont plus à risque demeurent encore mal comprises, malgré les efforts déployés en prévention du suicide, les comportements suicidaires chez les jeunes femmes de 14 à 19 ans sont en augmentation (Levesque et Perron, 2024). PREVENS s'appuie sur les données probantes démontrant que l'implication directe des jeunes dans l'élaboration des actions de prévention permet de mieux répondre à leurs besoins réels. Objectifs : En collaboration avec divers organismes communautaires de la région de

Chaudière-Appalaches et plus particulièrement, l'ABC des Hauts-Plateaux de St-Pamphile et le Carrefour de Montmagny, nous réalisons un recherche action participative sur la prévention du suicide chez les adolescentes de 14 à 19 ans. Nous voulons 1) comprendre le phénomène du suicide et de sa protection pour cette population, 2) coconstruire des actions aux besoins identifiés, 3) évaluer les actions développées (Grattidge et al. 2021 ; Ozer et al. 2022) Dans le cadre de cette présentation, nous présenterons le processus de recherche et nous illustrerons plus particulièrement, les activités réalisées à ce jour afin de développer AVEC et PAR les adolescentes, le protocole de recherche. Il sera question des défis reliés à ce type de recherche. Plus précisément, nous expliquerons les démarches menant à la co-construction du protocole avec les adolescentes ainsi que les personnes concernées de la communauté. Des constats préliminaires sur des enjeux éthiques et relationnelles rencontrés seront discutés. La co-création d'interventions en prévention du suicide, soutenue par l'expertise clinique des infirmières et infirmiers et l'ancrage territorial des milieux communautaires, permet de répondre de manière plus juste et adaptée aux besoins réels des jeunes, tout en favorisant leur pouvoir d'agir.

63. Mothering in the Margins: Ethical Nursing Practice and the Lived Experiences of Same Sex Birth Mothers

Presenters: Gabriel Barrington-Moss, MSN, RN; Dr.Vera Caine, N, BScN, MN, PhD
Corresponding author: Roslyn Compton, RN, BScN, MN, PhD

Abstract

This doctoral research examines the experiences of women in same sex relationships who are birth mothers, focusing on how they navigate becoming a mother, forming attachment with their child, and mothering within heteronormative health care and social systems. Grounded in narrative inquiry, the project attends to the relational, ethical, and identity-shaping experiences of participants while centering the ethical commitments outlined in the CNA 2025 Code of Ethics for Nurses. The initiative's objective is to illuminate how inequitable structures shape maternal well-being and to generate practice-relevant insights that support ethical, inclusive, and culturally safe perinatal care. Through in-depth narrative conversations with 3 birth mothers of children aged one to five, the study explores how dignity, autonomy, and relational connection are upheld or constrained in their encounters with health care providers. Early findings reveal that many participants experience subtle and overt forms of marginalization, such as heteronormative assumptions, exclusion of non-biological mothers, and limited cultural competence, which directly influence their sense of safety, attachment formation, and post-partum mental health. These insights reflect the ethical tensions nurses face when systems, policies, or norms fail to recognize diverse family structures. The project strongly aligns with Value 1: Honouring the Dignity and Autonomy of All People and Value 2: Valuing Relationships and Humanizing Care, as it foregrounds the need for nurses to create affirming, inclusive environments where all families feel seen and respected. It also advances Value 5: Promoting Social Justice by identifying structural inequities that impede equitable access to perinatal support, and Value 6: Providing Competent Professional Nursing Practice by highlighting gaps in culturally safe care for 2SLGBTQIA+ parents. Practice implications include developing evidence-informed recommendations for perinatal nurses, educators, and leaders to enhance inclusive communication, strengthen relational ethics, and reduce barriers to care. Measurable impacts anticipated from this work include improved client experience for same-sex families, increased cultural competence among perinatal

nurses, and strengthened community engagement through co-creation of knowledge with participants. Ultimately, this research contributes to ethical nursing practice by expanding the narratives that shape maternal-child care and by supporting health systems in delivering equitable, humanizing care to all families. Practice Relevance This research strengthens ethical nursing practice by illuminating how same sex birth mothers experience perinatal care within heteronormative systems. Findings support inclusive communication, relational ethics, and culturally safe care, contributing to improved client experience, equitable access, and enhanced maternal-child outcomes.

64. Driving Systemic Change: Strengthening Specialty Community Nursing Practice Through Entry-Level Competencies

Presenters: Cheryl Cusack, RN, PhD, FCAN; Lyndsay Howett, RN
Corresponding author: Cheryl Cusack, RN, PhD, FCAN

Abstract

This initiative aims to modernize the educational foundations of community nursing in Canada by developing updated Entry-Level Competencies (ELCs). The objective is to create a unified framework that recognizes the specialized knowledge required for high-quality care across diverse community settings Learning Outcomes: Attendees will: 1. Identify the five core domains based on Canadian community standards of practice, and their application to student learning. 2. Discuss how standardized ELCs serve as a structural mechanism to optimize specialty practice and interprofessional collaboration. 3. Evaluate the role of specialized community nursing knowledge in promoting health equity and health system improvement. Approach and Key Insights: The development of the ELCs was led by a national working group through a rigorous, consensus-building methodology. The final document is based on current literature, environmental scans, and several national consultations involving educators, practitioners, and key stakeholders across Canada. Key Insights: The project successfully transitioned from a narrow public health focus to a broad community practice framework. A critical result was the identification of cross-cutting competencies essential for all community nurses, alongside the unique components of Public Health, Home Health, and Primary Care. This tiered approach ensures that specialty nursing practice is grounded in a consistent standard of excellence while respecting the unique demands of different care environments. Practice Relevance and Implications: These ELCs are a critical driver for health system improvement. By defining the specialized knowledge, skills, and attitudes expected of graduates, the framework: • For Nurses: Provides a clear trajectory for professional development and specialty certification, enhancing the recognition of SNP. • For Health Systems: Bends the cost curve by shifting care safely to the community, supported by a workforce capable of practicing at the top of their scope. • For Clients/Communities: Ensures the delivery of equity-oriented, culturally safe, and evidence-informed care, leading to improved client experiences and health outcomes. • For Policy: Informs workforce development strategies and interprofessional learning models, advocating for nursing's central role in comprehensive care. Ultimately, these ELCs strengthen the national nursing voice by aligning academic preparation with the evolving complexities of specialized community practice, ensuring the nursing profession remains a leader in systemic healthcare transformation.

65. How Indigenous Nurses Are Shaping Accountable Health Systems in Canada

Presenters: Liquaa Wazni, RN, PhD; Hatem Laroussi
Corresponding author: Lisa Bourque Bearskin, RN, PhD

Abstract

This presentation examines how Indigenous nurses are advancing accountable health systems grounded in Indigenous rights, relational accountability, and distinctions-based governance. Moving beyond equity requires shifting from land acknowledgments, promised commitments, and public apologies toward implementing accountability measures that change how health systems govern, deliver, and evaluate care. Participants will: (1) understand Indigenous Health Nursing (IHN) as a distinct field of practice and ethical responsibility; (2) identify structural conditions required to move from symbolic commitments toward measurable accountability; and (3) recognize strategies that strengthen Indigenous nurse leadership, workforce sustainability, and culturally safe systems of care. Methods/Approach and key insights/results This presentation synthesizes five years of work within a distinctions-based, Indigenous-governed research program focused on strengthening Indigenous health knowledge and advancing Indigenous-specific anti-racism in nursing and health systems. Guided by a Grandmothers Wisdom Council and Knowledge Holders, and carried forward with Indigenous nurses, Indigenous leaders, learners, Healers and Helpers, and health-system partners and allies, three complementary initiatives are integrated: (1) a national scoping review mapping Indigenous nurse-led initiatives; (2) qualitative interviews with First Nations, Inuit, and Métis nurses exploring Indigenous Health Nursing as a distinct practice and ethical responsibility, including strengths, workplace harms, and required system supports, and what quality Indigenous wellness care requires; and (3) a province-wide survey assessing how Indigenous knowledge, cultures, and rights are reflected across education, practice, policy/leadership, and research environments. Findings reveal Indigenous Health Nursing as relational, community-anchored, and rights-based practice, often carried out without formal role clarity or institutional resourcing. Data identifies readiness gaps, workforce vulnerabilities, and priority actions required to embed accountability across governance, policy, education, and clinical environments. Practice relevance and implications for nursing, health systems, or communities Indigenous nurses are not only providing culturally safe care but shaping system transformation. This work demonstrates how accountable structures can be strengthened through Indigenous-governed partnerships, role clarity for Indigenous Health Nursing responsibilities, kinship-based mentorship and education pathways, and policy and practice tools that advance trauma- and violence-responsive care. The findings offer concrete pathways for nursing organizations, health authorities, educators, and policymakers seeking to move beyond performative equity toward measurable, rights-based system change. While grounded in one provincial context, the implications extend nationally, supporting cross-jurisdictional alignment on accountable action through the national CIHR Indigenous Health Nursing Research Chair network (one of six Chairs).

66. Connecting Research, Education, and Clinical Practice: The Role of Nursing Clinician Scientists

Presenters: Scott Ramsay, PhD, RN; Miranda Amundsen, PhD, RN, BSc, BScN, MSN
Corresponding author: Miranda Amundsen, PhD, RN, BSc, BScN, MSN

Abstract

Learning health systems are defined by their capacity to generate, acquire, and mobilize knowledge to improve organizational performance and patient outcomes (Foley et al., 2021). These systems rely on strong integration across practice, research, and education; however, rapid shifts in each domain make alignment difficult. The resulting fragmentation contributes to health systems struggling to meet increasing demands, research that fails to address practice-relevant priorities, and educational programs that are not fully preparing future clinicians for contemporary care environments (Vollebregt et al., 2022). Clinician scientist (CS) roles have emerged as one strategy to bridge these gaps. While CS roles are well established in some disciplines, evidence describing their structure, function, and impact in nursing remains limited (de Groot et al., 2020). This study aims to generate formal evidence on nursing CS roles to support the development of structurally embedded positions across Canada. Study Design: This pre-implementation study consists of three phases. Phase 1 involves a scoping review to synthesize existing evidence on CS role domains and activities. Phase 2 includes a secondary analysis of an environmental scan conducted at BC Children's and Women's Hospitals to illustrate how nurses currently navigate CS-related responsibilities within existing structures. Phase 3 comprises a series of World Café sessions with nurses in CS roles across Canada to collectively articulate role domains, key activities, and nationally informed recommendations for strengthening research integration across nursing career pathways. Barriers and facilitators to CS role implementation are examined within each phase. Key Insights: Phase 1 findings indicate that nursing CS roles positively influence health systems by improving patient outcomes, supporting staff recruitment and retention, shaping research priorities, and enhancing integration with educational programs (Granger et al., 2022; Matus et al., 2018; Morrison et al., 2021; Pintz et al., 2022; Scala et al., 2019). Phase 2 analysis shows that although research engagement is expected in most nursing positions (83%), the infrastructure required to support such engagement is insufficient. Nurses reported that opportunities to participate in research would increase their likelihood of remaining within the organization (50%) and would help attract new staff (53%). Leadership support emerged as a critical facilitator of nursing research capacity. Phase 3 is currently underway. Implications: Strengthening research infrastructure, expanding academic-practice partnerships, and establishing clear research-focused career pathways can enhance system performance and support nursing recruitment and retention. Embedding CS roles within organizational structures is essential to leveraging nurses' expertise and advancing a sustainable, research-integrated workforce.

67. Challenging the exclusion of disciplinary thought leadership from health care services: Co-design of a strategy for inclusion of nurse-led research at a pediatric centre

Presenters: Christina Cantin, RN, BScN, MScN, PhD
Corresponding author: Christina Cantin, RN, BScN, MScN, PhD

Abstract

Objective: The aim of this presentation is to describe the process of developing nursing research at a pediatric academic centre including: 1) enhancing visibility of nurse-led scholarship; 2) creating opportunities for nurses to address clinical practice questions in a scholarly way; 3) building relationships between clinical and academic nurses; and 4) retaining nursing expertise and disciplinary thought-leaders. Approach, insights and initiatives: With the appointment of a new Nursing Research Chair, executive shared a vision to grow nursing research across the organization. In collaboration with a nurses engaged in scholarship, the Chair developed a Nursing Research Community of Practice (NRCoP) to discuss nurses' research initiatives and experiences at the organization. A core group met biweekly for six months, sharing consistent messages regarding structural and cultural barriers to nurse-led research at the organization. These barriers included lack of opportunity, visibility, limited understandings of disciplinary nursing knowledge, and a culture that positioned research as tangential to nursing work. A collection of biographies showcasing nurses engaged in doctoral study at the organization were presented to the administrative leaders, demonstrating the programmatic contributions of these experts. An invitation was extended to curious nurses across the organization to join the NRCoP and meetings grew in attendees and became foundational to co-designing an approach, including 5 key strategies: 1) Development of a virtual Nursing Research Centre, including engagement of academics from the affiliated university; 2) Creation of two permanent positions for doctoral-prepared nurses as independent researchers developing their programs of research, with an additional leadership focus on mentorship (Nurse Research Scientist) and clinical expertise (Nurse Clinician Scientist); 3) Development of research workshops for nurses' professional education; 4) Hosting a Research Conference to showcase breadth and depth of nursing scholarship, innovation, and upstream approaches to practice; and 5) Development and delivery of a 9-month nursing research internship program. Impact of these five initiatives include: regular communication and networking, mentoring and training opportunities for research, funding and graduate school applications, retention of highly skilled nurses, and relationships with the affiliated university. Practice implications: Preliminary evaluation indicate that nurses have appreciated the commitment of the organization. Nurses with research training, programs or aspiration now see themselves at the organization, with an envigored passion for the profession. To work to full scope nurses needs opportunities for to lead research and organizational support to integrate research into their roles. Financial investments are minimal compared to cost of attrition of expert nurses.

PECHAKUCHAS

68. A Multi-Modal Simulation Training Program for Emergency Airway Management: A Pilot Study for Emergency Nurses

Presenters: Nayoung Kim, BSN, MSN, KOAPN
Corresponding author: Nayoung Kim, BSN, MSN, KOAPN

Abstract

Emergency airway management is a high-stakes, time-critical process in which emergency nurses must integrate rapid assessment, technical assistance, and interprofessional communication to prevent

deterioration during respiratory crises. This project developed and evaluated a needs-based, simulation-enhanced emergency airway management education program for advanced beginner emergency department nurses, addressing limited access to structured, context-specific training in high-acuity settings. A single-group pre-post mixed-methods evaluation was conducted with 30 advanced beginner emergency department nurses with approximately two to three years of clinical experience. The curriculum was developed using the ADDIE instructional design model and Benner's novice-to-expert framework. It included a 50-minute interactive lecture on emergency airway management indications, assessment, algorithms, and rapid sequence intubation concepts; a 40-minute checklist-guided skills workshop on equipment checks, difficult-airway assessment, bag-mask ventilation, intubation assistance techniques, and post-intubation verification; and a 30-minute high-fidelity simulation of a deteriorating hypoxic pneumonia case followed by structured debriefing. Outcomes were measured immediately before and after training using a 40-item knowledge test, a standardized clinical performance checklist rated by trained evaluators, and the Clinical Decision-Making in Nursing Scale. Knowledge increased from 28.63 to 33.47, overall clinical performance improved from 3.42 to 4.38, and clinical decision-making increased from 3.40 to 3.67. Qualitative analysis identified four themes: integrative patient-centred assessment, strengthened team communication and advocacy, improved situational control through systematic preparation, and increased self-efficacy and professional identity. Integrating simulation-enhanced emergency airway management training into emergency department orientation and competency frameworks may reduce omissions in pre- and post-intubation safety tasks and strengthen interprofessional airway teamwork. Future research should examine skill retention and downstream patient safety outcomes beyond immediate post-testing.

69. A PRIME Example of Innovative Programming that Supports Seniors as they Age in Place

Presenters: Gabrielle Demers, RN, BN, MSc(A), CGN(C); Avneet Kaur
Corresponding author: Gabrielle Demers, RN, BN, MSc(A), CGN(C)

Abstract

The PRIME program, within the Winnipeg Regional Health Authority, has been operating since 2008. It is designed to support seniors to age in place, improve access to health care, and reduce the need for hospitalizations and premature admission to personal care homes. PRIME offers a multidisciplinary approach through which older adults have access to physicians, pharmacists, physical therapists, occupational therapists, dieticians, speech-language pathologists, nurses, case managers, spiritual care providers, and recreation therapy. This team-based care model addresses a wide range of physical, emotional, and social needs while promoting autonomy, dignity, and well-being. Every senior has a unique lived experience that has shaped their life, and PRIME honours these individual stories. The program focuses on meeting the needs of medically complex seniors as they journey through advanced stages of aging. By providing timely, person-centred care, PRIME ensures seniors have access to the right services at the right time, reducing the need for acute care interventions. The model exemplifies person-centred care by fostering a collaborative environment that treats every senior with respect and recognizes their inherent value, contributing to belonging and well-being. The implications of this model are significant for gerontological nursing because it offers insight into delivering person-centred care that is equitable and

accessible. Lessons from PRIME point to the future of gerontological nursing, where inclusivity and innovation are essential to enhancing seniors' care across diverse health-care settings.

70. Nature-Based Social Prescribing: The Role of Registered Nurses

Presenters: Dr. Catherine Baxter, RN, BN, MN, PhD
Corresponding author: Dr. Catherine Baxter, RN, BN, MN, PhD

Abstract

This presentation will present an overview of the literature on nature-based social prescribing and its impact on health and well-being. The role of registered nurses as nature prescribers will be discussed and considerations for safe, ethical and evidence informed prescribing will be highlighted. Background. Social prescribing is a primary care approach that aims to provide wholistic care that is complementary to the traditional care provided by health professionals (Whithead et al., 2025). Social prescribing can be directed at multiple aspects of health including physical, social, emotional and spiritual well-being (Whitehead et al., 2025). Nature-based social prescribing involves prescribing nature-based interventions to enhance one's health and well-being (Menhas. et al., 2024). Spending time in nature's green (e.g. forests and parks), and blue spaces (e.g. rivers and lakes) has been linked to increased happiness and well-being. The positive impact of spending time in nature has been the subject of empirical study across disciplines and has been found to improve one's social, emotional, spiritual and physiological health. Practice Relevance and Implications for Nursing. PaRx is a nature prescribing program, initiated by the BC Parks Foundation, and endorsed by many health professional organizations, including the Canadian Nurses Association. Registered Nurses (RNs) can register with PaRx to receive a unique provider code to prescribe nature prescriptions. To promote safe, ethical and evidence informed prescribing by RNs it is important to explore existing research and practice on nature-based social prescribing and discuss the implications for nursing education, policy development, and future research.

71. Translating Specialty Insights into System Improvements: Integration of a Point-of-Care Clinical Coach in a Hip Fracture Care Transformation Project

Presenters: Le Faldas, RN, MN-HSLA; Tanya Cheetham RN
Corresponding author: Anika, Andal, RN, BScN, MN-HSLA, CHE; Le Faldas, RN, MN-HSLA

Abstract

The Hip Fracture Care Transformation Project was a system-level initiative aimed at improving access and quality of care for patients who experience a hip fracture, in alignment with evidence-based standards and the Quintuple Aim. An Orthopaedic Clinical Care Coach role was developed to leverage specialized orthopaedic nursing expertise and facilitate project uptake. Acting as a clinical translator, the role embedded expert knowledge throughout the project while strengthening partnerships between clinical and research teams. A nurse from an orthopaedic inpatient unit was seconded into a full-time, six-month Orthopaedic Clinical Care Coach role. Positioned at the point of care, the coach led engagement with interdisciplinary staff, supported co-design of a standardized hip fracture care pathway, and guided integration of the pathway into daily clinical workflows. Embedding a clinical coach resulted in successful

adoption of standardized post-operative hip fracture care within multi-site inpatient units. By providing real-time bedside coaching, the coach supported integration of standards such as daily mobilization, application of delirium prevention strategies, and timely information for patients and families. Early results demonstrated a 2.2-day reduction in average acute length of stay within the first six months of implementation and projected annual cost savings of roughly $1 million. Improvements were sustained after the time-limited role ended, with a further one-day reduction in average acute length of stay in the subsequent six months. The integration of clinical coaching roles facilitates conditions for project success and sustainability. Embedding a clinician with specialty expertise enables organizations to mobilize existing knowledge more effectively while leveraging social capital to foster engagement. This model accelerated implementation by reducing the cognitive and contextual burden typically faced by traditional project leads. Leaders planning system-level transformations are encouraged to consider the value of investing in such roles.

72. Enabling Nursing Excellence in a Changing Health System: A National Capability Framework for Oncology Nursing Practice

Presenters: Charissa Cordon, RN, BScN, MN, EdD, CHE
Corresponding author: Charissa Cordon, RN, BScN, MN, EdD, CHE

Abstract

As Canada's health system advances toward prevention, population health, and sustainability, cancer remains a major national burden, with nearly 45% of Canadians expected to experience a cancer diagnosis in their lifetime. Concurrently, rapid developments in precision medicine, genomics, and digital health-combined with workforce strain, climate-related health risks, and persistent inequities-have revealed the limitations of traditional competency-based nursing standards. In alignment with CNA priorities for system transformation and nursing leadership, the Canadian Association of Nurses in Oncology (CANO/ACIO) initiated a national modernization of oncology nursing standards to better prepare nurses for complex, non-linear care environments, and meet the care needs of the oncology population Purpose: This presentation describes the evidence-informed, participatory development of the 2025 Specialized Oncology Nurse Practice Standards and Capabilities, highlighting a paradigm shift from task-oriented competency toward a capability-based framework that strengthens leadership, adaptability, and equity-oriented practice for oncology nursing across Canada. Methods: A rigorous, multi-phased, bilingual (English/French) engagement methodology was employed to ensure national relevance and inclusivity among oncology nurses across Canada. An environmental scan and systematic literature review identified 2,053 sources, with 51 retained to inform the framework, including international grey literature (e.g., ONS, EONS) to contextualize global trends in oncology nursing. National engagement included bilingual webinars and in-person consultations, with over 100 specialized oncology nurses from diverse geographic, cultural, urban, rural, and remote contexts contributing feedback. Iterative revisions were finalized through consensus processes and formal Board approval. Results: The framework defines six core domains: Specialty Knowledge; Therapeutic Relationships; Competent Practice; Navigation; Advocacy; and Interprofessional Collaboration. A key contribution is the clear distinction between competency (performance in stable contexts) and capability-the ability to adapt, learn, and generate new knowledge in complex and changing systems, and to novel situations. The standards intentionally integrate three emerging pillars aligned with

CANO/ACIO and CNA priorities: digital health capability, planetary health and sustainability, and nurse well-being, reinforcing nurses' roles as system stewards and leaders. Implications for Nursing Education, Practice, and Policy: This national capability framework provides a pan-Canadian roadmap to support excellence in oncology nursing practice now and into the future. It offers a consistent national benchmark for education, professional development, regulation, and workforce planning, advancing both CANO/ACIO and CNA's vision for nursing leadership, resilient health systems, and improved outcomes for Canadians.

73. Where Potential Meets Possibility: How Nurses can Reimagine Mental Health and Neurodevelopmental Care

Presenters: Ms. Manalo, RN
Corresponding author: Ms. Manalo, RN

Abstract

To introduce a nurse-led consultation referral pathway between the Extensive Needs Service (ENS) and the Inpatient Child and Youth Mental Health unit (T7E), and evaluate how an integrated model of care between ENS and T7E can improve patient experience and increase T7E staff confidence when working with neurodivergent children and youth in crisis. Autism spectrum disorder, attention deficit hyperactivity disorder, and intellectual disability are examples of neurodevelopmental diagnoses and neurodivergence (Chapman and Botha, 2022). In the Statistics Canada report, 62% of Canadians with a developmental disability report having unmet needs with services (McDiarmid, 2024). The Extensive Needs Service (ENS) is an outpatient child and youth mental health program that provides wraparound, interdisciplinary care for pediatric patients with neurodevelopmental, psychiatric, and medical complexity who may also experience financial instability, housing insecurity, immigration challenges, and/or racial marginalization. On T7E, staff report that neurodivergent patients cannot be effectively treated with the traditional approaches of mental health care. In response, the ENS Registered Nurse who previously worked on T7E, proposed the development of a formal consultation referral pathway to facilitate the timely access to ENS behavioral therapy, occupational therapy, social work, and psychotherapy for pediatric inpatients with neurodivergence. This quality improvement initiative was driven by nursing innovation in response to an identified gap in healthcare, and selected by the Toronto Academic Health Science Network of Practice Fellowship. The creation of an ENS inpatient consult referral form has no additional costs. The sharing of knowledge on neurodiversity-affirming care between ENS and T7E will not require monetary expense, and gives neurodivergent inpatients access to high quality and comprehensive service using an integrated model of care between inpatient and outpatient mental health services. Methods A staff feedback survey was distributed on T7E to assess staff confidence in supporting patients with neurodevelopmental diagnoses during different activities. Semi-structured telephone interviews were conducted with primary caregivers whose child or youth had been admitted on T7E, to explore their inpatient experience. Key Insights The T7E staff feedback survey indicates that staff feel least confident when using neurodiversity-affirming language. The caregivers who were interviewed share constructive feedback on the tone and unclear staff communication. This feedback can be addressed using the ENS inpatient consult referral pathway. Practice Relevance This initiative highlights the power of nursing knowledge, advocacy, leadership, and collaboration in transforming care delivery to improve patient experience at the bedside and system-level, by implementing equitable, neurodiversity-affirming care.

74. Outreach as Resiliency: Insights from a Four-Year Provincial Analysis of how Critical Care Outreach Services evolved during the COVID-19 Pandemic

Presenters: Vininder Kour Bains, RN MSN CNCC(C)
Corresponding author: Vininder Kour Bains, RN MSN CNCC(C)

Abstract

Objectives and Learning Outcomes We examined how different Critical Care Outreach Services (CCOS) models across our province responded to and were impacted by the COVID-19 pandemic, showing how they functioned as resiliency infrastructure and where vulnerabilities emerged. Participants will be able to: (1) differentiate the functions and limitations of team-led, nurse-led, and response-nurse outreach models; (2) describe how CCOS adapted to promote resilience and where these functions were vulnerable during system strain; and (3) identify organizational structures that maintain CCOS effectiveness during system strain. Methods/Approach We used a historical narrative approach to examine CCOS across five health authorities in one province. Data were drawn from the provincial CCOS working group's meeting notes, discussion records, and shared resources. Members of this group were CCOS leaders representing each health authority who also shared their practice reflections and grey literature including internal reports, minutes, and institutional guidelines. CCOS model responses were organized across three phases: early adaptation (2020 to March 2021), middle surge (April 2021 to 2022), and recovery (2023 and 2024). Key Insights/Results Before COVID-19, CCOS implementation varied, with three main models: interdisciplinary Critical Care Outreach Team (CCOT), nurse-led Critical Care Outreach Nurse (CCON), and Intensive Care Unit Response Nurse (ICURN). In addition to responding to calls, CCOT and CCON models provided proactive surveillance, post-ICU follow-up, and routinized education. ICURNs, layered on competing duties, and were predominantly reactive. Early phase: Unlike ICURN, CCOT and CCON were able to enhance system support by proactively monitoring COVID-19 patients, enabling controlled early escalation, supporting wards through rapidly evolving practice changes, and serving as a reliable information source. Middle surge: caseloads doubled; CCOT and CCON shifted to triaging deterioration, supporting higher-acuity ward care, and communicating likely ICU admissions early, thus offsetting ICU capacity strain. In contrast, ICURN sites and one CCON sites experienced service interruptions due to redeployment and staffing shortages, eroding reliability and call volumes. Recovery: jurisdictions reinvested in outreach capacity, mentorship, and virtual rural/remote supports; however, fiscal constraints and workforce turnover challenged sustained reliability. Across phases, leadership was pivotal to prevent redeployment and maintain proactive CCOS functions. Practice Relevance and Implications CCOS is a system-level intervention that strengthens hospital resilience during crises by integrating surveillance, escalation support, education, and relational work. CCOT and CCON models were most reliable under stress; ICURN models are pragmatic but vulnerable. CCOS supports patient safety day-to-day and should be recognized as resiliency infrastructure that protects hospital systems during crisis.

75. Measuring the Impact of Evidence-Based Practice in Nursing Education: A Global Initiative

Presenters: Dr. Doris Grinspun, RN, BScN, MSN, PhD, LLD(hon), Dr(hc), DHC, DHC, FAAN, FCAN, O.ONT
Corresponding author: Harveer Punia, RN, BScN, MSc, PhD Student

Abstract

The Academic Best Practice Spotlight Organization® (A-BPSO®) global initiative, led by a provincial nursing association, provides academic nursing organizations with a structured, evidence-informed model to embed evidence-based practice (EBP) through the use of Best Practice Guidelines (BPGs) in the curriculum. As nursing practice becomes increasingly specialized across the continuum of care, academic organizations play a critical role in developing student's EBP competencies and leadership capacity. While the impact of the BPSO program has effectively strengthened clinical practices, global efforts to develop measurement indicators in academia are sparce. Objectives: This presentation describes (1) The development of a novel, standardized monitoring, evaluation and research framework to assess the impact of A-BPSO® initiatives within academic nursing programs; and (2) demonstrate the impact of nursing knowledge, leadership, and EBP capacity, strengthen the alignment between nursing education and practice. Methods/Results: Using a participatory co-development approach with global A-BPSO partners, 21 structure, process, and outcome indicators were constructed to develop an evaluation framework and identify its key components for integration into nursing curricula. The indicators capture domains central to specialty nursing practice, including academic and clinical leadership, faculty and student EBP capacity development, BPG informed teaching and learning, experiential opportunities, and the development of EBP and specialty champions among students and faculty. A comprehensive data dictionary was created and reviewed by A-BPSO® partners to ensure consistency in indicator definitions, data sources, and reporting processes. Implications: The A-BPSO® Integrated Measurement Framework -- A-BPSOiMF-- provides a foundational anchoring for assessing and strengthening EBP and BPG integration within nursing curricula. By operationalizing how evidence-based guidelines are taught, applied and evaluated in curriculum and clinical placements, academic programs can enhance alignment with real world clinical practice expectations - optimize graduates success - and together with service organizations improve patient and system outcomes. Future work on implementing indicators in nursing curricula will focus on validating the framework and indicators with the fifteen A-BPSO organizations across 10 countries, and refining indicators across diverse contexts to ensure these are feasible, relevant and applicable. Indicators will be integrated within a centralized data repository to longitudinally collect and analyze the data. Development of a survey for students and faculty to gather information at the academic settings supports the standardization of data collection in global context.

POSTERS

76. Containing Life, Constraining Death: Healthcare and Community Providers' Perspectives on Access to Palliative Care for People Who Experience Incarceration in Canada

Presenters: Mar'yana Fisher, RN, PhD(c)
Corresponding author: Mar'yana Fisher, RN, PhD(c)

Abstract

This study examines how healthcare and community-based providers understand and navigate access to palliative care for people who experience incarceration in Canada. The objective of the study is to illuminate how care pathways are assembled across correctional and community systems and identify practice-relevant opportunities to improve equity, coordination, and quality of care. Expected learning outcomes include increased understanding of how institutional, legal, relational, and material factors shape access to palliative care; enhanced awareness of the role of nursing and interprofessional advocacy in navigating fragmented systems; and the ability to identify actionable strategies to improve continuity of palliative care across settings. Using an Interpretive Description methodology informed by Actor-Network Theory, semi-structured interviews were conducted with 21 healthcare and community-based providers across three Canadian provinces, including nurses, physicians, case managers, paramedics, and organizational leaders. Analysis moved beyond conventional thematic coding to trace care trajectories and critical points where access was enabled, delayed, or constrained. Four interconnected points along the care pathway were identified: containment (care within prisons and forensic hospitals), transition (release mechanisms, parole processes, halfway houses), community healthcare (hospitals, hospices), and coordination (documentation, risk assessments, and communication practices). Findings reveal that access to palliative care is rarely linear or guaranteed; instead, it is fragmented, precarious, and highly contingent on informal relationships, provider advocacy, available community infrastructure, and discretionary risk-based decision-making. Even "successful" cases relied on exceptional coordination efforts and individual champions, underscoring the fragility of existing pathways. For nursing practice and health systems, these findings highlight the critical role nurses play as relational brokers, advocates, and coordinators across institutional boundaries. Implications include the need for earlier palliative involvement, formalized prison-to-community referral pathways, strengthened partnerships with community organizations, and targeted education to support palliative approaches in correctional contexts. If selected as an interactive workshop, participants will engage in a creative, practice-based session that makes visible the often-unrecognized nursing work that sustains care for equity-deserving populations, including informal coordination, advocacy, relational labour, and ethical negotiation. Through guided mapping and collective sense-making, participants will identify, name, and legitimize this "invisible work" as essential system infrastructure, generating tangible visual tools that can be used for education, leadership advocacy, and health system change.

77. Bridging the Research-Practice Gap: A Multimethod Study Exploring Frontline Nursing Research Engagement

Presenters: Brooklyn Martin, RN, BNSc; Hamza Adel Karim
Corresponding author: Brooklyn Martin, RN, BNSc

Abstract

Nurses are central to advancing evidence-based practice, yet frontline engagement with research remains limited due to persistent barriers related to time, resources, leadership support, and perceived relevance. This gap constrains innovation, professional growth, and patient care outcomes. The objective of this study is to examine how frontline nurses at Providence Care Centre, a large, sub-acute health care organization in Ontario, Canada, engage with research, and to identify strategies for building sustainable nursing research capacity. Expected learning outcomes include increased understanding of nurses' perceptions of research engagement, identification of key barriers and facilitators, and the generation of actionable recommendations to support nurse-led research. A multimethod descriptive design will be used to explore research engagement across individual and organizational levels. Data sources include a post-hoc analysis of a Lego Serious Play (LSP) workshop focused on nursing research engagement, a post-hoc analysis of an organization-wide survey, and the synthesis of findings to develop evidence-informed recommendations. The Research Appreciation, Accessibility, and Application Model (RAAAM) is being used to guide data interpretation and integration. Findings highlight variability in nurses' research engagement, identify structural and motivational barriers, and reveal underutilized strengths within the frontline nursing workforce. The LSP workshop, which was facilitated at PCC with a group of interdisciplinary professionals, demonstrated strong potential as a collaborative method for surfacing shared challenges, fostering dialogue, and generating practical solutions to support research engagement. This study is highly relevant to nursing practice and health systems seeking innovative approaches to close the research-practice gap. By centering frontline nurses' experiences and emphasizing collaborative engagement, the findings will inform strategies to strengthen research capacity, enhance evidence-informed care, and support nurse leadership in research initiatives. Results will inform future organizational initiatives at Providence Care Centre and offer insights that can be adapted across diverse healthcare settings to strengthen nursing research cultures and improve patient outcomes.

78. Empowering Transformation: Preparing the Personal Support Worker Workforce for Regulation through Competency-Based Education and Nurse-Led Change

Presenters: Desa Dlugosz; Marie-Christine Bertrand, RN
Corresponding author: Charissa Cordon, RN, BScN, MN, EdD, CHE

Abstract

Objective(s) and Expected Learning Outcomes In 2021, the Health and Supportive Care Providers Oversight Authority Act (HSCPOA) established a regulatory framework to standardize education and competencies for Personal Support Workers (PSWs) in Ontario. Recognizing this as a pivotal opportunity for system transformation, a large urban community hospital in Ontario launched a nurse-led Transformational Change Initiative to prepare PSWs for registration and elevate their professional practice.

This initiative exemplifies the power of nurses to transform health through education, leadership, and system redesign. Participants in this presentation will: 1. Understand how a nurse-led approach supported PSWs' successful transition to regulation through the ADKAR Change Management Model. 2. Explore how competency-based education and simulation learning enhanced PSWs' readiness to deliver safe, high-quality care. 3. Identify the outcomes and lessons learned from aligning workforce development with regulatory standards and patient safety priorities. Methods/Approach and Key Insights/Results The six-month initiative (December 2024-June 2025) was grounded in the ADKAR Change Management Model-Awareness, Desire, Knowledge, Ability, and Reinforcement-to guide leadership engagement, staff readiness, and sustained change. Three core objectives structured the initiative: 1. Support PSW registration with the HSCPOA through individualized coaching and mentorship. 2. Enhance competencies via a nurse-designed, evidence-informed training program that included Gentle Persuasive Approaches (GPA) and simulation-based education. 3. Sustain change through standardized onboarding, revised job descriptions, and ongoing refresher training. Educational strategies focused on communication, de-escalation, safety, and professionalism. Simulation sessions replicated real-world hospital scenarios such as infection control breaches, falls prevention, and management of deteriorating patients. Nurse educators facilitated reflective debriefs to reinforce clinical judgment and teamwork. Results demonstrated 98% PSW registration with HSCPOA and a 97.5% improvement in communication confidence. Post-training surveys indicated substantial gains in clinical reasoning, patient safety awareness, and interprofessional collaboration. Feedback highlighted the value of simulation and GPA training in bridging knowledge gaps and fostering confidence in acute care practice. Practice Relevance and Implications This initiative underscores the transformative impact of nurse leadership in shaping the future of unregulated and regulated care providers. By integrating structured change management with competency-based, simulation-enhanced education, nurses drove a sustainable transformation in PSW practice and patient safety. The model demonstrates how nurses' expertise and influence can advance workforce regulation, elevate care standards, and foster a culture of continuous learning across the health system-embodying the theme of the CNA 2026 Conference: Our Expertise, Our Impacts.

79. Equity-Informed Insights on Resilience among Black Children and Youth in Canada: Findings from a Rapid Scoping Review

Presenters: Emmanuel Marfo, PhD, MN, BScN, RN; Erica Patocskai
Corresponding author: Emmanuel Marfo, PhD, MN, BScN, RN

Abstract

Objectives and Expected Learning Outcomes: Despite pervasive structural and systemic adversities, Black children and youth in Canada demonstrate significant resilience (Omitted for double-blind review). Yet mainstream discourse often privileges deficit-based narratives, marginalizing these resilience strengths. Furthermore, there is a dearth of evidence synthesis on resilience among Black children and youth in Canada (Omitted for double-blind review). This study synthesizes the breadth and depth of evidence on resilience among Black young people in Canada. Participants will gain insight into key facilitators and barriers to resilience among Black children and youth and will learn how findings can inform culturally responsive nursing practice, leadership, and health system interventions. Methods/Approach We conducted a rapid scoping review (Arksey and O'Malley, 2005) using four electronic databases, ProQuest

(gray literature), and Google Scholar. Two independent reviewers screened studies and extracted data, which were synthesized using descriptive statistics and narrative description. Key Findings A total of 24 reports, including 23 peer-reviewed articles and one thesis, met the inclusion criteria. Our findings reveal several critical patterns. The literature demonstrates geographic and methodological imbalances, with a predominance of Ontario-centric studies and limited methodological diversity. Most studies contextualize resilience within intersecting structural and systemic adversities, including anti-Black racism in schools, socioeconomic hardship, and mental health barriers. Research has primarily examined resilience capacities and processes, with less attention to measurable outcomes. Resilience is supported by a dynamic combination of individual, relational, and community-level factors, highlighting the multi-layered nature of protective influences. Despite these facilitators, barriers to resilience persist across systemic, interpersonal, and individual levels, with racial discrimination and structural racism emerging as pervasive obstacles that constrain opportunities for Black children and youth to thrive. Practice Relevance and Implications These findings highlight priorities for research, nursing practice, and policy. Future research should prioritize regions beyond Ontario and employ longitudinal, age-stratified designs to track how cultural pride, faith, and social support shape resilience over time. Nurses must apply cultural humility, use relational inquiry to assess matrifocal networks, and integrate faith-based practices into holistic care (Rachel et al., 2019). Nursing leaders should implement trauma-informed screening and ensure meaningful participation of Black children and youth in decision-making. Together, these strategies can strengthen resilience and promote well-being among Black children and youth in Canada.

80. Advancing Clinical Policy Through Evidence-Based Stewardship: Insights from British Columbia's Professional Nursing Association

Presenters: Nicole Dore
Corresponding author: Alayna Payne, RN, MN, PhD

Abstract

Professional nursing associations occupy a distinct role from other professional organizations, such as regulatory colleges and professional unions. Serving as a unified professional voice, professional associations work to advance the profession of nursing and actively shape nursing practice and policy. In British Columbia, Canada, the professional nursing association, Nurses and Nurse Practitioners of BC, is responsible for stewarding clinical policy for certified practice registered nurses. Registered nurses with a certified practice designation operate under an expanded scope and are authorized to autonomously diagnose and treat specific conditions across various practice areas, including reproductive health, remote practice, registered nurse first call, and opioid use disorder. Through their specialized knowledge and expanded scope of practice, certified practice registered nurses reduce barriers to care for British Columbians, address critical needs of target populations, and contribute to strengthening British Columbia's healthcare system. To ensure safe patient care, registered nurses with certified practice designations must follow decision support tools that guide assessment, diagnosis, and treatment planning. Historically, these tools were managed by the provincial nursing regulator; however, in 2020, stewardship of these tools was transferred to Nurses and Nurse Practitioners of BC. This shift created an opportunity to establish a comprehensive, evidence-informed governance model that supports clinical safety, policy integrity through established oversight bodies, and continuous improvement. Through redesigned

governance and stewardship processes, Nurses and Nurse Practitioners of BC established a transparent lifecycle management approach for decision support tools, including scheduled review cycles up to every three years, defined pathways for evidence review, and mechanisms to support timely updates when urgent practice or safety considerations arise, including the capacity for expedited updates within a 24-hour timeframe when required. This presentation will describe Nurses and Nurse Practitioners of BC's stewardship framework, including its interdisciplinary advisory structures, evidence review processes, and mechanisms for effective system-level engagement with provincial partners. Participants will gain insight into how professional nursing associations can effectively steward clinical policy, support specialty practice development, and advance scope expansion through structured governance and advocacy. This work highlights how specialty nursing knowledge, when supported by strong governance and evidence-informed processes, can drive system-level improvement, enhance interprofessional collaboration led by nurses, and support high-quality, equitable nursing care.

81. Innovative Strategies for Research Engagement: A Qualitative Study on Nurses Using Lego Serious Play

Presenters: Brooklyn Martin, RN, BNSc
Corresponding author: Brooklyn Martin, RN, BNSc

Abstract

Frontline nurses are essential to advancing evidence-based practice, yet they remain underrepresented in research activities, limiting the integration of evidence into clinical care. Lego Serious Play is an innovative, participatory method that supports idea generation and shared meaning-making through symbolic model building and structured dialogue. This study examined the use of Lego Serious Play to support collaboration and idea generation related to nursing research engagement within a multidisciplinary healthcare setting. Expected learning outcomes include increased understanding of participatory approaches to research engagement, identification of organizational enablers and barriers, and recognition of actionable strategies to strengthen nursing research capacity. The study was conducted at Providence Care Hospital, a specialized mental health and rehabilitation hospital in Ontario, Canada. An eight-hour, in-person Lego Serious Play workshop was held on November 14, 2024, with 22 participants representing nursing, leadership, and academic roles across the organization and affiliated local academic institutions. Participants engaged in facilitated Lego model building and guided dialogue focused on current and future states of nursing research engagement. Data sources included pre- and post-workshop surveys, photographic documentation of models, and written reflections captured through structured activities. Data were analyzed thematically to identify shared priorities and action-oriented strategies. Pre-workshop findings reflected strong enthusiasm for creative, collaborative approaches to research engagement alongside recognition of limited frontline nurse involvement in research. During the workshop, participants co-constructed a shared vision for nursing research engagement that emphasized visible research infrastructure, leadership support, interdisciplinary partnerships, inclusion, and integration of research into practice. A final prioritization activity generated concrete, time-oriented actions, which were thematically grouped into five domains: diversity and inclusion; research infrastructure, accessibility, and support; networking and partnerships; practical implementation and integration; and leadership-driven research integration. This study demonstrates the practice relevance of Lego Serious Play as a collaborative tool for

engaging frontline nurses and interdisciplinary stakeholders in research-related dialogue and strategy development. By addressing contextual and experiential barriers to engagement, Lego Serious Play offers a practical, scalable approach for healthcare organizations seeking to strengthen nursing research capacity, foster shared ownership of evidence-informed practice, and support sustainable integration of research into clinical care.

82. Journey to the Doctor of Nursing Practice and Beyond

Presenters: Lynn Richards-McDonald, DNP, MSN, RN, CNML; Marilyn Matte NP
Corresponding author: Lynn Richards-McDonald, DNP, MSN, RN, CNML

Abstract

State current global, Canadian and US incidence and mortality statistics of cervical cancer Describe the system failures that may lead to a cervical cancer diagnosis Describe the incidence and mortality rates impact on women of color Discuss my roles leading up to and as a doctor of nursing practice Cervical cancer remains a largely preventable disease with persistent global and national disparities in incidence and mortality. Globally, cervical cancer is the fourth most common cancer among women , with the highest burden occurring in regions with limited access to human papillomavirus (HPV) vaccination, screening , and treatment services. While in incidence and mortality rates have declined in the US and Canada , significant disparities remain among women of color, including Black, Hispanic and Indigenous populations. These populations experience disproportionately higher rates of cervical cancer, reflecting ongoing inequities in healthcare access , preventive services utilization, and social determinants of health. System-level failures contribute to delayed diagnosis include inadequate screening participation, inconsistent follow-up of abnormal results , fragmented care coordination, and structural barriers within healthcare delivery systems. Addressing these gaps requires leadership focused on evidence-based prevention strategies and health equity. This presentation examines the evolving role of the doctor of nursing practice leadership in improving cervical cancer prevention and early detection. It highlights professional contributions in program development, implementation of evidence-based screening initiatives, and strategies to improve HPV vaccination uptake and patient follow-up. Emphasis is placed on translating evidence into practice , strengthening healthcare systems , and promoting equitable preventative care to improve population health outcomes and reduce cervical cancer disparities.

