WNRCASN Conference 2025
Driving innovation in nursing education

ORAL PRESENTATION ABSTRACTS

CONCURRENT SESSION 1: Thursday, May 22, 2025 10:30-1215

Bridging Learning to Practice – ART 102

10:30-11:50	**Mobile Microlearning for Nursing Continued Professional Development: A Scoping Review** Norma Hilsmann, School of Nursing, UBC Okanagan and Crystal Dodson, University of North Carolina Wilmington Abstract Background: Evidence-based practice (EBP) is critical to improving patient safety and outcomes, yet its implementation remains limited on nursing frontlines. Research highlights barriers such as time constraints, generational preferences, and ineffective knowledge dissemination methods. Generation Z nurses prefer brief, visually stimulating, and mobile-accessible content. Mobile microlearning (MML), delivering bite-sized educational content via smartphones, may address these challenges by offering flexibility, accessibility, and engagement. Aims/Objectives: This scoping review explores MML as a generational learning modality for nursing continued professional development (CPD). It aims to identify its potential to address generational learning preferences, enhance CPD accessibility, and translate evidence into practice. Methods: Using Arksey and O'Malley's framework, a scoping review was conducted. A systematic search of relevant literature yielded 34 articles. Data were charted to identify themes, including MML's definitions, applications, and impact on knowledge dissemination and learning preferences. Results: Key themes identified include MML's flexibility, accessibility, and alignment with Generation Z's learning preferences, particularly through short videos and social media. MML facilitates just-in-time learning, improving knowledge retention and application. However, inconsistencies in MML definitions, time constraints, and methodological rigor of existing studies were noted. Discussion/Implications: MML offers a promising solution for CPD by addressing generational preferences and overcoming barriers to accessing EBP. It enhances knowledge retention, supports active recall, and improves the integration of research into practice. Future research should address inconsistencies in MML definitions and explore its long-term impact on nursing practice and patient outcomes. Disclosures: We have no financial disclosures.
10:50-11:10	**Microlearning Strategies in the New Graduate Nurse Transition (NGNT) Program: Engaging and Connecting Learners Virtually** Kelsey Caston, Andrea Tannahill, McKenzie Gabara and Ian Luckhurst, Interior Health Abstract Background: Microlearning, defined as learning in small intervals, has gained recognition for its effectiveness in enhancing learner engagement and knowledge retention. This teaching paradigm has improved learner comprehension of subject matter and enhanced knowledge retention for longer periods. Interior Health's NGNT Program has integrated two virtual microlearning strategies with practical applications for nurses with less than 18 months of experience. Objectives: This project aims to enhance learner engagement, foster professional development, and improve knowledge retention among new graduate (NG) nurses. Microlearning strategies are designed to support their ongoing education and facilitate the integration of knowledge into clinical practice. Methods: Two primary interventions were implemented: 'Lunch and Learns' - one-hour virtual sessions offering rotating weekly topics, and 'New to Nursing' Podcast - launched in July 2024, features 19 episodes (20-45 minutes each) on various nursing topics. Results: In 2024, 27 'Lunch and Learns' sessions were held, reaching over 170 NG nurses. These shorter sessions have been the most attended in the NGNT Program curriculum. The 'New to Nursing' Podcast has over 200 subscribers and 800 plays, offering a flexible platform for learners to access educational content. Discussion: Embracing new virtual technology and adopting microlearning addresses the unique needs of our audience by providing accessible, continuous learning that supports ongoing professional development. These sessions have shown increased engagement highlighted in our attendance numbers when compared to our longer virtual sessions. This approach modernizes the way nursing education is delivered to NGs in Interior Health.
11:10-11:30	**Bridge Programming: A future direction for education, practice and future workforce skills** Caroline Sanders[1], Danielle Haggarty[1], Alison Roots[2], Tracy Hoot[3], Ibolya Agoston[4] and Athanasios Vostanis[5] [1]University of Northern British Columbia, [2]Australian Collaborator, [3]Thompson Rivers University, [4]Northern Health, [5]University of Kent Abstract Background: Bridge programming is (re)emerging as an approach to reduce nursing, midwifery, and allied health workforce shortages by promoting career opportunities. In B.C., the government has committed to a "people-centered" healthcare system for providers and those accessing care, recognizing student-centered, lifetime education and training as critical factors in securing an engaged future workforce. Key objectives: 1) identify the architecture that informs the key principles of bridging programs, 2) compile principles agreed upon through Delphi with key partners, and 3) develop a bridging principles framework that translates across partnerships. Methods: A systematic rapid review illuminated bridging education literature's current scope, scale, and knowledge gaps. Synthesis informed the subsequent electronic Delphi study. The study team and key partners co-created a framework which informed translation outputs.