83. Living With an Ostomy in Canada: Financial Burden, Access to Specialty Nursing Care, and Implications for Policy and Practice

Presenters: Lawrence Cuevas, M-AdvPrc-WOCNursing, BScN, RN, NSWOC, WOCC(C), GNC(C)
Corresponding author: Lawrence Cuevas, M-AdvPrc-WOCNursing, BScN, RN, NSWOC, WOCC(C), GNC(C)

Abstract

Ostomy surgery saves lives but creates ongoing financial and health care challenges for individuals living with an ostomy in Canada. Canada's decentralized health care system allows provinces to set their own coverage policies, resulting in wide variation in ostomy supply funding. This pan-Canadian study described national patterns of financial burden, access to nurses specialized in wound, ostomy and continence, and care-seeking behaviours among individuals living with an ostomy in Canada. Provincial and residential

variations were examined to identify inequities relevant to nursing-driven policy advocacy. Conference attendees will understand the scope of financial and access inequities affecting Canadians living with an ostomy, recognize the critical role of nurses specialized in wound, ostomy and continence specialty expertise in reducing burden and peristomal skin complications, appreciate the impact of living with an ostomy on employment, and identify actionable advocacy pathways through which specialty nursing can influence funding and service delivery. A 54-item online questionnaire was administered to 902 adults living with an ostomy across all Canadian provinces and territories between April 16 and September 19, 2025. This descriptive, cross-sectional survey employed convenience sampling to collect data on demographics, ostomy characteristics, ostomy-related costs, financial trade-offs, access to nurses specialized in wound, ostomy and continence, and peristomal skin complications. Analyses included descriptive statistics and chi-square tests. Ethics approval was obtained from Queen's University. Despite provincial funding, 86.8% reported annual ostomy supply costs exceeding Can$1,000, with 52.0% spending more than Can$600 out of pocket annually. Financial trade-offs were reported by 26.3%. Access to nurses specialized in wound, ostomy and continence was reported by 59.9% but was lower among rural participants. Work limitations affected 35.7%, and 34.1% reported pausing employment. Frequent peristomal skin complications occurred in 18.5%. Higher out-of-pocket burdens were observed in Newfoundland, Ontario, New Brunswick, Quebec, and British Columbia, while no respondents in Manitoba reported costs exceeding Can$600, and lower trade-off rates were observed in Manitoba, Saskatchewan, and Nova Scotia. These findings provide nurses specialized in wound, ostomy and continence, nurse leaders, and policymakers with evidence that financial burden and access to specialty nursing are policy-modifiable outcomes. Highlighting provincial gaps equips nurses to champion targeted funding reforms. This evidence strengthens nursing advocacy to enhance integration of specialty services and promote equitable ostomy supply coverage. Establishing national standards for ostomy supply coverage and expanding integration of nurses specialized in wound, ostomy and continence could reduce peristomal skin complications and mitigate out-of-pocket burden, especially in high-cost provinces. This study illustrates specialty nursing's potential to address systemic health inequities through research, policy, and advocacy.

84. Advancing Innovations in Practice: Insights from Capacity Building Initiatives for Genomics-Informed Nursing in Canada

Presenters: Rebecca Puddester, PhD
Corresponding author: Rebecca Puddester, PhD

Abstract

With scientific and technological advances, genomics is becoming a standard of care for many health conditions, and patients are increasingly turning to nurses for guidance. However, long-standing structural barriers have slowed the integration of genomics into nursing practice in Canada and globally. Five years ago, in recognition of the critical need to prepare Canadian nurses to deliver genomics-informed care, the Canadian Nursing and Genomics (CNG) research program and leadership initiative was launched. Attendees will examine how strategic recommendations from this CNG initiative can advance nursing workforce preparation for genomics-informed care, and broader capacity-building efforts that support high-quality, science-driven nursing care across the profession. Approach: Since 2020, the CNG group has led nine projects with the aim to accelerate the integration of genomics across Canadian nursing,

beginning with the development of an engagement framework outlining early strategic priorities of the CNG. This framework guided CNG initiatives such as establishing a historical record of prior genomics capacity-building efforts in Canada, generating a benchmark of Canadian nurses' genomics knowledge, developing educational resources, comparing Canadian efforts with other countries, and convening pan-Canadian partners to shape strategic directions and policies for genomics-informed nursing practice. In reflecting on five years of CNG initiatives, we identified recurring themes from our findings and recommendations, which has culminated in an updated strategic framework to guide our next wave of genomics integration efforts. Key Insights: The updated Canadian "Nursing and Genomics 3.0" framework includes three meta-strategies to support genomics integration: (1) Co-create formal structures to enable networking and collaboration to reset professional practice priorities in response to emerging evidence and to ensure nurses are aware and respond to the impact of emerging technologies at the point of care. (2) Provide education in leadership, policy, and practice for rapid scale-up of workforce and health system transformation. (3) Adopt a pan-Canadian implementation science-informed framework to generate and translate evidence to guide nursing practice. Implications: Grounded in our extensive CNG work, these strategies offer practical guidance for addressing barriers to genomics and other emerging innovations in nursing. To fully operationalize these strategies, sustained leadership is needed to strengthen national networks and build capacity. Given the size and reach of the nursing workforce, collaborative networks can reduce silos and duplication. Advancing these strategies is essential to support nurses to uphold their professional social justice mandate and deliver safe, evidence-informed, equitable, person-centred healthcare in increasingly complex healthcare contexts.

85. Redesigning the Structural Underuse of Nurses in Primary Care: A Policy and Implementation Model from British Columbia

Presenters: Angela Wignall, RN, BSN, BA, MA, PhD(c); Karly Crocker; Sonia Nicholson; Nathalie Mehats; Shannon Moore; Pauline Therrien
Corresponding author: Angela Wignall, RN, BSN, BA, MA, PhD(c)

Abstract

Canada continues to experience uneven access, workforce strain, and inequitable outcomes despite high health expenditure. Primary care models have historically under-optimized nurses due to structural funding barriers and role ambiguity. This poster demonstrates how British Columbia's Nursing Initiatives for Primary Care (NIPC) program is redesigning the policy and implementation infrastructure supporting nursing integration in team-based primary care. Participants will learn how to: Identify structural funding barriers limiting full-scope nursing practice in fee-for-service environments. Describe a policy lever that repositions nursing roles from clinic expenses to system-funded assets. Apply a structured practice framework to guide role integration, scope optimization, and measurable impact in primary care settings. Approach and Key Insights NIPC was co-designed with the Ministry of Health, Primary Care Networks, to address systemic underuse of Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). Prior to NIPC, clinics were required to directly fund nursing salaries, limiting adoption and reinforcing inequities. The program introduced network-level provincial funding and a structured implementation model guided by the Professional Nursing Practice Framework, operationalizing six domains: scope optimization, evidence-informed clinical practice, team integration, quality and safety improvement, culturally safe

nursing practice, and contextual evidence translation. Implementation strategies include structured onboarding tools, embedded Practice Success Consultants for case-based redesign, and standardized impact measurement. Early qualitative findings demonstrate: Redistribution of physician workload Increased preventive screening and chronic disease follow-up Improved continuity for complex patients Strengthened interprofessional collaboration Expanded attachment capacity Practice Relevance and Implications Optimizing nursing in primary care is not solely a workforce issue, it is a structural policy decision. NIPC demonstrates how aligning funding reform, regulatory standards, and implementation infrastructure can advance access, equity, and workforce sustainability. This model offers a replicable pathway for jurisdictions seeking to redesign primary care delivery by fully integrating nursing expertise. By embedding evaluation and community-informed approaches, the initiative supports resilient health systems aligned with CNA's 2025 policy priorities and the Quintuple Aim.

86. Standardized Protocol for Patient Personal Phone Use in Inpatient & Emergency Psychiatry - CNA Poster Award Winner

Presenters: Oliver DeLaurentiis, MN, RN, CNCC (C), CHE; Megan Smith, RN, BScN, CPMHN (C)
Corresponding author: Aideen Carroll, RN, BScN, MA; Oliver DeLaurentiis, MN, RN, CNCC (C), CHE; Janet Pilgram, RN, BScN; Kathleen Sheehan, MD DPhil FRCPC; Megan Smith, RN, BScN, CPMHN (C)

Abstract

This project aimed to develop a standardized evidence-based protocol to guide staff and patients on the use of patient personal phones in both an acute inpatient and emergency psychiatric unit. The objective was to ensure consistent criteria for determining appropriate patient phone use across departments, standardize patient information, and provide clarity for staff, patients, and families. The project defined common risks associated with patient personal phone use in an acute mental health setting and outlined criteria for patient phone use in relation to safety, recovery, and patient therapeutic goals. An extensive literature review drew on national and international research on current best practice regarding patient personal phone use in the acute psychiatric context. In addition, an external review of protocols from other hospitals was carried out to benchmark best practices. The environmental scan indicated that many hospitals have varying practices regarding patient phone use, with no standard approach across hospital sites. A multidisciplinary team, including nursing, psychiatry, administration, leadership, legal, patient experience, patient relations, and ethics, collaborated to develop a standard process ensuring patient experience, autonomy, and staff concerns were heard and included. Smartphone ownership is nearly universal in Canada, with 84% of Canadians owning a device and ownership reaching 96% among adults aged 15 to 44. Consequently, patients admitted to psychiatric inpatient and emergency units frequently arrive with personal devices. While personal phones can support recovery by maintaining social connections, reducing boredom, enhancing education, and fostering autonomy, their use in acute psychiatric contexts presents complex challenges. Identifiable risks range from breaches of confidentiality to ordering contraband for self-harm, breaking the phone for self-harm, spending large sums of money in a manic state, and posting stigmatizing content during episodes of mania or psychosis, which patients often report regretting posting. The interprofessional team developed a standardized protocol informed by both literature and external benchmarking, which provides explicit criteria to guide staff in assessing and managing patient phone use.

87. Enhancing Patient Oral Health Practices in Acute Inpatient Psychiatry

Presenters: Aideen Carroll, RN, BScN, MA; Megan Smith
Corresponding author: Aideen Carroll, RN, BScN, MA

Abstract

This quality improvement project aimed to increase patient oral hygiene care in an acute inpatient mental health unit. The objectives were to describe the relationship between mental health conditions and poor oral care practices and analyze barriers identified by patients and staff, including product availability, motivation, and education, and determine their impact on care adherence. Following a literature review on best practices for patient oral care in acute mental health, an interprofessional committee consisting of five nurses, one social worker, one psychiatrist, and one occupational therapist was established. Focus groups and surveys were conducted with feedback provided by both patients and staff, identifying barriers to optimal patient oral hygiene including product availability, education, and motivation. Four Plan-Do-Study-Act cycles were conducted, including patient and staff education, prompting by staff, and increased availability of oral care products. Following all Plan-Do-Study-Act cycles, an increase in patient oral care hygiene practices was observed by 48%. There is a clear association between poor mental health and poor oral health. Researchers hypothesize that symptoms and conditions associated with mental health conditions, including amotivation, executive function, anxiety about dentistry, medication side effects such as dry mouth, and poverty, may affect patients' ability to follow recommended oral care practices. Antipsychotics and antidepressants involve the risk of adverse effects, such as bruxism and xerostomia, which adversely affect oral health. Research also indicates that mental health professionals may fail to recognize the importance of oral health, have difficulty educating patients about oral health, and have difficulty making needed referrals. Patients living with severe and persistent mental illness have 2.7 times the likelihood of losing all their teeth compared with the general population. Oral hygiene conditions, including periodontitis, have been associated with fifty-seven physical conditions by increasing systemic inflammation and allowing oral bacteria to enter the bloodstream. These associations include diabetes, cardiovascular diseases, lung disease, kidney disease, osteoporosis, and dementia. The interprofessional team implemented four Plan-Do-Study-Act cycles including staff prompting, increased oral hygiene product availability, and patient and staff education. Collectively, these practices increased patient oral hygiene practices on the inpatient mental health unit by 48%. Education on oral hygiene is now included in a unit orientation curriculum for new staff joining the unit.

88. Co-creating a Nurse-Led Intervention to Promote Successful Aging Among Older Adults Living with HIV in Quebec.

Presenters: Hatem Laroussi, BScN, MSN; Darlene Hutton, RN
Corresponding author: Hatem Laroussi, BScN, MSN

Abstract

Aging of people living with HIV represents an emerging public health challenge, as antiretroviral therapies have significantly improved life expectancy. Older people living with HIV face a complex interplay of physical, psychological, and social comorbidities. Conventional nursing approaches often fall short of

addressing these multidimensional needs. Collaborative, co-development processes, which actively involve people living with HIV and healthcare professionals, offer a promising avenue for designing and delivering tailored interventions that foster successful and equitable aging for people living with HIV. This study focused on co-developing a nurse-led intervention that promotes successful aging among adults aged 60 and over living with HIV in Quebec, using a participatory and evidence-informed framework. The project followed the Sidani and Braden Model, which integrates theoretical, empirical, and clinical knowledge to guide the development of evidence-based nursing interventions. The process included a literature review, concept analysis, and qualitative data collection through semi-structured interviews. Sixteen participants took part: eight adults living with HIV aged 50 and above, and eight health and social care professionals, including two nurse practitioners, three registered nurses, one caregiver, one physician, and one psychosocial worker. Thematic content analysis identified key needs, barriers, and facilitators related to aging with HIV, which informed the design of the intervention's core components. Findings highlight that aging with HIV is shaped by intersecting physical challenges, including multimorbidity and polypharmacy, and psychosocial issues, including social isolation, dual stigma related to HIV and aging, and uncertainty about the future. Nurses were recognized as pivotal actors due to their holistic care approach and relational continuity. Participants described diverse coping strategies, from minimizing signs of aging to engaging in activism and peer support. These insights informed the development of an intervention focused on resilience-building, social role enhancement, and empowerment of older adults living with HIV. Through a co-development process, this project grounded a nurse-led intervention in the lived experiences of older people living with HIV while fostering interdisciplinary collaboration. The study underscores the critical value of participatory approaches in designing nursing interventions that not only promote successful aging but also advance health equity and dignity among aging people living with HIV.

89. The Power of Parish Nurses to Transform Health through Collaborative Practice in Wholistic Care

Presenters: Catherine Baxter; Erica Zacharias LPN
Corresponding author: Elsie Millerd, RN, BN, Master of Theological Studies

Abstract

Parish or faith community nursing is a specialty practice which promotes wholistic health in a faith community. It uses skills in health teaching and counselling, resource referral, advocacy, and collaboration with an emphasis on the integration of faith and health. Standards of practice and education for this specialty nursing are reviewed and updated through the Canadian Association for Parish Nursing Ministry and integrated with provincial standards of practice for all faith community nurses. The skills of faith community nursing can be transferred to all settings to provide integration of a spiritual component in whole person care. At the end of the presentation, participants will be more aware of how faith community nursing provides whole person care, collaborates with other community agencies, provides opportunities to support connection between individuals, and connects with other associations to improve the health of all Canadians across the lifespan. This presentation will include a review of current research and provide examples of parish practice collected from faith community nurses practicing in the field, highlighting the integration of leadership, education, policy and advocacy work, networking efforts, and research in the field. Participants will understand how faith community nursing practice fosters healthier, more resilient

communities by reducing barriers to access and support of health and bringing hope, peace, love, and joy to the everyday lives of the individuals with whom they connect. Implications for future research will be highlighted, including cost benefit of service, increasing research to provide evidence-based practice guidelines, and impact on general health and wellbeing.

90. Revolutionizing the future of health and well being: the paradigm shift to prevention and utilization of technology, data and AI

Presenters: Victoria Casas-Alcuaz, MSN, RN, CCRP, IHI, Fellow
Corresponding author: Victoria Casas-Alcuaz, MSN, RN, CCRP, IHI Fellow

Abstract

With the many challenges in healthcare today, including an aging demographic, increasing acuity and complexity of patients, and finite human and system resources, a major pivot is needed. This session examines how interoperability, advanced analytics, and automation are transforming health care delivery and reshaping nursing roles. It will explore how collaborative ecosystems and data-driven care optimize clinical decision making, patient outcomes, care individualization, workflow integration, and position Clinical Nurse Specialists as key players in system changes. In British Columbia, 20% of the senior population are frail, which can lead to reduction in function and quality of life, compounded by a lack of community resources to keep pace with the aging population. Upstream frailty prevention is key to slow down, prevent, or reverse decline, enabling a return to an individual's baseline function. Dementia management aims to help care partners and health care providers support people with dementia to live well at home, wherever home is. The objectives are to briefly describe Fraser Health Authority's Delirium Quality Improvement journey, show its relationship to frailty and ways to measure it, showcase collaborative frailty prevention and dementia management models, and democratize AI knowledge and harness the potential of digital tools and technologies to meet population and health system needs. Retrospective and prospective baseline metrics utilization across sites showed significant variations in patient acuity, volume, and complexity, further compounded by increasing frailty scores. Two knowledge translation projects are underway: the Geriatric Emergency Nurse Clinician Frailty Pathway Collaborative embedding the Clinical Frailty Score and Comprehensive Geriatric Assessment in processes, and the Regional Dementia Programming piloting Gentle Persuasive Approaches and PIECES Dementia Training in acute medicine to improve team communication, supports, and individualized, evidence-based care, increasing staff capacity to care for these patients. Partnering with Clinical Quality and Patient Safety, Patient and Employee Experience, Access and Flow, and providing subject matter expertise to support the regional analytics team in developing real-time patient safety indicators from Meditech, Expanse, and Expanse Lite systems will better integrate this work into a regional quality improvement governance structure. With a consistent presence in both acute and community-based practice settings, Clinical Nurse Specialists are positioned to facilitate adoption of AI, its use, and acceleration in health workforce learning and practice, which will require significant investments to build health workforce capacity, accelerate novice nurses' journey to competence, and narrow the experience-complexity gap.

91. Building Capacity to Lead: Specialized Charge Nurse Training Using Simulation

Presenters: Sue Bookey-Bassett, RN, BScN, MEd, PhD; Julia Fineczko, RN
Corresponding author: Sue Bookey-Bassett, RN, BScN, MEd, PhD

Abstract

As new graduate nurses enter today's complex healthcare environments, they are being asked to take on leadership roles such as charge nurse within a few months of starting their first job. In preparing nurses for such roles, a video-recorded, actor-based simulation was developed to strengthen College of Nurses of Ontario Entry-to-Practice competencies, particularly the Communicator, Collaborator, and Leader roles, within a rapidly changing adult acute care setting. This session describes an innovative academic-practice initiative that uses a video-recorded, actor-based simulation to support a specialized leadership and charge nurse training program in acute care. It highlights and justifies the teaching-learning design, including scenario structure, facilitation, debrief, and readings/framework mapping, used to customize learning for participants and describes how this approach can be adapted across different practice settings. Academic and senior practice leaders co-developed a three-hour train-the-trainer session for 13 educators and practice leaders, in which faculty role modeled the use of a leadership simulation in preparing staff nurses for charge nurse roles. The simulation focuses on the new graduate nurse acting in a charge nurse role and managing staffing and patient care situations. The scenario evolves through three scenes, which include changing staff availability in addition to a rapidly deteriorating patient. Participant feedback following the training indicated the session increased confidence and knowledge in clinical leadership and provided strategies for delivering education and opportunities to adapt content to different clinical units. Participants also noted how the session content can be used to guide teams in developing skills for managing difficult situations, considering equity, diversity, and inclusivity in clinical scenarios with staff, patients, and families, and supporting interprofessional approaches to patient care. This initiative strengthens frontline leadership capacity by equipping clinical educators and practice leaders with simulation-based strategies that prepare staff nurses for the complex demands of the charge nurse role. Practice implications include greater leadership readiness, stronger interprofessional collaboration, and improved quality and patient safety outcomes.

92. Optimizing End-of-Life Care: The Impact of Hospice Bed Availability on Health System Utilization

Presenters: Sarah-Jane Beaudry, RN, MSN; Anika Southam; Colleen Varcoe, RN
Corresponding author: Sarah-Jane Beaudry, RN, MSN

Abstract

Emergency department presentations and wait times are increasing among individuals with advanced, life-limiting illness, causing additional burdens on the health care system and distress for patients and families. Hospice bed shortages may contribute to crisis-driven emergency department use and hospital admissions near end of life. This knowledge synthesis aimed to examine the relationship between hospice bed accessibility and emergency department utilization in palliative populations. Learning outcomes include describing the association between hospice capacity and acute care use, identifying system-level barriers

influencing hospice access, and discussing implications for nursing practice and health system planning. A knowledge synthesis was conducted using systematic searches of several databases and relevant grey literature. Studies were included if they examined hospice bed availability, access, or capacity in relation to emergency department presentations, hospital admissions, acute care utilization, and cost-effectiveness of care among adult palliative populations. Quantitative and qualitative studies were eligible. Due to heterogeneity in study design and outcome measures, findings were synthesized narratively. Evidence consistently demonstrates that increased hospice bed accessibility is associated with reduced emergency department presentations, fewer hospital admissions, and shorter hospital lengths of stay in the last months of life. Timely hospice admission supports proactive symptom management, advance care planning, and caregiver support, thereby reducing crisis-driven emergency department visits. Identified barriers include limited bed capacity, delayed or late referrals, prognostic uncertainty, and geographic disparities in hospice resources. While causality cannot be definitively established, hospice accessibility emerged as a modifiable systems-level factor influencing end-of-life care trajectories. For nurses, improved hospice access enhances the ability to deliver goal-concordant, comfort-focused care and supports earlier advance care planning discussions. For health systems, optimizing hospice bed capacity may reduce avoidable emergency department utilization, alleviate acute care pressures, and improve resource allocation. For clients and families, timely hospice access promotes quality of life, symptom control, and death in the preferred setting. Findings underscore the importance of integrating hospice capacity planning into broader palliative care and emergency care strategies.

93. Clinical Nurse Specialist Leadership in Implementing a Psychiatric Emergency Service Model of Care

Presenters: Tasha Penney, RN, BScN, MN, CPMHN(c), PhD(c)
Corresponding author: Tasha Penney, RN, BScN, MN, CPMHN(C), PhD(c)

Abstract

This presentation describes the role of a Clinical Nurse Specialist in implementing a new Model of Care for a psychiatric emergency service within a community hospital Emergency Department. The focus is on the development of structured workflows and procedures to support emergency mental health care during service transition. Participants will be able to describe how Clinical Nurse Specialist expertise can guide implementation of a new Model of Care in an emergency setting, identify practical strategies for developing workflows and procedures that support emergency mental health services, and recognize the systems-level contribution of the Clinical Nurse Specialist role during organizational change. As part of implementing a new Model of Care, a Clinical Nurse Specialist led the development of structured workflows and procedures to support the psychiatric emergency service. The work included conducting environmental scans, reviewing peer hospital models, participating in site consultations, and engaging internal and external stakeholders across emergency medicine, psychiatry, nursing leadership, and operational teams. Through ongoing collaboration, the Clinical Nurse Specialist translated specialty psychiatric nursing knowledge into operational workflows and clinical procedures aligned with the new Model of Care. Key insights include that the Clinical Nurse Specialist role provides structure and direction during service transition; environmental scanning and stakeholder engagement strengthen implementation; Clinical Nurse Specialist-led procedural development supports consistent practice in high-acuity settings; and the

value of the Clinical Nurse Specialist role extends beyond direct care to shaping practice environments and guiding system change. This initiative demonstrates the contribution of the Clinical Nurse Specialist role during implementation of a new Model of Care in a complex emergency environment. By leading environmental review, stakeholder consultation, and procedural development, the Clinical Nurse Specialist supported alignment between specialty practice and operational change. For organizations undergoing similar transitions, the Clinical Nurse Specialist role offers expertise in translating specialty knowledge into practical structures that support implementation and interdisciplinary collaboration.

94. Assessing the Knowledge and Practice Gap in Specialized Paediatric Practice For Nurse Practitioners in Canada

Presenters: K Leasa Knechtel, RN, MN, CPC(HC)
Corresponding author: Leasa Knechtel, RN, MN, CPC(HC)

Abstract

This poster will describe outcomes from a gap analysis on Nurse Practitioner (NP) educational preparation for specialized paediatric care across practice settings in Canada. By the end of this presentation learners will be able to: Describe factors influencing the widening knowledge and practice gap in paediatrics for NPs; Discuss needs and preferences for education preparation, including Continuing Professional Development (CPD) pathways, expressed by NPs and leaders; Discuss implications for NP workforce and paediatric care across settings related to accessible education pathways. Approach: The project purpose, conducted September 2024-June 2025, was to explore the preparation gap for NP paediatric practice, and inform potential CPD programming. Project drivers included the shift to a pan-Canadian all-ages NP licensure exam that compresses exposure to speciality paediatric content in NP graduate education (CCRNR, 2024), along with labour market concerns regarding pipeline readiness and succession planning. Mixed data sources were employed, including survey, interviews, and focus groups reaching NPs, employers, and professional leaders across Canada. An environmental scan included a review of programs, policies and curriculum from leading providers of NP education across Canada and the United States. Key insights: 1) NPs with paediatric competencies are well positioned to provide much needed primary and subspecialty care to children and youth across Canada, 2) Gaps exist in paediatric expertise among NPs at entry to practice, when transitioning to new practice settings, and in caring for growing sub-specialized populations (e.g. mental health, palliative care), 3) Employers and NPs endorse the need for accessible, affordable, high-quality education pathways, led by expert faculty with graded evaluation of learning, 4) Recruitment and retention of NPs with competency in paediatrics is a pressing need across settings, and 5) Committed resources to fund NPs in specialty paediatric preparation are lacking in most jurisdictions. Implications: This gap analysis forms the basis of a CPD instructional design process to plan and implement accessible, high quality educational programs for NPs in the specialized practice of paediatrics. Intention is to close the gap in specialized knowledge for those entering NP practice, transitioning to new practice areas, or those seeking to maintain competency and acquire new knowledge to meet evolving paediatric population needs. With >1 in 10 children unattached to primary care, upskilling of NPs offers the potential to strengthen the confidence and competence of the workforce pipeline, improve access and health outcomes for the paediatric population across Canada (Premji, K.et al., 2023).

95. Building Wound Care Capacity in Long-Term Care Through Specialty Knowledge

Presenters: Sue Bookey-Bassett, RN, BScN, MEd, PhD
Corresponding author: Sue Bookey-Bassett, RN, BScN, MEd, PhD

Abstract

Skin conditions such as pressure injuries and infected surgical wounds contribute to prolonged suffering and poor quality of life for residents in long-term care and add to direct costs exceeding $4 billion dollars in Ontario's health-care system. Prevention of wounds and wound complications underscores the need for enhancing specialized knowledge through comprehensive, practice-based training programs for clinicians, along with a continuous quality improvement approach for organizations. This presentation outlines the implementation and evaluation of the Accredited Wound Care Champion Program and the Skin Health Program for Personal Care Providers in the long-term care sector in Ontario. For both programs, the content, delivery, learner experiences, outcomes, and resulting practice changes are described. For the Accredited Wound Care Champion Program, the impact of specialty skin and wound care knowledge in facilitating, spreading, and sustaining practice change was also explored. A mixed-methods evaluation design was used. This included pre- and post-program learner surveys to evaluate program fidelity, content relevance, perceived program impact, outcomes, and overall satisfaction. Evidence of knowledge transfer and application included review and analysis of learner responses in online discussion forums and reflective practice portfolios, documenting workplace practice changes. Multi-level impacts for both programs included increased learner knowledge, skill, and confidence related to ability to provide wound care and skin health promotion; extensive practice changes to promote skin health and provide evidence-based wound care; increased capacity to lead the wound care team and related programs; and increased ability of personal support workers to contribute as members of the team in the first line of defense in creating skin-friendly long-term care homes. Specialty clinical knowledge coupled with knowledge in change management arms clinicians with powerful tools to make a difference in practice leading to improved patient outcomes. Clinicians with specialty knowledge in wound care and skin health are instrumental in extending the contributions of all members of the team through delegation, supervision, and teaching to maximize outcomes.

96. Advancing Interpretation of Continuous 4 Channel Electroencephalography in Critical Care Patients with Traumatic Brain Injuries

Presenters: Sai Parameswaran, RN
Corresponding author: Sai Parameswaran, RN

Abstract

Seizures are prevalent in up to 50% of critically ill patients with neurological abnormalities. Electroencephalography is used to detect seizures and other conditions. Continuous full montage electroencephalography is not available at this time and, when used, only captures a short interval of a patient's clinical status. Continuous four-channel electroencephalography has now been implemented in the ICU to allow for 24-hour monitoring. Currently, there has been minimal education for bedside nurses on

the basics of electroencephalography waveforms. The objective of this quality improvement project was to optimize use of this technology by advancing standards of practice through education for frontline staff. This initiative will foster more interprofessional collaboration between nursing and the physician team and ultimately lead to early intervention for critically ill patients. This quality improvement initiative was conducted as part of the TAHSNp Health Innovation Fellowship Program. Methods began with developing a knowledge base and a plan for establishing a new standard of practice for electroencephalography interpretation. The information gathered was consolidated into a lesson plan and, after success with an initial pilot group, lessons were conducted with nursing staff. A total of 48 staff have been trained. Upon completion of the education, a quiz was used to assess effectiveness of the education. Results showed that over 80% of staff scored above the 70th percentile. Surveys were also conducted to measure improvements in confidence rates for electroencephalography interpretation. The majority of staff experienced at least a 20% improvement in confidence after the education session was completed. As patient care continues to advance, this education tool offers one improvement as seizures and other neurological abnormalities can be detected early and monitored continuously. Four-channel electroencephalography can detect approximately 70% of non-convulsive seizures, making it an ideal alternative when formal electroencephalography is not available. This technology is highly functional in various capacities, including modifying therapies and serving as a prognostication tool in the ICU. Its utility can be truly optimized through education of frontline staff for the benefit of critically ill patients.

97. Beyond Borders: Experiential Student Experience to Strengthen Advanced Nursing Education

Presenters: Alyssa Cicigoi, RN, MN i; Alanna Bouffard-Atkinson
Corresponding author: Alyssa Cicigoi, RN, MN

Abstract

This poster explores how international experiential learning strengthens nursing knowledge and prepares Master of Nursing - Advanced Nursing students for advanced practice roles within complex health systems. The objective is to discuss the impact of a newly established international partnership on student development and examine how exposure to a different healthcare system enhances leadership capacity, cultural humility, and system-level thinking. Participants will gain insight into how experiential global learning supports the development and recognition of nursing practice, strengthens interprofessional collaboration, and fosters competencies essential to improving equitable care and health system sustainability. As part of the Master of Nursing - Advanced Nursing curriculum, students travelled to Norway to experience an international healthcare system. The initiative included healthcare site visits across care settings, discussions with Norwegian healthcare providers, leaders, and educators, and structured faculty-guided reflection sessions. Emphasis was placed on examining how specialized nursing roles, education pathways, and policy frameworks are supported within Norwegian system structures. Insights were synthesized through collaborative debriefing with Norwegian healthcare representatives and a formal reflective presentation delivered to home faculty upon return to Canada. Key insights included a strengthened understanding of how nursing knowledge contributes to quality improvement, innovation, and coordinated care delivery. Students grew as leaders, thinkers, and collaborators. Growth was identified in leadership identity, critical thinking, advocacy awareness, and appreciation for the structural

mechanisms that enable advanced nursing roles to influence policy and practice. This experiential learning opportunity in an international setting enhances capacity as advanced practice nurses working in Clinical Nurse Specialist and Professional Practice roles. International experiential learning serves as a mechanism to advance nursing practice by fostering leadership development. This learning allows students to engage with diverse perspectives, deepen their understanding of advanced nursing, and consider how such experiences shape preparation for future roles in complex health systems. Experiential learning in advanced nursing education empowers learners to contribute meaningfully to research, education, policy, and advocacy to drive systemic change and enhance the delivery of equitable healthcare.

98. Implementing an Organization-Wide Nurse-In-Charge Role to Advance Mental Health Nursing Practice

Presenters: Shruti Patel, RN, BScN, MN, PhD(c); Haley Ashe; Dani Nanton; Kim Breen
Corresponding author: Shruti Patel, RN, BScN, MN, PhD(c)

Abstract

Given the rising aB5uity, workforce pressures, and increasing complexity across mental health settings, strengthening specialty mental health nursing leadership at the point of care is essential to ensure safe, therapeutic care. This initiative involves the enhancement of the organization-wide Nurse-In-Charge role across The Royal Ottawa Health Care Group, in alignment with the Canadian Federation of Mental Health Nurses Canadian Standards of Practice for Psychiatric-Mental Health Nursing. The objectives are to operationalize specialty standards in daily practice to ensure high quality and comprehensive care, strengthen clinical leadership, critical situation management, and therapeutic milieu oversight to improve the patient experience, and improve quality and safety while optimizing resource utilization and supporting sustainable mental health care delivery. A phased approach involving engagement with patient care frontline nurses, clinical nurse educators, managers, and interprofessional colleagues is being developed to define role clarity and accountability. Nurse-In-Charge competencies are being mapped to Canadian Federation of Mental Health Nurses standards, including domains related to therapeutic relationships, leadership, rapid response to changing clinical presentations, and quality assurance. Implementation involves standardized role descriptions, competency-based orientation and education, mentorship pathways, daily safety huddles, escalation algorithms, and formalized communication processes to ensure continuity across shifts and care transitions. An evaluation framework is in development to ensure measurement of clinical, operational, and workforce outcomes associated with consistent Nurse-In-Charge coverage. This will include coordination during high-acuity situations, trends in communication-related safety events, frontline nurse confidence in managing complex presentations, access to real-time clinical consultation, leadership accountability, and effective resource utilization. By embedding a structured Nurse-In-Charge role, specialty mental health nursing standards are translated into operational practice. For nurses, this reinforces professional identity, accountability, and evidence-informed decision-making. For health systems, it enhances patient flow, mitigates risk, and supports workforce sustainability. For patients and families, it improves therapeutic engagement, responsiveness during crises, and continuity of care. This model demonstrates how specialty mental health nursing expertise in a leadership capacity can act as a critical driver for health system improvement.

99. Specialty Education for Primary Care Nursing Practice: Expanding the UBC Okanagan Micro-Credential Model to LPNs

Presenters: Shannon Moore, RN(c), MSN
Corresponding author: Shannon Moore, RN(c), MSN

Abstract

Primary care transformation in Canada requires nurses prepared with specialty knowledge in comprehensive assessment, chronic disease management, prevention, care coordination, and culturally safe, population-responsive practice. Yet variability in entry-to-practice preparation contributes to differences in assessment depth, clinical reasoning, and professional autonomy across nursing designations. As team-based primary care expands, clearly defined roles and structured educational pathways are essential to support safe, effective, and optimized scope of practice for both registered nurses and licensed practical nurses. The University of British Columbia - Okanagan Primary Care Nursing Practice Micro-Credentials were developed to strengthen registered nurse-level specialty preparation for primary care. Building on early success, the program is now expanding to include a licensed practical nurse pathway to prepare licensed practical nurses for entry into the existing micro-credentials. This presentation examines the micro-credential model and bridging initiative as a strategy that strengthens evidence-informed nursing practice, enhances role clarity, and supports optimized scope across nursing designations. Learning outcomes include explaining how competency-based micro-credentials function as enabling infrastructure for specialty primary care nursing practice, describing how a licensed practical nurse bridging pathway can support safe transition into advanced primary care education while strengthening interprofessional role clarity, and translating core design principles from the micro-credential and bridging model into adaptable strategies for inclusive specialty nursing education. The micro-credentials are stackable, flexible educational offerings delivered online with structured practice integration. Curriculum domains include comprehensive health assessment, case management and care coordination, prevention and screening, and culturally safe care for diverse populations. Content is aligned with regulatory competencies and evidence-informed clinical guidance to ensure direct applicability to practice. The proposed licensed practical nurse bridging pathway consists of two preparatory courses designed to address differences in assessment depth, clinical reasoning, scholarly expectations, and scope-based accountability. The curriculum maps practical nurse entry-level competencies against micro-credential learning outcomes to support readiness. Development includes engagement with primary care leaders, educators, regulators, and professional nursing organizations. Preliminary evaluation data from registered nurse cohorts demonstrate increased confidence in comprehensive assessment, integration of prevention protocols, and strengthened collaboration within team-based environments. The bridging pathway will be evaluated using learner preparedness, confidence, and transition experience measures to assess impact on role enactment and educational access. This initiative is relevant to a broad audience seeking strategies to strengthen specialty practice. By expanding access through a licensed practical nurse bridging model, the initiative advances inclusive workforce development, supports optimized scope across nursing roles, strengthens team-based care, and contributes to improved access and quality within Canada’s evolving primary care system.

100. From Surviving to Thriving: Embedding Physiotherapy Within an NP-Led Breast Cancer Survivorship Clinic

Presenters: Christine Eisma, RN(NP)
Corresponding author: Christine Eisma, RN(NP)

Abstract

Breast cancer is the most commonly diagnosed cancer among females and represents the largest proportion of new cancer cases at CancerCare Manitoba. As survival improves, a growing population of survivors experience long-term treatment-related sequelae including fatigue, musculoskeletal pain, deconditioning, anxiety, and impaired quality of life. This abstract describes the development and implementation of a Nurse Practitioner-led referral pathway integrating publicly funded physiotherapy into a structured survivorship clinic. Attendees will understand the evidence linking post-diagnosis physical activity to improved survivorship outcomes, examine scalable Nurse Practitioner-led rehabilitation and survivorship models, and identify strategies to address financial barriers to equitable rehabilitation access. The Breast Thrivership Clinic, a Nurse Practitioner-led survivorship program, is establishing a structured referral pathway connecting early-stage breast cancer survivors to partnered physiotherapy clinics across Manitoba. Eligible patients are screened using the Physical Activity Readiness Questionnaire and functional assessments. Participants complete an eight- to twelve-week physiotherapist-supervised program emphasizing aerobic and resistance training aligned with national survivorship guidelines. Program costs are fully covered through grant funding to eliminate financial barriers. Outcomes are measured at baseline, post-intervention, and six months using validated tools including the Cancer Fatigue Scale and EORTC QLQ-C30. Referral volume, attendance, and functional outcomes are tracked through institutional databases. Evidence demonstrates supervised exercise reduces cancer-related fatigue, improves mood and sleep, enhances bone mineral density, lowers inflammation, and may reduce recurrence and mortality risk. Early implementation anticipates serving 50 to 75 survivors within two years, with projected completion rates of at least 70% and clinically meaningful improvements in quality-of-life scores. Embedding physiotherapy within a Nurse Practitioner-led survivorship pathway operationalizes national survivorship guidelines while advancing health equity. Removing financial barriers addresses disparities in rehabilitation access and reduces preventable chronic disability. The model leverages existing Nurse Practitioner infrastructure and community partnerships, demonstrating a sustainable, multidisciplinary framework aligned with person-centered care, coordinated service delivery, and system stewardship priorities. This initiative offers a replicable template for integrating rehabilitation into oncology survivorship across Canadian jurisdictions.

101. Engaging Nurses in Bioethics Spaces

Presenters: Monique Visser; Josée Bonneau
Corresponding author: Virginia McLaughlin, RN, MHSc, HEC-C

Abstract

The establishment of ethics committees and the growth of practicing healthcare ethicists within health systems over the last several decades have provided clinicians facing complex, value-laden decisions with support. However, nurses face difficult ethical questions daily for which they may not always seek ethics-

specific support. Instead, those individuals may utilize the expertise of their colleagues, nursing codes of ethics, policies, and reflect on their nursing school ethics education. While these can all be helpful, they may not meet the needs or scope of interest of a nurse regarding nursing ethics. Nurses may also expand their knowledge of nursing ethics through further education. However, obtaining ethics-specific training may not be feasible, either financially or due to time constraints, or may not be of interest. While some sites may offer ethics-related education sessions, they do not always focus on ethical issues relevant to nursing care. Recognizing the unique ethical considerations that arise in nursing, and the benefit of creating space for nurses to connect to discuss nursing ethics-related topics, the Canadian Bioethics Society-Société canadienne de bioéthique established two nursing-specific groups: Ethics in Nursing and the Nursing Student/Early Career Nurses Ethics Interest groups, which are led by nurses with advanced training who work within healthcare ethics and nursing education. In the spring of 2025, the Ethics in Nursing interest group set up quarterly virtual meetings with participants from across the country, working in a variety of nursing and non-nursing roles and with a broad spectrum of years of experience. The group has spent time discussing ethical issues in nursing practice and journal articles on ethics in nursing. In the fall of 2025, the Nursing Students/Early Career Ethics interest group launched, creating a national bilingual community of practice for nursing students and early-career nurses to help navigate the sometimes overwhelming and distressing experience of healthcare ethics issues. Healthcare work is value-laden, and nurses are likely to encounter ethically challenging situations within their practice regardless of where they work or their years of experience. Clinical ethicists, educators, and nurse leaders play an important role in creating spaces for discussion of nursing ethics. Without these spaces, nurses may experience moral distress as they manage complex ethics issues. This poster will review the value and function of these two interest groups. Building nursing ethics spaces has the potential to create more resilient clinicians who are confident in discussing ethics issues that impact their practice.

102. Knowing the Community: Rural and Remote Nursing as Specialty Knowledge in Action

Presenters: Michael-Ann Miller, RN, BSN; Deanne O'Rourke EN
Corresponding author: Michael-Ann Miller, RN, BSN

Abstract

Rural and remote nursing in Canada is frequently described as "generalist" practice; however, the complexity, autonomy, contextual intelligence, and expanded scope required in these settings demonstrate that it is, in fact, a distinct specialty nursing practice. The Canadian Association for Rural and Remote Nursing developed Knowing the Rural Community: A Framework for Nursing Practice in Rural and Remote Canada in 2020 to articulate the specialty knowledge underpinning safe, equitable, and high-quality care for the 5.9 million Canadians living outside major urban centres. This presentation will introduce the Canadian Association for Rural and Remote Nursing framework and its evidence-informed development, demonstrate how rural and remote nursing specialty knowledge improves client experience and health outcomes, and identify systems, structures, and policy mechanisms required to recognize and strengthen rural and remote specialty practice nationally. The framework was developed through a focused review of international rural nursing literature, synthesis of Canadian rural health research, integration of determinants of health frameworks, and national expert review across regulated nursing groups. Five

intersecting domains emerged: larger societal determinants of health; the role of place, including geography, weather, and distance; community context; rural and remote nursing interactions; and health outcomes. Key insights demonstrate that rural and remote nurses practise as “expert generalists” with expanded competencies, advanced assessment, interprofessional leadership, and ambiguity tolerance. Specialty knowledge includes navigating blurred professional boundaries, cultural safety in small communities, environmental and climate impacts on health, and systems-level advocacy to address structural inequities. The framework positions rural and remote nursing as essential to health system sustainability, particularly in regions facing workforce shortages, geographic isolation, and climate vulnerability. Recognizing rural nursing as specialty practice supports appropriate education pathways, certification mechanisms, workforce planning, telehealth integration, and policy reform. By making visible the contextual expertise required to deliver safe care across acute, primary, public health, and community settings, the framework strengthens intraprofessional and interprofessional collaboration while advancing health equity. Rural and remote nurses are not simply filling gaps in the system; they are leading adaptive, place-based innovation that improves continuity of care and anchors community-based solutions.

103. Enhancing Nursing Support for Patients Using Cannabis: A Qualitative Study Exploring the Experiences of Canadian Women Living with Fibromyalgia

Presenters: Samantha Holmes, RN, BScN, MSc
Corresponding author: Samantha Holmes, RN, BScN, MSc

Abstract

The objective of this study was to explore the experiences of Canadian women with fibromyalgia who use cannabis for symptom management. Findings reveal that while cannabis can be a significant tool for self-management, a gap exists between patient use and healthcare provider involvement. Learning outcomes include describing the challenges women with fibromyalgia face when seeking professional guidance for therapeutic cannabis use, identifying opportunities for nurses to provide nonjudgmental, person-centred support for chronic pain patients, and discussing how specialty nursing knowledge can improve safety and quality of care for patients navigating cannabis therapeutically. Using a qualitative descriptive design, semi-structured Zoom interviews were conducted with fifteen adult women across six Canadian provinces. Data were analyzed using reflexive thematic analysis. Key insights included cannabis as medicine, with participants framing cannabis as a legitimate therapeutic tool and often reporting it as more effective than traditional pharmaceuticals for managing pain and sleep disruption. Participants also described “navigating without a map,” with many reporting limited clinical guidance around therapeutic cannabis use, leading some to rely on trial and error, dispensary staff, or peer networks to inform their decisions. Knowledge was identified as the foundation for partnership. Formal education on therapeutic cannabis remains limited in nursing curricula, meaning providers may be ill-equipped to offer guidance despite patient need. Participants expressed a desire for providers willing to engage openly with their experiences, highlighting an opportunity for nursing education to meaningfully close this gap. This research highlights a systemic education gap with direct implications for specialty nursing practice. Nurses equipped with foundational cannabis knowledge are better positioned to move patients from self-directed care toward supported, collaborative partnerships. Actively incorporating patient-reported experience into care

planning strengthens therapeutic relationships and improves the safety and quality of chronic pain management, making nursing-specific cannabis education both timely and essential.

104. Describing the development of a research study grounded in clinician-academic collaboration: The origins of a study of Manitoba emergency nurses

Presenters: Jillian Isleifson Bright; Brenda Peters, RN(NP), PhD
Corresponding author: Brenda Peters, RN(NP), PhD

Abstract

A bedside emergency department nurse observed significant nursing staff turnover following extensive government reorganization of emergency services delivery. The loss of experienced emergency department nurses led to disruption in institutional knowledge, increased stress on remaining staff, and detrimental effects on nursing morale. This prompted the nurse to question the reasons staff were leaving and whether those nurses who left would propose solutions for the workplace challenges. Concurrently, a Clinical Chair position was created with the intent of promoting nursing research and evidence-informed nursing practice. The bedside emergency department nurse believed that research on these questions was needed and hoped that solutions proposed by nurses in clinical practice could impact the health policy of a newly elected provincial government and provide insight to employers. The bedside nurse reached out to the Clinical Chair to discuss the potential for research on these questions, and collaborative objectives and opportunities were identified. The learning outcome is to understand the relevance and importance of clinical-academic collaboration. Consultation between the Clinical Chair team and the bedside nurse identified the optimal approach to investigating this question would involve the use of Chair resources to develop all aspects of a research study. The clinical perspective was embedded throughout the process via an advisory committee of current and former emergency department nurses, including the nurse whose question led to the academic-clinical collaboration. The outcome of the collaboration was a province-wide study of nurses who worked in emergency department and urgent care settings in the preceding three years, titled MENDERS: Manitoba Emergency Nurses: Discovering Effective Solutions for Work-Related ChallengeS. Data analysis is ongoing with results anticipated in 2026. The partnership between academia and bedside nurses demonstrates the importance of a Clinical Chair program in building bridges, providing opportunities for bedside nurses to participate in research, and operationalizing a practice-based question into a completed research project. The nurse whose initial questions led to this project is now completing graduate studies in nursing and receiving advanced research training as part of the Chair program. A Clinical Chair program, developed in collaboration between the University of Manitoba, HSC-Winnipeg, and the HSC Foundation, has been an effective approach to promoting research grounded in clinically important research questions formulated by bedside nurses, driving nursing engagement in research and innovation in practice, with the pending deliverable of study findings that will be disseminated broadly, including to health and governmental leaders.

105. Using an APP Evaluation Model When Choosing Patient-Accessible Mental Health APPs

Presenters: Aideen Carroll, RN, BScN, MA
Corresponding author: Aideen Carroll, RN, BScN, MA

Abstract

Increasing awareness and providing education for staff on using: 1. The American Psychiatric Association, APP Evaluation Model, developed in 2017, which provides a framework for decision making on recommending an app using the five principles of 1) access and background, 2) privacy and safety, 3) clinical foundation, 4) usability, and 5) therapeutic goal. 2. The Mental Health Commission of Canada, Assessment Framework for Mental Health Apps, developed in 2023, using the seven principles on recommending an app, which are 1) data, 2) professional assurance, 3) clinical safety, 4) usability and accessibility, 5) technical security, 6) cultural safety, social responsibility and equity, and 7) enhanced data sovereignty. AIM: This poster will outline the advantages and challenges of mental health apps, and explain the importance of using a standard app evaluation model when choosing mental health apps with patients. The poster will outline two standard app evaluation models the American Psychiatric Association, App Evaluation Model (2017) and the Mental Health Commission of Canada Assessment Framework for Mental Health Apps (2023). Background: Currently there are 2.1 billion smartphone users in the world and about 5 million apps (Statista.com). An "app": application software, which first appeared in 2008 is a "Software program that has been developed to run on a computer/mobile device to accomplish a specific purpose" (Ventola, 2014). The specific purposes for which apps are used in mental health include: symptom monitoring, appointment reminders, patient education/resources, symptom self-management, psychological therapy, self-guided interventions to name a few purposes. In fact, "Mobile health apps have the potential to provide discreet access to mental health services in cultures where services are limited or health problems are highly stigmatized." (Jones et al. 2014). However, apps have also been identified with many challenges including lack of standardized quality control, lack of evidence-based clinical expertise in app design, lack of standardized assessment evaluation tool (only star-rated), lack of formalized review before app is marketed and lack of professional guidelines from clinical organizations. The objective of this poster presentation is to discuss the advantages and challenges of mental health apps, to explain the process on using two standardized mental health app evaluation models, and to describe some popular anxiety and depression symptom management apps. Thus, empowering both staff and patients to have an informed discussion when choosing mental health apps within the therapeutic relationship.

106. Understanding children's distress to ensure safety: A Nursing suicide assessment process

Presenters: Nathalie Maltais, RN, PhD; Shingai Siyadanga RN
Corresponding author: Nathalie Maltais, RN, PhD

Abstract

Healthcare professionals all play an important role in suicide prevention is, especially nurses working in mental healthcare settings. Hence, suicide risk assessment varies from one setting to another and is not always conducted systematically. Furthermore, to our knowledge, there is no information on this type of

risk assessment process regarding children under 12 years old. This topic is particularly difficult to explore and understand in a society where children are expected to grow up healthy and happy. Nurses often share this perspective. The aim of this study is to describe, understand and schematize nurses' suicide risk assessment process with children under 12 in a mental health setting. The background of this study is the humanistic person-centered model in nursing - UdeM. This model includes individual significant interpersonal relationships, subjective experience of care and meaning. Strauss et Corbin's (1998) approach in grounded theory was used to conduct this study. Using theoretical sampling, data was obtained through 11 semi-structed interviews with nurses working in five different administrative regions in the province of Quebec (Canada), nurses' documents, socio-demographic questionnaires, and field notes. A constant comparative analysis of the data across triple coding allowed a better understanding and a schematization of the nurses' suicide risk assessment process with children. The process includes two main phases relating to nurses' actions : (1) Understanding the meaning of the child's distress, and (2) Ensuring the child and their family's safety. The different elements involved in each phase are not exclusive to one phase or the other. In fact, characteristics of nurses (temperament, beliefs and perceptions, past experiences) interact with those of the child and his or her family (suicidal ideations or behaviors, level of understanding of the concept of death, mental health state, family dynamics and attitudes, parents' perceptions and beliefs). This interaction can produce both positive and negative impacts. The environment (health and services organization) where this interaction occurs can also impact the entire assessment process. Our findings reveal that for both phases of the assessment process with children, nurses have to take in account the developmental aspect of the child and must use precaution to maintain their empathic posture, to avoid being overwhelmed by emotions. Doing so will help lessen the level of emotional intensity for the nurse during the whole process and improve their interventions with children presenting a suicidal risk as well their parents and suicide prevention in general.

107. Enhancing Staff & Patient Education and Bowel Monitoring in Individuals Receiving Clozapine

Presenters: Aideen Carroll, RN, BScN, MA
Corresponding author: Michelle Tanney, RN, BScN

Abstract

Outline the development and implementation process of an evidence informed educational curriculum for clinical staff aimed at enhancing knowledge of Clozapine Induced Constipation (CIC). Describe a patient educational pamphlet outlining the importance of bowel monitoring and early identification of constipation while taking clozapine. Describe the risks associated with Clozapine Induced Constipation (CIC) and Clozapine Induced Gastrointestinal Hypomotility (CIGH), and highlight the critical role of consistent bowel monitoring in promoting patient safety. Methodology: An educational needs assessment was conducted through informal stakeholder consultations and review of current practice gaps related to the monitoring and management of clozapine-associated gastrointestinal complications. An educational module was developed and delivered to interprofessional team members. Pre and post session questionnaires were used to evaluate changes in provider knowledge and confidence. At the same time, a patient educational pamphlet was co-designed with clinical staff and patient partners outlining the importance of monitoring bowel movements in patients taking Clozapine. Discussion: Clozapine is a second-generation antipsychotic

(SGA) approved for treatment-resistant schizophrenia. It is preferably started after an insufficient response with at least two prior antipsychotics (Haddad et al. 2018). Considered the "Gold-standard treatment for treatment-resistant schizophrenia" (Taylor et al. 2021), it is listed in the WHO Model List of Essential Medications (WHO. 2023). A well-known adverse effect of clozapine is agranulocytosis, requiring mandatory close monitoring of absolute neutrophil count. Neutropenia occurs in approximately 3-4% of patients on Clozapine with agranulocytosis occurring in 0.4-1% of patients on Clozapine (Mijovic et al. 2020). However, evidence from pharmacovigilance databases suggest that gastrointestinal complications are the leading cause of clozapine-related deaths (West et al. 2017). Clozapine-induced constipation (CIC) due to GI hypomotility affects approximately 30-60% of patients taking clozapine (Shirazi at al. 2016). Clozapine-induced constipation can progress to fecal impaction, bowel obstruction, paralytic ileus, megacolon, ischemia, and even death (Attard at al. 2019). Clinical reviews note a case fatality rate of ~18% in a bi national study of 43,132 clozapine users and lifetime risk estimates note fatality as high as 28% for life threatening Clozapine induced Constipation (CIC) and Clozapine Induced Gastrointestinal Hypomotility (CIGH) (Every-Palmer et al. 2020). Research indicates an educational gap exists in health care professionals re the risks of Clozapine Induced Constipation (Adams et al. 2024), and that it is not frequently explored with patients (Every-Palmer et al. 2020). Outcome This project strengthened interprofessional education on Clozapine-Induced Constipation (CIC) for community-based healthcare providers supporting patients on clozapine therapy.

Stream 4: The Power of Nurse/Co-Led Solutions on Well-Being & Retention

This stream focuses on nurse and co-led solutions that support workforce well-being and improve retention across health systems. Nurses represent over 40% of Canada's health workforce, yet retention challenges — particularly among those under 35 — highlight the urgent need for sustainable, supportive approaches to working conditions and professional practice.

Drawing on Health Canada's Nursing Retention Toolkit: Improving the Working Lives of Nurses in Canada, this stream explores key themes and values that contribute to healthier workplaces, including:

- Inspired leadership
- Flexible and balanced ways of working
- Organizational mental health and wellness support
- Professional development and mentorship
- Reduced administrative burden
- Strong management and communication
- Clinical governance and infrastructure
- Safe staffing practices

Sessions in this stream highlight initiatives that build capacity for nurses within and across health systems to prevent moral distress, vicarious trauma, psychological safety, and improve retention. It also explores outcomes related to recruitment and retention strategies, workplace excellence, and implementation science programs (e.g., Stellar Certification Program, Best Practice Spotlight Organization, EXTRA™ Fellowship Teams Program).

INTERACTIVE WORKSHOPS

108. A Pan-Canadian Conversation: Advancing Nursing Scholarship Strategies to Promote Nurse Retention

Presenters: Dr. Alyssa Indar, RN, PhD; Dr. Breanna Lloy, DN, RN-NP, FNPAC; Melanie Dunlop, MN, RN-NP, FNPAC; Sarah Crowe, MN, PMD-NP(F), CNCC(C), NP; Dr. Ruth Martin-Misener, PhD, RN-NP
Corresponding author: Dr. Alyssa Indar, RN, PhD

Abstract

In the current resource constrained healthcare landscape, Canadian nursing leaders have prioritized retention in their organizational strategies. Resources such as the Nursing Retention Toolkit (Health Canada, 2024) have provided nurse-led and evidence-based actions to drive retention. Among the Toolkit's themes, the need for Professional Development and Mentorship has been a focus for our group of

nursing leaders and researchers charged with supporting nursing research and scholarship in our jurisdictions, in partnership with academic institutions. Our roles differ in structure and mandate. Some members support nursing scholarship across hospital networks, whereas others provide focused supports for Nurse Practitioners or other specialized nursing groups across health authorities and organizations. Regardless of our span of influence, our group has formed a learning collective over the past year to discuss the opportunities and challenges of encouraging scholarship for Canadian nurses, with the ultimate goal of promoting retention. Objective: The purpose of this workshop is to: 1) create a space to share insights from lessons learned in promoting and supporting nurse-led research, quality improvement and/or program evaluation - that are strategically linked to organizational goals and 2) share strategies to evaluate the impact on nurse retention. Methods: In this workshop, our leadership panel will 1) provide an overview of the evidence linking nursing scholarship to retention, 2) share successful strategies and relevant challenges to supporting nursing research and scholarship from our local jurisdictions (British Columbia, Ontario, Nova Scotia), and 3) brainstorm feasible ideas to engage nurses (of all categories) in scholarly activities with corresponding evaluation plans. Key Insights: In addition to stimulating pan-Canadian discussion on the utility of nursing scholarship as a retention strategy, we anticipate that dialogue with attendees could result in the co-creation of new knowledge that provides insights on how to adapt strategies to support scholarship for specific nursing groups. For example, we have noted the high degree of supports available for new nurses but realize the need to provide retention supports for mid- or late-career nurses who reported feeling overlooked during the height of the pandemic-related nursing shortage (Buckley et al., 2025). Practice relevance and implications: The dialogue from this workshop will highlight the relevance of promoting a culture of scholarship across nursing roles (from frontline to the executive level) and across organizations and/or health authorities. We intend to co-create actionable strategies with attendees to strengthen nursing scholarship and retention.

ORAL PRESENTATIONS

109. Bridging More Than Skills: The Clinical Scholar Role in Supporting Internationally Educated Nurses in the ICU

Presenters: Viksit Bali, RN, BN, MHA
Corresponding author: Viksit Bali, RN, BN, MHA

Abstract

Aim To describe how an ICU clinical scholar role supported psychological safety, confidence rebuilding, and professional identity restoration among internationally educated nurses (IENs) transitioning to Canadian practice. Methods Using reflective practice methodology, I provided individualized mentorship to IENs and novice nurses as the unit's first ICU clinical scholar in a large academic ICU. The role integrated emotional support, validation of prior expertise, bedside coaching, and facilitation between learners, preceptors, and leadership. Qualitative data were captured through structured field notes and repeated debrief conversations over 12 months (2023-2024) with 15 IENs. Results IENs experienced self-doubt, fear of speaking up, and grief related to perceived loss of professional identity. When psychological safety and prior expertise were explicitly acknowledged, IENs more rapidly re-accessed existing critical care

skills, demonstrated increased clinical confidence, and engaged more actively in interprofessional communication. Within 3-6 months, nurses who received integrated support showed accelerated progression through competency milestones compared to standard orientation timelines. Implications for Nursing Leadership Supporting IENs requires more than technical orientation. Clinical scholar roles that integrate emotional, relational, and clinical support enhance IEN retention, equity, and safe practice-offering a scalable model for diverse nursing workforces. This approach may inform role development standards as Clinical Scholar positions expand across Ontario and other provinces.

110. Transforming Health Through Academic-Practice Collaboration: The Power of Nurses Driving Education, Research, and Clinical Excellence

Presenters: Amrutha Kumar, RN, BN, MHM, CHE, CPHQ; Charissa Cordon, RN, MN, EdD, CHE
Corresponding author: Charissa Cordon, RN, MN, EdD, CHE

Abstract

The Academic Practice Partnership (APP) was established in 2019 between a large healthcare organization and an academic institution to build a strong learning culture within the clinical setting and enhance the transition of nursing students to independent practice. This initiative aims to exemplify how an academic-practice collaboration can prepare the nurse of tomorrow through integrated excellence in practice, education, and research. Participants attending this session will: 1. Understand the APP framework and its alignment with the CNA 2026 theme of clinical education, practice innovation, and research . 2. Identify strategies to embed academic-practice collaboration into nursing education, clinical practice, and workforce planning. 3. Explore measurable outcomes demonstrating the APP's impact on staff engagement, patient outcomes, and system performance. Methods/Approach and Key Insights/Results Grounded in three pillars-Practice, Education, and Research, the APP operationalizes its mission through six core interventions: 1. Transformation of two inpatient units into Designated Education Units (DEUs) integrating learning within clinical practice. 2. Implementation of evidence-based guidelines and emerging technologies to promote best practices. 3. Longitudinal student placement within DEUs across their entire undergraduate program. 4. Strengthened collaboration between clinical instructors and nursing staff, ensuring shared responsibility for delivering curriculum outcomes. 5. Development of micro-credentialed research course to enhance staff capability as consumers of research but also as producers of research. 6. Supporting the professional development of clinical staff (ie. point of care nurses), thereby enabling them to become confident preceptors who are able to create an exceptional learning environment for learners. Evaluation findings indicate that DEUs, compared to similar acute medicine units, demonstrate higher staff engagement and patient experience scores, lower incidence of falls and pressure injuries, and shorter average patient length of stay. These data underscore the APP's measurable contributions to workforce satisfaction, care quality, and organizational outcomes. Practice Relevance and Implications The APP model offers a scalable framework for health organizations and academic institutions seeking to strengthen nursing education and retention amid ongoing workforce challenges. By integrating learning, research, and innovation directly into care environments, the model enhances practice readiness, supports evidence-informed care, and fosters a sustainable nursing workforce. For nurses, health systems,

and communities, the APP demonstrates how academic-practice partnerships can drive quality, inspire inquiry, and cultivate lifelong learning at the point of care.

111. Nurse Practitioner Well-Being and Retention: Nurse-Led Evidence to Strengthen Canada's Health Workforce

Presenters: Erin Ziegler, NP, PhD
Corresponding author: Erin Ziegler, NP, PhD

Abstract

Nurse practitioners (NPs) are the fastest growing regulated health professional group in Canada and play a critical role in improving access to high-quality, patient-centred care across diverse settings, including primary care, hospitals, long-term care, home care, corrections, and northern and remote communities. As the NP workforce continues to expand, understanding the factors that influence NP role implementation, job satisfaction, recruitment, and retention has become a national priority. Objectives and Expected Learning Outcomes: The purpose of this pan-Canadian study was to examine NP characteristics, practice setting factors, and regulatory and organizational policies that may influence NP role implementation, job satisfaction, and recruitment and retention. The presentation will enable participants to: (1) identify key individual, organizational, and policy drivers affecting NP satisfaction and intent to leave; (2) understand how practice environments and system design shape NP workforce sustainability; and (3) explore evidence-informed strategies to support NP well-being and retention. Methods/Approach and Key Insights/Results: This mixed-methods study included 1,363 NPs from all provinces and territories, making it one of the largest national examinations of the NP workforce to date. Survey and qualitative data explored demographics, practice settings, scope of practice, compensation, workload, leadership engagement, and organizational supports. Although the NP workforce more than doubled over the past decade, overall job satisfaction was low. NPs reported high satisfaction with intrinsic aspects of practice, including direct patient care, time with patients, and clinical autonomy. In contrast, dissatisfaction was widespread related to compensation, excessive workload, burnout, limited professional development opportunities, inadequate support for research and scholarship, and minimal influence in organizational decision-making. More than one-third of NPs reported thinking about or actively considering leaving their position, driven primarily by burnout, unmanageable workloads, and inadequate compensation. While regulatory barriers to full scope practice have decreased since 2018, organizational and funding constraints continue to limit role optimization. Practice Relevance and Implications: Findings highlight modifiable system-level factors that influence NP well-being and retention. Strengthening practice environments, modernizing remuneration and funding models, and implementing coordinated health human resource planning, including transition-to-practice supports and mentorship are critical to sustaining the NP workforce. Supporting NPs to thrive enhances workforce stability, improves access to care, and strengthens outcomes for clients, communities, and Canada's healthcare system.

112. Beyond Recruitment: A Co-Designed Policy Pathway for Internationally Educated Nurse Retention as System Infrastructure

Presenters: Linda-Ann Elobuike, RN, BN
Corresponding author: Linda-Ann Elobuike, RN, BN

Abstract

"I passed my NCLEX, I have fifteen years of experience across ICU, ED, CCU, dialysis and med surg, but I spent several months feeling like I was failing because no one had time to help me understand the unwritten rules." One in four registered nurses in some Canadian jurisdictions is internationally educated, yet up to 40% leave their first position within two years. We continue to recruit while losing experienced nurses who are already licensed, oriented, and committed to staying. This represents a failure of system design, not individual resilience. Objectives and Learning Outcomes Participants will identify three structural policy bottlenecks that drive IEN attrition post-licensure, apply a four-lever policy pathway aligned with CNA's 2025 Roadmap to their jurisdiction, and implement a 12-month evaluation framework that connects retention to access, quality, and workforce well-being outcomes. Methods and Approach This initiative translates CNA policy directions and Health Canada's Nursing Retention Toolkit into an actionable provincial framework. We conducted structured co-design sessions with IENs across acute, community, and long-term care settings, preceptors and leaders. An IEN-specific mentorship program currently operating in Alberta informed the practical design of transition supports. Thematic analysis identified four priority barriers: inconsistent onboarding standards, invisibility of IEN-specific stressors in retention data, unfunded preceptor capacity leading to rushed transitions, and absence of accountability for integration outcomes in health authority performance agreements. Policy Pathway Four interconnected actions form the pathway. First, establish pan-Canadian definitions and data standards for IEN integration and retention, with public reporting of jurisdiction-level indicators to drive accountability. Second, fund structured transition programs and protected preceptor time as workforce infrastructure, not discretionary support. Third, embed IEN retention targets and ethical integration expectations into bilateral accountability agreements between ministries and health authorities. Fourth, integrate workplace psychological safety and moral distress mitigation into retention strategies, recognizing that IENs face compounded stressors that erode intent to stay. Practice Relevance and Implications Retaining one IEN costs a fraction of recruiting and onboarding a replacement. IENs often work in underserved and rural communities where retention directly improves access for equity-deserving populations and addresses social determinants of health. When systems invest in structured integration, IENs report stronger professional identity, preceptors experience reduced burden, and units see measurable improvements in continuity and patient outcomes. Participants will receive a policy ask template, implementation checklist, and evaluation dashboard adaptable across contexts. Attendees will leave prepared to champion this pathway with executive teams and provincial policy tables.

113. Inspired Leadership for Integration and Retention: Evaluating a Nurse-Led Workplace Integration Program for Internationally Educated Nurses in Ontario

Presenters: Rola El Moubadder, RN, MQM, CNeD
Corresponding author: Ruth Wojtiuk, RN, BScN, MEd

Abstract

Background: Canada's nursing workforce crisis is increasingly shaped by persistent vacancies, rising acuity, and high turnover, with international recruitment positioned as a key strategy to stabilize health human resources. However, recruitment alone is insufficient. Without intentional leadership practices and organizational cultures that support inclusion, psychological safety, and professional integration, internationally educated nurses (IENs) remain at heightened risk for marginalization, underutilization, and early attrition (Lee & Wojtiuk, 2021). Guided by principles of inspired leadership (Health Canada, 2024) and Inspire Nursing: A LEADS-based Leadership (CNA, n.d.), this project examines a nurse-led, equity-oriented Workplace Integration Program (WIP) by the CARE Centre for Internationally Educated Nurses (CARE Centre) in response to national data indicating more than 41,000 vacant nursing positions in Canada (CIHI, 2024; CNA, 2024). Objective and Expected Learning Outcomes: This presentation describes the design, implementation, and early outcomes of the WIP and to identify leadership strategies that foster inclusive workplace cultures supporting IEN recruitment, transition, integration, and retention into the workforce. Participants will gain practical, evidence-informed approaches to operationalizing diversity, equity, and inclusion through leadership practice, education, and organizational processes. Methods/Approach and Key Insights/Results: From 2024 to the Fall of 2025, 50 customized WIP sessions were delivered to 22 health care organizations across Ontario using face-face, hybrid and virtual formats. Session content was co-developed with organizational key informants and informed by concerns identified by HR teams, nurse leaders, educators, preceptors, staff nurses and IENs. Sessions addressed topics include professional communication, client centred care, feedback and advocacy practices, scope of practice and cultural competence/humility. Post-session surveys demonstrated strong perceived value, with 94% of leaders and 99% of IENs agreeing that the information, resources, and ideas shared in the workshops helped develop new knowledge and/or skills and 92% of leaders and 94% of IENs indicating the workshops enhanced their current knowledge and/or skills. Similarly, 85% of leaders and 90% of IENs agreed the session topics were relevant to their professional needs and interests. Practice relevance and implications: Findings underscore the central role of nurse and interprofessional co-led leadership in shaping workplace cultures that move beyond deficit-oriented integration toward relational, strengths-based, and structurally informed approaches. The WIP illustrates how leadership-driven educational interventions can support smoother transitions, reduce role ambiguity, strengthen team functioning, and contribute to retention. The national expansion of CARE Centre's Pre-Arrival and Post Arrival Supports and Services program will extend this model across the recruitment-to-retention continuum, offering scalable, equity-centered solutions to workforce sustainability.

114. Applying the Canadian Nursing Retention Toolkit in a Regional Health System: A Nurse-HR Co-Led Summit Model to Strengthen Retention and Workforce Wellbeing

Presenters: Jacqueline Gordon; Christie Ruff, MM, BIS, CPHR, CHE
Corresponding author: Christie Ruff, MM, BIS, CPHR, CHE

Abstract

This initiative aimed to operationalize the Canadian Nursing Retention Toolkit (Government of Canada, 2024) within a large regional health system through a nurse-HR co-led Nursing Retention Summit. The goal was to engage frontline nurses in identifying actionable initiatives across the toolkit's core themes and to model a transparent, collaborative approach to improving workforce wellbeing. Expected learning outcomes include understanding how to convene an evidence-informed summit, analyze meaningful workforce data, and translate frontline insights into leadership priorities and retention strategies. Methods/Approach A two-day Nursing Retention Summit was convened with 75 participants, including frontline nurses, educators, managers, and informatics specialists from acute and community care settings. Structured facilitation guided participants through real-time workforce metrics: annual pulse survey findings, exit interviews, onboarding feedback, turnover trends, and absenteeism patterns. Using the toolkit's domains-such as inspired leadership, organizational mental health supports, professional development and mentorship, safe staffing, and strong communication-participants co-generated solutions intended to improve retention and psychological safety. The summit structure, facilitation methods, and analytic approaches will be shared as a step-by-step model for replication. Key Insights/Results Post-summit evaluation demonstrated strong trust, engagement, and perceived organizational responsiveness. Respondents reported: 96.2% felt leadership listens and acts 94.2% believed the summit will drive positive change 90.4% identified valuable wellbeing and safety information 88.2% found collaborative activities beneficial 94.1% felt heard and viewed the process as transparent Qualitative comments emphasized renewed passion for nursing, inclusive engagement, and a desire for more frequent summits. Themes included strengthened psychological safety, visible leadership accountability, and greater optimism about retention efforts. Practice Relevance/Implications This initiative demonstrates that a nurse-HR co-led approach grounded in transparent data and shared accountability can rapidly generate measurable, frontline-driven actions. The model is adaptable across Canadian jurisdictions and care environments and supports national priorities in nursing excellence, staff wellbeing, and sustained retention. The presentation will provide a replicable framework for organizations seeking to strengthen workforce culture, improve safety and wellbeing, and embed ongoing mechanisms for frontline voice and engagement.

115. Investing in Nursing Excellence and Retention: Pioneering the CNA Stellar Certification Program

Presenters: Alison Ha, MSc (OT), OT Reg. (Ont.); Jennifer Mokry, RSW, MHSc, MSW;
Corresponding author: Alison Ha, MSc (OT), OT Reg. (Ont.)

Abstract

University Health Network's Specialized Dementia Unit (SDU) is an innovative, regional psychogeriatric unit specializing in the care of patients with complex behavioural and psychological needs. To demonstrate its commitment to strengthening the nursing workforce and aligning with Health Canada's Nursing Retention Toolkit (NRT) (Health Canada, 2024), the SDU sought recognition through the Canadian Nurses Associate (CNA) Stellar Certification Program. As the first acute care affiliated unit in Canada to pursue this designation, the SDU ultimately seeks to empower nurses' voices through building a culture of shared governance, promoting professional development opportunities, and ensuring safe and supportive work environments. METHODS AND RESULTS Starting in July 2024, SDU implemented a multi-faceted strategy to pursue Stellar Certification, emphasizing leadership support, staff engagement, and strategic organizational preparation. As part of the submission, the SDU provided nurses' perceptions, anonymous survey data, and relevant organizational policies and procedures. Survey findings showed that 90 to 95% of staff reported that they can influence clinical practice, feel their voices are heard by leadership, have access to meaningful professional development opportunities, and receive timely responses to moral distress events. In April 2025, SDU was awarded Stellar Certification with Excellent Standing, embedding continuous quality improvement, and strengthening clinical governance and commitment to staff safety on the SDU. This recognition distinguishes SDU from other practice settings by modeling a supportive environment that prioritizes professional development, and actively enhances recruitment and retention in a competitive market. Stellar Certification has contributed to heightened awareness of the CNA's Gerontological Nursing Certification and the development of structured supports to enable SDU nurses to pursue this specialty certification. PRACTICE RELEVANCE The SDU can serve as a model for acute care settings seeking to align structures and practices with the NRT. By providing avenues for the nursing voice to be embedded in decision-making and directly heard from the Chief Nurse Executive, clinical governance structures allow nurses to actively engaged in co-led solutions. Professional development opportunities and mentorship support promote skill building and career growth. Finally, nurse well-being is nurtured through targeted training and structured communication pathways that promote psychological and physical safety, mitigate trauma risk, and ensure support during episodes of moral and emotional distress. Pursuing Stellar Certification provides a structure for organizations to evaluate current practices, measure outcomes, identify gaps and sustain continuous improvement, enabling healthcare settings to effectively implement the NRT in practice.

116. From Moral Distress to Sustainable Practice: Nurse-Led Strategies to Strengthen Psychological Safety and Retention

Presenters: Julie Atkinson, RN; Dr. Miranda Amundsen, PhD, RN, BSC, BSCN, MSN
Corresponding author: Julie Atkinson, RN

Abstract

Across Canada, many nurses are not leaving the profession because they lack resilience or skill; they are leaving because of the cumulative weight of moral distress, vicarious trauma, and the unspoken expectation to remain strong at all costs. This nurse-led workshop introduces a trauma-informed, evidence-aligned approach to strengthening psychological safety, professional identity, and sustainable practice as core retention strategies. Participants will learn to recognize early human and behavioural signs

of moral distress and vicarious trauma, understand how perfectionism and identity erosion contribute to burnout and disengagement, and apply a practical RESET framework — Recognize, Evaluate, Stabilize, Empower, Transition — to support individual nurses, teams, and leadership environments. Insights drawn from implementation-informed practice and mentorship-based application demonstrate improved nurse self-reported psychological safety, earlier recognition of distress signals, stronger ethical confidence, and increased intent to remain in nursing. Participants will leave with practical language, implementation-ready strategies, and one immediate nurse-led action they can apply to support well-being and retention within their teams, learning environments, or organizations.

117. Breaking the Silence: A Nurse-Led Open Mic Dialogue Series to Support Well-Being and Retention in Nursing

Presenters: Preet Kaur, RN, BScN, HBSc; Darlene Hutton, RN, BScN, MSN; Ramona Gheorghe, RN, BScN (Hons), MN

Corresponding author: Preet Kaur, RN, BScN, HBSc

Abstract

Nursing students and early-career nurses continue to report significant challenges related to workplace toxicity, burnout, and lack of psychological safety, contributing to disengagement and workforce attrition. In three recent national polls conducted by one of the authors with approximately 200 nursing students across Canada, over 50% reported experiences of bullying, incivility, and racism. While many initiatives aimed at addressing these concerns are embedded within organizational or academic structures, fewer nurse-led, neutral spaces exist where nurses and nursing students can engage in open dialogue without perceived power dynamics or institutional oversight. In response to this gap,nurses developed the Open Mic Dialogue Series, an independent, nurse-led initiative designed to create intentional spaces for reflection, peer connection, and shared learning across careers. This presentation describes the development and delivery of the Open Mic Dialogue Series and explores early insights from participant feedback. Following this presentation, participants will be able to: • Describe a nurse-led, independent dialogue model designed to support nurse well-being. • Identify key themes emerging from participant-led discussions related to workplace culture, burnout, and psychological safety. • Consider how neutral, nurse-co-led spaces, separate from employers or educational institutions, may uniquely support nurse well-being and retention. Methods and Key Insights The Open Mic Dialogue Series consists of four 60-minute virtual sessions delivered separately for nursing students and practicing nurses. Sessions are co-facilitated by experienced nurses using reflective, trauma-informed and holistic approaches. Each session includes a brief facilitated discussion focused on themes such as workplace toxicity, trauma, and self-care, followed by participant-driven open dialogue and a facilitated question-and-answer panel. Program evaluation is embedded within the initiative. Participants complete brief, anonymous post-session surveys consisting of Likert-scale and open-ended items assessing perceived confidence, psychological safety, validation, and relevance to nursing practice. Data collection is ongoing. Preliminary insights indicate strong engagement and highlight the value participants place on nurse-led, neutral spaces that support open storytelling, shared meaning-making, and peer connection without organizational constraints. Practice Relevance and Implications This nurse-led dialogue series aligns with national priorities related to nurse well-being, leadership, and retention while offering a distinct alternative to organization-based interventions. By

centering neutrality, lived experience, and peer-led dialogue, the Open Mic Dialogue Series demonstrates the potential of grassroots nursing leadership to address persistent cultural challenges within the profession. This model highlights how independent, nurse-co-led spaces may complement existing strategies by fostering psychological safety, professional connection, and sustained engagement in nursing practice.

118. Building Community to Close the Equity Gap: Establishing a Support Group to Support Black and Racialized Nursing Students

Presenters: Val-King Akubuobi (student); Shakerah Jones Hall, RN, BScN, MSN Ed, CCNE
Corresponding author: Shakerah Jones Hall, RN, BScN, MSN Ed, CCNE

Abstract

Black and racialized nursing students experience multiple challenges within nursing education that reflect broader issues of racism and racialization in academic settings 3,1. Students of color in nursing report experiences of invalidation, racial stereotyping, and isolation 1. These negative experiences contribute to stress, which can affect their academic performance and overall well-being 1. The structural nature of racism in nursing education also manifests through race-neutral policies and practices that inadvertently maintain racial inequalities 4. For example, Black and Racialized nursing students are more frequently referred to remediation and placed on supportive learning contracts 4. The subjective nature of evaluations and racially biased performance metrics within the clinical setting disproportionately disadvantage students of color, affecting their progression within nursing 4. These systemic issues contribute to lower retention and increased attrition rates among racialized students 4, 5. This presentation will discuss how a Black and racialized student support group at the University of Manitoba College of Nursing is currently being used to close the equity gap and build community for Black and racialized nursing students, and how other schools of nursing could adapt this approach. Participants will be able to: 1. Describe strategies for designing interventions that reduce inequities experienced by Black and racialized nursing students. 2. Examine early observations and lessons learned from the implementation of a student-centred support model. 3. Identify recommendations that nursing programs across Canada could adapt.
Methods/Approach The group holds two-hour monthly meetings and organizes: • professional development and mentorship opportunities (formal and informal) • Networking and social events • Group discussions • clinical debrief sessions to discuss experiences of racism and microaggressions • leadership development through a student executive structure; and • an annual Black History Month celebration. The initiative has received strong institutional support, including faculty education on antiracist practice Key Insights/Results • Enhanced mentorship and peer support: Students increasingly seek guidance from one another and from faculty support • Stronger sense of belonging: Participants report greater connection to peers and to nursing and a decreased sense of isolation. • Leadership development: The student-led model has fostered advocacy skills, improved communication skills, and more active engagement. • Faculty capacity building: Training has improved faculty responsiveness to equity-related concerns. • Improved performance in skills and clinicals. Practice Relevance Supporting Black and racialized nursing students is critical to addressing program attrition and advancing equity in the profession. Improved retention contributes directly to the national nursing workforce shortage and promotes a profession that better

reflects the communities it serves. Creating structured spaces for mentorship, community building, and antiracist action strengthens nurses' well-being and enhances learning environments.

119. The New Age of Mental Health: A Transformative Residency Model for New Graduate Nurses in Canada's Largest Mental Health and Addiction Centre

Presenters: Kelyang Tenzin, RN, MN, CPMHN(C); Dawne Huang, RN, BScN, CPMHN(C)
Corresponding author: Kelyang Tenzin, RN, MN, CPMHN(C)

Abstract

This quality improvement initiative will evaluate the Nursing Graduate Guarantee (NGG) Program at the Centre for Addiction and Mental Health (CAMH), aligned with Core Theme 4 of the Nursing Retention Toolkit, to provide data on the efficacy of this transition program on the recruitment and retention of new graduate nurses in the mental health setting. A revised residency model was implemented in fall 2024 that ensured continuous mentorship and structured learning activities tailored to novice mental health clinicians. Two cohorts of NGG nurses have participated in this revised program, spanning all four sub-specialty areas at our organization. These two cohorts and their preceptors will be engaged in this QI initiative to inform these learning outcomes: 1. Identify individual, organizational, and professional factors that improve the transition to practice experience for new graduate nurses 2. Evaluate the efficacy of various evidence-informed mentorship and development strategies on the retention of new graduate nurses in the mental health setting 3. Apply quality improvement findings to strengthen transition supports and enhance retention of mental health nurses through this program The Plan-Do-Study-Act quality improvement model will be used to administer surveys to two cohorts of NGG nurses (2024-25, n=18; 2025-26, n=40) and their preceptors (2024-25, n=18; 2025-26, n=41). Results will be evaluated using descriptive analysis for quantitative data and thematic analysis for qualitative data. Data analysis will illustrate which interventions most effectively support new graduate development and integration into interprofessional teams. Human resources data at the 6-month and 1-year period will be applied to identify sustained retention rates for these two cohorts. Expected findings will be utilized to evaluate program outcomes and inform ongoing program enhancement. Retention of new graduate nurses remains a salient concern in the mental health and addictions settings. There is limited literature evaluating the efficacy of new graduate transition programs as a recruitment and retention tool in this setting. This initiative contributes practical insights into how such programs can be implemented to support new graduate nurse retention. Understanding relevant factors that influence the transition experience and retention of this population will contribute to workforce sustainability and enhance the quality of care for clients and communities for improved patient outcomes. Therefore, the findings of this QI project have significant implications for nursing practice, health systems, and workforce sustainability on the efficacy of this transition program on the recruitment and retention of new graduate nurses in the mental health and addictions settings.

120. Addressing Anti-Black Racism: Organizational Mentorship as an Important Strategy

Presenters: Bukola Salami, RN, PhD, FCAN, FAAN
Corresponding author: Stephanie Buchanan, RN, MHScN, EdD

Abstract

Anti-Black racism within nursing continues to limit Black nurses' wellbeing, career advancement and leadership representation (Prendergast et al., 2024). In Ontario, racialized nurses remain underrepresented in leadership roles across experience levels (CNO, 2024). Implementing formal mentorship programs within health and social service organizations and academic institutions is critical for addressing these inequities (Iheduru-Anderson and Shingles, 2023; Covell, Adhikari, and Salami, 2022). Objectives and learning outcomes: This presentation details a systematic review that identified organizational and individual strategies for developing mentorship programs to support the career progression of Black nurses and Black nursing students. Attendees will learn how mentorship programs support the leadership development and career progression of Black nurses. Methods: A systematic review of quantitative and qualitative evidence was conducted to examine the effectiveness of mentorship programs that can help address anti-Black racism in nursing, and the values, preferences, barriers, and facilitators associated with delivering mentorship programs to address anti-Black racism in nursing. Results: The review included eight non-randomized studies that suggest that formal mentorship programs may be associated with increased mentee self-confidence, sense of support, readiness for career advancement and leadership efficiency although the certainty of the evidence is very low. Ten qualitative studies highlighted the importance of mentor-mentee dyads that emphasize positive, empathetic relationships; career progression and advancement strategies; and communication of goals. The studies also suggested the value of both racially concordant mentors and racially non-concordant mentors practicing cultural humility. Practice relevance and implications: These findings suggest that intentional, well-resourced mentorship initiatives are essential to cultivating diverse leadership pipelines, improving retention, and advancing racial justice within nursing. Implications for policy, education, and workforce planning underscore the necessity of embedding anti racism principles within mentorship structures to transform leadership pathways for Black nurses. The results of the systematic review informed the development of three recommendations focused on mentorship programs for Black nurses and Black nursing students in the best practice guideline titled: Addressing Anti-Black Racism in Nursing. Guideline development was guided by two co-chairs and an 18-member expert panel of Black nurses. The guideline provides evidence-based recommendations and accompanying indicators, for organizational leaders, educators, health and social service providers, and students to advocate for environments where Black nurses and other racialized staff can foster professional growth, strengthen leadership capacity, and counteract the structural barriers that disproportionately limit the career opportunities of Black nurses.

121. Keep Climbing Mountains: Supporting New Graduate Nurses Across Milestones at Scarborough Health Network

Presenters: Rachael Young, BScN, RN, MN; Sherry O'Connor, BScN, RN, MN; Dorthea Service, RN

Corresponding author: Rachael Young, BScN, RN, MN

Abstract

Investment to develop and sustain nurses at Scarborough Health Network (SHN) is a key strategic pillar among all nurses. Showcased is a learner-centric orientation that leverages local, provincial, and federal partnerships for recruitment, retention, and professional development. SHN recruited 195 full time nurses in the 2025-2026 fiscal year to date. 182 were new graduate or internationally educated nurses hired into the New Graduate Guarantee (NGG) program. Canada's Nursing Retention Toolkit backs this strategic milestone through inspired leadership, individualized learning, and professional development and mentorship. Methods: SHN operationalizes a Clinical Practice Leader (CPL) led orientation to support nurses hired into the NGG program. A dedicated team of Human Resources Recruitment Specialists, Patient Care Manager (PCM), NGG and Nursing Resource Team (NRT) CPLs lead recruitment, onboarding, and evaluation throughout and beyond the NGG program. During the 2025-2026 recruitment cycle, SHN reviewed 2366 NGG applications, interviewed 509 candidates, and hired 182 NGGs. The NGG program is a 12-week orientation with guaranteed full-time employment, fulfilled in partnership with Ontario's Ministry of Health (MOH). Partnership with the Canadian Association of Schools of Nursing (CASN) supports transition to practice through structured mentorship. Orientation placements across the organization are individualized to each nurse's prior experience and expressed interests. Unit-level CPLs work collaboratively to support and monitor clinical practice. NGG orientation scaffolds to address challenges new nurses face transitioning to independent practice. NGGs are employed to NRT, whereby NGG-NRT nursing leadership partners with internal programs for the opportunity to engage in specialty training. This includes in-house EnRoute training programs in Family Birthing, and college-sponsorship programs in Emergency and Critical Care nursing. Throughout onboarding and into independent practice, NGG-NRT leadership schedules structured check-ins with each nurse to review progress, strengths, and opportunities for improvement. Results and Practice Implications: Implementation of a CPL-led orientation leveraging the NGG-program supported consistent onboarding experiences across SHN. Guaranteed full-time employment, 12-week orientation, structured mentorship, individualized placements, and scheduled leadership check-ins facilitates early professional integration, progressive competence development, and successful transition to independent practice. Retention rates from the 2025-2026 fiscal year will be presented, showing improved results compared to previous NGG intakes, including increased uptake of internal specialty training pathways through NRT. Consistent oversight by the PCM and CPLs promotes open communication and timely support for nurses. This nursing orientation model demonstrates how dedicated leadership and thoughtful utilization of the MOH NGG-program supports early career transition and retention, enhancing internal workforce stability at SHN.

122. Improving Nurse Well-Being and Care Quality Through Minimum Nurse-to-Patient Ratios: Early Evidence from British Columbia

Presenters: Kelley Charters, RN
Corresponding author: Kelley Charters, RN

Abstract

Across Canada, nursing shortages have escalated over the past five years, driven partly by nurses leaving the workforce due to increasingly unsustainable practice environments. In British Columbia, the Nurses Bargaining Association and Ministry of Health negotiated adoption of the minimum nurse-to-patient ratios (mNPRs), becoming the first jurisdiction in Canada to implement this policy. Aligned with Health Canada's Nursing Retention Toolkit, mNPRs represent a major workforce and patient-safety policy change aimed at improving safe staffing practices, reducing moral distress, supporting recruitment and retention, and enhancing care quality. BC's approach to implementing mNPRs is grounded in a co-governance model that brings together nurses, health employers, and the Ministry of Health. Developing ratios across clinical settings involves extensive collaboration with frontline nurses, who contribute as subject matter experts on joint committees and working groups. Their input ensures ratio decisions reflect real-world factors such as workload demands, patient acuity, care complexity, and unit-level operational realities. BC is currently in Phase 1 of implementation, which includes most medical, surgical, palliative, rehabilitation, critical care, and specialized units, along with rural and remote sites. Phase 2 ratios have also been finalized, covering emergency, maternity, OR, NICU/PICU, PACU, and ALC. Planning for Phase 2 implementation is underway, and ratio development is progressing for additional areas such as home care, long-term care, and ambulatory care. Early feedback from nurses indicates that engagement with frontline nurses has strengthened trust and improved implementation feasibility. Units with activated ratios are reporting more sustainable workloads, reduced overtime pressures, and improved staffing stability, contributing to greater job satisfaction and professional well-being. Over the long term, these improvements are expected to reduce turnover, enhance continuity of care, and support better patient outcomes. Tools are being developed to monitor adherence and ensure ratios meaningfully support nurses in their practice. BC's early experience demonstrates how nurse-led safe staffing strategies can enhance workforce stability and health-system performance. Minimum nurse-to-patient ratios, combined with meaningful engagement of frontline nurses, reinforce nurses' professional judgment and create conditions for safer, more sustainable practice. For health organizations, this approach builds capacity, long-term staffing stability and strengthens accountability for creating supportive work environments. For patients and communities, consistent and appropriate staffing supports safer care and more reliable service delivery. Together, this work offers a practical, nurse-driven model of safe staffing that can be adapted and scaled across other jurisdictions to improve nurse well-being, retention, and care quality.

123. Nurse-Led Solutions to Support the Recruitment and Retention of Primary Care Nurse Practitioners in Nova Scotia

Presenters: Breanna Lloy, NP, DN, FNPAC
Corresponding author: Breanna Lloy, NP, DN, FNPAC

Abstract

Nurse practitioners (NPs) are essential to the delivery of primary health care (PHC). High attrition and voluntary reductions in working hours within Nova Scotia's (NS) PHC NP workforce highlight the urgency to invest in targeted strategies supporting retention and workforce sustainability across the province. Methods: This embedded study engaged NPs in identifying factors shaping their recruitment, satisfaction, retention, and attrition, and co-developing responsive actions to promote workforce sustainability. In 2025, 46 semi-structured interviews and 107 site visits were conducted with NPs who have practiced in PHC in NS. These interactions explored why providers chose to work in PHC, contextual insights into their practice settings and experiences, and key determinants of their job satisfaction and career decisions. Results: Aligned with Health Canada's Nursing Retention Toolkit, the opportunities for improvement identified included: 1) aligning employment and remuneration structures with workloads and expectations, 2) ensuring consistent access to supportive management and safe and enabling work environments, 3) understanding and recognizing NPs' critical role in PHC, and 4) supporting NPs' transition to practice, continuing education, and professional development. Responsive actions underway in NS include: 1) developing a shared leadership approach, in which designated NP leaders and PHC operations collaborate in the management of the NP workforce, 2) offering practice consultations, in which NP leaders can be consulted by NPs or operational leaders to identify and address concerns within NPs' practice settings, 3) establishing an NP-led PHC Workforce Planning Group deconstructing silos between health system groups to support the timely implementation of targeted strategies for recruitment and retention of NPs in PHC, 4) onboarding every NP entering PHC using virtual mentorship and regular check-ins with an NP educator throughout their transition to practice, and 5) increasing communications about NPs to reflect the value of the NP role within NSH. To date, these actions have resulted in significant improvements in NP retention - between 2024 and 2025, attrition rates for NPs in PHC in NS fell from 10% to 1.4%, and vacancy rates from 26.3% to 17.8%. Practice Relevance and Implications: These findings offer actionable, evidence-informed insights into NP-led strategies to develop more enabling environments for the wellbeing, satisfaction, and retention in PHC. The progress achieved to date highlights the critical importance of dedicated NP leadership roles to ensure that NPs have a prominent voice within clinical governance and infrastructure, and have access to supports tailored to their unique role and positionality within PHC.