	Results and Discussion: A two-round Delphi reached a consensus across 39 items. Five areas emerged as critical for diverse, boundary-breaking, and innovative bridge programming: More sustainable career pathways drawing on the universality of competencies in inter- and intra-professional programs; the articulation of evidence-based outcomes that link competencies and performance measures at the point-of-entry and during careers; co-creation amongst partners on how the focus and implementation of bridge programs traditionally correlates competency with a particular culture, calling for future inclusion; and program flexibility, with emphasis on coaching and mentorship to support human talent and life-course development of cognitive competency and social/emotional intelligence. Finally, short, mid and long-term evaluations need to be reciprocal with shared partner accountability. Disclosures: Funded by Interior Universities Research Coalition 2024 Grant
11:30-11:50	**The Impact of Onboarding Interventions on the Retention of Newly Graduated Registered Nurses Transitioning to the Workforce: An Integrative Review** Katrina Baudin, Joanne Olson and Pauline Paul, University of Alberta Abstract Background: Newly graduated registered nurses (NGRNs) face the highest turnover rates among nurses, significantly straining healthcare systems. Onboarding interventions are essential for retaining NGRNs; however, there is limited quantitative evidence of their effectiveness. Aims: This integrative review aimed to analyze onboarding interventions designed for NGRNs and their quantitative impact on retention. Methods: Following Whittemore and Knafl's five-stage methodology, we comprehensively searched four databases. Included studies were not restricted by research design but were required to describe an onboarding intervention and, at minimum, provide the turnover rates of NGRNs at intervention completion and after one year of employment. We assessed the methodological quality of the studies using the Mixed Methods Appraisal Tool. Results: Of the 1,330 retrieved studies, six fit the inclusion criteria. The included studies primarily employed quantitative, non-randomized designs and used pre-and-post surveys as their main data collection method. Although NGRN retention rates declined post-intervention, they remained higher than national and historical averages. These interventions also improved NGRN's job satisfaction, emotional well-being, workplace integration, and understanding of policies and procedures; however, their effects on safety and competency, clinical practice, critical thinking, and communication were inconclusive. Discussion: Our integrative review suggests that onboarding interventions support NGRN retention but highlights the need for further quantitative research exploring their effects. Our findings also offer valuable insights for nursing leaders and nurse educators to enhance the use of onboarding interventions. Disclosures: We do not have any conflicts of interest to declare. No funding was obtained for this study.
11:50-12:10	**Primary care leads to better outcomes: Preparing nurses to be part of the team.** Sheila Epp, Lindsay Kennedy and Nelly Oelke, UBC Okanagan Campus Abstract Background: High-quality primary care has been shown to lead to improved health outcomes, as well as reduced health disparities, and yet Canada lags behind (CIHR, 2023). Integrating registered nurses into team based primary care will provide more Canadians with access to timely longitudinal care (Government of British Columbia, 2024). Aims of Project: To develop post-baccalaureate education programming for nurses to develop or enhance their skills to practice to a fuller scope in primary care settings. Method: An environmental scan was conducted to understand the roles and responsibilities of nurses working in primary care settings and to identify what education programs were available to nurses. Primary care nursing competencies were mapped to the entry level competencies to identify competency gaps. Results: The presenter(s) will share an overview of both the credit and non-credit programming that is now available at the University of British Columbia Okanagan for registered nurses across Canada. Discussion/Implications: These two new complementary educational opportunities increase the educational options beyond the current independent online modules or graduate studies to develop or enhance nurses' skills to practice to a fuller scope in primary care settings. Disclosures: These projects were funded by an internal grant from the University of British Columbia and the BC Ministry of Post-Secondary Education and Future Skill. References Canadian Institute for Health Information (CIHI). 2023. Access to care remains challenging. Accessed online Jan 2025. Government of British Columbia. (Feb 15, 2024). Nurse in Practice Program. Accessed online Jan 2025.

Equity in Nursing Education – ART 104

10:30-10:50	**The Stories of Nursing Students with Disabilities: Focusing on Strengths and Providing Accommodations** Andrea Thomson, Catherine Baxter, Michelle Magnusson and Sherri Dyck, Brandon University Abstract Background: Efforts should be made to promote inclusion of people with disabilities within nursing education. However, nursing students have reported inaccessible educational instruction, challenges accessing accommodations, and discriminatory practices. Purpose: The purpose of the study was to understand how nursing and psychiatric nursing students with disabilities narrate the trajectory of their experiences during their undergraduate education. Method: Narrative inquiry was used to explore the stories of nursing and psychiatric nursing students who self-identify with disabilities. Results: The narratives highlighted that focusing on strengths, providing appropriate accommodations, and fostering a culture of inclusivity and support, can ensure that aspiring nurses have equal opportunities to pursue their education and contribute to the nursing profession. Discussion: Focusing on strengths, providing appropriate accommodations, and fostering a culture of inclusivity and support, can ensure that aspiring nurses have equal opportunities to pursue their education and contribute to the nursing profession. Disclosure: Funding for the study was provided by the Brandon University Research Grant.

10:50-11:10	**Exploring Students' Perceptions of Clinical Course Struggles and Failures**
	VJ Gibbins, Joanne Olson, Kara Schick-Makaroff and Lia Daniels, University of Alberta
	
	Abstract
	Introduction: Clinical course failure in nursing education is often attributed to students' deficits in knowledge, skills, and attitudes. However, little attention is given to students' perceptions of their struggles.
	Aim: This study explored undergraduate nursing students' experiences of struggling in, withdrawing from, or failing clinical courses.
	Methods: Using an interpretive description approach, 14 nursing students from across Canada were recruited via social media. Semi-structured Zoom interviews were conducted.
	Results: Data analysis revealed the following themes and sub-themes:
	Nursing Identities
	    Challenges in self-identity and professional identity formation
	    Disconnectedness and feeling alone on the journey
	Uncoupled Expectations
	    The quest for perfection and independence
	    Unclear rationales lead to assumptions and anxieties
	    Unpacked trauma becomes an inner saboteur
	Clinical struggles often stem from students' inability to see themselves as active participants in patient care. Students perceived evaluation expectations to include perfect performance done independently. Their beliefs caused fear, shame, and anxiety, and fostered many of the mental health challenges that manifested as behaviours assessed by instructors as unprofessional conduct.
	Discussion: Nursing educators could reimagine clinical courses as opportunities for identity formation, focusing on learning how to make rationale-based clinical interpretations and care decisions. Trauma-informed pedagogy and supportive relationships among students, faculty, and professionals are essential to mitigate the emotional toll of clinical education, reduce failure rates, and enhance student success in more inclusive learning environments.
	Disclosures: This research was supported by the WNRCASN Graduate Student Research Grant and the CASN Woodend Clinical Education Research Grant.