124. Meeting Reciprocal Needs - Preparing and supporting labour-mobility licensed IENs to join rural, hard to recruit and retain, acute care hospitals experiencing long-term, high-level nursing vacancies

Presenters: Erin Hertz, BSc, BScN, RN, CMSN(C) and Tanya Cheetham, RN, BN
Corresponding author: Erin Hertz, BSc, BScN, RN, CMSN(C)

Abstract

It has been difficult to reconcile the significant numbers of Internationally Educated Nurses (IENs), licensed through labour-mobility pathways, seeking initial Canadian employment with the high, chronic nursing vacancies experienced in rural Manitoba. Interlake-Eastern Regional Health Authority, informed by the Health Canada Nursing Retention Toolkit theme - Professional Development and Mentorship, has connected the needs of Registered Nurse (RN) IENs with innovative and re-imagined approaches to offer

career opportunities and foster lasting stability within the nursing workforce in rural acute care hospitals and the communities they serve. Guiding the evidence-based approach are priorities of: Clinical skills upgrading to regional policies, procedures and equipment, Exploring the Canadian and Manitoba health care nursing context and Relationship-building with language and communication skill proficiency. Both internal, Interlake Eastern RHA-led, and external partnerships, with AccelerateIEN - Bluedrop IMC, have yielded viable pathways for IENs to solidify their entry levels competencies and achieve independent nursing practice. Hospitals that have experienced long-term dependency on mobile nursing workforces received support to welcome and integrate new nurse colleagues, including cultural competency training for preceptors and instructors. Through organization-wide commitment and interdepartmental collaboration, novel pathways for human resource and administrative necessities were created. Sustainability is achieved for both the IENs and the employer through paid onboarding training (theoretical and clinical) followed by an initial return of service of 4030 hours at their hiring sites. Early findings at four rural acute care hospitals demonstrate IENs expressing increased confidence, competence and gratitude for a renewed sense of belonging as professional nurses, reduced usage of mobile nurses, and gains in further nursing recruitment to the sites. It is felt the learning and successes of the Interlake Eastern RHA IEN Onboarding Program can additionally inform similar efforts in a variety patient care environments where it is hard to recruit and retain nurses. Learning Outcomes: - Identify constraints and strategies in operationalizing an employer-led IEN Onboarding Program - Discuss challenges and successful examples of internal and externally resourced learning opportunities for IENs - Develop effective approaches to build capacity for integrating, and benefiting from, IENs joining the teams at rural and/or hard to recruit and retain sites or care units

125. MENDERS: A Study of Manitoba Emergency Nurses — Discovering Effective Solutions for Work-Related Challenges

Presenters: Brenda Peters, RN(NP), PhD
Corresponding author: Brenda Peters, RN(NP), PhD

Abstract

The current reality in emergency (ED) and urgent care (UC) departments is dire. Nurses are significantly impacted as they provide care in suboptimal and often risky circumstances. Challenges in emergency nursing staffing, retention, recruitment, and negative personal effects on nurses from suboptimal patient care environments persist despite decades of research describing challenges and proposed solutions to mitigate or prevent the issues we now face (Adriaenssens, et al., 2015; Hawley, 1992; Lee et al. 2021; Louiseau, et al. 2003; Lucas et al. 2008; Phillips et al., 2022; Sawatzky & Enns, 2012; Staempfli et al, 2021; Zullo, et al. 2022). This suggests potential gaps in understanding the challenges, limitations in the clinical utility of previously proposed solutions, or ineffective translation of knowledge to practice settings. This study explored Manitoba ED and UC nurses' perceptions of proposed solutions for their work-related challenges. Understand nurses proposed solutions for workforce well-being and care quality in Manitoba EDs and UCs. Mixed methods, cross-sectional electronic survey using the Survey on Patient Safety Culture Hospital Survey (AHQR, 2019), the Perceived Nursing Work Environment Scale (Choi et al., 2004), a single-item job satisfaction scale, a single-item intent to leave scale, investigator-developed open- and closed-ended questions and demographic information. Ethical approval was obtained through the

University of Manitoba. Nurses who practiced in Manitoba EDs or UCs within the past three years were eligible to participate. Study information was posted on social media and the Clinical Chair website. Invitations were emailed by nursing organizations, including to Manitoba Nurses Union members who work in EDs and UCs, and to all members of the College of Registered Nurses of Manitoba, the College of Licensed Practical Nurses of Manitoba, the College of Registered Psychiatric Nurses of Manitoba, and the Nurse Practitioner Association of Manitoba. Results: N= 153 participants, 46% urban ED, 42% rural ED, 12% urban UC; 51% with 6-15 years experience (range <1-30+), all occupational classifications represented. Violence and management support are important concerns identified in our ongoing data analysis, complete findings will be available by the time of presentation. Practice relevance: Nurses are expert clinical problem-solvers with direct knowledge of the current challenges. Solutions to improve workforce well-being and care quality must be informed by those closest to the site of care provision. Implications: Nurses' perspectives and their proposed solutions for work-force well-being and care quality will provide essential guidance to inform to administrators, unions, and policymakers.

126. Exploring the Subjective Wellbeing of the Black Nurse Working in Ontario

Presenters: Shelly Philip LaForest, RN, BN, MN, PhD(c)
Corresponding author: Shelly Philip LaForest, RN, BN, MN, PhD(c)

Abstract

This presentation aims to share results on a study that examined the intrinsic/extrinsic factors influencing the wellbeing of Black nurses working in Ontario. By centering Black nurses' voices, this doctoral research challenges race-neutral approaches to nurse wellbeing and highlights the importance of race- and identity-conscious frameworks in health workforce research, policy, and practice. Background: Nursing is often framed as a caring and resilient profession, however, the wellbeing of Black nurses cannot be adequately understood without acknowledging the racialized identities and structural inequities embedded within healthcare systems. Dominant narratives of resilience often mask how race and ethnicity shape workplace experiences, producing unequal exposures to stress, marginalization, and professional precarity (Jefferies, 2021; Jefferies et al., 2022; Prendergast et al., 2024). Furthermore, anti-Black racism has a negative and profound psychological impact on Black people as it systematically dehumanizes and adversely impacts their social worth and sense of wellbeing (Banaji et al., 2021; Bartholomew et al., 2023). No significant study exists at present that focuses exclusively on the subjective wellbeing of the Black nursing community, although studies describe that implicit and explicit racial biases, burnout and elevated stress levels have intensified psychological and emotional strain experienced by Black individuals (Dyrbye et al., 2019; Etowa and Hyman, 2021; Prendergast et al., 2023). Methods and Key Insights: This study employed a qualitative, focused ethnographical research design. Narrative data was collected from a sample of Black nurses (n=12) working across diverse healthcare settings and thematically analyzed using complementary inductive and deductive approaches. This study provided participants with meaningful opportunities to guide and illuminate how systemic racism operates in everyday professional contexts. Findings to date indicated that discrimination, racialized surveillance, and microaggressions significantly impacted participants' mental, emotional, and professional wellbeing. Implications: Beyond external stressors, the study highlights internalized pressures shaped by racialized expectations, including heightened emotional

labour, constant self-monitoring, and the need to demonstrate exceptional competence to counter assumptions of inadequacy. These dynamics reveal that wellbeing is influenced by institutional cultures and power relations. Data analysis to date demonstrated that strategies of resistance and resilience (identity affirmation, peer solidarity, community-based coping practices) support positive wellbeing despite oppressive environments. As a result, these findings will significantly contribute to culturally-responsive conversations on race and inequity that impact the Black nursing community. These results will also contribute to broader conversations that centre racialized voices to become co-creators in systemic changes that support wellbeing of these often-silenced populations.

127. Inclusion and Exclusion: How Staff Experience Belonging at a Mental Health and Addiction Hospital Setting — A Cross-Sectional Study and the Implications

Presenters: Debbilynn Murray, RN, EdD, MScN, BScN, CGNC
Corresponding author: Debbilynn Murray, RN, EdD, MScN, BScN, CGNC

Abstract

The need for belonging is a fundamental human motivation. The Black Lives Matter Movement is one succinct example that has brought the importance of belonging to the forefront. Despite the significance of belonging, many people struggle to feel a sense of it. Healthcare organizations continue to experience workforce shortages. A workplace that does not promote belonging may affect employees' physical and mental health and their overall well-being. Learning Objectives: This presentation will demonstrate how staff members (including mental health nurses) reported their experience of belonging and what the implications are. This presentation will describe what is required to enact the necessary changes to achieve an organization's goals of equity, inclusion, and well-being. Methods/Approach: The purpose of the research was to explore inter-professional healthcare workers' sense of belonging at all levels (horizontal and vertical) and to predict possible factors that may promote/hinder it. The study was guided by the conceptual model of Maslow's Hierarchy of Needs (1962) whereby belongingness and love needs are ranked in the middle of the motivational hierarchy. An anonymous, descriptive, cross-sectional online electronic survey design and a modified version of the Sense of Belonging Instrument (SOBI) were used to collect data over 2 months in 2024 to report employees' levels of belonging. This included mental health and addiction hospital nurses. The study was conducted at a large, urban, mental health and addiction hospital setting located in Ontario, Canada. Key insights/results: 441 hospital staff members (across multiple specialties) completed a questionnaire. The response rate was 24%. The variables of age, tenure, gender, ethnicity, area work/support and job satisfaction were statistically significant for belonging. Multiple regression analysis revealed that the variables of tenure, gender, employment status, and job satisfaction were predictors for belonging. Practice relevance and implications: Healthcare leaders must promote a culture where every employee, regardless of their background, feels safe, and feels supported. Understanding and fostering a sense of belonging in the workplace is critical in maintaining a stable workforce and promotes a healthier workplace environment for all. Focusing on belonging in a healthcare organization, extends beyond its staff to the advancement of quality care to patients and patient safety. When staff do not feel that they belong, it may intensify incidents of incivility, increase sick time, lead to

employee turnover and burnout whereby the only solution is seen as leaving the organization or the entire profession.

128. Nurses' Perceptions and Experiences that Influence Decision-Making When Encountering Violence in Medical and Intensive Care Units

Presenters: Harroop Sharda, RN, MSN, PhD
Corresponding author: Harroop Sharda, RN, MSN, PhD

Abstract

Workplace violence remains one of the most persistent threats to nurses' well-being in Canada, undermining workforce retention, patient safety, and health system resilience (Havaei et al., 2025; Havaei et al., 2021). This study aimed to investigate nurses' perceptions and experiences that influence decision-making when encountering violent behaviours in medical and intensive care units. The audience will: (1) understand how structural, cultural, and institutional factors shape nurses' risk-based decision-making; (2) identify policy gaps that perpetuate unsafe working conditions for frontline nurses; and (3) describe concrete policy levers to strengthen national workplace protections for nurses. Methods/Approach and Key Insights This qualitative study used purposive sampling to recruit 17 registered nurses working in intensive care or medical units at a publicly funded urban hospital in Western Canada. Data were collected through 40-90-minute virtual semi-structured interviews. Interview data were transcribed verbatim, and reflexive thematic analysis (Braun and Clark, 2021) was used to identify main and sub-themes. Two main themes to describe nurses' decision-making factors during violent patient incidents were developed a priori: (1) experiences, and (2) perceptions. Nurses' experiences and perceptions were understood to be interactive and relational. The sub-themes identified within nurses' experiences of violence include structural factors, learned competencies, embodied experience, and knowing the patient. Sub-themes identified within nurses' perceptions of violence include subjective risk logic, normalization of risk in caregiving culture, perceived appropriateness of control measures, and institutional pressures and accountability. Practice Relevance and Implications At the practice level, the normalization of violence as "part of the job" suggests the need for structured debriefing processes, clear and proactive escalation pathways, leadership visibility during high-risk events, and team-based supports that reinforce psychological and physical safety. At the policy level, national minimum standards for violence prevention and response, mandated reporting with transparent feedback mechanisms, consistent enforcement of zero-tolerance policies, and protected access to trauma-informed post-incident supports are critical. At the education level, both pre-licensure curricula and continuing professional development programs must extend beyond de-escalation techniques to include trauma-informed care, emotional regulation strategies, risk appraisal skills, and critical examination of how caregiving culture may unintentionally normalize unsafe conditions. Future research should explore how race, gender, years of experience, rural-urban differences, and variability in care settings influence nurses' risk logic and safety outcomes. Such inquiry is necessary to inform equitable policy development and ensure that workplace protections respond to the diverse realities of Canada's nursing workforce.

PECHAKUCHAS

129. Strengthening the Nursing Workforce through Academic Practice Partnerships — An Integrative Review

Presenters: Amrutha Kumar, RN, BN, CPHQ, MHM, CHE
Corresponding author: Amrutha Kumar, RN, BN, CPHQ, MHM, CHE

Abstract

Academic practice partnerships are collaborative partnerships between health-care and academic institutions to achieve a shared vision and mutually established outcomes for elevating nursing practice and enhancing patient outcomes. Many academic practice partnerships are centred around providing experiential clinical placements for nursing students; however, very few prioritize retention and job satisfaction of the current nursing workforce. This integrative review aimed to understand how formal academic practice partnerships have been structured between academic and health-care institutions to support retention and job satisfaction of the current nursing workforce and to guide development of a logic model for academic practice partnerships. Searches were conducted in OVID Medline, CINAHL, and Google Scholar and yielded 25 studies. Inputs included shared governance structures, shared vision and goals highlighting workforce development, joint planning, financial investments, and dedicated personnel from both academic and health-care institutions. Integration of academic and clinical expertise, access to research infrastructure, and professional development opportunities such as faculty appointments, title progression, and competency-building programs were emphasized. Role clarity, protected time for activities, and a formal evaluation framework were also required. Activities included development of preceptor, practice, or research skills; mentorship and coaching programs; formal recognition activities; and knowledge dissemination opportunities. Outputs included formalized agreements, increased clinical faculty roles, frontline scholarly activity, higher staff enrolment in nursing programs, joint funding applications, and venues supporting dissemination. Outcomes included increased research projects, publications, staff engagement in scholarship, joint funding, translation of research and quality improvement into improved patient safety and experience, cost savings, increased education levels, and improved nursing staff retention and satisfaction. Nursing practice and policy implications include a call for national policy to guide organizations in developing evidence-informed academic practice partnerships aligned with workforce retention strategies and sustainable career development pathways in research and academia. Endorsement by a national nursing body would demonstrate alignment with Canadian nursing standards and offer nurses a clear understanding of what to expect from these partnerships.

130. From Strategy to the Bedside: A Nurse-Led, Community-Anchored Palliative Care Model Supporting Workforce Well-Being and Retention

Presenters: Lisa Matthews, RN, BScN, MPH, CHE
Corresponding author: Clara Dyck, RN, BSN, MSN, CHPCN©**;** Lisa Matthews, RN, BScN, MPH, CHE

Abstract

Across Canada, nurses working in long-term care and community settings report increasing moral distress, inconsistent clinical expectations, and limited access to sustained palliative care support, contributing to burnout and workforce attrition. This presentation describes the design, implementation, and impacts of a nurse-led, community-anchored palliative care model that integrates a Community of Practice with public-private partnerships. Attendees will learn how to design and implement a nurse-led Community of Practice as an implementation strategy, identify system and workforce conditions that contribute to moral distress, and apply key elements of the model to support practice consistency, workforce well-being, and retention. The initiative aims to reduce moral distress by strengthening nurses' confidence and competence in palliative approaches to care, improve practice consistency and interdisciplinary alignment, and demonstrate how nurse-led implementation pathways can support workforce well-being, retention, and system efficiency. The model was implemented across multiple long-term care and assisted living sites through a virtual, case-based Community of Practice. Rather than stand-alone education, the model emphasizes peer learning, mentorship, and application to real-world clinical challenges. Public and private partners, including non-profit organizations, private operators, and clinical experts, support shared governance, sustainability, and alignment with broader system priorities. Sessions focus on communication, symptom management, goals of care, and ethical decision-making, with explicit attention to moral distress, role clarity, and shared clinical accountability. Ongoing implementation is supported through iterative feedback, cross-site dialogue, and practical tools embedded into everyday practice. Early outcomes demonstrate strong and sustained nurse engagement, increased confidence in palliative conversations, improved interdisciplinary collaboration, and greater consistency in clinical decision-making. Participating sites report early signs of improved alignment between care plans and client and family goals, perceived reductions in avoidable emergency transfers, and decreased moral distress through peer support, shared responsibility, and clearer expectations. This nurse-led model demonstrates how palliative care, when implemented as a community-anchored practice rather than a specialty add-on, can function as a workforce well-being and retention strategy. The approach aligns with the Health Canada Nursing Retention Toolkit, particularly themes of inspired leadership, professional development, clinical governance, and organizational mental health support. The model provides a practical implementation blueprint for health authorities, operators, and professional organizations seeking to strengthen palliative practice while stabilizing the nursing workforce.

131. De l'entrée dans la profession à l'érosion progressive : comprendre l'exode professionnel des infirmiers et infirmières de deux à cinq ans d'expérience du Québec

Présentateurs : Clément Garceau, RN, MScN
Auteur correspondant : Clément Garceau, RN, MScN

Résumé

La pénurie mondiale du personnel infirmier constitue une urgence de santé publique, exacerbée par leur exode important en début de carrière. Les données récentes du Québec indiquent une diminution des membres actifs après cinq ans de pratique, suggérant ainsi que l'exode professionnel existe après la période de transition à la pratique. Malgré cette réalité préoccupante, les connaissances sur les facteurs

d'exode du personnel infirmier ayant deux à cinq ans d'expérience demeurent limitées, alors qu'ils représentent une force importante de la relève infirmière. Afin d'établir des stratégies de rétention pertinentes, il est primordial d'augmenter les connaissances et la compréhension sur les facteurs d'exode de cette population. Les objectifs de la présentation sont d'exposer l'expérience en début de carrière du personnel infirmier de deux à cinq ans et de souligner les facteurs possibles d'exode professionnel de cette population. Une étude qualitative descriptive exploratoire a été menée de décembre 2023 à mai 2024. L'étude s'est appuyée sur un cadre de référence intégrant deux modèles et une théorie, soient le Donabedian Model, le Stages of Transition Theory et le Unfolding Model of Voluntary Turnover. Des entrevues semi-dirigées ont été réalisées auprès de quatre participantes du Québec ayant quitté la profession infirmière. Une analyse thématique a été réalisée à l'aide de l'approche de Braun et Clarke. Trois thèmes principaux ont émergé des entrevues : l'expérience de la transition professionnelle, la réflexion de l'exode, et les facteurs de l'exode. Contrairement à ce que propose la théorie de transition, les 12 premiers mois de pratique n'ont pas influencé la décision de quitter la profession. Les participantes ont plutôt décrit un cheminement réfléchi marqué par des enjeux persistants au fil des années. Concernant les facteurs de l'exode, ceux-ci sont centrés autour de trois grandes dimensions : la santé psychologique, la reconnaissance professionnelle et le milieu de travail. Les résultats montrent que ces facteurs s'additionnent malgré le changement d'établissement au sein du système de la santé québécois, menant à un exode définitif. Cette étude novatrice a permis de développer en partie les connaissances concernant l'exode professionnel des infirmiers et infirmières de deux à cinq ans d'expérience. Elle souligne la nécessité d'adapter les stratégies de rétention pour cette population, notamment en renforçant la santé psychologique, la reconnaissance professionnelle et le développement des compétences.

132. Empowering Tomorrow's Workforce: Nurse-Led Evaluation of the Clinical Extern Program to Strengthen Practice Readiness and Workforce Resilience

Presenters: Dr. Charissa Cordon, RN, BScN, MN, EdD, CHE
Corresponding author: Dr. Charissa Cordon, RN, BScN, MN, EdD, CHE

Abstract

The COVID-19 pandemic highlighted a critical need for workforce innovation and educational redesign to sustain health-care delivery. In response, the Ontario Ministry of Health launched the Clinical Extern Program, enabling senior-level health-care students to be employed as unregulated staff to support clinical teams while advancing readiness for practice. This nurse-led mixed-methods study was conducted at a large urban community hospital to evaluate outcomes and experiences of the Clinical Extern Program. Participants will explore how the program supported student nurses' transition to practice and confidence in interprofessional collaboration, examine nurse-led mentorship models and educational supports that strengthened workforce readiness, and identify lessons learned and recommendations for integrating externship programs into sustainable workforce planning strategies. Data were collected from 56 participants, including clinical externs, clinical extern coordinators, clinical leaders, and former clinical externs now employed as registered nurses. Semi-structured interviews explored experiences and perceptions, while an electronic survey compared the comfort level of former clinical externs and former students who did not participate in the program. Thematic analysis identified key themes across

stakeholder groups, while quantitative data were analyzed using descriptive statistics. Key findings included enhanced interprofessional communication and collaboration, increased confidence and clinical readiness, positive effects of experiential learning, and recruitment and retention benefits. Former clinical externs reported higher comfort with technical and communication skills compared with former students. Clinical leaders reported improved onboarding, reduced transition anxiety, and greater likelihood of externs remaining within the organization after graduation. Operational challenges such as scheduling flexibility and scope ambiguity highlighted the need for clearer program guidelines and sustained mentorship structures. This initiative demonstrates the power of nurses to transform health through educational innovation, mentorship, and leadership in workforce development. By designing, implementing, and evaluating the Clinical Extern Program, nurses bridged the transition-to-practice gap and cultivated a more confident, competent, and resilient future nursing workforce. Findings affirm that externship models, when nurse-led and competency-informed, enhance practice readiness, strengthen team collaboration, and contribute to long-term retention strategies.

133. CASN Nurse Residency Program

Presenters: Jean Daniel Jacob, PhD and Kristine Crosby, MA, PMP
Corresponding author: Jean Daniel Jacob, PhD

Abstract

Aligned with Core Theme # 4: Professional development and mentorship of the 2024 Health Canada Nursing Retention Toolkit, this presentation introduces two Health Canada funded initiatives: the CASN Nurse Residency Program (NRP) and the CASN Internationally Educated Nurse (IEN) Mentorship Program pilot. Both initiatives were designed to support integration and improve retention through structured support for newly graduated nurses and IENs. The presentation outlines the design and implementation of these mentorship and transition programs, highlights lessons learned and examines CASN's shift in delivery methods to meet workforce needs. The six-month NRP delivered across five cohorts between 2023 to 2025 consisted of two main parts: Experienced nurses completed Preceptor-Mentor Training (PMT) to prepare them for the preceptor-mentor (PM) role. Newly licensed nurses (with less than three months of experience) were then paired with these PMs, participated in six virtual workshops, and completed four online simulations. The initiative was supported by two research projects: one examining the outcomes of the program on new graduate stress, workforce integration and competency development; and a second assessing the economic impact of implementing a residency program. Early outcomes showed reduced stress, increased confidence, and stronger clinical competence. By three months, new graduates were adapting well, with improved independence, teamwork, and application of theory to practice. These gains continued to strengthen by six months in the NRP program. The IEN mentorship program was a pilot project that similar to the NRP, involved training preceptor-mentors who would work alongside IENs transitioning into practice. There were also three workshops offered to the IENs to support workplace integration. Both the preceptor-mentor training and the IEN workshops were well received by participants. Evaluation results from the preceptor-mentors showed an increase in confidence in precepting IENs. IENs reporting the workshop content being relevant and helpful in supporting their transition. Although both initiatives demonstrated value in transition to practice, they encountered structural and delivery-related barriers that limited participation across healthcare agencies (HCA). As a

result, CASN used the evaluation data, research and feedback from HCAs to re-design the NRP. The revised NRP model will allow continuous entry, offer on-demand learning, accommodate a broader nursing audience, and integrate more seamlessly with existing onboarding processes. Results of the re-launched preceptor-mentor training and an overview of the new CASN residency model will be shared.

134. The effects of burnout on different healthcare professionals due to the drug poisoning crisis: A mixed-methods study

Presenters: Eron Muel, RN, BN
Corresponding author: Eron Muel, RN, BN

Abstract

The rates of drug poisoning deaths have risen across Canada, affecting our healthcare systems. Due to this drug poisoning crisis, nurses and other healthcare professionals have reported struggles with burnout in their practice. Our team examined the effects of burnout caused by the drug poisoning crisis with a variety of healthcare professionals. Objectives: We measured the impacts of caring for patients during the drug poisoning crisis between different professional groups in our healthcare systems. Our team also investigated how different healthcare professionals experienced and responded to burnout caused by the crisis. Learning outcomes: Report the presence of burnout caused by the drug poisoning crisis among a variety of healthcare professionals. Propose solutions to the observed effects of burnout applicable to nurses in our healthcare systems. Methods: We conducted a sequential mixed-methods study consisting of a quantitative survey and qualitative interviews. Our sample included healthcare professionals working under the collective agreements of the Health Sciences Association of Alberta who volunteered as participants in the study. Our survey used the Professional Quality of Life Scale to assess the compassion satisfaction, burnout, and secondary traumatic stress experienced during the drug poisoning crisis. The interviews were semi-structured and included a list of questions regarding their knowledge of responding to drug poisonings and their experiences patients who use drugs during the crisis. Results: 534 participants responded to the survey and 16 participants were interviewed. The survey revealed that healthcare professionals overall experienced high rates of compassion satisfaction (mean = 37/50, standard deviation = 0.76) but moderate rates of burnout (mean = 26/50, standard deviation = 0.73) and secondary traumatic stress (mean = 24/50, standard deviation = 0.79) due to the drug poisoning crisis. Interview participants reported a high prevalence of burnout among healthcare professionals due to higher client demands from the drug poisoning crisis. Paramedics and workers in emergency professions experienced the lowest job satisfaction of all the professional groups and discussed feelings of underappreciation due to burnout from the increased patient demands of the crisis. Implications: Many professional groups in our healthcare system suffered from burnout due to the drug poisoning crisis but had different experiences depending on their work contexts. Decision-makers in our healthcare systems may address nurses' needs through providing increased patient care resources to better manage the crisis. Managers may support nurses through providing sufficient training and counselling for responding to drug poisonings, as well as shift flexibility.

135. Illuminating Mentorship Principles and Approaches for Racialized Nurses

Presenters: Rani Srivastava, RN, PhD, FCAN, FTNS
Corresponding author: Ann Pottinger, RN, MN, PhD (Student); Rani Srivastava, RN, PhD, FCAN, FTNS

Abstract

Although national data on the racial composition of Canadian nurses is limited, the dominance of Whiteness in the nursing profession and the limitations for the future of the profession and patient care is recognized. A 2024 survey of Ontario nurses reported that approximately 2% of respondents identified as First Nations, Inuk/Inuit and/or Métis, and 33% identified as non-white and non-First Nations, Inuk/Inuit and/or Métis. Survey findings also show an underrepresentation of racialized nurses in leadership and educator roles; a disparity that cannot be readily explained by differences in years of experience (CNO, 2024). Despite calls to cultivate a diverse and inclusive nursing profession, progress towards this goal remains limited. Nursing has a longstanding history of mentorship to foster professional development and career progression in clinical practice, education, research, and administrative leadership. Mentorship can be formal or informal and is critical for supporting well-being and development of the profession. Few leadership and mentorship models explicitly address the central tenets of mentorship needed to support racialized individuals. However, mentorship is crucial in pursuing health equity, social justice, and the future of the profession. To embrace ethical, moral, and political responsibility for all its members, nurse leaders must recognize, and act upon, the need for effective mentorship approaches to support racialized nurses. This presentation will amplify diverse voices and foster collective dialogue through which the knowledge of racialized nurses can meaningfully inform the cocreation of principles and tenets for effective mentorship. The aims are to a) identify principles and tenets of culturally safe, culturally competent, and anti-racist mentorship and b) critically discuss actions needed to foster and advance mentorship for racialized nurses. Method: A collective inquiry approach grounded in lived experience was employed. The presenters, racialized nurses with extensive experience in practice leadership and education, draw upon case scenarios from their own mentorship relationships -, serving as mentors, mentees, and co-mentors in both practice and academic settings. These cases demonstrate that for mentorship to be effective for racialized nurses, navigating colonization's ongoing effects and structural racism, the approach must be tailored and fundamentally differ from traditional models. Activities: The presenters will use key themes from the case studies in an interactive and generative discussion with participants to explore how mentorship in nursing can be racially conscious and culturally competent to support racialized nurses. Participant engagement includes an invitation to critically reflect on themes and contribute perspectives through dialogue and the Slido interactive platform.

136. Speak Up: Advancing Psychological Safety, Civility, and Communication to Strengthen Nurse Well-being and Retention

Presenters: Doha Elsayed, RN, BScN, MScN, CPMHN(C)
Corresponding author: Tamara Brown, RN, BScN

Abstract

Health care staff retention remains a critical challenge for health care systems across Canada, directly affecting quality of care and patient outcomes. Nurses continue to face workload pressures, psychosocial stressors, and communication challenges that undermine well-being and retention. At Scarborough Health Network (SHN), a hospital-wide survey revealed significant barriers to effective teamwork and psychological safety, including short staffing, limited staff support, heavy workloads, communication breakdowns between staff and management, and interpersonal tensions within teams. Staff identified clear needs for improved communication strategies, conflict management skills, role clarity, and opportunities to voice concerns safely. The Speak Up workshop was developed in direct response to these organizational needs. Its aims are to: (1) increase confidence and competence in speaking up respectfully, (2) strengthen emotional intelligence and conflict navigation skills, (3) enhance civility and psychological safety, and (4) align staff communication behaviours with national retention priorities. The workshop integrates experiential learning, structured communication tools (SBAR, AID Model of Feedback, multilevel active listening), and emotional processing techniques. Participants engage in case-based simulations, guided reflection, communication drills, and scenario-based practice addressing challenges identified in the SHN survey. They examine stress responses, implicit biases, and hierarchical barriers that influence communication and teamwork. A highly impactful component is the contribution of a Patient and Family Advisor (PFA) who shares his lived experience during a cardiac event at SHN. His story illustrates how staff speaking up during critical moments shaped the safety and trajectory of his care. Staff consistently report that hearing his in-person narrative transforms their understanding of nursing impact; many note that while they had often heard about the "power of nursing," they did not fully feel its meaning until hearing a patient describe how a single nursing action altered his emotional experience and sense of safety. This storytelling deepens empathy, reinforces professional purpose, and strengthens motivation to practice assertive, patient-centered communication. The workshop has received numerous staff testimonials highlighting its practicality and relevance to daily work. A follow-up survey is conducted three months after each session to understand how the learning translates into practice and how effectively the tools continue to support staff in their roles. By addressing communication gaps, enhancing civility, and strengthening psychologically safe spaces for speaking up, the workshop supports improved work environments and nurse retention. Integrating authentic patient experience reinforces the lived impact of nursing care and contributes to meaningful, sustainable cultural change.

137. From Resilience to Prosilience: Designing Nursing Environments That Prevent Predictable Harm

Presenters: Sherry Hole, MN, BN, RN, BC-HWMC, Kim Derkach, BScN, RN, HN-BC, HWNC-BC
Corresponding author: Sherry Hole, MN, BN, RN, BC-HWMC

Abstract

Nurses are continuously told they need to become more resilient. When repeatedly asked to adapt to unsustainable conditions, resilience becomes endurance, and thriving becomes surviving. This presentation challenges that narrative and introduces a different paradigm: prosilience. Prosilience builds on prevention science and proactive coping theory by reframing resilience from recovery after harm to strengthening people and systems before predictable strain occurs (Aspinwall and Taylor, 1997). Rather

than focusing on recuperation after depletion, prosilience emphasizes proactive capacity-building at both individual and organizational levels. Prosilience is not an after-thought or something that occurs after harm is done. It is the intentional strengthening of relational, psychological, and structural supports before predictable strain takes its toll. This lens shifts the central question from "How do we help nurses recover?" to "How do we design practice environments that prevent foreseeable exhaustion?" Through a rapid 20×20 visual narrative, this session explores how enhanced self-awareness, embedded self-care, and nurse coaching competencies contribute to prosilient practice. Drawing from clinical experience and leadership development work, the presentation highlights how proactive relational skill-building strengthens psychological safety (Edmondson, 2018), enhances leadership presence, and influences team culture. Prosilience reframes responsibility as a shared effort. Preventing predictable exhaustion is not the burden of individual nurses, but a collective responsibility of teams, leaders, and organizations. Designing systems that reduce foreseeable harm while equipping nurses with self-regulatory and relational tools creates conditions where individuals and systems can thrive. Participants will leave with a clear conceptual understanding of prosilience and actionable strategies they can apply immediately-personally and/or within their practice environment-to move from reactive resilience toward proactive, sustainable nursing practice. Prosilience offers new ways of being, new ways of approaching the care of self and others, and a call to redesign how we support those who care for others and the systems they sustain.

138. Insights from critical feminist methodologies in nursing retention and nurse well-being scholarship and inquiry

Presenters: Margaret Lebold, RN, MScN
Corresponding author: Margaret Lebold, RN, MScN

Abstract

As highlighted in the Nursing Retention Toolkit: Improving the Working Lives of Nurses in Canada (Health Canada, 2024), nurses' well-being is an urgent priority. Arguably, this priority extends beyond individual nurses' own well-being and includes the maintenance and well-being of the health care system to ensure that patients, communities, and allied health providers all receive the care they need. In this oral presentation, I highlight key examples in the literature in which scholars have used feminist critical methodologies to draw out the complex yet often subtle dimensions of micro and macro factors affecting nurses' lives working lives, with specific implications for their well-being and retention. Objectives: The learning outcomes of the presentation are to: (1) make visible relevant prior research studies that used multiple critical and/or feminist methodologies to illuminate nurses' working conditions and/or the discourses shaping nurses work, wellbeing, and retention, and (2) encourage nursing scholars, managers, and policy makers, to consider critical feminist methodologies in the study of nurses' lives - and - moreover, to demonstrate how multiple - complementary - yet distinct - methodologies can add perspective to our overall understanding of nurses' lives and careers. Methods/Approach and Key Insights: The presentation draws on a critical synthesis of the literature that used a deliberate approach to explore published articles from nursing databases (CINAHL, ProQuest; no date restrictions) and interdisciplinary databases (Women's Studies International, Sociological Abstracts, and Ovid MEDLINE; between 2017-2022). The databases were searched for examples of publications in which two distinct critical methodologies (feminist political economy and critical discourse analysis) were used in scholarship and

how these overlapped or were used in a single study. The topic of nurses' well-being emerged as a central topic, common to both methodological approaches. Practice relevance and implications: Given the nature of nursing as a gendered profession, a focus on the gendered assumptions, patterns, and power dynamics shaping nurses' lives, critical insights that move beyond typical solutions to address nursing retention and well-being issues are important. Nursing and allied health scholars have shaped how we might imagine future opportunities for the use of critical methodological approaches and action in this realm, providing insights for understanding how discourses and organizational structures shape nurses' careers and wellbeing. These findings complement the Nursing Retention Toolkit, pointing to the need for deepened critical and interdisciplinary understandings to get at complex topics that affect nurses and, by consequence, the well-being of patients, communities and health systems.

139. Assessing Nursing & Interprofessional Administrative Burden During a Model of Care Redesign: Results from a Non-Clinical Tasks Survey in an Inpatient Rehabilitation Setting

Presenters: Dr. Alexandra Harris, BNSc, RN, MN/MHSc, CHE, PhD

Corresponding author: Dr. Alexandra Harris, BNSc, RN, MN/MHSc, CHE, PhD

Abstract

In many healthcare settings, there is risk of nurses engaging in activities that do not optimally leverage their scope of practice and clinical knowledge. As a part of our ongoing professional models of care initiative at Unity Health Toronto we aimed to better understand the burden of non-clinical and administrative activities on our nursing and health discipline clinicians in the rehabilitation setting. This presentation will share quantitative and qualitative findings from our model of care redesign, with a focus on the types of non-clinical burdens that impact nurses. Expected learning outcomes include an understanding of how to measure non-clinical tasks within a model of care assessment, and implementation considerations for reducing administrative burden in the rehabilitative context. Methods and Key Findings We adapted the Nurse Questionnaire of the RN4CAST study survey (Scott et al, 2013) to gather types and frequencies of non-clinical tasks/activities performed; amount of time spent on non-clinical tasks; and clinical tasks left undone. The survey was administered with nursing and health disciplines clinicians and unit support staff (e.g. ward aide, unity admin coordinators) in five inpatient units in January 2024. Efforts were made to capture data from all three shifts (day, evening, night) during weekdays and weekends. Surveys were completed by 271 respondents (nursing, n=190, 70%; health disciplines, n=75, 28%) with the largest proportion of responses from the Ortho and Amputation (n=160, 59%) and Store and Neuro (n=68, 25%) units. The highest frequencies of non-clinical tasks reported were "Patient Room Cleaning/Equipment" (n=714, 25%), "Clerical duties (e.g. phone, family inquiries, arranging transportation, paperwork)" (n=712, 25%), and "Deliver and retrieve food trays" (n=692, 24%). The proportions of these activities varied by shift type and a number of clinical tasks were identified as left undone as a result of administrative burden. Practice Relevance and Implications for Nursing Results from our initiative highlight that nurses and health disciplines in an inpatient rehabilitation setting reported performing a significant load of non-clinical tasks during their shifts. Findings from this survey were used by the project team to identify opportunities for reducing administrative burden as part of broader model of care redesign and through the lens of workforce wellbeing and retention. Such opportunities included

review of potential overlapping scopes of practice with unit support staff, leveraging extra-departmental partners such as environmental services, and utilizing electronic medical systems to enable better communication between team members.

POSTERS

140. Spotlight - A Peer Recognition Quality Improvement Project to Boost Staff Morale in a Level 3 ICU

Presenters: Viksit Bali, RN, BN, MHA
Corresponding author: Viksit Bali, RN, BN, MHA

Abstract

Workplace recognition is a powerful yet underutilized strategy in healthcare, particularly in critical care environments where emotional intensity, moral distress, burnout, and staff turnover are high. In intensive care units (ICUs), the invisible emotional and relational labour of nurses and interprofessional staff often goes unacknowledged, contributing to disengagement, job dissatisfaction, and intent to leave the profession. While evidence links recognition to improved morale, engagement, and retention, peer-driven recognition initiatives remain uncommon in high-acuity settings. This quality improvement (QI) project responds to this gap by implementing a structured, values-based peer recognition program within a Medical-Surgical Neuro ICU. Objective(s) and Expected Learning Outcomes The objective was to implement a peer recognition program to increase formal recognition activities by 20% in a Level 3 Medical-Surgical Neuro ICU by March 2025 and evaluate its impact on staff morale, workplace culture, and engagement. Learners will gain insight into how nurse-led, low-cost recognition initiatives can strengthen team cohesion, psychological safety, and joy at work, and how such programs can be scaled across health systems. Methods / Approach and Key Insights / Results A QI approach guided the design and implementation of Spotlight, a unit-wide peer recognition program in a 32-bed Medical-Surgical Neuro ICU at Toronto Western Hospital, an academic teaching hospital in downtown Toronto. All staff, regardless of role or designation, could nominate peers for demonstrating the organization's five core values: Compassion, Integrity, Stewardship, Teamwork, and Safety. Nominations were submitted via paper-based cards available on the unit, with no limit on how often individuals could be recognized. Staff perceptions were assessed using anonymous pre- and post-implementation surveys (Likert scale) evaluating recognition, morale, satisfaction, and joy at work. Nomination frequency and qualitative comments were also analyzed. The project was reviewed and approved by the organization's Research Ethics Board. Within two months, formal recognition submissions increased by 400%, with weekly nominations rising from an average of 3 to 32. Staff dissatisfaction with recognition processes decreased from 58% to 3%. Interdisciplinary participation enhanced team cohesion and psychological safety. One agency nurse shared, "Being nominated made me feel like I wasn't just a temp-I was part of this team." Practice Relevance and Implications This project demonstrates how nurses can lead cultural transformation through simple, human-centred interventions. Peer recognition validates emotional labour, strengthens interprofessional relationships, and fosters belonging in high-stress environments. The program's simplicity supports scalability across diverse care settings. Peer recognition has the power to transform

everyday acts of care into visible expressions of organizational values, helping staff feel seen, valued, and connected to their teams. By creating a culture in which colleagues actively recognize one another, healthcare organizations can strengthen psychological safety, reinforce desired behaviours, and promote joy and meaning at work. Future QI initiatives should explore the sustainability of peer recognition programs and their potential association with staff engagement, retention, and workplace culture across diverse clinical settings.

141. Enhancing engagement in continuing education for nurses and interprofessional staff: A quality improvement initiative

Presenters: Rinam Ali, RN, BScN, MScN; Jessica Medeiros RN
Corresponding author: Rinam Ali, RN, BScN, MScN

Abstract

Continuing education is central to health professionals' practice and serves as a key strategy for maintaining competency, adapting to evolving healthcare needs, and managing complex patient care. Evidence indicates that continuing education enhances patient safety, clinical outcomes, and job satisfaction among healthcare professionals (Bechok et al., 2024; Mlambo et al., 2021). Despite these recognized benefits, barriers such as time constraints, limited access, and financial challenges often lead to decreased staff engagement in educational opportunities. To address these challenges and foster ongoing professional growth, the Nursing Education team at a large tertiary care hospital collaborates with subject matter experts to deliver high-quality, no-cost educational opportunities for nurses and interprofessional staff. However, participation in these events has declined over the past five years due to the pandemic, staff turnover, and generational learning differences, underscoring the need for a systematic, multipronged approach to re-engage staff and sustain participation. Objectives: • Improve participation rates in nursing education events at the organization. • Capture and analyze quality metrics to evaluate educational effectiveness. • Enhance engagement from frontline nurses and interprofessional teams. Methods: Guided by The Ottawa Hospital Innovation Framework (Hamilton et al., 2020), the team defined the problem, project scope, and objectives. Process mapping and fishbone analyses were used to identify bottlenecks, challenges, and gaps in existing processes. Following this analysis, project aims and key performance indicators (KPIs) were established to measure participation, engagement, and education quality. Innovative strategies such as targeted communication, engaging content, and interprofessional collaboration were implemented across two Plan-Do-Study-Act (PDSA) cycles. Results: Across two PDSA cycles from September 2024 to June 2025, 22 education events were delivered to 862 participants, representing a 66% increase in attendance compared to previous years. Interprofessional participation also increased more than five-fold. Evaluation response rates improved from 34% to 78%, and more than 90% of the respondents reported that the events were comprehensive, high-quality, applicable, and accessible. Conclusion: This quality improvement (QI) initiative demonstrates the impact of collaboration, communication, and commitment in enhancing continuing education for nurses and interprofessional staff. The initiative is replicable across diverse healthcare settings and scalable to organizations of varying sizes. Practice Relevance and Implications: Continuing education enhances patient safety and quality of care by keeping nurses current with best practices and safety protocols, thereby reducing errors and improving health outcomes. It also fosters a culture of lifelong learning and collaboration, boosts morale,

and strengthen workforce competence, job satisfaction, and retention (Mlambo et al., 2021; Pressley and Garside, 2023).

142. The Power of Nurse-Led Leadership Etiquette to Support Well-Being and Retention in Long-Term Care

Presenters: Rebecca de Witte, BScN
Corresponding author: Rebecca de Witte, BScN

Abstract

Nurses comprise over 40% of Canada's regulated health workforce, yet retention remains a significant concern, particularly among nurses under the age of 35. Data demonstrates a troubling trend in which a substantial number of nurses leave the profession early in their careers. In response, the 2024 Nursing Retention Toolkit emphasizes the importance of nurse-led and co-led solutions that strengthen leadership, psychological safety, and workplace culture. In long-term care, bullying, incivility, and inconsistent leadership practices continue to contribute to moral distress, vicarious trauma, reduced well-being, and staff turnover. Purpose This proposed nurse-led initiative aims to implement and evaluate a leadership etiquette framework as a strategy to improve nurse well-being, reduce bullying and hostile workplace behaviours, and support nurse retention in a long-term care setting. Methods Guided by the Nursing Retention Toolkit, this initiative aligns with the core themes of inspired leadership, strong management and communication, and organizational mental health and wellness support. Nursing leaders will co-lead the development and implementation of a standardized leadership etiquette framework focused on respectful communication, role modelling, accountability, and early intervention in conflict. The framework will be implemented over a six-month period through leadership education, coaching, and integration into daily leadership practice. Outcomes will be assessed using staff engagement surveys, workplace incident and complaint trends, absenteeism data, and retention metrics, alongside qualitative feedback from nursing staff. Anticipated Outcomes Anticipated outcomes include improved perceptions of leadership support and fairness, increased psychological safety, and reduced reports of bullying and incivility. Secondary outcomes are expected to include improved nurse engagement, reduced sick time utilization, and strengthened nurse retention. Conclusion This proposed nurse-led leadership etiquette initiative offers a practical and scalable approach to improving nurse well-being and retention in long-term care. By formalizing leadership behaviour expectations and fostering psychologically safe work environments, organizations can reduce moral distress and support a stable, engaged nursing workforce.

143. From Student to New Graduate: Strengthening Transition to Practice Through Longitudinal Placements - CNA Poster Award Winner

Presenters: Jasleen Chaira; Kateryna Metersky, PhD, MN, RN, BScN
Corresponding author: Kateryna Metersky, PhD, MN, RN, BScN

Abstract

The objective of this quality improvement initiative is to explore the feasibility and educational value of longitudinal clinical placement models in supporting nursing students' transition to practice (TTP), with specific attention to entry-to-practice (ETP) competencies. The project responds to concerns from

students, preceptors, and unit leaders that new graduates are entering practice with lower perceived readiness compared to pre-pandemic cohorts. The presentation aims to share early insights from a pilot exploration of longitudinal placement experiences and to inform the development of formalized longitudinal pathways planned for implementation in Fall 2026. Expected learning outcomes include an enhanced understanding of how longitudinal placements may support students' perceived readiness for practice, identification of learner-prioritized gaps related to ETP competencies, and practical considerations for implementing longitudinal models within complex health system environments. Methods/Approach and Key Insights/Results This exploratory initiative employed a qualitative process and outcome evaluation design. Pre-experience and post-experience focus groups, each one hour in length, were conducted with senior nursing students participating in existing or pilot longitudinal placement experiences as part of their final consolidation placement. Data collection was guided by two primary areas of inquiry: (1) the feasibility and perceived value of longitudinal placements from the student perspective, and (2) students' self-assessed readiness for ETP in relation to ETP competencies. Participants included students enrolled in full-year longitudinal placements as well as learners in shorter, integrated or shadowing opportunities across proximal clinical areas. Discussions explored students' expectations prior to placement and reflections following completion. The focus on integrated care was intentionally exploratory rather than prescriptive, allowing ETP competencies and learning priorities to emerge organically from learner narratives. Thematic analysis was used to identify key patterns related to TTP readiness, perceived competency development, and implementation considerations for longitudinal placement models. Practice Relevance and Implications Findings from this initiative have direct relevance for nursing education, clinical partners, and health systems seeking to strengthen workforce readiness and retention. Understanding students' experiences and perceived gaps offers actionable guidance for designing longitudinal placement pathways that intentionally support TTP and ETP competency development. Insights may inform placement planning, preceptor support strategies, and curriculum-practice alignment. Ultimately, this work contributes to improving the transition experience for new graduates, supporting safer practice, stronger team integration, and more sustainable nursing workforce outcomes for clients and communities.

144. Strengthening Mentorship to Support Transition to Practice: An Integrated Clinical Extern Model

Presenters: Kateryna Metersky, PhD, MN, RN, BScN
Corresponding author: Kateryna Metersky, PhD, MN, RN, BScN

Abstract

The objective of this initiative is to develop, implement, and evaluate an integrated clinical extern-mentor model designed to support nursing students' transition to practice while strengthening mentorship capacity within the clinical environment. The model aims to enhance clinical reasoning, confidence, team integration, and readiness to practice among clinical externs, while supporting nurse mentors with structured education in feedback, coaching, and difficult conversations. Expected learning outcomes of the presentation include understanding how integrated academic-practice partnerships can improve nurse retention, identifying key elements of effective clinical extern and mentor development programs, and recognizing strategies to support a sustainable nursing workforce. Retention is positioned as a longer term

system outcome, informed by early indicators of readiness and integration. Methods/Approach and Key Results This innovative integrated model was developed collaboratively between an academic institution and a large academic health sciences centre, and consists of two parallel streams: clinical extern development and mentor development. The target population for the extern stream includes clinical externs entering their consolidation year. Externs participate in a 3-day intensive training program delivered during the spring/summer semester. The program includes a classroom day reviewing essential nursing skills such as head-to-toe assessments, application of Tanner's Model of Clinical Judgment, and escalation of care. A simulation day provides hands-on practice with IV pump programming, priming intravenous lines, and case-based scenarios focused on collaboration with interprofessional team members. An additional training day focuses on resume writing and interview preparation to support externs' transition to employment. Ongoing mentorship is provided as externs transition into nursing practice. Evaluation includes semi-structured interviews with clinical externs and mentors at multiple time points (initial, process, post-, and impact evaluation) to assess integration, effectiveness, and perceived outcomes related to confidence, readiness to practice, and retention. Preliminary results of this pilot will be disseminated. Practice Relevance and Implications This initiative aligns with Health Canada's Nursing Retention Toolkit under the core theme of Professional Development and Mentorship, supporting inspired leadership, psychological safety, and workforce sustainability. The model benefits nurses through improved transition experiences and mentorship, supports health systems through recruitment and retention of practice-ready nurses, and enhances academic outcomes by improving student readiness to practice and employability, contributing to a stronger nursing workforce.

145. Building a Sustainable Emergency Nursing Workforce: Outcomes of a Multimodal, Competency-Based Orientation Program

Presenters: Seema Klotia; Laura Killam RN
Corresponding author: Rene Samuda, RN, BScN, MDEM, ENC(c)

Abstract

To evaluate the impact of a revised Emergency Department (ED) Nurse Orientation Program on nurse retention, role confidence, and professional well-being, through the implementation of standardized onboarding pathways, National Emergency Nurses Association (NENA) -aligned competency tools, and multimodal teaching strategies across three hospital sites. Methods A mixed-methods evaluation was conducted from July-September 2025 using the Kirkpatrick Model of Evaluation Framework (Levels 1-4), with a specific focus on indicators associated with early career support and workforce sustainability. Data sources included end-of-orientation evaluations, learning management system (LMS) knowledge checkpoints, pre- and post-testing, case-based learning, simulation performance assessments, self-assessments of confidence and preparedness, preceptor feedback, and three-month post-orientation follow-up evaluations assessing transition-to-practice experience and intent to remain. Results Fourteen newly hired nurses completed the updated orientation program. • Learning and Confidence Outcomes: One hundred percent of participants achieved ≥80% on LMS knowledge checkpoints, with all 14 nurses scoring ≥80% on final arrhythmia testing. Self-assessment data indicated improved clinical confidence and perceived readiness for independent ED practice. • Simulation and Psychological Safety: All participants completed six simulation scenarios (adult and pediatric), designed to support skill acquisition,

clinical judgment, and stress inoculation in a psychologically safe learning environment. Monthly simulation evaluations (N=7-22) demonstrated strong engagement, increasing comfort with high-acuity scenarios, and application of learning to practice. • Well-Being and Engagement Feedback: Qualitative feedback highlighted the value of hands-on practice, structured support, and early leadership opportunities in reducing anxiety and supporting a positive transition experience. Participants identified a desire for additional pediatric medication practice and increased simulation days as further supports for confidence and well-being. • Retention-Related Challenges: Identified barriers included incomplete competency tool completion, inconsistent class attendance among new graduates, documentation tracking inefficiencies, and limited post-orientation use of SharePoint resources-factors with potential implications for sustained support and early retention. Conclusion A structured, competency-based ED orientation that integrates simulation and multimodal learning supports a safer and more confident transition to practice. By reducing uncertainty, cognitive overload, and early role stress, the program contributes to improved psychological safety, professional confidence, and job satisfaction-factors known to influence early career retention. Opportunities for hands-on practice and supported leadership development further reinforce nurse engagement and resilience in a high-acuity environment.

146. New Roots, Real Impact: Supporting IENs in Canada's Largest Mental Health and Addiction Centre

Presenters: Kelyang Tenzin, RN, BScN, MN, CPMHN(C); Michael Maban
Corresponding author: Kelyang Tenzin, RN, BScN, MN, CPMHN(C)

Abstract

This quality improvement initiative evaluated the Supervised Practice Experience Partnership (SPEP) at CAMH to support the transition, integration, and retention of Internationally Educated Nurses (IENs) in line with Core Theme 4 of the Nursing Retention Toolkit. SPEP is a transition program supporting domestic nurses returning to practice and IENs resuming their practice in Ontario through dedicated mentorship. Our organization has supported 25 SPEP interns to date, both interns and their preceptors were engaged in this QI initiative to inform these learning outcomes: (1) Understand the unique transition challenges and learning needs of IENs in mental health care and addiction settings. (2) Recognize the support needs of preceptor nurses who facilitated SPEP placements. (3) Identify evidence-informed strategies that could enhance IEN onboarding, mentorship, and retention within health organizations. Methods/Approach and Key Insights/Results: The project engaged current and former SPEP interns (n=8) and preceptors (n=6) through REDCap© surveys administered at the end of each placement and retrospectively for past cohorts. Quantitative data were analyzed using descriptive statistics, and qualitative responses were thematically coded to identify key trends in transition and preceptor support needs. Participation was voluntary, confidential, and secure, with unique identifiers used to protect participant privacy. Findings indicated that structured mentorship, individualized orientation, and culturally sensitive supports were critical to improving IEN integration and program outcomes. Practice Relevance and Implications for Nursing, Health Systems, or Communities: There is a dearth of literature on IENs transitioning to a mental health and addictions setting. As existing nursing literature and resources supporting nursing career transitions are built from content developed for domestically trained nursing students and nurses, these might not fully appreciate the unique nursing experience that IENs brings or needs to bridge. The results of this project

informed enhancements to the SPEP program, supporting IEN transition and retention at CAMH. Preceptors benefited from resources tailored to their mentorship role, while patients benefited from a more culturally diverse, prepared, and patient-centered nursing workforce. Therefore, by aligning program support with the unique experiences of IENs, this evaluation contributed to more effective onboarding, improved staff retention, and higher quality care in complex mental health settings. The initiative also provided a scalable framework for other mental health and addictions organizations seeking to optimize IEN transition, reduce health inequities, and strengthen workforce sustainability.

147. Mental Health Nursing Skills Lab: Pause, Drop in and Learn

Presenters: Smita Upadhaya and Seonhee McDermott, RN, MScN, CPMHN(c)
Corresponding author: Seonhee McDermott, RN, MScN, CPMHN(c)

Abstract

Inpatient Mental Health (MH) nurses care for patients holistically, including their psychiatric and physical health. Considering the disparity in life expectancy of persons with mental illness and growing needs for comprehensive care (Chan et al., 2023), continuing education (CE) becomes essential to building competency and meeting the evolving needs of patients. Many literatures assert that structured CE improves nurses' confidence, clinical decision-making, and the quality of care (Hartley et al., 2019; Mlambo et al., 2021). However, often fiscal and human resource constraints become a barrier to CE (Shahhosseini and Hamzehgardeshi, 2014). In alignment with CNA's value of providing competent nursing practice, SJHH educators pursued the Nursing Skills Lab (NSL) initiative to meet the CE needs in a fiscally responsible way. Objectives and Methods: We aimed to strengthen MH nurses' clinical skills, confidence, and readiness to manage complex care needs by designing an immersive NSL, which has proven effective for clinical competence (Ward, 2022). Fifteen skills, both physical and psychiatric, were rotated weekly for over 10 months. Each topic was delivered through simulation, guided hands-on practice, and scenario-based discussion, which aligns with the current evidence for effective CE for MH nurses (Mlambo et al., 2021; Ward, 2022). We maintained consistency of the learning opportunity by holding the NSL on the same days and times and communicating the schedule a month in advance, allowing nurses to plan accordingly. Results: A total of 242 participants attended the NSL, and 98 completed the survey. The results identified that all responders were satisfied with the overall education. There was a significant improvement in confidence in performing skills. 96% stated that the hands-on practice reinforced their clinical competence and was the most valuable component of this education, underscoring the importance of experiential, practice-based CE for MH nursing development (Mlambo et al., 2021; Ward, 2022). These results mirror current evidence that structured and well-facilitated CE programs improve nurses' self-efficacy and clinical performance (Hartley et al., 2019) Implications: The NSL demonstrates that structured, experiential education addresses the CE needs of MH nurses. By incorporating simulation and interactive learning with a consistent and accessible offering, the NSL effectively improved nurses' clinical confidence and readiness. Additionally, this model of CE offers a sustainable and fiscally responsible approach that can be replicated across healthcare organizations to develop the nursing workforce and improve patient safety.

148. Enforcing Mandatory Vaccination in Healthcare Workers: Strategies for Nursing Leaders

Presenters: Kristi McManus, RN, MN, BScN, OHN
Corresponding author: Kristi McManus, RN, MN, BScN, OHN

Abstract

Healthcare workers are at greater risk of exposure and transmission of vaccine preventable illnesses than the general public, highlighting the importance of compliance to mandatory vaccination policies. Non-compliance not only increases individual risk, but risk to patients and organizations through human and financial factors. Understanding these factors, and implementing effective mitigation strategies, can improve compliance and increase organizational safety. This editorial review was conducted through thematic analysis, examining the causes of non-compliance, implications to individuals, patients and organizations, and strategies for effective enforcement. Implications for nurses, nurse leaders, and greater communities are discussed, with a focus on nurse leaders unique opportunity to face this challenge from the front lines through transformational leadership practices, knowledge transmission and organizational change.

149. Clinical Extern Integration and Education in a Large Academic Health Network

Presenters: Irene Razon; Gwladys Ruscio; Megan Smith RN
Corresponding author: Elaine Didiano, RN, MN, CPN(C)

Abstract

The Enhanced Extern Program in Ontario was established to address healthcare workforce shortages during the COVID-19 pandemic by integrating clinical externs who are students from health discipline academic programs functioning as unregulated care providers into hospital care teams. The clinical extern program supports units by providing workload support for clinical staff while enhancing students' transition-to-practice readiness through exposure to diverse clinical settings. A key barrier to integrating clinical externs into diverse clinical programs is persistent role ambiguity, particularly regarding task assignment, delegation processes, and accountability within interprofessional teams. Effective interprofessional collaboration requires explicit clarification and negotiation of roles; without this, team functioning is impaired, and members may experience increased stress, moral distress and reduced psychological safety (Canadian Interprofessional Health Collaborative, 2024). To address these challenges, nurse educators and nurse leaders at University Health Network (UHN) designed and implemented a suite of strategies to support successful extern integration and enhance role clarity. These strategies included in-person education and engagement sessions, development of digital learning resources, and coordinated communication planning across clinical teams. 1. Understand the importance of building in role clarity when introducing a new team roles. 2. Describe practical strategies to support safe assignment, delegation, communication, and team integration that contribute to extern and nurse well-being and retention Methods: An educational offering for point-of-care nursing staff was developed

based on guidelines from regulatory bodies and legislation and aligned with nursing scope of practice and delegation standards. The education consisted of the presentation of key principles, interactive discussion, matching activities, and case-based scenarios focused on real-world delegation and role clarity faced by nurses. The flexible format gives teams across the ten sites within UHN the ability to book sessions at the time that works best for them and is tailored to their context's needs. Pre- and post- surveys were distributed to assess baseline confidence with assigning and delegating as compared to post-session results to evaluate changes in nurses' confidence, clarity, and comfort working with externs. Practice Relevance/Implications: As new learnings emerge from the implementation phase, the strategy is evolving and being refined using staff feedback. Practice implications include investing resources upfront into role clarity education when introducing a new role to facilitate successful integration that mitigates nurse workload strain and supports retention. Moreover, the importance of tailoring role clarity strategies to local context and team dynamics was identified as a key factor for success.

150. From classroom to chaos: Exploring stress and coping among newly graduated nurses in acute care clinical environments

Presenters: Trinh Nguyen-Lu, RN, BN, PhD(c)
Corresponding author: Trinh Nguyen-Lu, RN, BN, PhD(c)

Abstract

Nurses are vital members of healthcare teams, making up 43% of Canada's healthcare workforce. Despite efforts to recruit and sustain new nurses, recent statistics show that for every 100 nurses who join the profession, 40 nurses between the ages 25-34 years leave annually. The transition from student to registered nurse represents a critical and challenging period of professional development, particularly for newly graduated nurses (NGNs) entering acute care settings. During their first year of practice, NGNs face significant stress related to clinical decision-making, heavy workloads, interpersonal dynamics, and integration of theoretical knowledge into practice. The COVID-19 pandemic has further amplified these stressors by exacerbating staffing shortages, increasing patient acuity, and introducing new workplace complexities. While the transition to practice has been widely studied, little is known about how NGNs experience and manage stress in the current endemic context. Objectives: The purpose of this mixed methods study is to measure and explore stress and coping among NGNs during their transition to practice period within acute care clinical environments. Objectives include to (1) identify and relate demographic factors, stress, and coping among NGNs during their transition to practice period; and (2) explore and compare quantitative measures of stress and coping with qualitative accounts described by NGNs. Methods: Guided by Lazarus and Folkman's Transactional Theory of Stress and Coping, this explanatory mixed methods approach will recruit nurses working in acute care in Manitoba who have graduated from their nursing education program within the last 12 months. This study has received ethical approval. Quantitative data (n = 130) will be electronically collected for descriptive and correlation statistical analysis using three instruments: a demographic questionnaire, the Coping Inventory for Stressful Situations, and the Perceived Stress Scale. A nested qualitative sample (n = 15) will be recruited to participate in semi-structured interviews exploring experiences of stress and coping during the transition to practice period. Interview transcripts will be analyzed using Interpretive Description. Results: Preliminary findings will be presented. Significance: Manitoba has emerged as a national leader in NGN retention;

however, recruitment and workforce sustainability challenges remain. A 29.4% attrition rate underscores the need for targeted, evidence-informed strategies to strengthen onboarding, mentorship, and workplace supports. This study will inform these efforts and provide insights applicable to improving recruitment and retention across other provinces and healthcare professions.

151. Reigniting Purpose: Joy-Centred Wellbeing for Sustainable Nursing

Presenters: Sam Bell (Olmstead), RN, RM, PGCE (Adult Education)
Corresponding author: Sam Olmstead, RN, RM, PGCE (Adult Education)

Abstract

This dynamic and experiential session explores practical strategies to support nurses in reconnecting with balance, purpose, and professional sustainability. The objectives are to: (1) increase understanding of how chronic occupational stress affects the nervous system and contributes to burnout; (2) introduce evidence-informed nervous system regulation strategies that can be implemented in clinical settings; (3) strengthen emotional resilience through embodied practice; (4) support participants in reconnecting with their professional purpose as a protective factor against burnout. Grounded in lived experience and current nervous system science, this presentation provides accessible tools designed to reduce stress reactivity and enhance overall well-being. Participants will gain foundational knowledge of how prolonged exposure to high-stress environments influences physiological regulation, decision-making, and emotional capacity. Emphasis is placed on brief, realistic interventions that shift the nervous system from survival-based patterns toward states of safety and restoration. Blending education with embodiment and guided reflection, the session offers techniques that can be integrated into even the busiest nursing routines without adding to workload burden. This approach has direct implications for nurse wellness, retention, and sustainable practice. By supporting nervous system regulation, the session addresses contributors to burnout, compassion fatigue, and moral distress while promoting engagement and professional longevity. Participants will leave with practical strategies that are both evidence-informed and immediately applicable within clinical environments. The session will begin with a brief grounding practice tailored to conference participants. A concise slide presentation will outline the neurobiological underpinnings of stress and recovery and will be made available to support continued integration. Attendees will then engage in guided practice of three nervous system regulation exercises suitable for use during shifts. The session will conclude with a structured reflection exercise designed to help participants reconnect with their professional "why," reinforcing both personal well-being and commitment to practice.

152. Bridging the Education Gap: Advancing Support for Internationally Educated Nurses and Health Professional

Presenters: Karine Gottardo Severino, RN, BScN, MN
Corresponding author: Karine Gottardo Severino, RN, BScN, MN

Abstract

In the fall of 2025, Trillium Health Partners launched a new medical unit (3D), adding 32 new beds to their capacity. The Clinical Resource Team (CRT) was tasked with onboarding a large cohort of 45 nurses, many of whom were novices. The primary objective was to facilitate a smoother transition for new nurses, with

expected learning outcomes that included increasing clinical knowledge, enhancing decision-making skills, and improving nurses' confidence in independent practice. To ensure successful onboarding and retention, the Medicine Program with Professional Practice Clinical Educators, and an Internationally Educated Nurse (IEN) Facilitator delivers an innovative two-day, in-person orientation. The program employed diverse educational methods, including classroom lectures, simulations, "Carts of Knowledge," and "Knowledge Nudges," all designed to enhance critical thinking and clinical decision-making. These sessions were complemented by one-on-one mentorship and hands-on bedside assistance. The curriculum was developed in partnership with local Clinical Educators to ensure its relevance to the unit's specific needs. The orientation took place directly on the new medical unit, incorporating practical simulations such as Code Blue and Code White scenarios to promote teamwork, familiarize nurses with emergency procedures, and enhance their confidence in managing critical situations. This novel onboarding initiative demonstrated a measurable positive impact on both staff confidence and quality of care. Retrospective data showed that 64% of participants strongly agreed that the knowledge gained during the orientation would improve their practice. Additionally, 64% of participants strongly agreed that their confidence in performing independently had increased. The combination of classroom education, real-time mentorship, and hands-on simulations proved effective in enhancing both clinical competence and the ability to respond confidently to emergencies. This innovative, unit-based orientation approach proved effective in increasing both knowledge and confidence among novice nurses. By addressing the unique challenges faced by new nurses, the program contributed to better preparedness and readiness for independent practice. The success of the initiative not only supports the scalability of the model across other units and programs but also highlights its broader impact on workforce development, nurse retention, and ultimately, patient care quality. By fostering a more competent and confident nursing workforce, this initiative supports the health system's capacity, leading to improved patient safety and better overall care. Furthermore, the program's success offers long-term benefits for the local community, as a well-trained, stable nursing workforce can enhance patient satisfaction and contribute to more sustainable healthcare delivery.

153. Impact of SPEP on Workforce Retention of Internationally Educated Nurses at Trillium Health Partners

Presenters: Karine Gottardo Severino, RN, BScN, MN
Corresponding author: Karine Gottardo Severino, RN, BScN, MN

Abstract

The Supervised Practice Experience Partnership (SPEP) is a collaborative initiative between the College of Nurses of Ontario (CNO), Ontario Health, and CNO approved organizations, aimed at supporting Internationally Educated Nurses (IENs) and other nurses in meeting Ontario's practice requirements. The program provides supervised clinical placements, mentorship, professional development, and integration into organizational culture, facilitating a smooth transition into Ontario's nursing workforce. In 2025, Trillium Health Partners (THP) welcomed 16 nurses through SPEP, including IENs entering Canadian practice and other nurses seeking to completed Ontario's practice requirements. Participants completed either 300-hour, or 140-hour supervised placements, based on their CNO assessment. The program supported nurses in meeting evidence of practice (EOP) requirements and, where applicable, language

proficiency standards are met. THP also offered SPEP placements to internal applicants pursuing nursing licensure, promoting professional growth and organizational sustainability. Results indicated that 64% of nurses who completed their SPEP hours at THP were retained within the organization. Of the participants, 68% required only the completion of EOP, while 32% needed both EOP and language proficiency. The structured supervision, targeted skill development, and professional integration provided through SPEP significantly enhanced nurses' confidence, competence, and commitment, contributing to higher retention rates. SPEP is a highly effective strategy for supporting IENs in securing their first Canadian nursing roles while strengthening workforce stability. Key learning outcomes include understanding how structured mentorship and professional integration impact nurse confidence and retention, as well as gaining insights into the long-term benefits of such programs for organizational sustainability. Ongoing evaluation and expansion of the program will likely increase workforce capacity, reduce turnover, and help achieve long-term goals for both the healthcare system and individual healthcare organizations. Expanding and refining the program's reach could further improve integration processes, supporting the sustainable development of THP nursing workforce.

154. Supporting Internationally Educated Nurses (IENs) and Canadian Nurses: A Mentorship Program Delivered by IEN

Presenters: Karine Gottardo Severino, RN, BScN, MN
Corresponding author: Karine Gottardo Severino, RN, BScN, MN

Abstract

In 2025, Professional Practice launched a pilot program for Clinical Resource Team (CRT) nurses, offering dedicated support through a Clinical Scholar Coach (CSC). This initiative was developed by leadership in response to the increased hiring of newly graduated nurses and internationally educated nurses (IENs) to the unit. The program aimed to provide structured mentorship to support CRT nurses as they adapted to the dynamics of different units, such as medicine, surgical, and emergency units. The objective was to enhance clinical competency, critical thinking, and overall confidence, with expected learning outcomes including the improvement of decision-making skills, adaptability across various settings, and the ability to navigate complex clinical situations. The CSC, a provincial mentorship initiative, pairs experienced front-line nurses with newly graduated nurses, IENs, and nurses undergoing upskilling. An experienced CRT nurse with strong critical thinking and clinical skills was selected to lead the program and provide one-on-one, hands-on guidance. This mentorship addresses the unique challenges faced by CRT nurses, including rotating across medicine, surgery, and emergency units, and provides real-time feedback to enhance clinical skills and critical thinking. Participants are expected to gain skills such as improved time management, better handling of critical situations, and enhanced communication with multidisciplinary teams. During the five-month pilot, a total of 1,036 one-on-one interactions were reported. Of the participating nurses, 36% were newly graduated registered nurses, 16% were newly graduated registered practical nurses, 15% were IENs, and 33% were upskilled nurses. Feedback from participants and home unit educators highlighted the program's effectiveness in enhancing critical thinking, clinical competency, and overall confidence in practice. Participants reported an increased ability to make clinical decisions independently and adapt more quickly to the demands of multiple unit environments. This pilot initiative demonstrates the value of targeted mentorship in supporting nursing staff. By improving clinical

competency, critical thinking, and confidence, the program contributes to better patient care and safety, with broader implications for the health system. A more competent and confident nursing workforce directly improves care quality, enhances patient outcomes, and contributes to increased nurse retention. This mentorship model can serve as a scalable approach to addressing workforce challenges and promoting sustainable professional development in dynamic healthcare settings. Additionally, the program's success could foster long-term benefits for the communities served by these enhanced nursing professionals.

155. Reporting Structures for Hospital-Based Nurse Practitioners in Canada: Impact on Role Implementation, Job Satisfaction, and Retention

Presenters: Rini Dass, Adult-NP, MScN, PhD Student
Corresponding author: Rini Dass, Adult-NP, MScN, PhD Student

Abstract

To identify and examine the impact of reporting structures on role implementation, job satisfaction and intention-to-stay for hospital-based NPs in Canada. Background: Hospital-based NPs face numerous organizational barriers to implementing their roles, which may adversely affect job satisfaction and retention. Hospital leaders in reporting structures are pivotal in addressing these barriers. There is a lack of research on the types and characteristics of reporting structures and how they influence critical NP outcomes. Methods: A nation-wide cross-sectional survey was conducted in English and French (April-October 2025). Eligible participants were NPs working in any type of hospital setting across all provinces/territories, recruited via national/provincial NP associations and nursing regulatory boards. The 43-item questionnaire captured reporting structure characteristics and used validated tools measuring NP job satisfaction, organizational climate, and intention-to-stay. Results: Participants included 594 NPs representing all provinces/territories. The majority reported to one supervisor (63%), with fewer reporting to two (24%) or three or more (12%) supervisors. In most provinces/territories NPs (63%) report to one supervisor, while in British Columbia, highest proportion of NPs (81.5%) reported to two or three or more supervisors. Quebec had the second highest proportion of NPs (21%) reporting to three or more supervisors. NPs reporting to one supervisor were more satisfied than those in other reporting structures. In a single reporting structure, most NPs report to a clinical manager (41%) or program director (39%). For single reporting structures, those reporting to an NP leader had the highest mean job satisfaction scores ($M = 4.78$, $SD = 0.51$, $n = 38$), followed by the Chief of Nursing ($M = 4.54$, $SD = 0.56$, $n = 15$). Further analyses will examine reporting structure features and their impact on role implementation, job satisfaction, and retention. Discussion: Growing numbers of NPs in Canada call for strategies to ensure that evidence-based organizational reporting structures are in place to enhance their work environment, professional development, and role implementation. This study generates new knowledge about the characteristics of NP reporting structures in varied practice contexts and their relationship to NP role implementation, job satisfaction, and retention. Relevance to NP practice: Study results will help NPs, nurse and healthcare leaders, and policy makers better understand NPs reporting structures and factors that contribute to effective role implementation, increased job satisfaction, and retention. Key learnings:

This first-ever national study in Canada represents a crucial opportunity to improve understanding of the relationship between reporting structures and NP outcomes.

156. Implementation and Evaluation of a Digital Mentorship App for Nursing Retention: A Mixed-Method Approach

Presenters: Terri Irwin; Maria Nelson; Farah Khan; Domino Puson; Alanna Coleman NP
Corresponding author: Kamini Kalia, RN, MScN, CPMHN (C)

Abstract

To address the critical retention crisis among early-career nurses, a large acute care community hospital in partnership with a Canadian software company, developed, implemented and evaluated a web-based application designed to bridge the mentorship gap. Underpinned by the Health Canada Nursing Retention Toolkit (2024), the project's primary objective was to co-design a digital solution that fosters mentor-mentee relationships, providing "in-the-moment" clinical support, wellness resources, and networking opportunities for early career nurses (0-5 years of experience), who constitute approximately 50% of the hospital's new hires. Attendees will learn how human-centered co-design can be leveraged to create point-of-care support tools and understand the specific barriers to digital tool adoption in high-acuity clinical settings. Methods/Approach and Key Insights: Utilizing a Human-Centered and Equity-Centered Design framework, the digital application was co-designed with clinicians to ensure clinical relevance. The pilot evaluation employed a mixed-methods approach guided by the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) and Quintuple Aim frameworks. Data were gathered from 208 questionnaire respondents and through semi-structured interviews with mentors and mentees. Key insights revealed the platform's impact, demonstrating high Reach with 52.9% of the app's users identifying as the primary target demographic of early career nurses. In terms of Effectiveness, daily users were significantly more likely to rate the app as "extremely beneficial" for networking and clinical skill development, while qualitative findings highlighted the app's success in providing a safe space for expressing vulnerability and seeking social connections. These preliminary results further underscore the app's contribution to professional well-being, including a substantial reduction in nursing turnover from 17.9% to 8.9% from 2024 to 2025 and an 83% effectiveness rating for providing "in-the-moment" professional support. Boasting a 96% engagement rate among a diverse user base-predominantly comprised of East, Southeast, and South Asian nurses-this award-winning innovation demonstrates clear potential to stabilize the healthcare workforce. Practice Relevance and Implications: This initiative enabled nurses to equitably access professional development, mentorship, and mental health support. The findings suggest that while digital mentorship apps are effective "nurse-led" solutions for real-time support, their success is contingent upon organizational health system changes and leadership. To improve retention, health systems must move beyond providing technology to implementing structural supports, such as protected administrative time for mentorship activities. This approach not only supports the well-being of the individual nurse but also strengthens the overall healthcare infrastructure and patient safety by ensuring a more confident and supported workforce.

157. Mapping the Route to Retention: A Scoping Review of Transition Programs for Internationally Educated Nurses

Presenters: Mai-Anh Dang; Nathalie Méhats RN
Corresponding author: Mai-Anh Dang

Abstract

Internationally educated nurses (IENs) help solve global nursing shortages[1]; however, IENs experience many barriers to integration into host healthcare systems through regulation, practice and culture[2]. Transitional support programs for IEN's have developed to address these issues with a wide variety of designs and results. The purpose of this scoping review was to map the design, delivery, and results of current IEN transition programs and to identify common themes, gaps, and trends in program design that may help to identify evidence-informed components of effective IEN transition supports and potential implications for retaining IENs within the host country workforce. Methods: Guided by the Joanna Briggs Institute framework[3] and reported according to PRISMA-ScR[4], we searched across multiple academic databases and grey literature for English-language papers published from January 2020-April 2024. Twenty-three sources (13 research articles, 10 program descriptions) were thematically synthesized into four categories: language support, mentorship, theoretical/clinical training, and professional development. Results: Training programs are observed to support IEN transition through an integrated approach. While theoretical and clinical training (n = 15) and professional development (n = 18) were the two most prevalent themes, language support (n = 6) and mentorship (n = 10) were considered common factors associated with IEN licensure success and readiness to enter the workforce as well as culturally adapt to new environments. Emerging themes included individualized, learner-centered support, hybrid in-class and online educational delivery options, and structured career development as demonstrated in the CARE STARS[5] (Canada) and the Nurse Clinical Fellowship Program[6] (UK). Implications for Practice: Our findings support that effective IEN transition requires comprehensive, contextually relevant program design that integrates clinical readiness, language development, and structured mentorship alongside regulatory preparation. Programs should abandon one-size-fits-all approach and move toward personalized, learner-centered supports - exemplified by the hybrid delivery models that increase access and a means of developing professionally beyond entry level licensure. Healthcare organizations must invest in culturally aware preceptor training and formalized mentorship structures to provide the relational support essential for psychological safety and workplace integration. To enable successful and meaningful integration of IENs into healthcare systems and ultimately into leadership positions, the profession needs standardized evaluation frameworks to track longitudinal outcomes including retention, leadership advancement, and sustained workforce contribution. Such frameworks would inform sustainable global models and ensure IENs receive equitable support for their unique set of skills, and opportunities to contribute fully to the nursing workforce.

158. Leadership insights into workforce retention priorities in long-term care homes

Presenters: Jen Calver, RPN, BAHSc, MHSc, GPNC(C), PhD (candidate)
Corresponding author: Jen Calver, RPN, BAHSc, MHSc, GPNC(C), PhD (candidate)

Abstract

Work conditions influence retention of the long-term care (LTC) workforce. Evidence shows that LTC leaders have a critical role in influencing whether staff remain or leave their jobs. However, there is a gap in context specific information to help guide leaders in their efforts to address organizational and system level factors that impact psychologically health and safety (PHS) in the workplace. This study aimed to gain a better understanding of PHS priorities influencing workforce retention from the perspectives and experience of LTC leaders, shedding light on detailed insights into organizational challenges and strategic solutions in practice. Methods/Approach: Building upon findings from a scoping review of the LTC retention literature (phase 1), a mixed-methods modified Delphi study was conducted. The study consisted of two survey rounds, and a third round with qualitative focus group interviews. Participants were purposively recruited to include 10 to 15 LTC leaders from across Canada, Ontario. Employing a maximum variation sampling strategy, participants were enrolled on a first come, first serve basis to achieve heterogeneity across LTC provider types and organizational departments. All leaders who expressed interest in the study were provided a letter of information containing full study details, including voluntary participation, study procedures, confidentiality, potential risks and benefits. To support consensus building participants were provided with a detailed summary of their individual response, and an anonymized distribution of group responses. A content analysis supported an inductive and deductive analysis of data. Results: A panel of 13 leaders achieved consensus on 45 priorities for PHS WR (psychologically health and safety workforce retention) in LTC. Priorities were synthesized into a central theme, PHS WR in LTC and supported by three sub-themes: (1) supportive organizational culture; (2) leadership trust and staff engagement; and (3) physical and psychological protection. Additional insights identified 24 implementation characteristics with 59 barriers and 61 facilitators to address PHS WR priorities in LTC homes. Practice Relevance/Implications: Our study findings help clarify priority areas to focus staffing stability and sustainability strategies within LTC homes. The resulting theoretical model could inform efforts to rigorously examine and address organizational controls and potential hazards that influence staff to stay or leave their jobs in LTC.

159. Reimagining Workplace Wellness: The Power of Nurses as Leaders in Shaping Cultures of Care

Presenters: Sherry Hole, MN, BN, RN, BC-HWMC; Janessa DeCoste
Corresponding author: Sherry Hole, MN, BN, RN, BC-HWMC

Abstract

The nursing profession continues to face sustained workforce strain, moral distress, vicarious trauma, impaired psychological safety, and system instability. National data show ongoing burnout and intent to leave across roles and settings. In response, the Government of Canada's Nursing Retention Toolkit frames retention as a shared systems responsibility requiring healthy workplace cultures, supportive leadership, and improved working conditions. Drawing on insights from the CNA Accredited Comprehensive Holistic Nurse, Nurse Coach and Consultant Certificate Program, this poster examines how whole-person care and nurse coaching can support the Toolkit's objectives by strengthening relational culture across nursing. Grounded in a whole-person framework, this poster highlights how nurse well-being is shaped by workload design, emotional labour, ethical and moral distress, interpersonal dynamics, cultural context, and

organizational environment. It identifies trauma-awareness, cultural care, self-regulation, ethical communication, boundary-setting, systems thinking, and reflective practice as capacities that support psychological safety, engagement, and retention. The poster further explores how nurse coaching strengthens deep listening, strengths-based inquiry, culturally responsive dialogue, and accountability conversations that can shift teams from reactive coping to intentional collaboration. These relational practices may reduce conflict, mitigate moral distress, and enhance professional fulfillment. Recognizing that leadership is not limited to formal roles, this poster advances the view that every nurse influences workplace culture through daily interactions and decisions. It also emphasizes the need to better support nurse leaders, including managers, directors, and executives, whose roles carry significant operational, ethical, and emotional demands. Sustainable systems require supported leaders who can help shape humane policies and healthier working conditions. Overall, this poster invites viewers to consider how whole-person care, nurse coaching, and relational leadership can support both individual nurse well-being and broader cultural change within healthcare environments. In alignment with TheCIINDE© Nurse First principle, it encourages reflection on practical strategies that can nurture nurses themselves while also contributing to healthier, more supportive, and more sustainable practice settings.

160. Effectiveness of a Psychological Body Armor™ Course for Nursing Students and Nurses in Manitoba

Presenters: Kathryn Chachula, RN PhD CCNE
Corresponding author: Kathryn Chachula, RN PhD CCNE

Abstract

Participants will learn about the Psychological Body Armor™ (PBA) Course and how it has helped students develop proactive resilience. Research has shown that healthcare workers, including nursing students, have the potential for exposure to high-stress and traumatic events with the potential to cause significant emotional distress (Cameron et al., 2016). Such events include patient deaths and unexpected outcomes (Chachula & Varley, 2022), 'near misses,' medical errors, care of abuse victims, ethical dilemmas, complex or violent interactions (Dukhannin et al., 2018), and incivility (Chachula et al., 2022). According to the Johns Hopkins Two-Factor Theory of Resilience (Everly, 2021) proactive resilience can be developed to resist becoming impacted by a crisis, sometimes referred to as 'psychological immunity.' Developing proactive resilience is an essential skill for students and nurses practicing within the Manitoba workforce. In this quasi-experimental pilot study, a total of 21 students from a baccalaureate nursing (n=17) and psychiatric nursing (n=4) program in Manitoba completed an online asynchronous 10-module resilience-building intervention program between 2023-2024. The 10 modules consisted of an introduction with a pre-intervention survey, in addition to: (1) an Overview of PBA as well as Stress and Resilience; (2) Self-Assessment; (3) Resilient Attitudes; (4) Exercise; (5) Nutrition; (6) Rest and Sleep; (7) Interpersonal Supports; (8) Spirituality; (9) Developing a Personal Resilience Plan; and (10) Active Listening Skills for Supporting a Person in Crisis, ending with a post-intervention survey. The results from paired t-test analyses showed statistically significant improvement in scores across the adopted valid and reliable tools with considerable Cohen's d effect sizes. The findings showed a significant reduction in depression ($p=0.031$, $d=0.507$), anxiety ($p=0.026$, $d=0.527$), stress ($p=0.001$, $d=0.821$), and post-traumatic stress ($p<0.001$, $d=0.878$). Students also experienced a significant increase in resilience ($p< 0.003$, $d=-0.749$).

The implications of the pilot study demonstrated that the PBA Course is effective in supporting nursing and psychiatric nursing students in developing resilience and reducing depression, anxiety, stress, and post-traumatic stress prior to entering the healthcare workforce. All nurses licensed in Manitoba are now eligible to participate in the PBA Course with recruitment ending May 2027. Preliminary study findings from nurses will be shared as part of the conference presentation.

161. Exploring the Role of Career Pathways in Supporting Nursing Professional Development and Retention

Presenters: Felicia Mojica-Lau
Corresponding author: Cindy Truong, RN, BScN, MN, CCNE, CpedN(C), NSWOC WOCC(C)

Abstract

Career development is a continuous process that enhances professional identity and growth within an organization. Career development also promotes equity; where staff can have equal opportunities to improve themselves, adapt to the changing nature of work, and advance their careers. To strengthen nursing retention in the organization as well as contribute towards a nursing workforce that is professionally supported and fulfilled, career pathways have been developed for inpatient and outpatient nurses, nurse practitioners, and nursing externs. The initiative to develop a nursing career pathway drew on literature review, organizational analysis, and stakeholder input. Guided by the Donner-Wheeler Career Planning and Development model, the structured visual career pathway was created to foster the progression of nurses in their professional practice within a pediatric rehabilitation setting. A few years later, Health Canada released the Nursing Retention Toolkit (2024). Drawing on the publication's emphasis on Inspired Leadership and Professional Development and Mentorship, we strengthened the nursing career pathway further by integrating Benner's Novice-to-Expert framework for an adapted version targeted for nursing externs. This enhancement has widened the pathway's reach, making it inclusive of students who have entered the health care workforce and are transitioning to new nursing roles. The pathway has provided the organization with a strategy to empower nurses across their entire career span with a structured model that identifies their needs for role clarity, early career retention, workforce readiness, and ongoing leadership opportunities. It also keeps the organization accountable in maintaining the quality and availability of initiatives that support nursing career growth such as CNA certifications and Team Leader, Preceptorship, and Mentorship workshops. The career pathway offers a visual and informative guide for nurses and nursing externs to take control and develop a career by design. It allows nurses and nursing externs to seek opportunities to develop from novice to expert within the organization by participating in different continuing education and leadership opportunities. The career pathway is fluid, flexible, and progressive; allowing the individual self-identify their personal journey based upon role, leadership opportunities, nursing scholarship, and enabling qualifications. Recognizing that each career journey is unique to the individual, the pathway encourages innovation, creativity, curiosity, and exploration of new experiences, while leveraging upon existing experiences. There is confidence that the Holland Bloorview Nursing and Nursing Extern Career Pathway can guide each nurse to discover opportunities that will broaden their scope, fuel their curiosity, and stimulate initiative to achieve career fulfillment and success.

162. Healing the Healer: Personal and Professional Transformation Through Self-Care and Nurse Coaching

Presenters: Sherry Hole, MN, BN, RN, BC-HWMC; Kim Derkach
Corresponding author: Sherry Hole, MN, BN, RN, BC-HWMC

Abstract

The nursing profession continues to experience sustained strain, moral distress, and workforce instability. Evidence indicates that burnout is shaped largely by workplace conditions and not individual weakness (Maslach and Leiter, 2016). While structural reform is essential, sustainable change also requires proactively supporting nurses with prosiliency-based approaches-proactively strengthening capacity before predictable strain occurs-and equipping them with practical tools that mitigate exhaustion before burnout develops. This initiative explores how enhanced self-awareness, intentional self-care, and nurse coaching skills embedded into daily practice influence personal renewal and professional leadership growth. Participants will gain insight into how relational presence, self-regulation, and coaching-informed communication foster enhanced leadership and psychological safety (Edmondson, 2018). Methods/Approach and Key Insights This poster draws on qualitative thematic analysis of reflective narratives and testimonials from nurses across diverse practice settings who integrated self-care practices and nurse coaching skills into daily work and life. Narratives were examined for themes related to healing, leadership development, relational impact, and cultural influence. Key insights reveal transformation across three domains: Personal Renewal - Nurses described increased self-awareness, stronger boundaries, improved emotional regulation, and restored professional identity. Many reported reduced burnout symptoms and greater clarity in navigating ethical and moral challenges, aligning with research linking self-compassion and well-being (Neff, 2011). Enhanced Professional Leadership - Participants reported greater confidence in difficult conversations, psychologically safe communication (Edmondson, 2018), and approaching team dynamics with curiosity rather than reactivity. Embedding nurse coaching skills strengthened listening, accountability, and leadership presence. Cultural Influence - Nurses observed ripple effects within workplaces, including improved team cohesion, reduced conflict escalation, and more intentional collaboration. Personal renewal translated into shifts in relational tone and workplace culture. Practice Relevance and Implications Healing the healer is foundational to professional excellence. Strengthening self-awareness and relational skill enhances leadership at every level of nursing. Consistent with the framework advanced by The Canadian Institute of Integrative Nursing Development and Education Ltd. (TheCIINDE©, 2026), integrating self-care and coaching into everyday practice supports both nurse sustainability and healthier, more supportive practice environments.

163. Exploring Internationally Educated Nurses' Experiences of Role Transition in Manitoba: A Sequential Explanatory Mixed-Methods Study

Presenters: Abeer Alraja, Joanne Loughery RN., MN; Tasha Gregory and Sai Krishna Gudi
Corresponding author: Joanne Loughery, RN., MN

Abstract

The primary objective of this study is to explore internationally educated nurses' (IENs) experiences of role transition, focusing on perceived challenges, support, and readiness for workplace integration. The

secondary objective of this study is to identify key factors that contribute to successful role transitions and to provide recommendations to inform future curriculum and support strategies for IENs. Methods/Approach: This is a sequential explanatory mixed-methods research design that consists of a quantitative phase followed by a qualitative phase to build on the quantitative findings. In the quantitative phase, IENs who have completed Red River College Polytech's (RRC) Nurse Re-Entry Program (NREP) will be included in the study, while the Canadian nurses who have completed RRC's NREP for the purposes of license requirements, remedial education or professional development will be excluded. The Casey-Fink Graduate Nurse Experience Survey© is used to assess participants' transition experiences, including perceived competencies, support needs, confidence in clinical skills, job satisfaction, professional development, and workplace challenges. The subsequent qualitative phase is guided by interpretive description methodology. Semi-structured interviews are conducted to explore IENs' personal experiences of role transition into the Canadian healthcare workforce. The interview guide is informed by preliminary quantitative findings and is designed to elicit in-depth narratives around perceived challenges, sources of support, and individual readiness for workplace integration. Participants are encouraged to reflect on their educational pathways, interactions within clinical environments, and overall preparedness for professional nursing practice in Canada. Data collection is underway currently, and preliminary results will be forthcoming. Practice Relevance/Implications: RRC's NREP prepares IENs to become registered nurses (RN) in Manitoba. The courses are designed to address competency and knowledge gaps and to meet the Entry-Level Competencies for RNs in Manitoba, as set by the College of Registered Nurses of Manitoba (CRNM). This helps students gain regionalized skills and optimize their competencies to meet the needs of the Manitoba health sector. The findings of this study will inform future NREP curriculum development and support strategies to enhance the integration and success of IENs in nursing roles. Further, this study also provides valuable insights into the readiness and integration of IENs into the Canadian healthcare system.

164. From Novice to Expert: Implementation of a Lifespan Development Model in Canada's Largest Mental Health Centre

Presenters: Kelyang Tenzin, RN, MN, CPMHN (C); Faith Joy de la Pena, Light Chiotu RN
Corresponding author: Kelyang Tenzin, RN, MN, CPMHN (C)

Abstract

In fall 2024, the Nursing Innovation and Transition Programs (NITP) department was created at the Centre for Addiction and Mental Health (CAMH) to coordinate four ministry funded nursing initiatives; The Clinical Extern (CE) Program, Nursing Graduate Guarantee (NGG) Initiative, the Supervised Practice Experience Partnership (SPEP), and the Clinical Scholar Program (CSP). A lifespan development model was applied that integrated pathways of development for novice and experienced nurses to facilitate nursing recruitment and retention between programs. Anticipated learning outcomes are: 1. Illustrate the organizational and educational resources developed to integrate these four initiatives 2. Identify factors that support a seamless transition into practice for new graduate nurses and provide support for mid-career nurses 3. Evaluate the efficacy of this department in supporting the recruitment and retention of new graduate nurses and experienced nurses in a health organization Human resources data on nursing recruitment and retention since the inception of NITP was reviewed to evaluate the outcomes of this department for 2024-2026 in comparison to pre-implementation in 2023. Pre-NITP in 2023, 15 CEs

recruited into nursing roles at CAMH (2 into the NGG). Post-NITP in 2024-25, 12 CEs were recruited into nursing roles (5 into the NGG, along with 1 SPEP intern). In 2025-26, 11 CE's recruited into nursing role (10 into the NGG, along with 2 SPEP interns). Through the CSP, 17 Clinical Scholars (CSs) were recruited across all four clinical programs at CAMH. Between November 2024 to January 2025, CSs facilitated 1506 mentorship interactions across the organization for nurses new to practice such as CE and NGG staff and nurses resuming practice, such as SPEP interns. Additionally, of the 17 Clinical Scholars, 3 were later recruited into Nurse Educator roles in 2025. There is a paucity of data on the implementation of transition programs in mental health settings and even less on the integration of these programs to support nursing recruitment and retention. An evaluation on the year in implementation of the NITP at CAMH provides preliminary evidence on the efficacy of integrating transition programs in a lifespan development model to increase recruitment and retention of novice nurses pre- and post-licensure, IEN's re-entering the workforce, and experienced nurses seeking professional development opportunities. These programs allow us to engage a diverse range of nurses both domestic and international to ensure CAMH's nursing body remains diverse to support workforce sustainability and improve patient outcomes.

165. Crisis Leadership in Action: Strengthening Health System Performance and Well-Being for Leaders and Nurses in Canada

Presenters: Sonia Udod, RN, BScN, MSc, PhD
Corresponding author: Sonia Udod, RN, BScN, MSc, PhD

Abstract

Expected Learning Outcomes 1. Describe health leaders' most effective facilitators and challenges during the four phases of the COVID-19 pandemic. 2. Identify research/practice applications for a conceptual crisis leadership framework based on four phases of the Geerts crisis model. 3. Discuss future implications for leaders' preparation and management of healthcare crises. Healthcare leaders, particularly during times of crisis, must possess strong decision-making skills in managing organizational complexity. The global onset of the COVID-19 pandemic created an unprecedented working environment, and effective crisis leadership is required to allocate stretched resources, clear direction, and compassionate support during and after the pandemic. (1,2) The objective of our study was to identify effective crisis leadership strategies associated with enhanced organizational performance and leader and staff psychological well-being during and immediately after the COVID-19 pandemic. Our conceptual framework was Geerts' crisis leadership framework that has four successive phases: 1) Escalation during rapid preparation; 2) Emergency management with treatment and containment/curtailment of the threat; 3) Recovery during a period of "limbo" and uncertainty; and 4) Resolution described as collating and sharing knowledge of what was adaptive, and what worked. (3) A 3-year multi-method study was conducted with health leaders who had leadership roles during and immediately after the pandemic. Leaders were purposefully selected from three leadership levels from two hospitals each from three Canadian provinces. The total number of participants was 49. Semi-structured interviews were analyzed using thematic analysis. (4) Our findings pertain to crisis leadership facilitators and challenges during the four phases of the pandemic and the most effective strategies leaders used during the four phases. Key leadership facilitators included: an effective communication apparatus, visible and engaged leaders, embedded emotional/psychological support, and flexibility/innovation. Challenges included: poor communication, insufficient support to manage chronic

staff stress, resource constraints, and ambiguous, constantly changing policies and protocols. Effective strategies during the pandemic prioritized the psychological and physical safety of the patients, staff and leadership. Immediately after the pandemic, post-crisis organizational learning was a priority. The implications of the study reveal specific leadership strategies during and immediately after crisis and this study underscores the relevance of a validated, conceptual crisis leadership framework-to guide science and leadership applications within complex healthcare settings. Nurse leaders are ideally situated to respond to urgent needs and to work with key knowledge users to proactively address and mitigate crisis stressors.