11:10-11:30	**Exploring Academic Success in Polytechnic Nursing Education: A Constructivist Grounded Theory** Harroop Kaur Sharda, University of Calgary Abstract Background: This study explored academic success in undergraduate nursing education at non-university-affiliated polytechnic institutions across Canada. Using a constructivist grounded theory approach, the study co-constructed a substantive theory titled Navigating Through Turbulence in the Nursing Talent Pipeline. This theory illuminates the experiences of nursing students as they navigate the intersection of institutional, personal, and social contexts within polytechnic education environments. Aim: The study aimed to uncover the processes and strategies nursing students employ to achieve academic success and to identify the contextual factors influencing their journeys. Methods: Thirteen participants were recruited, representing diverse demographic and educational backgrounds. Data were collected through in-depth interviews and analyzed iteratively using grounded theory methodology, emphasizing co-construction of knowledge. Key themes and categories were identified to articulate the phases and processes shaping academic success. Results: The study identified five iterative phases: (1) assessing a new landscape, (2) mapping the course, (3) bracing for intensity, (4) introspecting and innovating, and (5) envisioning transition. Six core strategies emerged, including managing emotional labor, strategic planning and prioritizing, optimizing resources, learning to think like a nurse, practicing self-care, and renegotiating expectations. The findings revealed the critical role of institutional supports, social networks, and personal resilience in navigating these phases. Discussion/Implications: The findings underscore the importance of tailored support structures in nursing education, emphasizing the need for integrated institutional policies and resources that address the layered challenges students face. These insights have implications for program design, faculty training, and policy development to foster academic success and resilience among nursing students. Disclosures: No financial conflicts of interest
11:30-11:50	**Accommodation Practices and Perspectives in Nursing Post-Secondary Education: A Mixed Method Study** Andrea Thomson, Catherine Baxter, Michelle Magnusson, Sherri Dyck, and Michelle Cleland, Brandon University Abstract Background: This study explored academic success in undergraduate nursing education at non-university-affiliated polytechnic institutions across Canada. Using a constructivist grounded theory approach, the study co-constructed a substantive theory titled Navigating Through Turbulence in the Nursing Talent Pipeline. This theory illuminates the experiences of nursing students as they navigate the intersection of institutional, personal, and social contexts within polytechnic education environments. Aims: The study aimed to uncover the processes and strategies nursing students employ to achieve academic success and to identify the contextual factors influencing their journeys. Methods: Thirteen participants were recruited, representing diverse demographic and educational backgrounds. Data were collected through in-depth interviews and analyzed iteratively using grounded theory methodology, emphasizing co-construction of knowledge. Key themes and categories were identified to articulate the phases and processes shaping academic success. Results: The study identified five iterative phases: (1) assessing a new landscape, (2) mapping the course, (3) bracing for intensity, (4) introspecting and innovating, and (5) envisioning transition. Six core strategies emerged, including managing emotional labor, strategic planning and prioritizing, optimizing resources, learning to think like a nurse, practicing self-care, and renegotiating expectations. The findings revealed the critical role of institutional supports, social networks, and personal resilience in navigating these phases. Discussion/Implications: The findings underscore the importance of tailored support structures in nursing education, emphasizing the need for integrated institutional policies and resources that address the layered challenges students face. These insights have implications for program design, faculty training, and policy development to foster academic success and resilience among nursing students. Disclosures: No financial conflicts of interest

11:50-12:10	**Incorporating universal design for learning (UDL) into assignment guidelines and rubric design to foster equity in nursing education** Priya Ortega, University of Regina Abstract Background: In nursing education, the development of inclusive assignment guidelines and rubrics using UDL principles is essential to ensure all students, regardless of background or ability, can demonstrate their knowledge and skills effectively. Objectives: The specific objectives of this project were to; redesign assignment guidelines to ensure clarity, simplicity, and accessibility for all students; create rubrics that use inclusive and student-friendly language to enhance understanding of evaluation criteria; incorporate flexibility in assignment formats, allowing students to demonstrate their knowledge and skills through various means; and gather and analyze feedback from students and instructors to evaluate the impact of these changes over three semesters on usability, accessibility, and fairness. Methods: The methods for this project involved a systematic application of UDL principles to revise assignment guidelines and rubric design in undergraduate nursing courses. Results: The implementation of UDL principles in assignment guidelines and rubric design led to significant improvements in clarity, accessibility, and equity. Students reported a better understanding of expectations, appreciated the flexibility to demonstrate their knowledge in multiple formats, and found the evaluation process fairer. Faculty observed higher engagement, improved assignment quality, and more consistent grading outcomes. Discussion/Implications: This initiative demonstrates the potential of UDL-based assessment design to foster equity in nursing education. Findings support the broader adoption of UDL principles in assessment practices to reduce barriers and promote student success. Future research should explore the scalability of these strategies across diverse nursing programs. Disclosures: The author reports no financial conflicts of interest related to this project.

Inclusive Nursing Education – ART 106

10:30-10:50	**Narratives of Belonging: Exploring the Experiences of Black Students in Nursing Education** Janet Montague, Western University/Centennial College Abstract Background: A sense of belonging is critical in fostering the retention, persistence, and academic achievement of racialized groups within higher education settings (Morgan et al., 2020; Strayhorn, 2019). However, there is a notable gap in understanding the unique experiences of Black nursing students within Canadian higher education institutions. Studies examining the racial climate in academia have revealed that Black students frequently encounter racism, discrimination, and unwelcoming campus environments, factors that detrimentally affect their ability to persist and remain enrolled (Duran et al., 2020; Morgan et al., 2020). The heightened attrition rates observed among Black nursing students carry significant implications for these individuals, healthcare institutions, and the nursing profession. Research Aim: To explore how the complex interplay of intersecting identities shapes the experiences of Black students in nursing education in Canada. Methodology/Methods: This research is grounded in a critical philosophical framework, informed by the theoretical underpinnings of critical race theory (CRT) and intersectionality. Utilizing a critical narrative inquiry methodology, the study integrates narrative interviews and photo elicitation interviews to capture the diverse narratives of Black nursing students. Data was analyzed using holistic content narrative analysis. Conclusion: This research allows for a deep exploration of the multifaceted narratives of Black nursing students, offering insights into their lived experiences, systemic barriers, challenges, and resilience within academic and clinical settings. Through the presentation of preliminary findings, implications for practice, policy, and future research will be highlighted. Disclosures: The research is supported in part by the Social Sciences and Humanities Research Council (SSHRC) Doctoral Scholarship.
10:50-11:10	**Unveiling the Legacy of Exclusion of Black Nursing Faculty in Canadian Academia** Denise Morgan, Western University/Centennial College Abstract Background: In Canada, Black faculty represent just two percent of university professors and nearly two and a half percent of college professors compared to seventy-nine percent and eighty- six percent for their white counterparts. Black nursing faculty (BNF) play a critical role in advancing global equity, fostering culturally safe spaces, and contributing to evidence-based care. Therefore, increasing BNF representation in academia is essential for promoting diversity and inclusion. Purpose of Study and Objectives: This research will examine how implicit institutional ruling relations perpetuate BNF exclusion, and how academic structures and ruling relations influence reforms in practice. Methodological Design: The institutional ethnography (IE) method of inquiry will be used to uncover the coordinated actions in Canadian academia shaping the daily lives of BNF. While Critical Race Theory will examine racism's role in inequity and highlight opportunities for change. Setting and Sampling Strategy: Two historic Ontario academic institutions will serve as the study sites. Participants will include 8-20 self-identified Black nursing faculty members engaged in nursing scholarship. Recruitment will occur via email invitations, LinkedIn, Black interest groups, and campus news boards. Data Collection and Analysis: One-on-one interviews capturing micro-level experiences and macro-level institutional dynamics will be conducted. Analysis will identify key themes, create analytic chunks, and develop pictographic maps, to expose institutional power structures that sustain the exclusion of BNF. Discussion/Implication: This research will offer critical insights into academia's ruling relations, validate BNF experiences, and inform policies to address the systemic exclusion and erasure of Black scholarly contributions in academia.