166. On Superheroes and Nursing

Presenters: Clara Dyck, RN, BSN, MSN, CHPCN(C); Lisa Matthews, BSN, MPH, CHE
Corresponding author: Clara Dyck, RN, BSN, MSN, CHPCN(C)

Abstract

The popular narrative that "nurses are superheroes in scrubs" is well intentioned but ultimately misleading. While superhero imagery suggests courage and sacrifice, it also implies solitary work, hidden trauma, and great personal risk-characteristics that do not reflect the realities or values of nursing practice. Nurses are not superheroes; we are skilled professionals who operate within interprofessional teams, prioritize safety, and ground our work in trauma informed, collaborative care. This presentation challenges the superhero myth and invites a shift toward seeing nurses as humans first. It explores how professional specialty, reflective practice, and community can help nurses prevent and recover from burnout by fostering compassion, self awareness, and resilience. Drawing on one nurse's "year of burnout" experience, peer reflections, and theoretical frameworks from specialty practice, the session will offer participants tools to reflect on their own experiences and reshape their professional identity away from heroism toward sustainable humanity. Methods and Approach: Through a visual narrative, this presentation uses photographic representations-including pottery, nature imagery, cultural items, and references to grief theory-to illustrate one nurse's journey through burnout and renewal. Each image is paired with reflections on adopting mental health strategies, integrating mindfulness, and embracing creative expression as healing. These personal experiences are contextualized alongside principles from the Nursing Retention Toolkit: Improve the Working Lives of Nurses in Canada, emphasizing practical strategies to aid them in their healing journey. Key insights highlight the value of informal mentorship, the responsibility to "pass it on" as inspired leaders, and the importance of finding meaning both within and beyond nursing roles. Practice Relevance and Implications: By re examining the "superhero" myth through the lens of lived experience, this presentation underscores the significance of self care, community, and reflection in sustaining nursing practice. Shifting the narrative from superhuman to human reframes how nurses understand their professional identity and their humanness within nursing practice. This reconceptualization carries implications for workforce sustainability, nursing education, leadership, and health system culture. When nurses are supported as humans first-valued for their insight, vulnerability, and teamwork-they are better equipped to provide compassionate care, contribute to retention efforts, and nurture a healthier, more resilient profession.

167. "Connecting One Conversation at a Time" - A Nurse-led Mental Health Promotion Initiative

Presenters: Pat Pruden, RN; Shelley Marchinko
Corresponding author: Pat Pruden, RN

Abstract

Empathy, compassion, and a means to connect with others, including peers, can be an optimal way to promote mental health and resilience in university students. University life is potentially exciting and full of promise; however, it can also bring challenges for students, such as negative effects on mental health, including potential stress, anxiety, and depression. "Connecting-One Conversation at a Time" is a project, funded through a "Success for Wellness Grant" with support from the College of Nursing, that focuses on supporting student well-being at the University of Manitoba. The project is a nurse-led and campus-wide mental health promotion initiative that aims to bring attention to mental health issues while fostering student connections. Connecting-One Conversation at a Time utilizes a multi-pronged approach by situating two designated benches containing Quick Response (QR) codes on the University of Manitoba campus that aim to create safe places for peer-to-peer support, speaking to friends and colleagues, meeting new people while bringing attention to information about mental health resources through website links. Through nursing student involvement, Connecting-One Conversation at a Time utilizes a comprehensive approach to mental health awareness and the concept that mental health is a community endeavor. In addition to reminding students of the importance of mental health, the project seeks to advance this focus on well-being through student-led mental health education and events. Student involvement is key to the project with varying groups working on specific aspects or participating in campus events. The Nursing Students Association (NSA) in the College of Nursing, University of Manitoba, as part of the project, have been the recipients of the Student Group Sustainability Award for their leadership and involvement in the endeavor. The project also represents a community health agency which nursing students' complete practicum placements as part of their community health clinical course work. As part of this placement, nursing students have organized several campus-focused mental health promotion events and activities, including ones that specifically address suicide prevention and intervention. Events include those aimed at sharing resources, games to promote connections, and activities such as artistic drawing to bring awareness to student mental health. Additionally, events included partnerships with local mental health organizations. The objective of this presentation is to share include a description and history of the project including examples of nursing student-led initiatives. Learning outcomes include a discussion of the significance of these initiatives to promote positive university student mental health and well-being.

168. Intraprofessional Collaboration in Acute Care: Generating Evidence to Inform Nursing Workforce Retention

Presenters: Alyssa Indar, RN, PhD; Sherry Espin; Anika Southam RN MN;
Corresponding author: Alyssa Indar, RN, PhD

Abstract

Amid continued post-pandemic nursing shortages, system- and organizational-level strategies have been enacted by healthcare leaders to optimize nursing scopes of practice. As a result, RPNs have been increasingly utilized in acute care settings. Given these staffing changes, there is an immediate need to seek evidence informed-strategies to support RN-RPN collaboration in acute care settings. Objective: We conducted an interpretive descriptive study (Thorne, 2016) to explore RN-RPN collaboration in acute care settings. Method: Our embedded research team included researchers, practice leaders, and knowledge users (i.e., RPN advisory council). This study took place at an academic hospital network in Ontario, Canada. We interviewed 24 participants, with representation from RNs, RPNs, PSWs (personal support workers) and nurse leaders. Interviews were conducted virtually using the university-affiliated Zoom© video and audio-conferencing platform. Interview transcripts were analyzed inductively using content analysis (Elo and Kyngäs, 2008). Results and Key Insights: Participants represented a wide range of years of experience in nursing (i.e., 1 to 35 years) and represented settings such as the emergency department, inpatient surgery, and critical care. The findings highlight: (1) differences in participant perceptions of practice 'complexity', (2) the role of supportive leadership and shared values in facilitating RN-RPN collaboration in acute care, (3) the ambiguous nature of the RPN scope of practice in acute care, and (4) further education and professional development opportunities needed to improve RPN and RN collaboration in complex clinical settings in acute care environments. The role of leadership in cultivating psychologically safe environments was a key ingredient to supporting RN-RPN collaboration, particularly in settings where RPN roles were recently introduced. When considering the macro- and meso-level contextual factors framing RN-RPN collaboration, there is limited formal policy guidance. Despite this gap, participants identified opportunities for RNs and RPNs to implement context-specific and adaptive strategies to address the uniquely complex features of their individual settings. Practice Implications: The findings from our embedded research study on RN-RPN collaboration have informed practical, organizational-level leadership and policy recommendations to improve RPN and RN retention at the health network where this research was conducted. The insights from this research may be relevant for nursing leaders seeking strategies to support collaborative nursing work environments. The findings have informed a phase two research project focused on developing a decision tool to support RN-RPN collaboration in acute care.

169. Empowering Charge Nurses as Co-Leaders: A Practical Capacity-Building Workshop to Strengthen Well-Being, Clinical Leadership, and Nurse Retention Workforce Retention

Presenters: Doha Elsayed; Pemma Muzumda MPN
Corresponding author: Shannon Christie, BScN

Abstract

The charge nurse role can be challenging, particularly on inpatient units where nursing seniority is imbalanced and few nurses have more than three years of experience to take on the role. Many nurses report feeling underprepared, lacking confidence, or unsure of their leadership abilities, contributing to decreased retention, lower team morale, increased burnout, and potential impacts on patient safety. Even some senior nurses feel they have not received adequate preparation, while others demonstrate strong

leadership potential that could be further developed. The Charge Nurse Workshop at Scarborough Health Network was created to strengthen leadership capacity as a strategy to support patient safety, enhance nurse well being, and improve retention. The workshop provides practical skills in communication, team based practice, conflict management, patient flow coordination, staff support, and emergency decision making. Participants learn to recognize workload pressures, foster psychologically safe environments, lead crucial conversations, and apply consistent governance practices. These objectives align with Health Canada's evidence based retention priorities, including inspired leadership, strong management, mental health supports, and safe staffing. Methods The workshop uses a blended learning approach that includes a review of charge nurse roles and responsibilities, strategies for supporting staff during escalation of care and emergencies, interactive simulations, case based discussions, crucial conversation frameworks, and real time clinical decision making scenarios. These scenarios reflect common challenges such as optimizing staff skill mix, creating equitable patient assignments, and navigating complex interprofessional communication. Participants engage in facilitated exercises that build self awareness, confidence, and reflective practice, helping them strengthen existing leadership attributes and develop areas requiring growth. Post workshop feedback showed that participants felt more prepared to assume the charge role, especially those new to the position. Experienced charge nurses reported that the workshop reinforced effective practices and enhanced their ability to support their teams. Participants found all topics relevant to their daily work, with resources on conflict management, nurse assignments, and clarity around roles and responsibilities applied most frequently. Practice Relevance Charge nurses influence team dynamics, workflow efficiency, and the safety of patients and staff. Strengthening their leadership understanding and providing practical tools builds resilience, empowers individuals, and enhances team support. Participants reported feeling more confident navigating workload pressures, conflict, and patient flow challenges. These improvements support reduced burnout, greater satisfaction, and improved retention, aligning with organizational goals to support and retain a capable, confident workforce. Activities for Interactive Workshops Activities include leadership self assessments, small group emergency preparedness simulations, STATE based role playing.

Stream 5: The Power of Nurses to Build a Healthier Canada

This stream examines the crucial role of nurses in driving health system reform and improving outcomes across Canada. Despite significant health expenditures, Canada continues to experience uneven performance, particularly for populations facing inequities. As the largest group of regulated health-care professionals, nurses' leadership and expertise (e.g., post-licensure credentials and qualifications) needs to be fully optimized to drive health system reform and transformation.

Aligned with CNA's Policy Roadmap for 2025 and beyond, this stream highlights bold and practical strategies to strengthen health systems through collaboration, co-design, and evidence-informed approaches. It focuses on actionable policy pathways, scalable solutions, and ongoing evaluation.

Key areas of focus include:

- Improving Access & Quality by Implementing Bold Policy Levers
- Unleashing the True Value of the Nursing Workforce to Meet Population Health Needs
- Investing in the Well-Being of the Health Workforce & Prioritizing National Workplace Protections
- Tackling the Social Determinants of Health & Investing in Planetary Health
- Strengthening Our Public Health System & Combatting Mis-/Disinformation

Sessions in this stream emphasize practical solutions and strategies that support nurses across Canada to drive change, lead system transformation, and improve health outcomes.

INTERACTIVE WORKSHOPS

170. Demystifying the Disability Tax Credit: Unleashing Nursing Leadership in Disability Justice

Presenters: Erica Zacharias, RPN, DPN
Corresponding author: Erica Zacharias, RPN, DPN

Abstract

Millions of Canadians who could benefit from the Disability Tax Credit (DTC) are excluded by complex rules, opaque processes, and limited certifying authority. This interactive workshop uses lived experience and nursing practice perspectives to clarify what the DTC is, how it works in 2026, and why expanding nurses' signing authority is critical for equity and poverty reduction. Participants will examine how the DTC functions both as a tax measure and as a gateway to other supports, such as the Registered Disability Savings Plans (RDSPs) and Canada Disability Benefit (CDB), situating this within the promise of Bill C-22 to

reduce poverty among persons with disabilities. The workshop objectives are for participants to understand the DTC's purpose and how it fits within Canada's broader income security and social assistance systems; recognize downstream benefits of improved DTC access in relation to the social determinants of health and the UN Sustainable Development Goals; identify common barriers, myths, and limitations, including episodic disabilities, difficulties accessing physicians, challenges for newcomers and hard-to-reach populations, and the inadequacy and inaccessibility built into current processes; and build confidence in what nurses are (and could be) signing, and in their advocacy role in expanding certifying authority and improving system navigation. The workshop will blend brief presentations, policy and case discussions, and a facilitated, game-based group activity that walks participants through real-world DTC scenarios (who qualifies, who is left out). Drawing from lived experience and clinical practice, this workshop will surface key insights about gaps between policy intent and lived reality, and highlight how nurses-often the primary point of contact for people with disabilities and chronic conditions-can promote justice, health, and well-being in Canada. Nurses will leave with a clear, realistic understanding of the DTC and its limitations, concrete strategies for client education and advocacy, and an expanded view of their role in advancing income security, health equity, and Canada's commitments under the SDGs, positioning the nursing workforce as a critical lever for transforming the DTC from a confusing tax form into a meaningful tool for poverty reduction and health promotion.

171. Power in Action: Nurse-Led Strategies to Advance Health Equity and Transform Canada's Health Systems

Presenters: Dr. Claire Betker, RN, PhD, CCHN(C), FCAN; Dr. J. Craig Phillips, LLM, PhD, RN, ACRN, FAAN, FCAN; Dr. Rani Srivastava, RN, PhD, FCAN, FTNSS
Corresponding author: Dr. Claire Betker, RN, PhD, CCHN(C), FCAN

Abstract

Health inequities in Canada are systematic, avoidable, and unjust. They stem from decisions about how power, resources, and opportunities are distributed, shaped by structural, social, political, economic, ecological, and commercial determinants of health. Despite strong evidence, health systems continue to prioritize downstream interventions focused on individual behaviours and acute conditions, while underinvesting in the root causes that produce inequitable outcomes. Nurses, across roles, sectors, and geographies, are uniquely positioned to lead transformative change. Overcoming health inequities requires us to act individually and collectively. Mobilizing our collective power can transform health systems, societies, and structures. This interactive workshop, facilitated by members of the Canadian Academy of Nursing Expert Panel on Health Equity, will equip participants with practical, evidence-informed tools to advance equity in clinical practice, leadership, research, education, and policy. Grounded in appreciative inquiry and active learning, the session moves beyond awareness to action. Learning Outcomes: By the end of this session, participants will be able to: 1. Differentiate structural and social determinants of health and identify how they operate within participants' contexts across Canada. 2. Apply an equity lens to assess policies, programs, and clinical practices for unintended inequitable impacts. 3. Identify at least three actionable, nurse-led or nurse-co-led strategies to address root causes of health inequities. 4. Develop a practical next-step action plan to advance health equity within their sphere of influence. Methods/Interactive Format: Participants will engage in case-based scenarios drawn from Canadian

practice settings where nurses have successfully influenced structural drivers (e.g., housing access, income security, culturally safe care, anti-racism policy change). Small-group problem-solving will focus on mapping determinants, identifying leverage points, and selecting feasible interventions using a structured "Equity Action Framework" provided during the session. Strategies will include: • Embedding equity impact assessments into quality improvement initiatives. • Leveraging nursing leadership roles to influence organizational resource allocation. • Co-designing services with communities disproportionately affected by inequities. • Mobilizing nursing research to inform municipal, provincial, and federal policy advocacy. Participants will leave with adaptable tools, peer-informed solutions, and a network of colleagues committed to advancing health equity across jurisdictions. Practice relevance and implications: Aligned with the conference theme, The Power of Nurses to Build a Healthier Canada, this workshop positions nurses not only as care providers, but as system architects and policy influencers. By strengthening individual and collective capacity, this session will catalyze nurse-led transformation toward a more just and equitable health system for all people in Canada.

172. Policy Is a Practice Domain: Equipping Nurses to Lead Systems Change Using Policy Tools and Levers

Presenters: Dr. Leigh Chapman, RN, PhD, FCAN; Angela Wignall, RN, BA, BSN, MA (Policy), PhD(c)
Corresponding author: Dr. Leigh Chapman, RN, PhD, FCAN

Abstract

Despite nurses' central role in shaping health outcomes, policy is often perceived as external to nursing practice rather than integral to it. This workshop reframes policy as a foundational domain of nursing work, one that underpins leadership, clinical innovation, education, research, and system redesign. Participants will: 1. Recognize policy as an actionable component of everyday nursing practice. 2. Gain familiarity with practical policy theories and frameworks (e.g., agenda setting, advocacy coalitions, punctuated equilibrium, Health in All Policies). 3. Apply policy tools to advance equity, access, and system transformation. 4. Develop strategies to intentionally position nursing influence within decision-making environments. Drawing on national leadership experience and applied policy science within a provincial professional association, this session integrates theory with practice-based examples where nurses successfully shaped funding models, workforce strategies, and care delivery innovations. Policy frameworks such as Kingdon's Multiple Streams, the Advocacy Coalition Framework, and policy science are translated into accessible tools for practice. The session demonstrates how policy thinking can be embedded across roles, from bedside to boardroom and beyond, by aligning nursing practice insight with structured influence strategies. Nurses are already doing policy-relevant work but lack shared language, tools, and confidence to both identify and leverage it purposefully. Canada's most pressing health challenges such as access to care, workforce sustainability, culturally safe care, and health equity are policy problems requiring nursing-informed solutions. When nurses understand how to navigate policy windows, mobilize evidence, and build coalitions, they accelerate system change and ensure reforms reflect the lived realities of patients and communities they serve. Embedding a policy lens strengthens interprofessional leadership, improves resource alignment, and enables nurses to act as architects of healthier systems rather passive recipients to changes occurring around and to them.

ORAL PRESENTATIONS

173. Childhood Immunization Reminder Preferences Among Black Parents in Canada and the United States of America: A Scoping Review

Presenters: Matilda Anim-Larbi, PhD student
Corresponding author: Matilda Anim-Larbi, PhD student; Vivian Puplampu, RN, PhD

Abstract

Globally vaccination is a critical cost effective public health intervention that averts vaccine preventable disease and mortality. The objective of the presentation is to highlight the gaps in the literature on Black parents vaccine reminder preferences in Canada and the United States of America. A scoping review was conducted in 2025 by searching databases such as CINAHL, Medline, and EMBASE with keywords including vaccine, immunization, reminder preferences, Blacks, parents , childhood immunization , Canada, and United States of America for peer reviewed articles published in the last 10 years from 2015-2025. Twenty full text articles were included in the review. Braun and Clarke's thematic analysis was used to identify themes from the data. Findings showed that reminders effectively increased children's vaccinations. Diverse reminder strategies such as letters, calls, text messages, parental education and awareness increased child vaccinations uptake. There was sparse literature on vaccine reminder preferences of Black parents in Canada. Implication for practice is the highlight on vaccine reminders in increasing vaccine uptake among Black parents who are often reported to have low vaccine uptake. Future research is needed on vaccine reminder preferences of Black parents in Canada and how Black parents in Canada navigate the system for immunization services for their children.

174. Updating the Core Competencies for Public Health in Canada: A Shared Leadership Journey

Presenters: Dr. Claire Betker, RN, PhD, CCHN(C), FCAN
Corresponding author: Dr. Claire Betker, RN, PhD, CCHN(C), FCAN

Abstract

In this presentation, participants will learn about how the Core Competencies for Public Health in Canda were updated. Feminist community-based research informed the multiple methods used to gather explicit and tacit expertise on essential knowledge, skills and attitudes required for effective public health practice. Extensive engagement, through in-person and virtual session, included members of the public health community in Canada at all levels of authority and across disciplines, including nurses, in every province and territory. A Knowledge Keeper and First Nations and Métis public health experts guided decolonizing processes and adherence to specific Truth and Reconciliation Calls to Action and the principles of the United Nations Declaration on the Rights of Indigenous Peoples. The update project started with a two-day Indigenous writing workshop and included several engagement sessions with Black health leaders. Integration of feedback on competency statements was based on principles of reflection, reflexivity, equity, and transparency. More than 2,300 members of the public health community contributed to updating the core competencies via 58 in-person and virtual engagement sessions as well as an online modified Delphi

survey used to test agreement. The Core Competencies for Public Health in Canada, Release 2.0 embeds knowledge of the historical and ongoing impacts of colonization as a structural determinant of health, concepts of cultural humility and cultural sensitivity, and principles of anti-racism, anti-oppression and reflexive practice. The updated core competencies incorporate timely issues, such as climate change and planetary health, for evidence-informed public health practice and policy. They emphasize the importance of First Nations, Inuit, and Métis approaches and ways of knowing, of integrating Black Health and anti-Black racism, of incorporating perspectives of 2SLGBTQI+ people. The competencies reflect values of health equity, social justice, respect, humility, transparency, accountability and evidence informed decision making in public health practice and policy. It is anticipated that the Core Competencies will be used extensively to unify and strengthen the work of public health and build a shared understanding of how public health "touches people's lives every day". Other examples of use include guiding education and training programs and informing human resource processes. The core competencies will be an effective advocacy tool for public health services and workforce development.

175. Uberized Nursing: How Could Gig-Work Style Apps Impact Nursing in Canada?

Presenters: Hilary Hall, RN, MN
Corresponding author: Hilary Hall, RN, MN

Abstract

This project analyses digital labour platform technologies (DLPs) that have been disrupting traditional nursing labour markets in recent years, to spark a national dialogue on how these technologies may impact the future of nursing work. Learning Outcome: Nurses will leave this session with an increased understanding of DLPs, technologies which integrate algorithmic scheduling, staffing and management approaches - often backed by artificial intelligence - that form the foundation of gig employment models. Nurses will gain an understanding of how these technologies may impact health workers and healthcare organizations, as well as what is currently known about nursing digital labour platform technologies. Methods: Findings from an ongoing scoping review will be presented alongside specific examples of uber-style nursing apps that have rolled out over the past five years in acute care, homecare and long-term care in the US. Digital labour platform research from other sectors suggests they impact employment and working conditions including job security, the pace and intensity of work, and monitoring and surveillance of workers. Together these research findings raise questions about the potential impact of these technologies on the long-term sustainability of the nursing workforce and the quality of nursing work within Canada. Practice relevance: While research has engaged with the impact of this digital disruption on workers more broadly, the arrival of these technologies in segments of the healthcare field, affecting the workforce itself, including nursing, is relatively new. These technologies will interact with Canada's health human resources crisis including existing agency nursing models, with expected consequences for the retention and recruitment of staff nurses. Awareness of DLP technologies and their potential implications for sustainable workforce development, patient safety, and quality of work is critical for nursing leaders, health policy makers and frontline nurses. The CNA's Policy Roadmap for 2025 and Beyond is clear that nurses need to be at the forefront of healthcare system redesign. Championing nursing research and

leadership in the critical evaluation of DLPs in healthcare is a priority for shaping the future of a sustainable public healthcare system.

176. From Investment to Impact: Optimizing Nursing Expertise to Build Resilient Health Systems in Canada

Presenters: Shayone Natalie Madramootoo, RN, BScN, MN, MBA (c)
Corresponding author: Natalie Madramootoo, RN, BScN, MN, MBA (c)

Abstract

Canada's total health expenditure is projected to reach $399.4 billion in 2025, representing approximately $9,626 per person and 12.7% of gross domestic product (GDP) (Canadian Institute for Health Information (CIHI), 2025). Despite ranking among the highest health spenders in the Organization for Economic Co-operation and Development (OECD), Canada continues to demonstrate middle-of-the-pack performance with uneven access and persistent inequities in outcomes (OECD, 2023). As the largest group of regulated health professionals in the country, nurses represent a critical yet under-optimized policy lever for system reform. The Canadian Nurses Association's (CNA) Policy Roadmap for 2025 and Beyond calls for bold action to improve access and quality, unleash the value of the nursing workforce, invest in workforce well-being, strengthen public health systems, and address the social determinants of health (Canadian Nurses Association (CNA), 2024). This paper/ presentation advances three integrated priorities from the CNA Roadmap: (a) improving access and quality through scope modernization and nurse-led models of care; (b) unleashing the full value of post-licensure nursing credentials to better meet population health needs; and (c) investing in national workplace protections and well-being strategies to stabilize the workforce. Using a co-design framework that includes nurses across specialties, Indigenous partners, equity-deserving communities, physician collaborators, unions, and policy leaders, we propose measurable policy pathways including pan-Canadian scope harmonization, publicly funded specialty certification linked to population health indicators, minimum safe staffing legislation, standardized violence prevention frameworks, and interoperable digital systems that return time to direct care. Evaluation mechanisms include equity-stratified access metrics, retention and psychological safety indicators, emergency department diversion rates, primary care attachment rates, and cost-per-episode analyses using CIHI and provincial workforce dashboards. By translating ethical commitments into measurable structural reform, optimizing nursing expertise becomes central to building a more equitable, resilient, and high-performing Canadian health system.

177. Delivering a Harm Reduction Course at a Canadian University: Insights into Curriculum and Course Delivery

Presenters: Corey Ranger, RN, BScN; Meaghan Brown, RN, BN, PhD; Vera Caine, RN, BScN, MN, PhD
Corresponding author: Vera Caine, RN, BScN, MN, PhD

Abstract

As the unregulated drug supply furthers a nearly decade long public health emergency of drug poisoning deaths in Canada, the need for comprehensive Harm Reduction education in nursing is pressing. Despite these growing needs, Harm Reduction and substance use education are not yet standard in many nursing

programs, with similar gaps reported internationally. In the context of Canadian nursing education, Harm Reduction remains inconsistently integrated, limiting nurses' ability to meet ethical obligations and effectively address the needs of people who use drugs (PWUD). Responding to this alignment, the Canadian Nursing Students Association Position Statement (2021) calls for the integration of Harm Reduction education into nursing curricula, a recommendation echoed by the Harm Reduction Nurses Association (HRNA) in 2019, who called for mandatory Harm Reduction training in all undergraduate programs to support comprehensive generalist preparation. As a response the School of Nursing at the University of Victoria in collaboration with HRNA began to offer a yearly elective Harm Reduction course in 2024. Collaborating with community organizations is crucial for nursing schools to provide students with real-world experiences that bridge theory and practice, while ensuring the curriculum is founded on an ethos of prioritizing the perspectives of people with lived experience. Utilizing thematic analysis, this qualitative research study demonstrates that Harm Reduction education has a significant positive impact on nursing students' knowledge, attitudes, ethical awareness, and clinical confidence. Exposure to lived and living experiences of people who use drugs, opportunities for critical reflection, and practical skill development enable students to navigate stigma, systemic constraints, and complex ethical challenges. Findings indicate that the course served both as a corrective to prior stigma-laden training and as a catalyst for deeper engagement with Harm Reduction values and evidence-based practices. The study also highlights that education alone is insufficient to overcome political, institutional, and structural barriers that limit the implementation of Harm Reduction in clinical practices. Sustained institutional policies, leadership support, and political commitment are necessary to create environments that align with evidence-based approaches to Harm Reduction education.

178. Transforming HIV Prevention through Specialty Nursing Practice: Nurse-led Interventions to Help Curb the Rates of HIV in Priority Populations

Presenters: Lauren Orser, RN, MScN, PhD(c)
Corresponding author: Lauren Orser, RN, MScN, PhD(c)

Abstract

This presentation describes Canada's first nurse-led HIV prevention research initiatives and examines how specialized sexual health nursing can transform HIV prevention services, improve patient outcomes, and strengthen health system efficiency by task-shifting care from physicians to nurses. Methods/Key Results: We present findings from two interrelated, community-based, nurse-led HIV prevention interventions-PEP-RN and PrEP-RN-developed by the University of Ottawa School of Nursing and implemented in a local public health clinic. PEP-RN is a nurse-led HIV post-exposure prophylaxis service delivered within the Ottawa Public Health Sexual Health Clinic that was implemented in 2013. PrEP-RN is a nurse-led HIV pre-exposure prophylaxis referral and clinical service launched in 2018. Practice Relevance: Nurse-led HIV prevention improves client experience, expands equitable access, and contributes to health system sustainability. These models offer a scalable, evidence-informed framework for advancing nursing leadership, optimizing scope of practice, and transforming HIV prevention services nationally.

179. Caring for the System and Caring for Nurses: A Nurse-Led Model for Primary Care Transformation

Presenters: Karly Crocker, RN, BScN; Gabriella Golea RN
Corresponding author: Karly Crocker, RN, BScN

Abstract

Primary care is under growing pressure to expand access, strengthen prevention, and improve quality of care. At the same time, the nursing workforce is facing unprecedented strain, with high levels of burnout and nearly 40% of nurses leaving the profession before age 35 (Faubert, 2024). As Canada's largest group of regulated health care professionals, nurses sit at the intersection of these challenges yet are often underutilized in primary care transformation efforts. This presentation argues that sustainable primary care transformation and nursing workforce stability are deeply interconnected, and that effective solutions must centre nursing roles, practice environments, and career sustainability. By unpacking the Nurse in Practice (NinP) model and the Nursing Initiatives for Primary Care (NIPC) program, this session demonstrates how intentional investment in team-based care, professional practice infrastructure, and nurse leadership, supports nurses to work at the top of their scope, contribute meaningfully to system improvement, and build long term careers in primary care. Learning outcomes By the end of this session, participants will be able to: • Describe how a scalable, nurse-centred primary care model can improve access, quality, and continuity of care while reducing pressure on acute care services. • Explain how investments in education, mentorship, and structured practice supports contribute to nurse well-being, retention, and long-term workforce sustainability. Methods/approach The NIPC program is delivered through partnership between the provincial government and the nursing association, enabling nurses to be integrated into team-based primary care through new policy, governance, and employment models. Core elements include a comprehensive professional practice framework; access to consultation, education, and resources; and a community of practice that fosters mentorship, peer connection, and shared problem-solving. Early implementation insights and illustrative cases highlight how these supports address everyday practice challenges (such as role clarity, scope optimization, panel management, and team-based workflows) while enabling nurses to lead quality improvement initiatives and contribute to increased attachment, better chronic disease management, and reduced reliance on acute care. Practice relevance This work is directly relevant to nurses, primary care leaders, and policymakers seeking practical, scalable strategies to build a healthier Canada. It demonstrates that nurse retention and well-being are not solely workforce supply issues, but are driven by the quality of practice environments. By centring nursing expertise in team-based primary care, this approach improves patient experience, reduces reliance on acute care, and creates meaningful, sustainable career pathways for nurses beyond traditional hospital settings.

180. Leading Large-Scale Change in Nursing Education: Implementing a 50% Expansion of a Bachelor of Nursing Program During a Workforce Crisis

Presenters: Dr. Nicole Harder, RN, PhD, CHSE, CCSNE
Corresponding author: Netha Dyck, RN, EdD, CHE, I-FCNEI, I-FCAN

Abstract

Canada's nursing shortage intensified sharply in the post-pandemic period, emerging as one of the country's most urgent health workforce challenges. In Manitoba, registered nurse vacancy rates reached 33.3%, contributing to high levels of mandatory overtime and service disruptions. In response, the University of Manitoba (UM), the province's largest nursing education provider, implemented a rapid 50% expansion of its Bachelor of Nursing (BN) program in Winnipeg in 2022 to support workforce stabilization and health system sustainability. Objectives/Learning Outcomes: This presentation will describe the leadership, governance, and operational model used to design, implement, and monitor a rapid, large-scale expansion of a BN program during a period of workforce crisis and accelerated system change. The presentation will also identify the key enablers, risks and leadership strategies that supported sustainability and quality during rapid scaling. Methods/Approach /Key Insights/Results: The program expansion was implemented through four interrelated strategies: (1) structural changes, including increased admissions and a three-term, year-round delivery model; (2) workforce strategies, including phased faculty hiring supported by structured onboarding and mentorship; (3) learner supports, including expanded designated seats for Indigenous learners and enhanced academic, cultural, and wellness resources; and (4) quality assurance mechanisms, including an embedded evaluation framework and sustained engagement with clinical and health system partners. Grounded in the LEADS framework, the leadership strategies for successful implementation of the expansion were focused on collaboration, strong partnerships, adaptability and innovation (Dickson and Tholl, 2020). Practice Relevance and Implications: This initiative demonstrates the power of nursing leadership to design and implement system-level educational solutions during periods of workforce crisis and health system transformation. The model provides nursing education and health system leaders with a practical framework for rapidly scaling program capacity while maintaining educational quality, learner support, and equity commitments. Key lessons include the importance of aligned governance, phased workforce strategies, embedded evaluation, and sustained partnership with clinical and health system stakeholders. These insights are transferable to other jurisdictions seeking to expand nursing education capacity in response to workforce shortages and evolving health system demands. Reference: Dickson, G., and Tholl, B., Editors (2020). Bringing leadership to life in health: LEADS in a caring environment: Putting LEADS to work (2nd ed.). London: Springer.

181. From Awareness to Action: Applying the Four Dimensions of Environmental and Climate Justice in Community/Public Health Nursing and Beyond

Presenters: Alysha Jones, RNc, BScN, MScN, MSc
Corresponding author: Alysha Jones, RNc, BScN, MScN, MSc

Abstract

Climate change and ecological degradation are intensifying health inequities across Canada, particularly for Indigenous Peoples, northern and remote communities, racialized populations, low-income households, and people experiencing housing insecurity. Community health nurses (CHNs) and public health nurses (PHNs) are uniquely positioned to respond, as their practice spans home health, school health, primary care, street outreach, and population-level health promotion. This session aims to equip participants with a

practical environmental and climate justice framework grounded in four interrelated dimensions (Kuehn, 2000): distributive, procedural, corrective, and social justice. By the end of the session, participants will be able to: (1) Describe how environmental and climate injustices manifest in community and public health settings; (2) Apply the four justice dimensions to assessment, advocacy, and partnership work; and (3) Identify concrete actions aligned with CHN Standards of Practice, particularly health promotion, health protection, capacity building, and health equity. This presentation draws on Canadian case examples, public health evidence, and community-informed practice experiences to translate environmental and climate justice theory into nursing-relevant tools. Illustrative examples include extreme heat events, wildfire smoke exposure, and inequitable access to green space and cooling infrastructure. The four justice dimensions are introduced as an integrated framework: distributive justice highlights inequitable exposure and resource allocation; procedural justice centers meaningful community participation in decision-making; corrective justice addresses accountability and repair following environmental harms; and social justice examines the structural drivers-racism, colonialism, poverty, and ableism-that produce differential risk. Key insights emphasize that climate-related health harms are patterned, preventable, and shaped by policy decisions, and that CHNs and PHNs already hold core competencies-community assessment, intersectoral collaboration, and policy advocacy-that can be mobilized toward justice-oriented action.The framework offers actionable entry points for CHNs and PHNs to integrate planetary health and justice into routine practice, from screening for heat and housing vulnerability, to advocating for equitable urban planning, to supporting community-led climate adaptation initiatives. Although centered on community and public health nursing, the framework is adaptable across settings, enabling nurses in acute and primary care to link individual clinical encounters with broader structural determinants. By reframing climate change as a justice issue embedded in everyday nursing work, this session supports nurses to move from awareness to collective, systems-level action that strengthens health equity and community resilience.

182. Responsive Nursing Leadership in the Planetary Health Movement

Presenters: Dr. Barbara Astle, RN, PhD, FCAN, FAAN; & Dr. Sonia Udod, RN, PhD
Corresponding author: Dr. Barbara Astle, RN, PhD, FCAN, FAAN

Abstract

Objectives: 1. Examine how ethical and professional responsibilities of nurse leaders can advance environmentally sustainable practices within healthcare organizations.2. Identify how actionable leadership strategies can link planetary health principles with clinical governance and health system decision-making. Globally, the planet is increasingly experiencing severe environmental degradation resulting in extreme weather changes leading to flooding, droughts, and wildfires producing health inequities that harm humans, and the planet. The triple planetary crisis, as stated by the United Nations has three main interlinked issues facing humanity which are climate change, pollution, and biodiversity loss. Alongside the triple crisis, there are nine planetary boundary processes that monitor the health of our planet, and as of September 2025, the 7th planetary health boundary, ocean acidification, was breeched. These ecological changes to the planet have resulted in jeopardizing the health and well-being of humans and the planet leading to devastating consequences, such as, increases in cardio and respiratory diseases, vector borne diseases, and mental health and eco-anxiety. Planetary Health is solution-oriented, a

transdisciplinary field and social movement focus on analyzing and addressing the impacts of human disruptions to Earth's natural systems on human health and all life on Earth (Planetary Health Alliance (n.d. para 1). Indigenous traditional knowledge, with its recognition of interconnected systems of health and nature, is central to planetary health. This presentation describes the pivotal role(s) that responsive Canadian nurse leaders can take up in the planetary health movement in mobilizing others in finding solutions to address the urgency of the planetary health crisis. Nurse leaders are well-positioned to work alongside their intersectoral and transdisciplinary partners in taking the lead in voicing the ongoing planetary health impacts occurring, for example, co-developing initiatives with frontline nurses at point-of-care to higher levels of administrators, and at the provincial, national, and global policy levels. Recommendations include: call for nurses to shift from illness care to health promotion, promoting environmental, fiscal and social sustainability, and ethical and inclusive practice within the context of planetary health. Key leadership responsibilities include, for example, supporting low-carbon models of care (i.e., telehealth where appropriate), decreasing waste, and increasing sustainable practices for patient safety. Lastly, we will share examples of how collaborative and system nursing leadership in planetary health has been mobilized to foster transformative change amongst global nursing organizations for the promotion and protection of the health and wellbeing of humans and the planet for future generations.

183. The Enduring Contributions of Nurses on HIV/AIDS Care and the Ethics of Practice

Presenters: Jane McCall, RN, BScN, MN, PhD; Vera Caine, RN, BScN, MN, PhD
Corresponding author: Vera Caine, RN, BScN, MN, PhD

Abstract

Care for people living with HIV/AIDS has undergone profound transformation since the emergence of the epidemic in the 1980s and early 1990s. Initially marked by uncertainty, fear, and widespread stigma, HIV care unfolded within a context of limited biomedical knowledge, moral panic, and the marginalization of already vulnerable communities. During this period, nurses played a pivotal role in shaping compassionate, person-centred, and ethically grounded care practices, often in the absence of clear clinical guidance or institutional support. This interpretive descriptive study explores nurses who provided HIV/AIDS care for at least 5 years and how these experiences have continued to influence their professional practice. Drawing on in-depth research conversations with sixteen Registered Nurses who worked in HIV/AIDS care, the study examines nurses' responses to stigma, ethical dilemmas, advocacy for patients' rights, and the development of innovative and relational forms of care. Nurses' accounts reveal how unprecedented clinical and social conditions destabilized traditional hierarchies of healthcare delivery, positioning nurses as both care providers and political agents. Through close relationships with people living with HIV, nurses re-articulated the boundaries of care, challenged discriminatory practices, and contributed to lasting changes in patient agency and person-centred care. Guided by Interpretive Description methodology, data were generated through transcribed interviews, field notes, and reflective analysis, and examined using thematic analysis. Findings highlight the potential of nursing practice when healthcare systems fail to adequately support stigmatized populations. By foregrounding nurses' experiences, this study reinserts

lived experience into contemporary understandings of HIV care and illuminates the enduring contributions of HIV nursing on current approaches to caring for vulnerable and marginalized populations.

184. The Needs of Canadian Women Veterans with Experience of Homelessness: Health and Housing

Presenters: Cheryl Forchuk, RN, PhD; Linda Slodan RN
Corresponding author: Cheryl Forchuk, RN, PhD

Abstract

Introduction Pathways to homelessness for Canadian Veterans are complex and influenced by health conditions and experiences related to military service. Conservative estimates suggest there are 2,400 Canadian Veterans experiencing homelessness with 30% identifying as women. Women Veterans historically have included many nurses. This national study is the first outside of the US to fully explore women Veteran homelessness. Objectives The objectives of this national study are twofold: (1) to co-create solutions to homelessness among Canadian women Veterans; and, (2) to address the knowledge gaps in the literature. This study aimed to deepen the understanding of how gender intersects with psychosocial factors; explore the service barriers faced by women Veterans; and generate strategies to reduce their risk of homelessness. Method Women Veterans with current or previous experience of homelessness participate in individual, semi-structured interviews that combine open ended questions with a brief set of closed-ended items. The qualitative component gathers data regarding lived experiences and suggestions for an ideal program to support women Veterans. A thematic analysis informed by ethnography is being utilized for qualitative analysis. Quantitative data includes demographics, housing history and quality of life. Results Emergent findings uncovered numerous health concerns. Chronic pain was reported by 42% of the sample while arthritis (30%), heart conditions (21%) and respiratory illnesses (21%) were also reported. Almost half of the sample scored their physical and mental health statuses as "mixed". Posttraumatic Stress Disorder, military and pre-military sexual trauma, substance use disorder and depression were reported by participants. A lack of awareness and access to mental health resources was also widely reported. Transitional housing often requires living alongside men which is not ideal for those with trauma or children. Participants suggested housing specifically for women Veterans only, greater outreach, peer support, financial support and more mental health supports as ideal programs. Conclusions The preliminary findings revealed that more health supports and gender-specific models need to be developed. This data and analyses generated from this study will contribute a significant step towards laying the foundations for future Veteran research across Canada. It is hoped that this study will accelerate population-level functional zero homelessness in communities across all of Canada through the development of gender-specific recommendations.

185. Designing the Structure to Practice: Developing Sustainable Nurse Practitioner Infrastructure to Strengthen Advanced Practice Integration

Presenters: Felicia Kontopidis, RN, BScN, MN, NP-PHC
Corresponding author: Felicia Kontopidis, RN, BScN, MN, NP-PHC

Abstract

This presentation aims to describe the intentional development of organizational and clinical infrastructure to support sustainable Nurse Practitioner (NP) integration within a specialized, community-based health care program serving individuals with complex health and social needs, often requiring coordination across multiple care settings. Attendees will gain insight into common structural gaps that limit full-scope NP practice and explore practical strategies for building role clarity, clinical processes, and system supports through interprofessional leadership collaboration. By the end of the session, participants will be able to identify key components of NP practice infrastructure, recognize early indicators of role and system misalignment, and consider how similar frameworks could be adapted within their own organizations to strengthen advanced practice nursing roles. Methods/Approach and Key Insights An interprofessional leadership group, including advanced practice nursing representation and clinical program leaders, initiated a structured review of NP role integration within their setting. Through facilitated discussions, workflow mapping, and review of current practice processes, the group identified recurring challenges, including role ambiguity, inconsistent referral pathways, gaps in clinical workflow alignment, and limited formal structures to support advanced practice decision-making. In response, the team is developing a comprehensive NP infrastructure framework designed to move the role from being individually driven to structurally supported. Key components under development include clearly defined role scope and expectations, standardized clinical pathways, collaborative practice processes with physicians and interdisciplinary partners, and strengthened operational supports such as documentation standards, communication structures, and workflow integration. Early insights from this process highlight the importance of aligning governance, operations, and clinical practice to fully leverage NP expertise within team-based care. Practice Relevance and Implications As health systems across Canada expand NP roles to address complexity, access gaps, and workforce pressures, the sustainability of these roles depends on more than individual competency. This work emphasizes that advanced practice nursing must be supported by intentional system design and shared leadership. The emerging framework and lessons learned may inform other organizations seeking to optimize NP integration, strengthen specialty nursing practice, and build resilient, team-based models of care that allow NPs to practice safely and effectively at full scope.

186. From Values to Practice: Developing a Harm Reduction Toolkit to Support Compassionate, Equitable Care in Hospice and Palliative Settings

Presenters: Felicia Kontopidis, RN, BScN, MN, NP-PHC; Megan Smith RN
Corresponding author: Felicia Kontopidis, RN, BScN, MN, NP-PHC

Abstract

People with substance use histories and other structurally marginalized experiences often face stigma, fragmented care, and exclusion from traditional hospice and palliative services. Yet these individuals have the same right to comfort, dignity, and person-centred care at end of life. This presentation describes the development of a harm reduction toolkit designed to support hospice and palliative care teams in translating ethical commitments into everyday clinical practice. Recognizing staff discomfort, inconsistent approaches, and gaps in practical guidance, an interdisciplinary group developed a toolkit to support safe,

compassionate, and non-judgmental care for individuals who use substances or have complex social and health needs. The toolkit was designed for use in hospice and community palliative contexts, with principles that may be transferable to other care environments. The toolkit includes foundational education on harm reduction and stigma, guidance for trauma-informed and person-centred communication, clinical considerations for symptom management alongside substance use, and practical strategies to support safety for patients, staff, and co-residents. It also addresses common ethical tensions, such as balancing risk and autonomy, and offers structured approaches to team communication and care planning in complex situations. Early implementation efforts have focused on building staff confidence, creating a shared language, and supporting consistent care approaches aligned with organizational values of equity and dignity. This work demonstrates how harm reduction can be meaningfully integrated into hospice and palliative practice without changing the core mission of care, but rather by deepening it. The toolkit offers a practical framework that other organizations can adapt to reduce stigma, improve access, and strengthen equitable care for people with substance use and other complex needs across health care settings.

187. Msit No'kmaq and Mi'kmaq Thought in Rethinking Just and Equitable Pathways for Planetary Health

Presenters: Dr. Erica (Samms) Hurley, RN, PhD, MN, BN, CCNE
Corresponding author: Dr. Erica (Samms) Hurley, RN, PhD, MN, BN, CCNE

Abstract

Deficit-based thinking typically underpins coastal community research and planning, especially in climate-action narratives. While this approach may be well-intentioned, it can produce and reproduce harmful effects, particularly for Indigenous and other coastal communities. For example, centering these Westernized thoughts and scientific approaches have historically created policy and practice without equitable space for the traditional Indigenous knowledge. Furthermore, coastal community members, lived experience and alternative worldviews have not been effectively supported and applied at the interconnections between climate, coastal identities, livelihoods, and health. In response, this work refocuses coastal community research and planning, rooted in Ktaqmkuk (Newfoundland) and led by Mi'kmaw scholar Dr. Erica Samms Hurley, and the team from Rethinking Transformation: Centering Msit No'kmaq for Just and Equitable Climate Action (The Rethinking Project). Objective: This presentation shares emerging insights from The Rethinking Project. Considering the principles of Msit No'kmaq-"all my relations"- and thus learning from a Mi'kmaq worldview, researchers are gaining insight to help coastal communities in identifying just and equitable pathways for climate action through a relational lens. Methods: Reflections are shared from university and community-based researchers based on three years of engagement with community leaders in two regions of Newfoundland: the Southwest Coast and Bay St. George. Illustrative community-embedded initiatives are emerging from Burgeo and Bay St. George, which will be discussed including their connections between previous research conducted on heart. Implications: This presentation demonstrates and shares how climate change should be seen as a threat to planetary health and community viability. As a result, the presentation amplifies insights and lessons for ethically and meaningfully uplifting Indigenous knowledge to understand planetary health, and the relationships needed to rethink the role of coastal communities in climate action.

188. Embedding Digital Professionalism in Nursing Education: Advancing Integrity, Accountability, and Privacy in Ethical Practice

Presenters: Kateryna Metersky, PhD, RN
Corresponding author: Tommy Lin, PhD Student, MN, RN

Abstract

The objective of this concept analysis is to clarify and operationalize the concept of digital professionalism (DP) as it applies to nursing students, in alignment with the CNA's 2025 Code of Ethics for Nurses, specifically Value 3 (Maintaining Integrity and Accountability in Nursing Practice) and Value 7 (Preserving Privacy and Confidentiality). By addressing ethical challenges arising from students' engagement with digital and social technologies, this work aims to support ethical decision-making and professional accountability in technology-enabled learning and practice environments. Expected learning outcomes include a clear conceptual understanding of DP, increased ethical awareness of digital conduct, and strengthened capacity among nursing students to uphold confidentiality, accountability, and professional standards online. Methods/Approach and Key Insights/Results Walker and Avant's (2019) concept analysis methodology was used to examine digital professionalism within the context of nursing education. The analysis identified the defining attributes, antecedents, and consequences of DP in nursing students, drawing on existing literature, professional standards, and regulatory expectations. Key attributes include ethical accountability, respect for privacy and confidentiality, professional identity management, and responsible digital communication. Antecedents encompass digital literacy, ethical education, and institutional guidance, while consequences include protection of client trust, professional credibility, and public confidence in nursing. Practice Relevance and Implications for Nursing, Health Systems, or Communities This concept analysis addresses a critical gap in nursing education by providing a theoretically grounded and ethically aligned definition of DP specific to nursing students. Clarifying DP supports the development of ethically competent future nurses who can maintain integrity, accountability, and confidentiality across digital contexts. The findings can inform curriculum development, policy alignment, and educational strategies aimed at safeguarding client information, reducing ethical risk, and strengthening public trust in nursing practice. This work offers a transferable foundation for educators and institutions seeking to embed ethical digital conduct within nursing programs and contribute to safer, more accountable health systems.

189. Improving Emergency Department Care Through Practical Nurse Education and Scope Optimization in British Columbia

Presenters: Renée DeCosse, RN, MN, ENC(C)
Corresponding author: Kimberly Ferraro, RN, MN, DN pre-candidacy

Abstract

In British Columbia (B.C.) emergency departments (EDs), practical nurses have experienced inconsistent access to emergency-specific education and competency validation. As the regulator evolved practical nurse scope, interpretation and operationalization were not consistent across ED settings, contributing to variable role expectations, uneven onboarding, and inconsistent utilization of scope. To address this gap and strengthen emergency care, a nurse-led provincial initiative was completed to develop standardized

structures that support practical nurse emergency care knowledge, validated practice expectations, and consistent scope optimization. Objectives: The initiative aimed to: (1) develop and standardize ED competencies for practical nurses across B.C.; (2) design an education and competency validation pathway aligned to those competencies to support safe scope optimization; and (3) strengthen collaboration across nursing designations by co-developing provincial tools that reduce variation in role expectations and practice across sites. The presentation reports the development approach, key outputs, and early implementation learnings. Methods/Approach: A structured, evidence-informed development process was completed. First, a jurisdictional and environmental scan identified existing ED practical nurse practice, education approaches, gaps, and variability across the province. Second, a targeted literature review informed competency-based education design, framework for post-triage ED care (HIRAID®), and competency validation approaches applicable to high-acuity environments. Third, provincial working groups were convened, comprising nurses across designations including registered nurses and practical nurses from multiple regions. These cross-designation groups refined ED competencies, translated them into observable performance expectations, and aligned education content and validation processes with ED workflows and team-based care. The approach emphasized shared scope language, staged progression from supported to independent practice, and clear validation steps to prevent practice drift and support cross-site mobility. Practice relevance and implications: The completed pathway strengthened ED specialty practice for practical nurses by improving role clarity and supporting more consistent assessment, reassessment, documentation, and escalation within defined scope. For ED teams, standardization reduced unwarranted variation between sites and strengthened intraprofessional and interprofessional collaboration. For health systems, the work reduced duplicated onboarding effort and supported more consistent readiness-to-practice and workforce mobility. For clients, families, and communities, clearer roles and more reliable team performance supported safer, more timely emergency department care across B.C.

190. Centering Lived Experience as an Ethical and Social Justice Imperative in Harm Reduction Education

Presenters: Meaghan Brown, RN, BN, PhD; Corey Ranger, RN, BScN; Vera Caine, RN, BScN, MN, PhD

Corresponding author: Vera Caine, RN, BScN, MN, PhD

Abstract

Ensuring the lived experiences of People Who Use Drugs (PWUD) are central to the development of Harm Reduction education is crucial for effective learning. Co-production of curriculum prioritizes the perspectives of individuals with lived experience and challenges entrenched hierarchical power structures in favor of authentic relationships and equitable decision-making. In the fall of 2024 and 2025, the School of Nursing at the University of Victoria offered a Harm Reduction elective course for undergraduate and graduate students. The course was developed and delivered in collaboration with the Harm Reduction Nurses Association (HRNA). Through the collaboration with HRNA the content of the course was co-developed and co-delivered by people with lived and living experience. Following the course offerings, we engaged in an interpretative descriptive research study where we explored the experiences of students who took part in the course, people with lived and living experience who shaped the course, guest

speakers, as well as educators. The data was analyzed using thematic analysis. Findings highlight that students consistently described the course as a transformative learning experience that blended diverse disciplinary perspectives, academic knowledge, and lived or living experience to expand their understanding of Harm Reduction. The course reinforced Harm Reduction as an ethically grounded, relational practice. Course participants identified major structural and institutional barriers, including stigma, misinformation, regulatory pressures, and resource constraints when implementing Harm Reduction. This highlights the need for both political engagement and advocacy competencies to be developed. Students expressed a strong desire for experiential, hands-on learning to build confidence in navigating real-world clinical and institutional tensions. Students identified that key learnings were focused on autonomy, self-determination, and relational ethics. Through the course they understood patients as people with agency and learned how to be in relation with PWUD. Participants identified institutional policies, and political climates as major obstacles to implementing Harm Reduction. Understanding the historical, systemic, and policy context was named as crucial by students to inform their practice and to avoid the perpetuation of inequitable systems. Practice implications are significant. Linking academics with drug user groups and peer-led organizations to ensure authentic community representation in course development and delivery is essential. Engagement with people with lived experience enhances nursing student's professional development and ethical decision-making. Exposure to lived experience, critical discussion, and interdisciplinary engagement holds the possibility that future healthcare providers deliver compassionate, evidence-informed care, navigate ethical complexity, and challenge punitive institutional norms.

191. Bridging the Information Gap: How Nurses Can Use Social Media to Promote Health Equity and Combat Misinformation

Presenters: Christina Bitangcol, BScN, RN, PNC(C), CBS
Corresponding author: Christina Bitangcol, BScN, RN, PNC(C), CBS

Abstract

With an ever evolving technological world more and more Canadians are reaching for their smart phones to find their health information. Unfortunately misinformation related to health has rapidly increased across social media platforms creating confusion, delayed care, and a mistrust of the healthcare system. Furthermore, according to a survey conducted by the Canadian Medical Association, 40% of people believe that misinformation on social media has lead to mental distress and increased anxiety. At the same time, many Canadians - especially those in rural, marginalized, remote or underserved communities - face barriers to accessing evidence-based information in a timely fashion. Canadian nurses are uniquely positioned to use digital platforms to promote health literacy, equitable access to information, and safe decision-making as one of the most trusted health professionals in the nation. This presentation will explore how nurses in Canada can ethically and effectively use social media as a tool to improve public education, advocacy, and to actively combat misinformation. Purpose: The purpose of this presentation is to demonstrate how nurses can leverage social media in a professional manner to improve equitable access to reliable, evidence-based health information, strengthen the trust the public has in the Canadian healthcare system and actively counter the rapid spread of misinformation while upholding the ethical and regulatory standards of our profession. Relevance to Nursing Practice in Canada Social media is now a

primary source of health information for many Canadians (estimated at 20-50% of people utilizing it for medical purposes). Nurses have the unique ability to help bridge the gap between healthcare systems and the public by sharing evidence-based education that is culturally sensitive all while being universally accessible. This can improve health literacy and reduce the harm caused by false or misleading content, aligning with the Canadian Nurse's Association's focus on health equity, advocacy, patient education, and public safety. Following this presentation, participants will be able to: 1.Recognize ethical, professional, and regulatory considerations for nurses creating online content. 2.Apply strategies to develop accurate, accessible, and culturally safe health information on social media. 3.Implement practical approaches to identify, address, and counter misinformation. This oral presentation will include: 1.Real-world examples of nurse-led social media education 2.Review of one case scenario demonstrating the impact of misinformation 3.Review of best practices for evidence-based digital communication This session highlights how social media, when used responsibly, can be a powerful extension of nursing practice to improve health outcomes for Canadians.

192. Nurse Practitioner Advocacy for Alternate Funding Models in Saskatchewan

Presenters: Michelle O'Keefe, NP, MN BN, Toni Giraudier, NP, MN, BScN
Corresponding author: Michelle O'Keefe, NP, MN BN

Abstract

Saskatchewan Association of Nurse Practitioners (SANP) recognized limitations to expanding Nurse Practitioner (NP) practice within Saskatchewan due to the inability to start a publicly funded independent NP practice. This limited NP employment primarily to vacant positions within the provincial health authority or other health care union positions. SANP sought alternate funding models to ensure NPs could provide services in the communities they reside in, fostering continuity of care for Saskatchewan patients. Outcomes: SANP lobbied the Saskatchewan government Ministry of Health to establish a working relationship as a key stakeholder in health care delivery for the province. Key messaging included the need for alternate funding models to optimize the utilization of NPs in Saskatchewan. Approach: SANP advocated extensively for the development and implementation of alternate funding models for Nurse Practitioner practice in Saskatchewan. A key component of this advocacy was to establish NP practice that increased access to all residents and did not rely on patient payment to sustain the income and overhead costs of operating an independent practice. Through this advocacy, the Government of Saskatchewan dedicated funding in 2024 to create a pilot project for publicly funded primary care delivered by NPs. Key insights: Through partnership with the Ministry of Health, SANP was a key stakeholder in developing the Primary Care Nurse Practitioner Contract Program (PCNPCP). SANP utilized comparisons of other established provincial contract programs, and externally consulted legal counsel to review early contract drafts. Implementation started in July 2025 with expressions of interest, and has followed through with contracting the first NPs as independent contractors of the Ministry of Health in November 2025. Initial funding was expanded from 2 pilot sites to funding 30 NP contracts in the first phase of applications. Implications: This model can serve as an example for NPs, health policy makers, and other key health stakeholders to assist in the development of alternate funding models for NP practice throughout Canada. With the PCNPCP, NPs are able to increase access to longitudinal primary care for Saskatchewan

residents without the barrier of cost for medically necessary health care being passed to the patient. Further collaboration is required to ascertain how this funding model can effectively be applied to specialty practice settings, and support further development with respect to the unique challenges of starting an independent NP practice in remote and northern locations. Keywords: Nurse Practitioner, funding model, advocacy

193. Environmental Sustainability in Tertiary Healthcare: An Institutional Ethnographic study

Presenters: Katie North, RN BScN MN ENVS PhD (c), Martina Karelin RN
Corresponding author: Katie North, RN BScN MN ENVS PhD (c)

Abstract

The healthcare industry significantly contributes to environmental degradation and has a complex relationship with the planetary health crisis. Healthcare organizations may reduce their environmental footprint by adopting policies and developing governance that supports sustainability, thereby reducing the negative impacts of the climate crisis felt within local communities and on a global scale. However, many healthcare organizations have yet to change practices or adopt sustainability as a guiding principle. Resistance to addressing healthcare's role in the climate crisis should be further examined to understand which barriers, including workplace culture, financial constraints, knowledge deficits, or others, are influencing tertiary care centers not to act, and what driving factors positively contribute to organizations' adoption of sustainable practices. The following doctoral research thesis explores the intersection of environmental sustainability and healthcare within the context of nursing practice, as nurses are uniquely positioned within the health sector to be agents of change in promoting sustainability. Building upon the understanding that human health and well-being are intrinsically linked to the environment, this doctoral research thesis explores the cultural perspectives, existing practices, and readiness for sustainable action in a Canadian tertiary care facility via a qualitative methodology, Institutional Ethnography. A unique theoretical framework, for nurse-led sustainable action in tertiary care, was developed to underpin this research and inform a green-project within the target institution. The preliminary research aims to contribute to the existing literature related to climate-resilient health systems and nurse leadership for planetary health. Assumptions in environmental health literature that highlight nursing involvement is key to achieving sustainable health systems are foundational supports, underpinning this research. Furthermore, the findings of this thesis are intended to inform and inspire further research and action in the field of sustainable healthcare, with the ultimate goal of improving both human and environmental health. This research also acknowledges the importance of strong governance and leadership, strategic resource allocation, and robust health service delivery in building climate-resilient health systems. Keywords: Environmental Sustainability, Healthcare Generated Waste, Composting, Nursing Leadership, Mixed method research-convergent multi-phase.

194. The Power of Nurse Practitioners: Global Insights to Strengthen and Transform the Canadian Health System

Presenters: Alexa Parousis, RN, MSc, BScN and Dr. Doris Grinspun, RN, BScN, MSN, PhD, LLD(hon), Dr(hc), DHC, DHC, FAAN, FCAN, O.ONT
Corresponding author: Alexa Parousis, RN, MSc, BScN

Abstract

Nurses are foundational to high-performing health systems, with contributions across diverse practice areas and designations [1,2]. Grounded in the Quintuple (QA) [3], this scoping review synthesizes the extent, range, and nature of evidence on nursing contributions to patient experience, health outcomes, cost-effectiveness, provider well-being, and health equity. As the first of a series, this review examines the contributions of nurse practitioners (NPs) in advancing the QA across practice areas and sectors [4]. We explore how international evidence can inform Canadian policy and practice to support greater integration of NP-led care. To enhance visibility of the evidence, a publicly available repository, the 'Nurse Effectiveness Open Library', was established. Serving as a centralized platform to house global research on NP related outcomes and impact, it will be expanded to include registered/licensed practical nurses, registered psychiatric nurses, registered nurses, clinical nurse specialists, and nurse anesthetists. Methods: Utilizing well-established methodologies [5,6], primary and secondary studies (2000-2025) were searched across five databases (Ovid MEDLINE, CINAHL, Embase, Cochrane Library, and Google Scholar), including all sectors and populations. Extracted data were mapped to QA domains and further analyzed to identify global insights applicable to Canadian implementation and policy contexts. Discussion: A total of 643 records representing 19 countries were included, spanning hospital, primary care, community, and long-term care. Frequently reported indicators included hospital avoidance (n = 174), experience of care (n = 172), care-access (n = 148), cost-effectiveness (n = 104), and provider experience (n = 41). Findings reveal consistent trends: increased practice autonomy and NP-led care reduce avoidable hospitalizations [7] and improved access to underserved regions. Relevance to Practice: Evidence shows NPs deliver accessible, cost-effective care, achieving outcomes comparable to or better than physicians in hospital admissions, length of stay, guideline adherence [8], and mortality [9]. Applying evidence to the Canadian context highlights the need to modernize policies so NPs can practice to their full scope, particularly in underserved communities. These lessons highlight opportunities to accelerate NP integration, modernize regulation, and strengthen evidence-informed workforce planning aligned with Canada's commitment to equitable and sustainable care. Key learnings: NPs deliver high-quality, cost-effective, and equitable care. Centralizing evidence on NP impact in the 'Nurse Effectiveness Open Library', will enhance visibility, support broader recognition of their contributions, and inform evidence-driven policy to advance NP integration in Canada to reduce health disparities and drive system transformation aligned with QA goals.

195. Isolation to Influence: Revolutionizing BC Primary Care Nursing

Presenters: Nathalie Méhats, RN
Corresponding author: Nathalie Méhats, RN

Abstract

In 2018, BC's Ministry of Health launched its Primary Care Strategy for a team-based care, culturally safe approach to boost patient attachment (Province of BC, 2025). By 2023, the "Nurse in Practice" model enabled private clinics to hire RNs/LPNs province-wide. Funded by the Ministry of Health, Nursing Initiative for Primary Care (NIPC) program operationalizes International Council of Nurses (ICN)'s (2024, p. 6) strategic workforce call-optimizing scope, removing barriers, building teams-through multifaceted mentorship expanding clinic nurses to full scope practice and improving access (Ministry of Health, 2024). This presentation will: 1. Demonstrate how NIPC mentorship is transforming nurses into confident leaders driving system change. 2. Examine a connected community turning isolation into empowerment via collaboration and peer support. 3. Highlight nurses as renewal catalysts boosting retention, wellbeing, and equitable patient-centered care through advocacy and leadership. Methods / Approach: The NIPC program empowers private clinic nurses through two pillars: dedicated nursing consultants and a secure online platform; partnering with healthcare system allies to support team clinics. Pillar 1: Expert nursing consultants deliver individualized coaching on scope optimization, full-scope practice, leadership, and system navigation-empowering nurses to advocate strategically within complex partnerships, influence policy, and lead as primary care experts. Pillar 2: A secure online platform breaks isolation by providing a safe space to share, connecting nurses across experience levels for peer support, resource sharing, and community belonging. Practice Relevance and Implications: While private clinic nurses face profound isolation -lacking union protection or health authority safety net-NIPC's groundbreaking two-pillared mentorship (consultants + online network) turns vulnerability into power. NIPC's mentorship-driven movement ignites passion for primary care: empowering nurses to love their work, develop professionally, work to full scope as experts, lead independent visits, mentor peers, drive quality improvement, and reshape clinic culture-stabilizing systems, ensuring patient continuity, and architecting Canada's primary care evolution. Team-based care with nurses boosts access, continuity, equity, outcomes, and cost-effectiveness while curbing disparities (Lukewich et al., 2025). Underutilized scope harms quality, satisfaction, and increases omissions; full-scope RN follow-up markedly improves patient experience (Lukewich et al., 2025). Scale this model nationwide to unleash nursing potential, strengthen teams, and build equitable, patient-centered care. The time is now-join the movement!

196. The Role of Outreach Workers for People Who Use Drugs in the Beltline Community: A Spatial-video Narrative Analysis from Strategies for Addressing Needle Debris Study (SANDS)

Presenters: Nofar Betzer, BN, RN; Gabriel Joaquino, BN, RN
Corresponding author: Jennifer Jackson, PHD, RN

Abstract

People who use drugs (PWUD) and experience homelessness have many complex healthcare needs. However, there are barriers which can limit this community's access to traditional health services. The purpose of this study was to assess the role of outreach teams in a social context within a large, developed urban center and to make recommendations to support these teams' clinical work. Methods: Participants were recruited through purposive sampling, with a focus on outreach workers. The interviews took place during their daily work, along with the creation of spatial video narratives. Three primary researchers and

outreach teams were interviewed during the summer of 2022. The interviews were transcribed, analyzed for themes, and cross-referenced with video images. Key Insights: Significant barriers remain for PWUD in accessing services due to their migratory nature and need to access fixed locations. The disconnect between a migratory population accessing fixed services, stigmatization, and comprehensiveness of current services needs to be re-examined and re-imagined to effectively support PWUD. To address these service gaps, we recommend increasing the number and geographic reach of mobile outreach services for PWUD, as well as changing traditional health services to better meet PWUDs' needs. Overarching all our recommendations was the significant need for increased funding and changes to public policy. Practice Relevance: We interviewed outreach workers from three organizations. We found that PWUD who are experiencing homelessness are a migratory population. The brick-and-mortar nature of health services makes it difficult to provide adequate and consistent healthcare for this population. We found that barriers such as lack of housing, criminalization, weather, and hostile architecture hinder the effectiveness of traditional health services. While outreach workers bridge these gaps, there are limits to the healthcare that can be provided outside traditional healthcare services. As practicing Registered Nurses, the well-being of the patients we treat depends on the consistency and quality of the care they receive, which varies by population. Care should be individualized to meet the specific needs of the population.

197. Bridging Research and Practice: The Value of Doctoral Education for Nurse Practitioners in the Maritime Provinces

Presenters: Sarah Colgan, MN-NP, PhD(c) and Breanna Lloy, DN, RN-NP, FNPA
Corresponding author: Sarah Colgan, MN-NP, PhD(c)

Abstract

Through interprovincial collaboration this initiative explores how nurse practitioners (NPs) across the Maritime provinces engage in doctoral studies and how doctoral pathways align with the updated NP entry level competencies (CCRNR, 2023). This project aims to strengthen connections among doctoral prepared NPs and NPs currently enrolled in doctoral programs, fostering a collaborative network across the region. Key learning outcomes include understanding the motivations that lead NPs to pursue doctoral education, the decision-making factors influencing their choice of doctoral stream, and the barriers and facilitators shaping their academic path. This initiative further examines how type of doctoral preparation contributes to leadership, scholarship, advocacy, and the enhancement of NP clinical practice. Methods: This approach utilizes the revised NP entry level competencies as a conceptual framework to examine the influence of doctoral studies across core domains of NP practice. Early efforts focused on developing a representative network of NPs from all Maritime provinces and from multiple doctoral streams (PhD, DN and DNP), seeking a well-rounded perspective on NP doctoral engagement. This initiative employs a scaffolded, multistage design. Phase one is a group-authored editorial manuscript highlighting the current landscape of NP doctoral preparation in the Maritime provinces and its relevance to practice. Phase two includes a scoping review aiming to synthesize the literature on NP doctoral streams and their impact on clinical practice, leadership, and scholarly outcomes. Phase three will include a focus group project to capture NP experiences, highlighting contextual barriers, and the practical implications of doctoral studies for NPs working in varied practice settings across the Maritimes. Practice Implications: The practice relevance of this work is multifaceted. By examining how doctoral preparedness strengthens professional

development, contributes to advanced clinical reasoning, and supports evidence informed decision making, this initiative highlights the value of doctoral education for current and future NPs. Enhanced NP scholarship helps bridge research to practice gaps thus promoting improved patient outcomes through evidence-informed practice. Additionally, doctoral education supports broader contributions to nursing leadership, policy development, and the advancement of nursing scholarship. Understanding the impact of doctoral preparation within NP practice can guide workforce planning, inform educational program development, and empower NPs to expand their influence across clinical, academic, and policy spheres.

198. From Invisible to Indispensable: Advancing Public Health Nursing Leadership for Equity and System Transformation

Presenters: Cheryl Cusack, RN, PhD, FCAN
Corresponding author: Cheryl Cusack, RN, PhD, FCAN

Abstract

The primary objective of this presentation is to analyze the critical role of Public Health Nurses (PHNs) as the largest sector of the public health workforce and to identify pathways for advancing public health nursing leadership in health equity. Participants will explore expected learning outcomes including the ability to illustrate the full scope of PHN practice. Furthermore, grounded in evidence, attendees will describe the critical role of public health nurses in advancing the social and structural determinants of health and moving beyond reactive roles such as in the pandemic, toward system-level leadership. Approach and key insights: The approach for this session is grounded in analysis of the PHN response to the COVID-19 pandemic and the calls to action presented in the 2025 foundational text, Public Health Nursing in Canada: A Comprehensive Perspective on Population and Community Health. Key insights reveal that while PHNs led essential pandemic activities such as vaccine distribution and outreach to marginalized populations, their contributions remained largely invisible. PHNs are uniquely positioned to lead responses to a wide variety of global threats including noncommunicable diseases, infectious disease outbreaks and climate change, but their specialty scope of practice and knowledge must be understood within complex health care structures. Practice relevance and implications: The practice relevance is significant for health systems and communities striving for equity and social justice. Optimizing PHN practice to its full scope is not only a professional necessity but a structural requirement for resilient public health infrastructure. By advancing public health nursing knowledge and skill, PHNs can more effectively lead policy changes, support vulnerable populations, and improve population health outcomes. This work emphasizes that sustaining PHN capacity is essential for advancing equity and social justice across the Canadian healthcare landscape.

199. National Council for Nurse-Patient Ratios Implementation: Interjurisdictional leadership collaboration for practical policy implementation

Presenters: Kerry Morrison, RN, BSN, EMBA
Corresponding author: Alexandra Hamill, MPH, BSc

Abstract

The National Council for Nurse-Patient Ratios Implementation (NCNPRI) is a strategic committee coordinating a federated approach to safe staffing policy reform across Canada. The NCNPRI is a forum for solution-focused interdisciplinary discussion between key policymakers and decision-makers to debate and build an evidence-informed roadmap for implementing safe staffing policies such as nurse-patient ratios (NPRs). Decades of research have identified NPRs as an effective policy for improving patient safety and nurse wellbeing (McTavish and Blain, 2024). Several provinces have begun introducing this promising staffing model. In 2023 British Columbia took the first steps towards implementing minimum NPRs through a memorandum of understanding between the Nurses' Bargaining Association and the provincial government. Nova Scotia nurses followed in July 2023 with their own negotiated agreement to establish a quasi-ratio safe staffing model. Most recently, in fall 2024 the Manitoba Nurses Union and Manitoba Government agreed to explore a Made in Manitoba model through an NPR sub-committee. Several international jurisdictions such as California, Australia, Scotland, Wales and Germany have introduced NPRs or similar policies with positive outcomes. Though several Canadian provinces and territories are moving towards NPRs each is at a different stage. Throughout 2026, the Council will meet bimonthly to build consensus around a national implementation framework. Council members include nurses, government officials, employers and nurses' unions from every province and at least two territories. The core work will be supported by the research sub-committee and a secretariat for which funding has been secured. The Council will develop actionable recommendations reflecting existing evidence and incorporating promising Canadian and international implementation frameworks. This forum will reduce duplication of efforts, share research, and facilitate interjurisdictional knowledge sharing. Policies that enforce a safety-focused minimum NPR ensure that nurses have sufficient time to provide high-quality care to their patients. Safe staffing policies including NPRs can improve patient outcomes including mortality and length of stay while reducing nurse burnout, improving job satisfaction and enhancing retention (Lasater et al., 2025). The presenter will share their experience of working with a national interdisciplinary implementation-focused council that aims to harmonize national priorities while respecting diverse provincial and territorial contexts. The presentation will also provide a status update on the work of the council including deliverables produced to-date and future work.

200. Mind the Disruption Podcast: Mobilizing Stories to Advance Action on the Determinants of Health and Health Equity

Presenters: Dr. Claire Betker, RN, PhD, CCHN(C), FCAN
Corresponding author: Rebecca Cheff, MPH

Abstract

Health systems continue to face urgent calls to address structural racism, colonialism, and other inequities by shifting efforts upstream. Mind the Disruption, a podcast produced by the National Collaborating Centre for Determinants of Health (NCCDH), aims to strengthen this shift by sharing stories of practitioners, advocates, and community leaders who are challenging the status quo to advance health equity. This presentation will explore how narrative-based knowledge translation can inspire action, support critical reflection, and foster equity-oriented practice. Participants will learn: (1) how story-driven resources can enhance health equity competencies; (2) insights from nurses disrupting inequitable systems; and (3) ways

nurses, educators, and health leaders can integrate the podcast into professional development and organizational change efforts. Approach and Key Insights: Across three seasons and 18 episodes, the podcast features 28 guests discussing issues central to equity-focused public health practice, such as racism, migrant health, food justice, environmental racism, precarious employment, and climate justice. The NCCDH has gathered quantitative data and qualitative case examples demonstrating how episodes are being applied across the health sector for learning, team reflection, and capacity building. To date, episodes have been downloaded more than 15,000 times, and over 1,500 subscribers receive updates. Evaluation findings highlight that episodes such as Disrupting the Status Quo in Public Health (featuring Chief Nursing Officer Heather Lokko) and Disrupting Whiteness (featuring nurses Hannah Klassen and Mandy Walker) are widely used by students, practitioners, policymakers, and leaders. Organizations, including Cancer Care Manitoba, have embedded episodes into continuing professional development. Several episodes-such as those focused on migrant health and environmental racism-have catalyzed policy conversations, supported cross-jurisdictional learning, and fostered new partnerships, including a well-attended symposium at Public Health 2024. Practice Relevance and Implications: For nurses, health systems, and community partners, Mind the Disruption offers an accessible, practice-informed tool for deepening equity competencies, challenging harmful norms, and sparking dialogue about transformative change. By elevating frontline experiences and community-led solutions, the podcast supports more equitable policies, culturally safe practice, and improved conditions for populations facing discrimination and marginalization.

201. Health Service Use among Black People in Canada

Presenters: Bukola Salami, RN, BScN, MN, PhD, FCAN, FAAN
Corresponding author: Bukola Salami, RN, BScN, MN, PhD, FCAN, FAAN

Abstract

To determine disparities in the use of primary healthcare services, seasonal influenza vaccination, and colorectal cancer screening between Black and White populations in Canada. • Learning outcome: Participants will gain insights into patterns of healthcare utilization among Black populations in Canada. This includes two key dimensions of primary healthcare access, having a regular primary healthcare provider (PHCP) and wait times for an appointment, as well access to colorectal cancer screening and influenza vaccination. • Methods: Data from the Canadian Community Health Survey from 2015 to 2020 were pooled. The outcomes assessed were: 1. Having a PHCP, 2. Wait times for an appointment for immediate care for a minor health problem, 3. Influenza vaccination within the last two years, and 4. Lifetime colorectal cancer screening. Analyses accounted for demographic, socioeconomic, and health-need factors. • Results: After full adjustment, individuals identifying as Black were less likely to report having a PHCP compared to those identifying as White (adjusted prevalence ratios [aPR] 0.97; 95%CI 0.95-1.00, p=0.031). In contrast, among people who had a PHCP, Black individuals reported significantly fewer problems with wait times (wait time >3 days: aPR: 0.83; 95%CI: 0.76-0.90; wait time >6 days: aRP: 0.78; 95%IC: 0.70-0.87). After adjustment, Black adults were also less likely to have received an influenza vaccination compared to their White counterparts (aPR: 0.92; 95%CI: 0.86-0.98). Additionally, Black adults aged 40 years or older were less likely to have undergone colonoscopy or sigmoidoscopy compared to White adults (adjusted odds ratio [aOR]: 0.71; 95%CI: 0.52-0.97). • Practice relevance and

implications: Black Canadians experience persistent disparities in health outcomes compared to other ethno-racial groups in Canada (Veenstra and Patterson, 2015, 2016; Tjepkem, 2023). Structural social inequities, anti-Black racism, and inadequeate access to health services (i.e., decreased access to primary care) are key contributors to poor health outcomes among Black populations in Canada (Abdillahi and Shaw, 2020; Cénat, 2022). With respect to the lower uptake of influenza vaccination and colorectal cancer screening among Black adults, these findings highlight the need for targeted interventions aimed at increasing participation in preventive health services within Black communities in Canada.

202. The Role of Nurse Leaders in Strengthening Canadian Health Systems through Standardized and Robust Nursing Workforce Data: A Multi-Method Approach

Presenters: Houssem Eddine Ben-Ahmed, RN, BScN, MSN, PhD; Sherry O'Connor RN
Corresponding author: Houssem Eddine Ben-Ahmed, RN, BScN, MSN, PhD

Abstract

Nursing workforce planning is a vital activity for sustaining the nursing profession and, ultimately, meeting population health needs. Inadequate workforce planning is one of the primary roots of the current nursing workforce crisis. Its absence has negatively impacted the accessibility, quality, and cost of healthcare services, thereby affecting population health and the sustainability of healthcare systems. Poor health workforce planning is strongly linked to the lack of high-quality, accessible data, which constrains policy decision-makers' ability to make informed decisions regarding workforce management. Objective: We draw on evidence from three workforce research projects to illustrate the importance of nursing leadership in workforce planning and to identify key enablers for standardized data that can enhance workforce planning and strengthen the profession, and thereby, healthcare systems and population health. Learning Outcomes: At the end of our presentation, participants will be able to: (1) describe the critical role of nursing leadership in effective nursing workforce planning at different levels, (2) identify and understand key enablers and main gaps in nursing workforce data standardization across jurisdictions, and (3) discuss strategies to strengthen data quality, access, and integration to support nursing workforce planning. Approach: Building on documentary analysis, qualitative interviews, and focus group data from three distinct studies on nursing workforce data for planning, we present the key integrative findings related to: (1) the workforce planning imperative, (2) the nursing workforce data landscape, and (3) challenges and enablers to data-informed planning. Key results: Three key cross-cutting themes were identified from our integrative analysis. First, nursing leaders recognize that workforce planning is a vital activity for sustaining the nursing profession. Second, there is a range of national and provincial datasets held by agencies, regulatory authorities, and associations/unions to support nursing workforce planning, but these sources can be challenging to access and difficult to integrate within and across jurisdictions for planning purposes. Third, key initiatives and solutions exist to improve these data, with a view to standardizing and utilizing existing data for planning. Implications: This research highlights the importance of standardized workforce data for the nursing profession in Canada and the critical role of nursing leadership in advancing data-informed workforce planning and strengthening the nursing profession. It underscores that enhanced nursing workforce planning informed by robust data has the potential to improve access to care, continuity of services, quality of care, and overall population health outcomes.

203. Unleashing Scope Optimization in Primary Care Nursing

Presenters: Shannon Moore, RN(c), MSN
Corresponding author: Shannon Moore, RN(c), MSN

Abstract

Primary care nurses employed in government-funded but privately delivered clinics often practice without consistent access to professional practice infrastructure, role clarity, or regulatory-aligned supports. Canadian evidence demonstrates that the absence of these enabling conditions constrains nurses' enacted scope of practice, limiting professional judgment, competence, and the delivery of evidence-informed, population-responsive care. Research on interprofessional team implementation further identifies unclear governance, insufficient role support, and weak accountability structures as persistent barriers to effective team-based primary care. This presentation examines the Nursing Initiatives in Primary Care (NIPC) program as an emerging employment, professional practice advisory and support model designed to address these barriers and enable scope optimization in nursing practice across diverse primary care settings. Learning outcomes By the end of this session, participants will be able to: • Describe how employment and professional practice infrastructure enable nurses' enacted scope of practice and support competent, ethical care in primary care. • Identify evidence-informed mechanisms that address known barriers to interprofessional team functioning, including role clarity, accountability, and scope optimization. • Select transferable strategies to align nursing practice with clinic-specific population demographics and care needs across diverse primary care contexts. Methods/approach NIPC is delivered through a partnership-based nurse-in-practice contract model combined with centralized professional practice advisory supports. Program design is informed by evidence identifying enacted scope of practice as an outcome of interacting individual, organizational, and system-level conditions, as well as research on interprofessional team enablers such as clear governance, defined roles, leadership support, and access to practice consultation. Core elements include role clarification aligned with regulatory expectations, continuing competence resources, and structured peer connection. Early implementation insights suggest that embedding these enabling conditions within employment and practice infrastructure reduces role ambiguity, strengthens nursing accountability, enhances interprofessional collaboration, and improves alignment between nursing activities and patient panel demographics, including chronic disease management, prevention, and care coordination. Practice relevance This work is directly relevant to nurses, primary care leaders, regulators, and policymakers seeking ethical, scalable strategies to optimize nursing practice. By addressing organizational and system conditions shaping enacted scope, NIPC demonstrates how competence, accountability, and evidence-informed decision-making can be embedded within employment structures rather than relying solely on individual nurses. This approach supports confident nursing practice, strengthens team-based care, and enables primary care that is responsive to local population needs.

204. Laying the Foundation to Optimize the Role of the Primary Care Registered Nurse within the Patient's Medical Home

Presenters: Leanne Johnson, RN, MN, PhD; Wendy Singh, RN, BScN, BSc
Corresponding author: Leanne Johnson, RN, MN, PhD

Abstract

Primary Care Registered Nurses (PCRN) at Edmonton Southside Primary Care Network (ESPCN) work alongside primary care providers and allied healthcare professionals within the Patient's Medical Home (PMH). PCRNs play a central role within primary care teams by providing person-centered, holistic, and comprehensive nursing services to patients across the lifespan. ESPCN has developed organizational initiatives that strive to optimize PCRN practice within the PMH. Participants will learn how data can inform the identification of patients who benefit from ongoing and comprehensive PCRN care, how direct clinical educator support for nurses can advance nursing practice, and how collaboration between leadership and point-of-care nurses can foster engagement and promote identified priorities. Approach and key insights: The PCRN role varies based on the needs of the population served within the PMH. By analyzing data extracted from clinics' Electronic Medical Records and other panel reports, primary care teams can identify high-risk patients who benefit from ongoing nursing care, such as those with elevated A1C or hypertension. This fosters a proactive and systematic approach to managing complex patients within the PMH. Clinical educators play an important role in helping nurses understand and enact full scope nursing practice. Clinical educators shadow nurses during practice review shifts to learn about their role, provide clinical practice feedback, identify barriers to practice, and discuss strategies to optimize the nursing role and scope in the clinic. The feedback provided incorporates nursing standards of practice and the National Competencies for Registered Nurses in Primary Care (Lukewich et al., 2020). The establishment of a Nursing Practice Advisory Committee provides an avenue for point-of-care-nurses and leadership to discuss and advise on issues related to nursing practice, as recommended in the Nursing Retention Toolkit (Health Canada, 2024). The committee members advise on nursing policies and procedures, participate in pilot phases of new initiatives, and provide feedback on practice tools. Practice relevance and implications: Advancing the role and scope of PCRNs requires organizational commitment. Quality improvement teams can help nurses explore relevant data and connect high-risk patients to appropriate nursing services within the PMH. As PCRNs often work in isolation from their nursing peers, clinical educators are instrumental in providing clinical nursing feedback and helping nurses identify ways to leverage their full scope to improve patient outcomes. Creating opportunities for collaboration between front-line staff and leadership can help inform and advance initiatives that impact nursing practice.

PECHA KUCHA

205. What’s in the Soil That’s Feeding the Roots? Using a Tree Image to Recognize and Act on Interrelated Determinants of Health

Presenters: Dr. Claire Betker, RN, PhD, CCHN(C), FCAN; Angela Wignall RN, BSN, BA, MA, PhD(c)
Corresponding author: Dr. Claire Betker, RN, PhD, CCHN(C), FCAN

Abstract

Understanding the multiple and interacting factors that shape health is essential for effective nursing practice and leadership. Let's Talk: Determinants of Health (National Collaborating Centre for Determinants of Health, 2024) explores these influences and supports nurses to address the structural and social determinants of health and advance health equity. This presentation aims to: 1. Describe key

concepts related to the determinants of health; 2. Strengthen participants' ability to recognize how these determinants interact across social, ecological, and economic systems; and 3. Consider practical opportunities for nurses to influence determinants of health through their practice, advocacy, and leadership roles. Methods / Approach and Key Insights Let's Talk: Determinants of Health synthesizes peer-reviewed and grey literature as well as insights from diverse thought leaders engaged in health equity work. The authors call for increased action on the structural determinants of health and re-frame the social determinants of health as asset-based conditions that promote a healthy and dignified life. Central to the resource is a tree image that supports critical reflection on the wider forces and systems that influence health and health equity. In this image, the leaves represent health issues and outcomes observed in communities and populations, the trunk represents behaviours that are linked to health outcomes, the roots represent conditions of daily life that indirectly or directly influence health outcomes and the soil represents the underlying drivers of these conditions and their inequitable health impacts. Practice Relevance and Implications This presentation will reinforce the essential role nurses play in shaping equitable health systems, influencing policy, and supporting clients and communities through advocacy, leadership, and community engagement.

206. Guidance on Community-Based Mental Health Support for Black Youth in Canada

Presenters: Dr. Bukola Salami, RN, BScN, MN, PhD, FCAN, FAAN
Corresponding author: Dr. Bukola Salami, RN, BScN, MN, PhD, FCAN, FAAN

Abstract

The aim of this research was to develop a guidance document with evidence-informed recommendations for the delivery of mental health services for Black youth in Canada, with a focus on community, primary care, and educational settings. The guidance was informed by a knowledge synthesis and the perspectives of Black youth in Canada. • Learning outcome: Participants will gain insights into a collaboratively developed set of recommendations aimed at improving mental health services for Black youth in Canada across community, primary care, and educational settings. These recommendations are grounded in both research evidence and lived experience. • Methods: A participatory research approach was employed, consisting of five phases: 1) establishing an advisory committee, 2) conducting a scoping review, 3) drafting a guidance document based on the evidence identified in the scoping review, 4) conducting focus groups with Black youth to incorporate their perspectives, and 5) integrating Black youth's perspectives into the guidance document to produce the final version. • Results: The guidance document includes 66 recommendations across four stages of mental health service delivery: Preparation (16 recommendations), Assessment and Diagnosis (22 recommendations), Intervention (23 recommendations), and Evaluation (5 recommendations). • Practice relevance and implications: Evidence indicates persistent disparities in mental illnesses prevalence and mental health outcomes among Black youth compared to other racial and ethnic groups (Anderson, 2015; Cénat, 2023; Cénat, 2025; English, 2024; Kernan, 2023). These disparities may be associated with gaps in the quality of mental health services, limited intercultural practices, and insufficient practitioner diversity, all of which hinder the provision of appropriate and effective mental healthcare for Black youth (Fante-Coleman, 2020; Alimi, 2021). Developing standards, recommendations, and guidance can help harmonize mental health services delivery (WHO, 2020) and

address disparities experienced by Black youth by providing an invisible infrastructure that promotes equity, quality, and safety. This is the first guidance document to offer comprehensive recommendations for mental health service delivery for Black youth in Canada, with a specific focus on community, primary care, and educational settings. Grounded in a rigorous knowledge synthesis and the perspectives of Black youth, these recommendations provide a clear, consistent, and nationally relevant framework to improve the quality and equity of mental healthcare across diverse service delivery context in Canada for Black youth, representing an important step toward greater social equity and inclusion.

207. Caregivers at the Table: How Caregiver-Centric Policy Development Showcases the Full Value of Nurse Leadership and Strengthens Health Systems

Presenters: Clara Dyck, RN, BSN, MSN, CHPCN(C); Lisa Matthews, BSN, MPH, CHE
Corresponding author: Clara Dyck, RN, BSN, MSN, CHPCN(C)

Abstract

Approximately one in four Canadians currently provides unpaid care to a family member, friend, or neighbour, and nearly one in five caregivers are over the age of Sixty-five. The mental, physical, and financial impacts of caregiving are well documented; however, caregivers are often excluded from strategic care planning despite their central role in supporting care recipients. This exclusion can lead to interventions misaligned with the values, preferences, and needs of both patients and caregivers, contributing to distress, suboptimal outcomes, and inefficient system use. This presentation describes the research, consultation, and community collaboration undertaken to develop a caregiver centric policy that embeds caregiver involvement within all stages of care planning. By the conclusion of the session, participants will be able to identify key components of a caregiver centric policy, outline processes for engaging stakeholders in development, and recognize their potential to influence health policy that advances equity for caregivers and care recipients. Methods/Approach and Key Insights The policy was developed by a clinical nurse specialist in hospice palliative care and implemented across a Residential Hospice and Hospice at Home program. Moving beyond a discipline specific model, the process embraced an interprofessional, co creation approach involving physicians, social workers, care aides, subject matter experts, advocacy organizations, and-most importantly-caregivers themselves. Key insights demonstrate that this collaborative approach enhances caregivers' experiences of inclusion in care planning and shows potential to transform the caregiving journey. It contributes to stronger person and family centred care, reduced caregiver distress, and improved coordination across care settings, with particular benefits in long term care. Collectively, these outcomes suggest a promising pathway toward broader health system improvement and enhanced equity. Practice Relevance and Implications This caregiver centric policy development approach aligns with two priorities in the Canadian Nurses Association's Policy Roadmap for 2025 and Beyond. It unleashes the full value of the nursing workforce by equipping nurses with the competencies and confidence to use policy as a tool for securing caregivers' rightful role in care planning and decision making, especially in long term care settings. It also strengthens the public health system by ensuring caregivers are active contributors to care discussions, fostering resilience among both caregivers and residents, and promoting preparedness as health needs evolve.

208. Community-Based Nursing Partnerships to Support Rural Seniors Aging in Place

Presenters: Dr. Sarah Kostiuk, BScN, RN, MN, EdD; Michelle Pavloff RN

Corresponding author: Dr. Sarah Kostiuk, BScN, RN, MN, EdD

Abstract

Rural seniors are a historically underserved population who experience persistent health inequities related to geographic isolation, limited service availability, transportation challenges, and fewer routine points of contact with the health system (PHAC, 2023; WHO, 2021). These inequities contribute to poorer health outcomes and create significant barriers for seniors who wish to age safely and independently in their own communities. As Canada's rural population continues to age, there is a growing need for innovative, community-based nursing approaches that address these structural gaps. In response, we developed a community-based project through partnerships between nursing educational institutions and trusted senior-serving nonprofit organizations. This presentation describes the design, implementation, and lessons learned to date from this initiative and highlights the importance of co-led nursing-community partnerships in advancing health equity for rural seniors. The presentation will demonstrate tailored, place-based interventions and their benefits, share practical examples and lessons learned from the project to date, and highlight strategies nurses can use to reduce disparities between rural and urban care. The project uses a community-engaged, co-design approach that actively involves rural senior-serving organizations. This approach ensures relevance, acceptability, and sustainability within local contexts. Embedding nursing initiatives within established community organizations enhances trust, strengthens community capacity, and improves access to resources. Relationship-based care, local leadership, and flexibility were identified as critical elements in addressing the complex and evolving needs of rural seniors. Anticipated outcomes include increased community engagement, improved awareness of available services, and stronger linkages among seniors, health services, and community resources. This work has direct implications for nursing practice, education, and health systems. It illustrates how specialized community nursing roles can advance health equity by addressing social determinants of health and extending care beyond traditional clinical settings. Nurses can play a critical role as connectors, advocates, and co-leaders through social prescribing models and intersectoral collaboration. By leveraging community partnerships and local leadership, nurses can support healthier, more equitable aging for Canadians living in rural and remote communities.