11:10-11:30	**Fostering Belonging in Nursing Education: Enhancing the Experiences of BIPOC Students** Janet Montague[1], Joy Garmaise-Yee[2], Brook'Lyn Hall[2] and Arianna Williams[2] [1]Western University/Centennial College, [2]Curry College Abstract Background: Educational institutions have made efforts to foster more inclusive learning environments, but Black, Indigenous, and People of Color (BIPOC) students continue to be underrepresented and face marginalization in many academic settings. However, limited research focuses on the experiences of belonging for BIPOC students, particularly in nursing education. Aim: This study explored the experiences of BIPOC nursing students in relation to their sense of belonging, identify the factors that influence it, and propose and implement strategies to enhance students' academic success and sense of belonging in nursing education. Methods: This study utilized a participatory action research (PAR) approach involving faculty and BIPOC nursing students as co-researchers. An interpretive description methodology was adopted to explore the students' experiences. Data was gathered through focus groups and individual interviews and analyzed using Braun and Clarke's thematic analysis. Results: The analysis revealed three main themes: factors that contribute to or hinder belonging, the impact of belonging on students, and the coping strategies students employ in response to a lack of belonging. Discussion/Implications: This study offers valuable insights into the importance of fostering a sense of belonging for BIPOC nursing students. By identifying the barriers and contributors to belonging, educators and academic institutions can devise strategies that enhance academic success and support the overall well-being of BIPOC students. These strategies are crucial in addressing the disparities in nursing education and policy and creating an environment where BIPOC students can thrive. Disclosures: The authors declare no conflict of interest or external funding sources.
11:30-11:50	**Influence of a Community of Practice on Racialized Nursing Students** Wisdom Atulaegwu[1], Alexandra Hodson[1] and Anna Offiah[2] [1]University of Regina, [2]Saskatchewan Polytechnic Abstract Background: Systemic racism within nursing programs creates barriers that have detrimental impacts on the physical and mental health of racialized students, limiting their success. In response to concerns regarding racism within nursing education, a community of practice (COP) was co-created with both faculty and racialized undergraduate nursing students. The intent of this group was to support and give voice to an often-silenced demographic of nursing students. Objective: This study aimed to gain a deeper understanding of how racialized nursing students participating in the community of practice were influenced by their experience. Methods: Data were collected through in-person interviews and analyzed using a qualitative inductive thematic analysis methodology. Themes were explored through the lens of critical race theory. Results: The COP provided opportunities for open dialogue, allowing racialized students to learn from each other and develop supportive relationships. Participants also gained advocacy skills. Overall, participants indicated that the COP was a positive influence. However, concerns were raised about the dual role of faculty as both supporters and evaluators. Implications: The results were used to improve the community of practice. By identifying the needs of racialized nursing students, we aim to improve their mental health and increase their graduation rates. It is essential to have more racialized nurses enter the profession to challenge the Eurocentric values inherent in nursing curricula. Financial Disclosures: N/A

Empowering Indigenous Students – ART 108

10:30-10:50	**Indigenous Highschool Nursing Mentorship Program: Empowering Indigenous Students Through Mentorship** Selena Talbot and Sherry Arvidson, University of Regina Abstract The Indigenous High School Nursing Mentorship Program (IHNMP) is a transformative initiative developed by the University of Regina Faculty of Nursing to address the critical under representation of Indigenous nurses in Saskatchewan and improve healthcare outcomes for Indigenous communities. Saskatchewan is home to 75 First Nations, with Indigenous people comprising 17% of the population. However, only 7% of the nursing workforce identifies as Indigenous, highlighting the need to foster pathways into the nursing profession. This aligns with the Truth and Reconciliation Commission of Canada's Call to Action #23, which advocates for increasing Indigenous representation in healthcare and enhancing cultural competency training for healthcare providers. The primary aim of the IHNMP is to mentor Indigenous high school students from Grades 9 to 12, providing them with academic and personal support to ensure a successful transition into nursing programs. The program employs a multifaceted approach, including interactive lunch-hour activities, mentorship presentations, dual-credit courses in Grade 11 and 12, and volunteerism opportunities. Additional components, such as first aid/CPR training, land-based learning, and on-campus orientations, further prepare students for academic and professional success. Preliminary outcomes indicate increased interest in nursing among Indigenous students, improved preparedness for post-secondary education, and strengthened partnerships with schools. By addressing barriers such as gaps in science and math preparation and fostering confidence, the IHNMP builds a pipeline of culturally competent nurses committed to serving their communities. This innovative mentorship model contributes to nursing education by advancing equity and inclusion while offering actionable insights for institutions aiming to support underrepresented populations in healthcare professions.

10:50-11:10	**Learning From First Nations and Metis Nurses' Stories and Experiences of Graduate Nursing** Helen Hamel[1], Katrina Plamondon[1], Marie Tarrant[1], Lisa Bourgue Bearskin[2] and Elder Diana Moar[1,3] [1]UBC Okanagan campus, [2]University of Victoria,[3] Interior Health Abstract Background: Indigenous nurses with graduate degrees are critical to revitalizing Indigenous health and transforming nursing education across Canada. However, First Nations, Inuit, and Metis nurses are underrepresented and face barriers to accessing and completing graduate programs due to colonial practices and settler-dominated environments. Objective: To learn from Indigenous nurses about their experiences and recommendations for graduate nursing education in British Columbia. Methodology & Methods: Grounded in Indigenous research methodologies, particularly from Margaret Kovach, Shawn Wilson, and Kathleen Absolon, seven Indigenous nurses shared their stories through one-on-one Zoom visits. Recruitment was conducted through university networks, Indigenous Programs and Services, and social media. A streams and rivers metaphor visualizes how their experiences flow together into a collective narrative shaping nursing education. Findings: The nurses demonstrated determination and strength, persisting through inner resolve, commitment to family and community, and advocacy for Indigenous Peoples' health and advancement. They shared insights into supportive and harmful interactions with faculty and universities, as well as challenges like anti-Indigenous racism, financial barriers, cultural conflicts, and loneliness. Their recommendations emphasize fostering inclusive and culturally safe graduate nursing education. Discussion: This thesis connects the nurses' stories to literature, exploring how universities can collaborate with Indigenous Peoples to advance nursing education while respecting self-determination. It highlights aspirations and tensions within this process. Disclosures: This thesis was partly funded by a UBC Indigenous Strategic Initiatives Grant.
11:10-11:30	**Supporting Indigenous Student Success: A Team Approach** Heather Bensler, Michelle Scott Paul, Kim Halliday and Janine Olivier, University of Calgary Abstract Background: Canada is a settler-colonial nation characterized by historical and ongoing violence, oppression, and racism against Indigenous peoples enacted through multiple systems of power. To address this complex problem in the healthcare and educational systems, Canada's Truth and Reconciliation Commission (2015) called on post-secondary institutions to increase the number of Indigenous professionals working in the healthcare field. Aims of the project: In 2021, the University of Calgary Faculty of Nursing expanded its efforts to increase the number of Indigenous nursing students by launching a rural and Indigenous community route to improve access to nursing education in rural and Indigenous communities and by expanding access to nursing education options on main campus. While the number of Indigenous students accessing the nursing program has increased significantly, we recognized the need for ongoing attention and care to support student success and thriving. Methods: Using a team-based approach, we developed wrap-around supports that are responsive, strengths-based, and center relationships from the point a student shows interest in applying to the program through to graduation. Implications: In this presentation, the program team will describe the comprehensive program, the different roles of the program team, and the importance of supportive leadership. We will share the lessons we have learned so that other nursing education programs might apply these learnings in their own contexts. Disclosures: We have nothing to disclose.
11:30-11:50	**Indigenous Health PhD Journey - Lessons and Insights** Casey Hewes, UBC Okanagan campus Abstract Background: A PhD in Indigenous Health is not just an academic endeavour but a commitment to culture, and community strength. A PhD journey offers a way for Indigenous scholars to lead and innovate in ways that resonate deeply with their cultural identities and community aspirations. Aims: In this session, we will discuss the steps, lessons learned Steps to Pursuing a PhD in Indigenous Health: 1) Preparation and Application, 2) Developing a Research Proposal, 3) Conducting Research 4) Writing and Dissemination Lessons Learned, 5) Building Trust, 6) Respecting Indigenous Knowledge, 7) Navigating Dual Worlds, 8) Advocacy and Empowerment, 9) Personal Growth Key Experiences, and 10) Mentorship and Peer Support Methods: Qualitative first-person experiences Results/Discussion/Implications: A PhD in Indigenous Health is a profound commitment to advancing cultural, social, and health equity. It provides a way for Indigenous scholars to lead transformative research that honors our heritage and strengthens our communities. By navigating the steps, embracing the lessons learned, and immersing in key experiences, future scholars can contribute meaningfully to the well-being and empowerment of Indigenous populations.

Workshop #1 – ART 110

10:30-12:10	**Navigating Nursing Education in the Digital Age** Workshop Facilitators Anila Virani, School of Nursing, Thompson Rivers University. Her research interests are centered on investigating the potential of technology in nursing education and advancing the field through technological innovations. Bhupinder Nagra, School of Nursing, Thompson Rivers University. Her research interests focus on simulation-based learning and the integration of emerging technologies, including AI, to enrich nursing education and practice. Drawing on extensive clinical and teaching experience, she is committed to using innovative tools such as virtual simulations, to enhance student engagement and improve learning outcomes. Abstract Rapid advancements and increasing complexity in healthcare and education demand innovative educational strategies that enhance learning experiences and better prepare nursing students for real-world challenges. Technology-enhanced learning offers a dynamic and

	interactive approach to education, fostering critical thinking and decision-making skills necessary to keep up with the pace of digitally-driven advancements in healthcare and education. The learning objectives of this workshop are as follows:
	1. Assess the role of technology integration in nursing education.
	2. Discuss the benefits and challenges of incorporating technology in nursing education.
	3. Gain hands-on experience by applying the technological tools presented in the workshop.
	4. Share experiences and ideas to influence future directions for research and development in technology-enhanced nursing education.
	Workshop content: The workshop will cover the importance of integrating technology in nursing education, examine the advantages and barriers of using technology, and discuss ideas to shape future research and development in technology-enhanced nursing education.
	Methods to engage the audience: Participants will actively engage through demonstrations and hands-on exploration of technology tools such as virtual simulations, Escape Rooms, WordPress, and Slido. Pair and group discussions, collaborative problem-solving exercises, case studies, examples of successful technology integration, real-time feedback, and Q&A sessions will ensure a thorough understanding of tools supporting technology-enhanced education.
	Expected Outcomes: By the end of the workshop, participants will have a deeper comprehension of how technology can enhance nursing education. They will be equipped with practical knowledge and skills to implement technology in their teaching practices. Additionally, participants will be able to critically assess the impact of these technologies on student learning outcomes and plan Scholarship of Teaching and Learning (SoTL) projects to evaluate their effectiveness.
	Target Audience: Nurse educators, curriculum developers, and educational technologists interested in incorporating technology into nursing education to improve student engagement and learning outcomes

Workshop #2 – ART 112

10:30-12:10	**How to Teach Genomics for Nurses**
	Workshop Facilitators
	Sarah Dewel, Thompson Rivers University. She works with international genomics nurse researchers on projects focused on genomics knowledge for all nurses. She is co-building a genomics nursing educational hub (LINKAGE), working on genomics competencies for nurse educators and nurses globally and integrating genomics into the Nurse Practitioner program at Thompson Rivers University.
	Trina Walker, Creighton University. Her research trajectory focuses on the integration of genomics into nursing education as well as into the clinical setting. She is co-chair for international and national genomics nursing education committees and has been involved with funded projects specifically focused on pedagogies for integrating genomics into nursing education.
	Abstract
	Healthcare is evolving and focusing on precision health, where an individual's genomic information is combined with environmental, behavioural, and psychosocial data to tailor and individualize care plans. Nurses, as the largest group of healthcare professionals, are uniquely positioned to provide precision health care, through their holistic lens; however, they need foundational genomics knowledge to do so. Nurse educators often feel unprepared to teach genomics, largely due to a lack of personal education, and would benefit from targeted teaching and learning strategies to support the integration of vital genomics content.
	Learning Objectives: Attendees will understand that foundational genomics content is relevant to all nurses. Attendees will demonstrate strategies to apply genomic information into all nursing practice. Attendees will identify resources to supplement their teaching of genomics.
	Workshop Content: During the workshop, foundational genomics content, along with pedagogy related to teaching both theory and application of genomics will be covered. Attendees will be shown several up-to-date, high-quality resources and taught how to use them in teaching.
	Methods to Engage Audience: Attendees will participate in hands-on activities focusing on applying genomics to nursing practice and will use supportive resources throughout.
	Expected Outcomes: Attendees will understand pedagogical approaches to teaching foundational genomics content to nursing students. Attendees will also become familiar with up-to-date resources that can be used in teaching genomics content.
	Target Audience: Nurse Educators