209. La puissance d'une équipe en accès vasculaire : impacts concrets dans l'amélioration de la qualité des soins

Presenters: Marie Daphnée Bérubé, RN, BScN and Camille Gavois, Bs. Inf., CSI

Corresponding author: Marie Daphnée Bérubé, RN, BScN

Abstract

Depuis plusieurs années, l'accès aux dispositifs d'accès vasculaires centraux (DAVC) représente un enjeu au Centre hospitalier universitaire de Montréal (CHUM). L'augmentation des prescriptions de cathéters centraux introduit par voie périphérique (CCIVP ou PICCline) et la difficulté à obtenir des plages en

radiologie pour l'installation de ces cathéters amènent un débalancement dans l'offre et la demande des CCIVP. Ce débalancement occasionne des accumulations de patients sur une liste d'attente d'environ 40 par jour, engendrant ainsi une attente qui varie de 4 à 7 jours. L'attente de l'installation du CCIVP engendre un délai dans les traitements intraveineux des patients et retarde le congé pour les patients qui nécessitent une thérapie intraveineuse à domicile. Toutes les demandes de CCIVP ne sont pas pertinentes, mais aucune autre solution n'est présente dans l'offre de service du CHUM. Nos solutions pour augmenter la pertinence des CCIVP consistent à l'instauration de consultations en accès vasculaire et à ajouter le midline (cathéters longs périphériques installés par échoguidance) dans la gamme d'accès vasculaires disponibles au CHUM. Ces cathéters sont installés au chevet par une conseillère en soins infirmier et ont une durée de vie de 30 jours afin de répondre aux besoins de plusieurs patients qui habituellement se qualifieraient pour l'installation d'un DAVC en radiologie. L'objectif est ainsi de : Diminuer de 50% les demandes de CCIVP pour l'indication des patients difficiles à piquer - Difficult IV Access (DIVA) ; Diminuer de 60% le nombre de CCIVP pour l'indication des patients avec antibiothérapie à domicile (ABAD). Puisque les impacts sont multiples autant sur le plan financier, la fluidité ou l'expérience patient, une approche mixte entre quantitative et qualitative est utilisée pour analyser nos résultats. Nos résultats préliminaires (données entre le 1er août 2025 et le 31 janvier 2026) démontrent une diminution de l'utilisation des CCIVP au profit du midline. Nous avons installé 101 midline soit 41 pour ABAD et 60 pour DIVA. Ces installations ont permis une optimisation budgétaire de 22 826$, une diminution de l'achalandage en radiologie, aux patients ayant un réel besoin de CCIVP d'y avoir accès, ainsi qu'un congé plus rapide pour certains patients. Cette démarche souligne l'importance d'intégrer dans les établissements une expertise dédiée en accès vasculaires pour améliorer la pertinence de l'accès veineux et réduire les complications potentielles à l'échelle du réseau de santé.

210. La santé relationnelle, un levier méconnu pour contrer l'isolement social et la mésinformation

Presenters: Claudia-Ève Therriault, B.Sc.Inf et étudiante à la maitrise en sciences infirmières, Salwa Musa RN

Corresponding author: Claudia-Ève Therriault, B.Sc.Inf et étudiante à la maitrise en sciences infirmières

Abstract

Dans un contexte marqué par une hausse des problématiques de santé mentale, de solitude et d'isolement social, la santé relationnelle s'impose comme un levier stratégique pour améliorer durablement la santé des populations. Les concepts de reliance et de déliance, encore peu explorés en sciences infirmières, éclairent les effets délétères des ruptures de liens sociaux sur la santé physique et mentale. Longtemps reconnue comme un enjeu de santé publique chez les personnes âgées (Bzdok and Dunbar, 2020), la solitude touche désormais de façon préoccupante les jeunes, notamment les moins de 25 ans (Osborn et al., 2021). La déliance, soit l'affaiblissement du lien à soi, à l'autre et au monde, fragilise le sentiment d'appartenance, la confiance et la résilience (Perry et al., 2021). Elle entrave également l'empathie (Konrath et al., 2011) et accroît la vulnérabilité aux discours polarisants et à la mésinformation en santé (Bierwiaczonek et al., 2024). À l'inverse, la reliance représente une avenue prometteuse pour restaurer les liens sociaux, renforcer la cohésion et soutenir une santé durable. Cette présentation explore son potentiel comme fondement d'une pratique infirmière engagée dans la promotion du bien-être individuel et collectif.

À l'issue de la présentation, les personnes participantes seront en mesure de : 1. Définir les concepts de santé relationnelle, de reliance et de déliance ; 2. Expliquer les liens entre isolement, solitude et santé globale ; 3. Décrire les impacts de la déliance sur la santé physique, mentale et la vulnérabilité à la mésinformation ; 4. Identifier des pistes d'action infirmières favorables à une santé relationnelle optimale et durable. S'appuyant sur une analyse réflexive et théorique des écrits en sciences sociales et en sciences de la santé, la présentation examine la reliance, en tant que déterminant majeur de la santé. L'intervention de reliance, ancrée dans une approche humaniste et de caring, cohérente avec la théorie de l'autotranscendance (Reed, 2009, 2020), privilégie l'écoute active, la reconnaissance du vécu, la mobilisation des forces individuelles et communautaires ainsi que l'empowerment. Elle offre un cadre structurant pour répondre aux ruptures relationnelles contemporaines et aux enjeux de désinformation, tout en soutenant la résilience individuelle et collective. Sur le plan clinique et communautaire, cette approche propose des interventions relationnelles et éducatives concrètes favorisant la santé relationnelle. En valorisant la relation thérapeutique et le leadership infirmier, elle positionne les infirmières et infirmiers comme des acteurs clés dans la restauration des liens sociaux et la promotion d'une santé durable.

211. Invisible Care: Insurance Barriers to Independent Nursing Practice in Canada and a Call for System-Level Change

Presenters: Janessa DeCoste, RN, MN, BScN, NC-BC, S-GAHN, Kate Shelest, RN, BSN, SGAHN; Sadie Deschene, RN

Corresponding author: Janessa DeCoste, RN, MN, BScN, NC-BC, S-GAHN

Abstract

Nurses in Canada are increasingly exploring and seeking to establish independent practices that respond to unmet client needs, workforce burnout, and growing health system strain. However, insurance-related barriers continue to limit the accessibility, sustainability, and scalability of independent nursing services. The objectives of this presentation are to: 1. Identify three persistent insurance-related roadblocks faced by nurses in independent practice; 2. Examine how inconsistencies in coverage, reimbursement processes, and billing structures impact nurses and clients; and 3. Propose system-level strategies to advance insurance recognition and coverage of nursing services in Canada. Participants will gain insight into the structural challenges nurses face beyond scope and regulation, and leave with a clearer understanding of how nursing leaders and nurse entrepreneurs can collectively influence policy, insurance education, and system innovation. Methods / Approach and Key Insights Delivered in PechaKucha format (20 slides × 20 seconds each), this presentation draws on practice-based evidence and direct experience supporting nurses across Canada in launching and sustaining independent practices. Three dominant barriers emerge consistently from this work: 1. Clients express genuine desire to access nursing services, but turn away when those services require out-of-pocket payment due to absent or inadequate insurance coverage; 2. Even when insurers list nursing services as potentially eligible, claims are routinely denied, leaving nurses reliant on a private-pay model that excludes many clients; and 3. Inconsistencies across insurance providers, combined with the absence of standardized nursing billing codes, create systemic confusion, unsustainable administrative burden, and inequitable access to care. Together, these barriers reveal a multi-layered disconnect between nursing innovation and the readiness of insurance and policy systems to support it. While nursing consistently holds the distinction of being Canada's most trusted profession, this

trust has not translated into reimbursement recognition. Notably, many paramedical professions with fewer educational requirements are routinely covered, raising urgent questions about equity, system design, and the persistent undervaluation of nursing contributions. A ready-to-use Immediate Action Letter will be available via QR code, equipping participants to move from insight to advocacy following the presentation. Practice Relevance and Implications Failure to address insurance coverage for nursing services limits client choice, deepens access inequities, and constrains the very innovation Canada's health system urgently needs. Nurses in independent practice are uniquely positioned to deliver preventative, relational, and continuity-based care, aligned with client needs and system priorities alike. This presentation issues a direct call to nursing leaders: to lead national conversations on insurance reform, advance insurer education, and champion policy alignment so that nursing services are visible, valued, and accessible within Canada's evolving healthcare and benefits landscape.

212. Aging with HIV : Advocacy for Inclusive Care

Presenters: Hatem Laroussi, BScN, MSN

Corresponding author: Hatem Laroussi, BScN, MSN

Abstract

The growing population of older adults living with HIV presents new health, social, and systemic challenges. In Canada, the experience of aging with HIV intersects with gender identity, migration status, and Indigeneity, intensifying vulnerabilities and inequities in accessing meaningful care. These intersections require a nursing response that integrates clinical expertise with cultural safety, advocacy, and inclusive policy development. Objective: This study explores the multifaceted challenges faced by individuals aging with HIV-particularly those from gender minorities, migrant backgrounds, or Indigenous communities-and identifies nursing strategies and policy recommendations to foster equitable, person-centred care across Canada. Methods: A mixed-methods design combined a targeted literature review with ten semi-structured key informant interviews to capture lived experiences and professional perspectives. Participants included leaders from community-based organizations and NGOs (n = 4), health care providers working in HIV or gerontological care (n = 3), and older adults living with HIV (n = 3). Interviews were conducted virtually via Microsoft Teams in French, English, and Arabic to reflect Canada's linguistic and cultural diversity. Each interview lasted between 45 and 90 minutes and was audio-recorded and transcribed verbatim. Thematic analysis followed Braun and Clarke's six-phase approach, emphasizing patterns related to access to services, stigma, intersectional identity, language, cultural safety, and systemic barriers. Rigour was enhanced through investigator triangulation and member checking with participants to validate key interpretations. Results:Findings revealed that older adults living with HIV continue to face persistent and multidimensional forms of stigma and ageism that deeply influence their access to care and social inclusion. Participants described the compounded effects of discrimination based on HIV status, gender diversity, migration background, or Indigeneity. Gaps in culturally safe and linguistically accessible carewere recurrent concerns. Many respondents noted structural barriers, including fragmented coordination between HIV and gerontological services and jurisdictional inconsistencies that disproportionately affect migrants, refugees, and Indigenous communities. Health care providers reported a lack of comprehensive training in gender-affirming and trauma-informed protocols, limiting their ability to meet complex care needs. Despite these barriers, participants

consistently highlighted the leadership role of nurses as trusted advocates who bridge clinical, social, and community sectors. Nurses were recognized for their potential to promote anti-oppressive, person-centred approaches, strengthen peer support networks, and advance policy advocacy to reduce stigma and improve continuity of care across systems. Discussion:Nursing practice must address the complex interplay between aging, HIV, and intersectional identities. The development of national nursing guidelines that integrate cultural humility, intergenerational mentorship, and trauma-informed care is

213. Still Swimming Against the Tide? An Exploration of Canadian Social Determinants of Health Public Health Nurses' (SDH-PHNs') Experiences in Role Enactment

Presenters: Dr. Claire Betker, RN, PhD, CCHN(C), FCAN
Corresponding author: Dr. Claire Betker, RN, PhD, CCHN(C), FCAN

Abstract

An innovative Social Determinants of Health Public Health Nursing (SDH-PHN) role was launched in Ontario, Canada public health units in 2012 to support health equity and population health goals. A study completed in 2015 examined role development and implementation. Findings indicated that SDH-PHN leadership and factors influencing role implementation was characterized as "Swimming Against the Tide" (McPherson et. al, 2016). The environment for SDH-PHNs since 2015 has changed considerably, with global movements such as Black Lives Matter, continued calls to action from the Truth and Reconciliation Commission of Canada and the global COVID-19 pandemic shaping commitments for social justice, racial equity and anti-oppression. In this presentation, participants will learn about a mixed methods study that explored the degree to which Ontario SDH-PHNs have enacted their roles since the 2015 inquiry. Data was gathered using a confidential survey of 30+ SDH-PHNs and 3 focus groups with SDH-PHNs and senior nursing leaders from Ontario. Informed by the Organizational Capacity for Health Equity Action (OC-PHEA) framework (Cohen et al, 2013) the study foregrounded SDH-PHN lived experiences. Data was analyzed using descriptive statistics and thematic analysis. Guided by critical social science, findings illustrated how SDH-PHNs exercise agency through diverse health equity initiatives while navigating complex system, organization and community tensions. The OC-PHEA framework supported data analysis to understand the complex micro, meso and macro supports and barriers for SDH-PHNs to enact their role. As an exemplar, findings support SDH-PHNs as having significant capacity to effect upstream and structural change to address the determinants of health and advance health equity. The SDH-PHN role clearly enhances the capacity of Ontario public health units to meet the needs of communities and populations. The role serves as an exemplar for global PHN equity work through its explicit focus on the determinants of health, with public health nurses as leaders. However, findings demonstrated an urgency to provide substantial and sustained system and organizational support for the SDH-PHN role. It appears they are still swimming against the tide.

POSTER

214. Bridging Gaps, Saving Lives: HIV Primary Care for the Uninsured at Blue Door Clinic

Presenters: Sarah Ionson, RN, BScN, PDTN, ACRN; Eileen Murphy
Corresponding author: Sarah Ionson, RN, BScN, PDTN, ACRN

Abstract

Uninsured and precariously insured people living with HIV, including newcomers, refugees, international students, and undocumented people, face significant barriers to timely, continuous, and culturally responsive HIV care across Canada. Lack of provincial health insurance, complex medication access pathways, financial precarity, stigma, racism, and fear of immigration-related consequences can delay diagnosis, interrupt treatment, and increase health inequities.

Blue Door Clinic is a nurse-led, interdisciplinary HIV primary care clinic in Toronto, Ontario, created to address these gaps. This poster describes the clinic's low-barrier model of care and its impact on improving access, engagement, and continuity for underserved populations. The objectives are to describe key components of a low-barrier HIV primary care model, identify nursing strategies that support uninsured clients living with HIV, and highlight how nurse-led advocacy can advance equitable access to life-saving treatment.

The clinic provides HIV primary care, antiretroviral therapy access support, navigation, case management, interpretation, social support, and connection to community resources. Nurses play a central role in intake, assessment, medication access navigation, education, adherence support, follow-up, and coordination with physicians, pharmacists, social workers, settlement services, and community partners.

Key insights from the clinic demonstrate that low-barrier, community-based HIV care can improve access to treatment for clients who would otherwise be excluded from care. Nurse-led navigation supports continuity, reduces missed opportunities for treatment, and strengthens trust with clients experiencing multiple forms of structural vulnerability. This work illustrates the role of nurses in advancing health equity through direct care, advocacy, and system navigation.

215. Rôle novateur des IPS dans la gestion des thérapies orales en oncologie mammaire

Presenters: Fanny Matin, M.Sc.Inf
Corresponding author: Fanny Martin, M.Sc.Inf

Abstract

Le cancer du sein est le cancer le plus souvent diagnostiqué chez la femme et constitue la principale cause de décès chez les femmes. En réponse à la croissance rapide du nombre de patientes traitées par inhibiteurs de CDK4/6, le CHUM a mis en place une clinique dirigée par une infirmière praticienne spécialisée (IPS), visant à optimiser l'accès aux soins, la qualité du suivi clinique et le soutien aux équipes médicales. Un outil d'aide à la décision a été développé pour soutenir les patients lors de l'initiation du

traitement et leur permettre de faire un choix libre et éclairé. Les modèles de soins actuels, principalement conçus pour les traitements intraveineux, ne sont pas adaptés à la réalité des thérapies orales prolongées. Les résultats préliminaires indiquent des améliorations significatives. Le délai moyen pour l'obtention d'un rendez-vous pour la prescription de traitement systémique est passé de 3 à 2 semaines, accélérant l'accès au soin . Les équipes rapportent un allègement de la charge et une amélioration du bien-être, grâce à une répartition plus équilibrée des tâches entre les oncologues, les chirurgiens-oncologues et l'IPS. Notre projet vise donc à transformer la trajectoire de soins des patientes atteintes de cancer du sein grâce à l'intégration d'une clinique dédiée aux thérapies orales, dirigée par une infirmière praticienne spécialisée (IPS). Cette initiative répond à un besoin essentiel : assurer la continuité des soins et optimiser la prise en charge des patientes sous inhibiteurs de CDK4/6 (Abemaciclib, Ribociclib), dans un contexte où les modèles traditionnels ne suffisent plus. Ces gains démontrent la pertinence et l'impact concret de cette initiative.

216. Abortion Care Modules to Better Equip the Next Generation of Nurses

Presenters: Jean Daniel Jacob, RN, PhD; Kristine Crosby

Corresponding author: Jean Daniel Jacob, RN, PhD

Abstract

Registered nurses (RNs) and nurse practitioners (NPs) practicing across diverse settings will routinely encounter clients with unintended pregnancies and are well-positioned to address a population health need by reducing barriers to abortion care, particularly in underserved populations. NP scope of practice in jurisdictions across Canada includes the provision of medication abortion, a significant yet underutilized opportunity to expand access to essential reproductive healthcare, especially in rural, remote and marginalized populations. Despite this potential RNs and NPs are underutilized in the provision of abortion care . In addition, nursing education programs provide limited preparation in the area of abortion care (Carson et al., 2023; Paynter, 2022). In response to this challenge, the Canadian Association of Schools of Nursing (CASN), in partnership with the CART project team, has developed Abortion Care Competencies for RNs and NPs and are developing on-demand online learning modules to strengthen nurses capacity in providing informed reproductive choice and integrate abortion care into diverse practice settings. An environmental scan guided the creation of the content for the three online modules. Content was developed by subject-matter experts, RNs and NPs with substantial teaching and practice experience in reproductive care, to align with CASN's abortion care competencies. The modules focus on the legal and regulatory frameworks of abortion in Canada, RN and NP scope of practice, and reducing barriers to accessing abortion. Learning is supported through a mix of written content, interactive digital features and animated case studies that explore key ethical and social justice issues in nursing practice contexts. This presentation highlights how the modules support unleashing the full value of the nursing workforce in meeting key reproductive health needs grounded in the RN Code of Ethics. It will explore integration into nursing curricula and professional development to strengthen nursing workforce readiness in this area.

217. Advancing Registered Nurses' Scope of Practice: Future Focused Regulation and Organizational Alignment in RN Prescribing to Improve Health System Access in Newfoundland and Labrador

Presenters: Michelle Carpenter and Stacey Hancock, RN, BScN, MSN

Corresponding author: Stacey Hancock, RN, BScN, MSN

Abstract

To describe how a nursing regulator and health authority are collaborating to integrate RN Prescribing as an advanced competency to strengthen access to care and system sustainability. Learning Outcomes: 1. Examine how organizational structures align with regulatory requirements to enable RN Prescribing as an advanced competency while maintaining public protection. 2. Recognize RN Prescribing implications for clinical practice, education, leadership, policy, and interprofessional collaboration. 3. Identify the contribution of RN Prescribing to health system sustainability, including impact on access to care and optimized workforce utilization. Methods/Approach and Key Insights/Results The Newfoundland and Labrador (NL) provincial government announced amendments to the regulations under the RN Act to permit RN Prescribing in April 2023, which provided the broadest scope of practice compared to other nursing regulators. As a result, a collaborative partnership was established between the College of Registered Nurses of Newfoundland and Labrador and NL Health Services to establish clear process for regulatory and policy alignment and evaluation. Key strategies to operationalize RN Prescribing included the development of a regulatory framework and practice guidelines, structured education pathways, and organizational oversight. Interprofessional engagement involved RNs, physicians, nurse practitioners, pharmacists, and health system partners, including patient and family experience advisors and government, to ensure role clarity and a collaborative team model. Communities of practice and networking mechanisms support mentorship, knowledge sharing, and continuous learning. Program evaluation has begun to assess access, safety, workforce utilization, job satisfaction, and the patient experience. The NL Health Accord (2022) report called for a rebalancing of the health system due to numerous impacts including lower patient health outcomes compared to the rest of Canada as well as a workforce sustainability crisis. A key directive from the report was to enable all team members to work to their highest scope of practice to address the provinces' health needs, with emphasis on primary health care and underserved settings. Integrating RN Prescribing into NL Health Services highlights the contribution of specialty nursing practice to high-quality care through an innovative and sustainable model of care. Practice Relevance and Implications This initiative emphasizes RN Prescribing as a critical advanced competency to be added to nursing practice, enhancing equitable access and system sustainability. It creates a pathway for advanced competency development, demonstrates how regulator-organizational partnerships can expand scope of practice through this strategic approach, and improves the delivery of timely, comprehensive care for patients and communities.

218. Community Solutions and Nurse Advocacy: Promoting Independence and Social Inclusion for Aging in Place

Presenters: Bernice Budz, RN, BSN, MScN

Corresponding author: Bernice Budz, RN, BSN, MScN

Abstract

The project aims to identify and remove barriers that prevent older adults-especially those with low incomes-from successfully aging in place. It focuses on social factors that affect health, including housing, social connections, access to healthcare, food security, income stability, and safety. The goal is to help participants understand the specific needs of low-income seniors and develop strategies to enhance independence, safety, and social involvement. Methods/Approach A review examined three low-income seniors' housing developments operated by a nonprofit organization committed to creating inclusive communities through affordable housing and expanded social and healthcare services. Focus groups were held at each location to collect residents' views on aging in place, the challenges they encounter, the supports they want, and their opinions on having health services available on-site. Content analysis of the focus groups highlighted the need for comprehensive, coordinated services addressing physical, emotional, and mental health, as well as the importance of establishing partnerships with community resources. Practice Relevance The findings highlight the vital role of nurse advocacy in securing housing, food, and health services for vulnerable seniors, as well as in reducing isolation by improving access to essential supports. Nurses are well-positioned to lead systemic change for older adults who prefer to age in place. Through thorough assessments, care planning, and connections to community resources, nurses can help reduce health disparities and enhance quality of life. These efforts support individual clients and contribute to broader health system improvements by decreasing hospital admissions and promoting community well-being. The project encourages nurses across Canada to advocate for nurse-led solutions and to foster meaningful change for aging populations.

219. Fostering Advocacy Through Nursing Education: Engaging Students in Community-Based Action

Presenters: Gagan Kaur, BScN

Corresponding author: Gagan Kaur, BScN

Abstract

This presentation reflects on how highlighting the core nursing values: dignity, relational care, and social justice motivates nursing students to engage in community-based advocacy, to address the social determinants of health. Drawing on personal volunteer experience of assisting South Asian women facing violence, social isolation, and financial insecurity within a culturally specific, women's support organization, the objective is to explore how relational nursing knowledge directs student advocacy beyond traditional environments. Expected learning outcomes include increased understanding of the nurse's role as an advocate within and outside clinical environments, and enhanced awareness of the relationship between advocacy-informed education and responsiveness to the needs of marginalized people, including women and racialized communities. A practice-informed approach guided this work, reflecting on therapeutic communication, trust-building, confidentiality, and respectful presence within community relationships. Rather than evaluating program outcomes, this reflection highlights relational insights gained through volunteering, including the importance of culturally grounded support and recognizing structural barriers influencing women's safety and well-being. These experiences illustrate how early community engagement can deepen nursing students' ethical awareness, confidence in advocacy, and commitment to equity-oriented practice addressing the determinants of health. This presentation is

relevant to nursing students, direct care nurses, and emerging leaders seeking to integrate advocacy more intentionally within nursing education and practice. Implications include recognizing community engagement as a key context for developing advocacy competence, strengthening connections between education in the classroom and social responsibility. Moreover, it is relevant to supporting nursing roles that extend beyond bedside care to improve equitable support for marginalized communities. By illustrating how advocacy-focused nursing education can shape compassionate, socially responsive community action, this work contributes to ongoing dialogue about preparing nurses to address inequities across diverse environments.

220. L'identification précoce des comportements autodestructeurs indirects (CADI) : une réalité peu explorée en matière de santé publique et de prévention du suicide

Presenters: Claudia-Ève Therriault, B.Sc.Inf et étudiante à la maitrise en sciences infirmières
Corresponding author: Claudia-Ève Therriault, B.Sc.Inf et étudiante à la maitrise en sciences infirmières

Abstract

Au Canada comme ailleurs dans le monde, le suicide demeure un enjeu de santé publique chez les adolescents et jeunes adultes (Cebe et al., 2023; Rosales et al., 2022). Si les conduites suicidaires font l'objet d'efforts soutenus en prévention, les comportements autodestructeurs indirects (CADI), soit des conduites répétées, potentiellement dommageables, sans intention consciente de mourir, demeurent peu documentés (Farberow, 1980). Pourtant, ces comportements (négligence de sa santé et prise de risques, par exemple la conduite automobile à grande vitesse) peuvent constituer un tremplin vers des conduites suicidaires (Pedinielli et al., 2005; Tsirigotis et al., 2013). Les étudiants-athlètes masculins âgés de 15 à 25 ans représentent une population particulièrement vulnérable puisqu'ils évoluent dans un environnement où la performance, la gestion de la douleur et certaines normes de masculinité peuvent freiner l'expression de la détresse et la recherche d'aide (Cosh et al., 2023). Les périodes de transition (blessures, contre-performance, non-sélection et fin de carrière sportive), constituent également des périodes à risque (Hamstra-Wright et al., 2024). Malgré ces constats, le processus menant à l'adoption de ces comportements demeure largement méconnu. Cette recherche qualitative, ancrée dans une perspective constructiviste et guidée par la théorisation ancrée, vise à comprendre ce processus afin d'éclairer les pratiques infirmières en santé publique et en prévention du suicide. Un échantillonnage théorique permettra de recruter 10 à 12 étudiants-athlètes issus de diverses disciplines et régions, incluant certains en transition post-carrière. Des entrevues semi-dirigées, combinées à un questionnaire sociodémographique et à un journal de bord, soutiendront une analyse comparative constante permettant de dégager une compréhension approfondie et contextualisée du phénomène. À l'issue de la présentation, les participants seront en mesure de : 1.Définir les CADI et leurs principales manifestations; 2.Identifier les facteurs de risque et de protection propres à la population adolescente masculine et sportive; 3.Comprendre l'influence du contexte sportif et des normes masculines sur la perception de la détresse et l'adoption des CADI; 4.Intégrer des pistes d'intervention infirmières favorisant la prévention des CADI en matière de santé publique et de prévention du suicide. Les retombées attendues incluent le développement de stratégies de prévention adaptées aux milieux scolaires et sportifs, ainsi que la reconnaissance du rôle infirmier dans l'identification précoce des trajectoires à risque. Ultimement, ces

travaux contribueront au déploiement d'approches de santé publique proactives, sensibles au genre et au contexte, tout en soutenant des actions militantes visant la reconnaissance et l'intégration des CADI dans les priorités de prévention.

221. Racial disparities in job satisfaction in the Canadian labour force: A comprehensive analysis of Black, racialized and white workers in Canada

Presenters: Matthew Olatubi, RN, PhD; Kira Friesen RN

Corresponding author: Matthew Olatubi, RN, PhD

Abstract

Job satisfaction is essential for optimal performance, productivity, and worker wellbeing. In Canada, Black and other racialized workers are disproportionately exposed to discrimination and systemic racism, which may shape their job satisfaction. However, the extent to which these inequities influence job satisfaction among Black and racialized workers remains insufficiently documented. This study estimated the level of job satisfaction among Black, racialized, and White workers in Canada and examined the association between intersectional groups and job satisfaction. Methods/Approach: Pooled data from the Canadian Community Health Survey cycles (2015-2020) were analyzed, including participants from all provinces who provided information on job satisfaction and racial identity. The main explanatory variable was an intersectional grouping based on cultural/racial background, sex, and Canadian-born status. Covariates included age, education, sexual orientation, mother tongue, marital status, employment status, and other relevant characteristics. All analyses were weighted using Statistics Canada sampling weights to account for the complex survey design and non-response. Univariable and multivariable analyses were conducted using Poisson regression with bootstrapped standard errors to estimate adjusted prevalence ratios (aPRs) and 95% confidence intervals (CIs). Key insights/Results: After adjusting for relevant factors, including perceived mental health, life stress, and sense of belonging, Black workers (aPR = 1.05; 95% CI: 1.02-1.09) were more likely to report job dissatisfaction than White workers. Intersectional analyses showed higher dissatisfaction among Black men (aPR = 1.08; 95% CI: 1.03-1.14) and racialized men (aPR = 1.02; 95% CI: 1.00-1.05) compared with White men. By race and immigration status, Black immigrants (aPR = 1.06; 95% CI: 1.02-1.10) and Canadian-born racialized workers (aPR = 1.03; 95% CI: 1.01-1.06) had higher dissatisfaction compared with White Canadian-born. In the three-way intersection, Black male immigrants (PR = 1.09; 95% CI: 1.03-1.15) and racialized Canadian-born men (aPR = 1.04; 95% CI: 1.00-1.09) reported higher job dissatisfaction than Canadian-born White men. In contrast, Canadian-born White women (aPR = 0.99; 95% CI: 0.98-1.00) and racialized immigrant women (aPR = 0.98; 95% CI: 0.96-1.00) were less likely to report job dissatisfaction. Practice relevance and implications: Job dissatisfaction is disproportionately higher among Black and racialized workers, particularly within specific intersectional groups. These findings highlight the importance of addressing structural inequities and workplace discrimination to improve job satisfaction among marginalized workers in Canada.

222. Exploring Differences in Perceived Work-Related Stress Across Black, Racialized, and White Groups in Canada

Presenters: Matthew Olatubi RN, PhD

Corresponding author: Matthew Olatubi, RN, PhD

Abstract

Black and racialized communities in Canada continue to grow and contribute significantly to national productivity, yet they experience persistent workplace discrimination, microaggressions, and racism that elevate work-related stress with consequences for health and overall wellbeing. Guided by the organizational stress model and an intersectionality framework, this study examined disparities in work-related stress among Black, racialized, and White workers and the compounding effects of multiple social disadvantages. Methods/Approach: Data were drawn from the 2015-2023 Canadian Community Health Survey, including respondents from all ten provinces. The outcome was perceived work-related stress. The main explanatory variable was an intersectional group defined by cultural/racial background (Black, racialized, or White) and sex. Covariates included age, Canadian-born status, education, sexual orientation, mother tongue, marital status, employment status, and other relevant characteristics. Univariable and multivariable Poisson regression models with robust variance were used to estimate prevalence ratios (PR) and 95% confidence intervals, applying survey weights to account for the complex sampling design. Key insights/Results: Black (PR= 0.89; p=0.001 CI95% 0.87 - 0.92) and Racialized (PR = 0.93; p=0.001 CI95% 0.91 - 0.94) workers experienced significantly lower stress in the workplace compared to their white counterparts. In the intersection group, Black Male (PR = 0.86; p=0.001 CI95% 0.82 - 0.90); Racialized Male (PR = 0.93; p=0.001 CI95% 0.91 - 0.95) and Racialized Female (PR = 0.96; p=0.001 CI95% 0.95 - 0.95) experienced significant lower prevalence of stress at work. While white female workers experience higher stress at work compared to the White Male reference group (PR = 1.05; p=0.001 CI95% 1.04 - 1.06). After accounting for all the variables in the study showed that no differences between stress experienced by white male workers and other intersection group. The highest stress prevalence among Black workers was observed in Nova Scotia (68.8%) and British Columbia (65.7%), and among racialized workers in Ontario (66.8%) and Quebec (67.6%). Peak prevalence occurred in 2019-2021 for Black workers and 2021-2022 for racialized workers. Practice relevance and implications: Findings showed that differences in work-related stress among Black, Racialized and white workers in Canada is largely explained by structural and organisational factors. Also, provincial and temporal variation exist in stress prevalence among Black and Racialized workers. To address workplace stressors, workplace policies that are intersectionality-informed and equity-focused are required.

223. Disparities in Workplace Health among Black and Racialized Workers in Canada: A Scoping Review

Presenters: Matthew Olatubi, RN, PhD

Corresponding author: Matthew Olatubi, RN, PhD

Abstract

Racial discrimination, racism, and microaggressions persist in Canadian workplaces, adversely affecting the health of Black and racialized people. This scoping review aimed to synthesize existing evidence to

understand the nature, extent, and health impacts of workplace health disparities among Black and Racialized workers in Canada. Methods/Approach: Comprehensive searches were carried out in five databases-Web of Science (n = 61), Scopus (n = 92), PsycINFO (n = 246), Embase (n = 223), and Medline (n = 314)-and the review followed the methodological frameworks of Arksey and O'Malley (2005), Levac et al. (2010), and the Joanna Briggs Institute (2020). A total of 777 articles were screened after removing duplicates, and 27 studies met the inclusion criteria and included in the review. Key insights/Results: Evidence from these studies indicates that Black and Racialized workers in Canada face multiple forms of racism, discrimination, and microaggression, including inequitable access to workplace health services; precarity in recruitment, promotion, training, remuneration, and mentorship; and disproportionate exposure to occupational hazards, injuries, and diseases (e.g., COVID-19). These experiences are further associated with elevated levels of psychological distress and stress, strained family and social relationships, and increased feelings of isolation and loneliness, ultimately contributing to adverse physical and mental health outcomes. Strategies suggested to reverse this ugly trend include stronger anti-discrimination laws, improved supportive and culturally responsive services, proactive employer action, and immigration reforms to reduce precarity and enhance well-being for racialized workers. Practice relevance and implications: The review highlights the critical need for concerted organizational, systemic, and policy action to address long-standing injustices and build safer, healthier, and more welcoming workplaces for Black and racialized workers in Canada.

224. Nursing Sensitive Indicators for Canadian Home Health Care: Empowering nurses to advance the Quintuple Aim

Presenters: Dr. Doris Grinspun, RN, BScN, MSN, PhD, LLD(hon), Dr(hc), DHC, DHC, FAAN, FCAN, O.ONT
Corresponding author: Alexa Parousis, RN, MSc, BScN

Abstract

In Canada, Home Health Care (HHC) provides supportive services that help people manage chronic conditions, maintain independence, and ensure safe transitions post-discharge from hospitals to home. High quality HHC can reduce hospital readmissions [1] and support clients in regaining functional independence [2]. Nursing sensitive indicators (NSIs) are essential for evaluating the quality and impact of nursing care across patient, provider, and system outcomes. By promoting best practices and systematic monitoring of quality and safety, NSIs support continuous quality improvement and increase visibility of nurses' contributions. The Quintuple Aim (QA) framework, with its emphasis on people centred care, improved health outcomes, provider well-being, cost effectiveness, and health equity -- offers a comprehensive lens for continuous practice improvement. NSI pecific HHC can improve care quality and accelerate achievement of the QA, however, Canada lacks a comprehensive, standardized set of NSIs for holistic evaluation of home care quality and performance. Objectives: To identify and define quality domains, existing HHC indicators, and key priority areas to inform the subsequent development of a pan Canadian NSI framework, grounded in the QA to align with current policy frameworks. Learning outcomes: Understanding emerging themes in HHC quality evaluation and pre-development work for NSI development; recognizing the importance of NSIs in quality improvement and QA-guided evaluation. Methods: A multidisciplinary research team, including HHC clinicians, nurse executives, researchers, and experts in quality evaluation and indicator development, was convened. Using established methodologies

[3,4], a scoping review and environmental scan identified existing HHC indicators, themes, and literature derived recommendations. Evidence was presented to the team, and through consensus processes using roundtable discussions and surveys, quality domains were refined and validated to define priority areas and gaps aligned with the QA. Results: The scoping review yielded 383 included records, identifying 34 key themes mapped to QA domains, and environmental scan identified 18 global data repositories and instruments housing NSIs, metrics, and standards. Results mapped to QA domains: 1) people centred care (e.g., perceived quality); 2) improved health outcomes (e.g., pain assessment, hospital avoidance); 3) provider well being (e.g., retention, satisfaction occupational risk); 4) cost (e.g., system level and patient costs); and 5) equity (e.g., Equity, Diversity, and Inclusion in policy). Gaps were most pronounced in provider well-being, cost, and equity. Implications: Gaps in HHC-specific NSIs will inform future NSI development, strengthen evidence-based quality improvement, support clinical services, policy advocacy, and enhance recognition of nurses' contributions to safe, high-quality HHC.

225. System Level Interventions to Enhance Nursing Capacity in STBBI Care

Presenters: Shelley Marshall, RN, BN, PhD

Corresponding author: Shelley Marshall, RN, BN, PhD

Abstract

Rates of HIV, syphilis, and other sexually transmitted and blood borne infections (STBBI) in Manitoba have exceeded the Canadian national average since 2020 (1-4) and disproportionately impact those who face structural disadvantage and systemic distrust. (5,6) Nurses are keenly positioned to provide culturally-safe, low-barrier STBBI care but have been impeded by limitations in the legal scope of practice; outdated and disconnected health systems; and lack of consistent, accessible, and free education for nurses in this area of practice. In this session we will share the provincial strategies we undertook to address these barriers, and lessons learned. Approaches: Updating Treatment Reporting and Digital Health: We established a new reporting process and digital health project to ensure that publicly funded STBBI treatments administered at the point of care could be digitally recorded and flow to the provincial eChart system, thereby visible to health providers across the province (7). This system update was essential for patient safety and quality and was a necessary precedent to supporting regulatory changes for nurses. These reports simultaneously serve as a metric for STBBI care delivered by regulated nurses. Legislative Scope of Practice: We worked across sectors to advance and implement changes to the College of Registered Nurses of Manitoba General Regulation (8) and the College of Registered Psychiatric Nurses of Manitoba General Regulation (9) to expand the legal scope of practice to include administration of treatment for uncomplicated sexually transmitted infections without an order. These came into effect in July of 2024. Bolstering STBBI Care Education for Nurses: We established a provincially delivered half-day course for regulated nurses on STBBI testing and treatment. The course, launched in June 2023, is delivered every 6-8 weeks by the Public Health Services Branch (10) to support quality of care and ensure content is consistent with the current communicable disease protocols and laboratory procedures. Over 350 regulated nurses have completed the course to date. Practical relevance and implications: System level changes require engagement by multiple sectors and disciplines, and political will. They advance slowly but are held in place by enduring structures. This three-year initiative resulted in system innovations

that worked synergistically to support quality, safety, and access to STBBI care in Manitoba by Registered Nurses and Registered Psychiatric Nurses and are replicable in other jurisdictions. In 2026, it is evident from our system data that nurses have become a primary source of STBBI testing and treatment in Manitoba.

226. Enabling Nursing Policy Pathways for Culturally Safer Genomics-Informed Care with and for First Nations

Presenters: Rebecca Puddester; Hatem Laroussi

Corresponding author: Andrea Gretchev, PhD(c), MN, RN, CCNE

Abstract

In Canada, First Nations People experience higher morbidity, mortality, and burden from chronic diseases. These outcomes are attributed to structural barriers to culturally safer care, including a lack of policy-guided education, workforce development and health system transformation. With precision cancer care (PCC) and genomic technologies improving cancer outcomes, policies and education are required to ensure that First Nations equitably benefit from genomics-informed healthcare. This poster presentation examines how Australia and Aotearoa (New Zealand) identified and addressed structural barriers and then explores how these approaches are relevant to First Nations in Canada. Attendees will be able to: (1) Describe the structural barriers Indigenous peoples face in accessing culturally safer PCC; and (2) identify policy and practice recommendations that uphold First Nation engagement, data sovereignty, workforce development, and the co-design of PCC services to improve access to quality healthcare.
Methods/approach: This document review was a part of the GEIENE project, which was co-conceived with First Nations and is governed by an OCAPTM compliant research agreement and First Nation advisory committee. A systematic search of the CINHAL and Ovid MEDLINE databases from January 2003 to May 2025 using the terms "cultural safety," genetics OR genomics, and cancer, employing Boolean and proximity operators, was conducted. Inclusion criteria were academic publications, grey literature, online materials, policy documents, and policy-related documents from Canada, Australia, and Aotearoa (New Zealand). After screening, the search yielded 31 articles. Retrieved documents were critically appraised for the incorporation of Indigenous voices, knowledge, values, and methodologies. Findings were grouped thematically, informed by the Social Determinants of Indigenous Health Model (Reading and Wien, 2009) and the Structural Determinants of Health framework (Heller et al., 2024). Key insights/results: Recurring barriers included Eurocentric care models that conflict with holistic Indigenous concepts of wellness and healing; individualistic care models that are incongruent with Indigenous worldviews of interconnectedness; urban-centric service delivery; limited culturally and linguistically appropriate resources; and persistent racism within institutions. Governance and policy facilitators emphasized Indigenous self-determination, transparent shared decision-making, culturally safe care protocols, and commitment to Indigenous workforce development. Practice relevance and implications: Nurses and nursing leaders can address the identified structural barriers to equitable care for First Nations in Canada by applying these findings to co-design culturally safer genomics-informed models of care, healthcare services, and care environments. The session concludes with recommendations for developing policies that align with the CNA priorities and Reconciliation commitments.

227. Transitions from the Hospital to the Community: Integrating Peer Support for People Experiencing Homelessness

Presenters: Lorraine Avery and Gayle Halas

Corresponding author: Sonia Udod, RN, BScN, MS, PhD

Abstract

Objectives: 1. Analyze the role of a peer-support worker facilitating transitions of care of individuals experiencing homelessness (IEH) from the hospital to the community. 2. Identify system-level barriers and enablers affecting discharge planning for IEH. The health needs of individuals experiencing homelessness (IEH) are complex and challenging to address and have a negative effect on their health. The purpose of this study was to co-develop and test the concept of a transition or 'step-down' process, which included assistance from a peer-support worker, a trained employee with lived experience of homelessness, to support individuals who are homeless and discharged from hospital following an acute medical event. A participatory action research approach aligns with developing a program suited to a vulnerable group by centering community voice and experience. Healthcare providers from acute and community care were interviewed based on an interview guide created with individuals who have expertise and experience of homelessness during discharge from the hospital. The findings were analyzed using an inductive thematic analysis approach. Findings revealed that while healthcare facilities offer various follow-up services, there is a need for additional support as IEH face significant barriers accessing resources. Critical obstacles include lack of stable phone access and addresses for appointment communication, transportation challenges, and limited family support systems. Long waitlists for mental health, addiction services, and housing further compound these issues, often contributing to patient relapse. When the role of a peer support worker was explored, a number of specific recommendations for the role emerged: 1) understanding both healthcare and shelter systems based on lived experience, 2) possessing trauma-informed care knowledge, 3) assisting recovery according to a defined healthcare discharge process and 4) effectively advocating for patients while helping them navigate community resources. In essence, the peer support worker was expected to have a breadth of expertise beyond their lived experience, and that credentialed expertise was needed to ensure trust in the individual taking on this role. Implications for practice highlight the unique and multifactorial needs of IEH, requiring an equally multifactorial, robust approach to health and social support. Strategies to better connect homeless individuals with healthcare providers and a peer support worker require a responsive, sensitive approach. Our findings raise important questions concerning how best to integrate a peer support worker that builds relational and operational connections among the community, the health and social care systems.

228. Maximizing RPN Contributions in High Acuity Environments: Pathways to Role Optimization

Presenters: Abeer Omar, RN, MSN, PhD

Corresponding author: Abeer Omar, RN, MSN, PhD

Abstract

This project aims to examine how Registered Practical Nurses (RPNs) are currently utilized in emergency departments (EDs), acute and critical care settings in the Greater Toronto Area (GTA) and to identify

strategies to optimize their roles. Expected learning outcomes include understanding gaps in the scope of practice utilization, role overlap with Registered Nurses (RNs), and system-level factors that influence RPN integration. The study also seeks to inform the development of training modules and organizational strategies that strengthen RPN practice and improve patient outcomes. Methods/Approach and Key Insights: This study is a quantitative cross-sectional arm of an original study that employed an explanatory sequential mixed-methods design. The study aimed to assess the scope of practice utilization, factors associated with role integration, and the state of training to optimize RPNs' role in acute and critical care settings. A Likert Scale was developed by the researchers and assessed for content validity before data collection. Data collection for this study is in progress and will be completed by June 2026. The analysis will include bivariate and multivariate statistics to examine factors affecting the underutilization of RPNs, and the reliability and validity of the tool will be assessed for use by other researchers. Preliminary insights from the literature indicate persistent ambiguity in the RPN scope of practice, variable integration across acute care units, workload pressures, and systemic barriers that limit autonomy. When effectively deployed, RPNs contribute significantly to patient flow, care quality, and workforce sustainability, particularly for low to moderate acuity patient populations. Practice Relevance and Implications: This project holds substantial value for nurses, health systems, patients, and communities. Identifying and addressing gaps in RPN scope of practice utilization will support clearer role definitions, improve interprofessional collaboration, and enhance job satisfaction and retention among RPNs-critical in the context of ongoing nursing shortages. Health systems stand to benefit from optimized staffing models, improved patient flow, and cost effective service delivery. For clients and communities, role optimization ensures timely access to safe, high quality care in fast paced acute care environments. The results will help develop training strategies, educational enhancements, and practice guidelines to strengthen RPN competencies, support evidence-informed decision-making, and contribute to long-term improvements in acute care delivery across Ontario.

229. Advancing the Sustainable Development Goals in Nursing Education and Practice: Rapid Review - CNA Poster Award Winner

Presenters: Farah Elgaweesh, BScN student; Asha Jama, BScN student

Corresponding author: Farah Elgaweesh, BScN student

Abstract

This Canadian Nursing Students Association position statement aims to raise awareness among nursing students about the importance and relevance of the Sustainable Development Goals (SDGs) to their profession. Although the SDGs, established by the United Nations in 2015, may seem abstract in the context of healthcare, they are integral to shaping the social determinants of health for nurses. Specifically, SDG 2 (Zero Hunger) focuses on eliminating food insecurity and ensuring access to healthy food systems to enhance population well-being in Canada. Nurses are well-positioned to advance the SDGs through advocacy, education, and policy engagement. They can support the development and implementation of public health policies that promote equitable access to nutritious food, reduce food waste, and decrease greenhouse gas emissions related to healthcare provision. In promoting health and preventing illness, nurses contribute to SDG 3 (Good Health and Well-being). Understanding the objectives of SDG 6 (Clean Water and Sanitation), which aims to reduce contaminants in drinking water, a particularly significant

health concern for First Nations reserves, is crucial. Geographical injustices and environmental racism influence this major social determinant of health, prompting nurses to consider how policies, such as Bill C-61, affect water provision on First Nation lands. SDG 13 (Climate Action) calls for adaptation and resilience, as extreme heat, drought, and wildfires impact food security and water shortages, adversely affecting community health outcomes. The greenhouse gas emissions from healthcare infrastructure are significant in Canada, but nurses play a critical role as frontline workers in education and policy advocacy that upholds climate justice. SDG 17 (Partnership for the Goals) emphasizes the importance of cross-sectoral, multi-level partnerships to mobilize knowledge, resources, and coordinated action to achieve the SDGs. Nurses are encouraged to view themselves as "global citizens," recognizing the growing interconnectedness among people, countries, and economies, and identifying as members of a global community. As nurses care for patients at all stages of their healthcare journey, they have an ethical responsibility to advocate for policies that support climate justice and planetary health principles, minimize harmful impacts on the climate and ecosystems, uphold traditional Indigenous knowledge, and enhance healthcare resilience. Progress toward one SDG is progress toward all other goals. When nurses understand the deep interconnectedness among the SDGs and their impact on patients, they can leverage their professional standing to promote environmental health through partnerships with colleagues in public health, medicine, behavioral health, rehabilitative medicine, education, and community organizations.