CONCURRENT SESSION 2: Thursday, May 22, 2025 – 13:15-15:00

Developing Clinical Reasoning and Critical Thinking – ART #102

13:15-13:35	**One-Minute Student: Promotion and Evaluation of Clinical Reasoning in the Clinical Setting** Kathy King, Canadore College Ontario Abstract Background: The One-Minute Student is a 4-step strategy developed to enhance the clinical reasoning skills of nursing students in the clinical setting. It is an adaptation of the widely used One-Minute Preceptor (Neher et al., 1992). Clinical reasoning is the analysis of knowledge relative to a clinical patient situation (Victor-Chmil, 2013) and is a professional expectation of nurses. Identifying teaching and learning tools to support the development of clinical reasoning skills is critical as new graduate nurses tend to focus on tasks rather than reasoning skills (Murray et al., 2019), which is a concern for patient safety and new graduate confidence. Objectives: 1) Demonstrate how the One-Minute Student is used to develop, demonstrate, and evaluate clinical reasoning, 2) Explore how the One-Minute Student can be used in various learning environments, and 3) Reflect upon student and preceptor feedback regarding the impact of the One-Minute Student Methods: Survey and focused conversations. Implications: The One-Minute Student is especially useful in the final consolidation clinical course where nursing students are preceptored by a registered nurse. It is often challenging for preceptors to reinforce and evaluate clinical reasoning in a busy clinical setting; therefore, the One-Minute Nursing Student guides both students and preceptors in the development of clinical reasoning skills without compromising patient care. Individuals attending will view a video clip demonstrating the One-Minute Student. Disclosures: No conflict of interest, no financial disclosures.
13:35-13:55	**Examining Advanced Clinical Reasoning in an Undergraduate Nursing Theory Course** Lindsay Kennedy, Ryan Wilson, Lisa Moralejo and Maggie Weninger, UBC Okanagan campus Abstract Background and Purpose: Clinical reasoning is a significant focus of undergraduate nursing programs yet remains a difficult concept to define, teach and evaluate. Nurses need strong clinical reasoning skills to provide safe, comprehensive patient care and self-confidence is vital precursor to effectively engaging in clinical reasoning. The purpose of this research study was to determine if nursing students' self-confidence in clinical reasoning improved after completing a theory course focused on advanced clinical reasoning skills. Methods: Using a quasi-experimental pre and post-test design, researchers measured the difference in fourth-year undergraduate nursing students' self-confidence in clinical reasoning skills following completion of an advanced nursing theory course. Results: Students demonstrated significant improvements in confidence related to advanced clinical reasoning. The pre- and post-test data revealed positive results across all measured areas. Conclusions: This research demonstrated that participation in an advanced clinical reasoning course significantly improved undergraduate nursing students' self-confidence in their clinical reasoning skills, thus addressing a significant education-practice gap. Increased self-confidence in clinical reasoning prepares students to manage the challenges of complex clinical practice environments. Although, the study's quasi-experimental design and small sample size may limit generalizability, the positive results suggest that similar approaches could be beneficial in other educational contexts. Financial Disclosures: None
13:55-14:15	**Implementing epistemic justice research practices to develop cultural humility in nursing students** Ashley McKeown, Heather Campbell, Katie Holms and Lea Sansom, Western University Abstract Background: Decolonizing nursing education necessitates challenging the dominance of Western scientific frameworks. The College of Nurses of Ontario (CNO) emphasizes evidence-based decision-making (2022), yet Western epistemologies are implicitly privileged as the standard for "best evidence" (Hlabangane, 2022). This perspective marginalizes Indigenous and diverse knowledge systems, perpetuating "cognitive imperialism" where non-European epistemologies are stolen and silenced by the academy (Battiste, 2018). Nurses are accountable for providing culturally safe care by practicing cultural humility (CNO, 2023). Teaching epistemic justice enables nursing students to critically engage with diverse knowledge systems and incorporate them into evidence-based practice. Aim: This project evaluates the effectiveness of an epistemic justice learning module and assignment in fostering nursing students' cultural humility and critical decision-making skills. Delivered to approximately 450 baccalaureate nursing students at Western University in Fall 2024, the module emphasizes identifying and addressing biases in academic research and privileging diverse knowledge systems. Methods: Focus groups with a convenience sample of nursing foundations and research course students (n=24 across three groups) will explore students' experiences applying epistemic justice. Discussions, capped at 60 minutes per group, will be analyzed thematically within a qualitative descriptive framework to uncover insights into the challenges and benefits of practicing epistemic justice in nursing. Summary: This presentation will share preliminary findings on the module's impact, exploring how students navigate barriers and integrate epistemic justice and cultural humility into their practice, offering valuable insights for nursing educators.
14:15-14:35	**Fostering Research Confidence and Enthusiasm: Research Skills Program for Undergraduate Nurses** Lindsay Burton, Ryan Wilson and Kathy Rush, UBC Okanagan campus Abstract Background: Nursing undergraduate programs often struggle to cultivate student interest in research, as many students perceive a disconnect between research methodologies and clinical practice. Despite curricular efforts to highlight the value of research, opportunities for active engagement remain limited. This lack of hands-on experience can hinder students' confidence and motivation to pursue research roles, perpetuating a gap between evidence production and clinical application. Aims: This project aims to enhance nursing students' research knowledge, confidence, and skills through a targeted extracurricular program aligned with Kolb's experiential learning theory. Methods: A pre/post quasi-experimental design will complement a first-year nursing research course. Students in one section will participate in biweekly online sessions incorporating Kolb's four learning modes "concrete experience, abstract conceptualization, reflective

	observation, and active experimentation" while the other section will serve as a control. Both groups will complete validated measures of research attitudes and confidence at the start and end of the course to assess program effectiveness. Implications: Integrating extracurricular research skills programs into undergraduate nursing education can bridge the gap between theory and practice, enhancing students' appreciation for research's clinical relevance. By fostering confidence and competence, this initiative offers a scalable model for engaging future nurses in evidence-based practice and research roles, contributing to the profession's advancement. This project lays the groundwork for concrete strategies to inspire nursing students as both research users and potential contributors to nursing scholarship. Disclosures: This project is partially supported by a CIRTL Teaching as Research (TAR) award.
14:35-14:55	**Teaching Undergraduate Students about Research: Innovative and Engaging Learning Activity** Florriann Fehr, Thompson Rivers University Abstract Background: Let's make learning about research fun! This presentation shares a formal learning activity idea used in a research course that threads the students through all the concepts of the course in an engaging way. Aims: This unique simulation activity immerses participants in evidence-influenced practice, offering a hands-on experience tailored to the intricacies of nursing research using the campus environment. Methods: Nursing students, grouped in 3-4, conduct a simulated pilot study on fear and confidence in nurse-patient relationships. Concepts like ethics, power dynamics, and trustworthiness are explored through role-play scenarios, including caring for visually impaired individuals. Qualitative and quantitative data are gathered pre- and post-event, fostering insights into research design and ethics. Results/Discussion: Through critique and discussion, students uphold high standards of nursing research, applying evidence-informed practice. They uncover lessons on data collection, analysis and implications to practice. It's a journey into the depth of scientific inquiry and taking ownership over lessons from this simulation-type activity!

Facilitating IEN Workforce Integration – ART 104

13:15-13:35	**Enhancing Integration of Internationally Educated Nurses in Canada's Healthcare System** Rashid Bawumia Ali, Lise Olsen and Joan Bottorff UBC Okanagan Campus Abstract Background/Introduction: The integration of Internationally Educated Nurses (IENs) into Canada's healthcare system is a critical factor in addressing the nursing shortage. Despite their valuable skills, IENs face barriers like credential recognition, licensure delays, complex remediation requirements and workplace integration challenges. This presentation explores these barriers and proposes solutions, emphasizing the role of reflexivity and positionality in understanding these dynamics and contributing to the ongoing efforts to strengthen the healthcare workforce. Aim: This aim is to present an analysis of the barriers to IEN integration and propose policy recommendations for improving their successful integration into the Canadian healthcare system. Methods: A qualitative reflective approach was used to analyze personal insights and literature on IEN integration challenges. Key strategies, including stakeholder collaboration, resource allocation for support programs, and monitoring, were examined through reflexivity and positionality frameworks. Results: Results showing the main barriers experienced from a personal perspective will be highlighted graphically. The main findings detail the significant delays IENs experience due to credential recognition, immigration processes and complex rules to remediations programs. The importance of cultural sensitivity and coordinated stakeholder efforts in facilitating IEN integration is illustrated. Discussion/Implications: Policy recommendations based on this analysis include streamlining credential recognition, flexible entry to remediation programs, streamlined access to bursary and fast-tracking immigration. These changes are urgently needed to address the immediate nursing shortage and improve patient care. These insights contribute to nursing education by highlighting the need for more inclusive and effective policy strategies. Disclosures: The study was conducted as part of a personal reflection on a journey as an IEN seeking registration in the Canadian healthcare system.
13:35-13:55	**Empowering Clinical Educators to Support Internationally Educated Nurses** Jenna Hunter and Ian Luckhurst, Interior Health Abstract Background: Since 2023, Interior Health has hired 67 Internationally Educated Nurses (IENs) who received provisional licensure and need to complete a Transitional Practice Experience (TPE). Effective support during TPE requires clinical nurse educators to understand IENs' unique learning needs, bridge knowledge gaps, and adapt teaching methods. Aim: This project aims to aid clinical nurse educators in supporting IENs throughout their TPE at Interior Health. Methods: A needs assessment was completed with clinical educators via one-on-one interviews to understand their confidence in supporting IENs and identify mitigating strategies. Results: Two main themes emerged from the data: 1) Lack of understanding of IENs' previously practiced nursing skills and knowledge. To address this, the Professional Development Goal Plan was introduced at the start of the TPE. Supporting assessment and alignment of IENs' learning needs, promoting reflective practice and collaborative development, and 2) Limited awareness of the specific supports available for the IEN transitional experience. An IEN Transition Toolkit was created and provided to educators to improve clarity, reduce miscommunication, minimize racism and to support positive transition experiences for IENs. The IEN Transition Toolkit has 1293 views. Further, IEN Program Info Sessions have had 108 clinical leaders and educators attend. Finally, 600 hours of mentorship has been provided to clinical educators via virtual and in person meetings. Discussion: IENs reported increased support throughout their transition. Additionally, clinical educators reported improved ability to guide IENs after the toolkit was implemented. Disclosure: The authors have no conflicts to disclose.

13:55-14:15	**Enhancing Adaptation and Resilience: Supporting Internationally Educated Nurses in Navigating Post-Secondary Education in Canada** Dennise Morgan, Janet Montague, Joan Taylor-Willis and Tracy-Ann Reid, Centennial College Abstract Background: Canada is currently facing a critical nursing shortage fueled by an aging population, complex healthcare demands, and attrition within the nursing workforce. Internationally educated nurses have emerged as a valuable resource to alleviate this shortage. However, in most instances, IENs' education pathway and clinical practice differ from the Canadian nursing education system. Additionally, IENs may encounter cultural differences, clinical and theoretical knowledge gaps, discrimination, and financial constraints as they navigate the Canadian post-secondary education system. Aims and Objective: To explore how internationally educated nurses (IENs) of the Internationally Educated Nurses Practical Nursing program at Centennial College perceive adaptation and resilience. To increase adaptation and resilience among this cohort, we aim to create an adaptation tool/guide to assist IENs in navigating post-secondary education in Canada. Methodology: A qualitative interpretive description design using semi-structured interviews will be used for this study to capture students' experiences. Purposeful sampling will be utilized to recruit participants for our research and data will be analyzed using Braun and Clarke's thematic analysis. Discussion/Implications: The findings from this study will provide valuable insights into how IENs navigate post-secondary education in Canada and will inform the development of a practical tool to support IENs in their academic journey. The proposed adaptation guide could enhance student retention, improve learning outcomes, influence policy decisions, and foster a more supportive educational environment. Understanding the experiences of IENs will also help educators and administrators to better address the unique needs of this cohort, promoting a more inclusive and effective learning experience. Financial Disclosure: This research is being funded by the Scholarship of Teaching and Learning Department of Centennial College.
14:15-14:35	**Optimizing Academic-Practice Partnerships to Support Transition to Practice for IENs** Kathryn Halverson, Brock University and Shabneez Xin, McMaster University Abstract Background: Understaffing of Registered Nurses (RNs) has been addressed by expediting processes for Internationally Educated Nurses (IENs) to become licensed in Canada. While measures have been taken to facilitate the licensure of IENs, little attention has been given to supporting their transition experiences. Aims or objectives: Understanding the experiences of IENs poses relevant implications for both practice and educational settings, specifically pertaining to the critical need to recruit, prepare, support, and retain new nurses as Canada navigates the health human resource shortage. Methods: Eight interviews were conducted with IENs working for less than 6 years at a large five-hospital amalgamation in Southwestern Ontario. Interviews were conducted virtually in 2024 and were 30-60 minutes in duration. Interpretive description was used to analyze the interview data. Results: IENs experienced challenges adapting to new technology, standards of care, protocols, and terminology. Threats to retention included cost of living and limited access to childcare. Supportive management and relationships with preceptors and colleagues were found to contribute to retention. Discussion/Implications: This project aims to showcase the voices and stories of IENs who have transitioned to nursing practice in the Canadian context as a way of better understanding their experiences. An example of academic-practice partnership, this research is informed and guided by strategic collaboration with a key stakeholder and community partner. Understanding the transition experiences of IENs will inform strategies to support recruitment, onboarding, and retention of IENs in the acute care sector. Disclosures: Financial support for this project was received from Brock University.
14:35-14:55	**Internationally Educated Nurses (IENs) Transition and Integration into Canadian Workforce: A mixed-method Approach** Joan Taylor-Willis, Trent University Abstract Background: Post-pandemic, Ontario alone has a projected shortage of 33,000 nurses by 2028. Most disturbing in the aftermath of the pandemic is that nurses are leaving the profession in droves, and nursing vacancies have tripled in the last five years. There is a direct correlation between nursing staff shortages and patient mortality. This acute nursing shortage has increased the recruitment of internationally educated nurses (IENs) to leverage the shortfalls of critical staffing and promote safe client care outcomes. Objectives: A supportive work environment should promote a sense of belonging and acceptance, increasing the likelihood of IENs staying. Not only are there not enough mentorship programs to support IENs' transition, but there is a lack of literature that evaluates mentorship programs for IENs. Therefore, this study will focus on evaluating different mentorship programs and their transition into productive employment and retention through mentorship. Methods: The study will utilize a mixed-method research design to investigate the effectiveness of mentorship programs in promoting integration and retention outcomes for IENs and identify recommended strategies for stakeholders. The quantitative data will be collected using reliable and developed questionnaires. The qualitative data will be collected via semi-structured interviews for nurses and focus groups for stakeholders. Implications: The results of this study will contribute to the existing knowledge about the effectiveness of different mentorship programs in retaining IENs, particularly during times of increased nursing shortage. This research will help guide human, social, and educational policies and regulations on IENs' easy transition to the nursing workforce in Canada. Disclosure: The author of this study declares that there is no conflict of interest either financially or personally associated with this study, and the abstract presentation will not be used to advertise or sell any products or services.

Preparing Nurses for New Roles – ART 106

13:15-13:35	**Supporting the Role Transition from Registered Nurses to Clinical Nursing Instructors** Samarjit Dhillon, Athabasca University Abstract Background: This research study is a descriptive qualitative case study aimed at addressing the issue of insufficient preparation of Registered Nurses (RNs) for the role of academic Clinical Nursing Instructors (CNIs) in undergraduate nursing programs in North America. CNIs are usually clinical nursing experts with little or no formal preparation related to teaching methods and pedagogy. Reports of CNIs feeling unprepared for the role of clinical teaching are well documented in the literature. Methods: A descriptive case study was used to describe the experiences of RNs with an online Academic Clinical Nurse Educator Preparation Program (ACNEPP) and its influence on their preparation for the role of CNIs. The target population for this study was part-time CNIs in undergraduate nursing programs in the United States of America (USA) who had taken the online ACNEPP. Qualitative data collection was conducted through the review of the online ACNEPP, demographic questionnaires, and semi-structured interviews to elicit participants' experiences with the online ACNEPP and its impact on their clinical teaching practice. Results and Discussion: Findings from this study indicate that RN to CNI role transition remains challenging; they also highlight content and design features of the online ACNEPP that enhanced the participants' clinical teaching practice and facilitated their role transition. These findings provide direction for improving preparation of academic CNIs by designing short, flexible, online and on-demand professional development and onboarding programs to help support the transition of RNs to CNIs. The findings can also contribute to addressing the global nursing shortage by preparing more CNIs to support a greater number of nursing students in completing their education.
13:35-13:55	**Innovation in Nursing Education: Creation and Integration of an Open Access Electronic Health Record System into Classrooms** Bhupinder Nagra and Devon Graham, Thompson Rivers University Abstract Background: Electronic health records (EHRs) are vital in healthcare but often challenging for educational institutions to incorporate due to cost and accessibility. Open-access EHRs offer a cost-effective, customizable solution for nursing education. This project introduces the Simulated Client Records (SCR) system in a nursing course and examines its impact on student learning and clinical preparedness. Objectives: The project aimed to: - Enhance students' ability to interpret and utilize EHRs in classrooms - Build capacity in critical thinking and decision-making - Evaluate the SCR system's effectiveness in fostering student engagement and clinical preparedness. Methods: Students used the SCR throughout the semester to analyze patient data and apply it to classroom learning. Feedback from surveys and discussions evaluated its impact on learning outcomes and skill development. Results: Student feedback highlighted improved confidence and competence in navigating EHRs. Many reported enhanced ability to locate critical information within client charts and critically analyze how various components contributed to understanding client health. They also felt better prepared for clinical practice and EHR use. Implications: Integrating the SCR system showcases the potential of accessible technologies to address barriers in nursing education. This cost-efficient platform fosters essential competencies and prepares students for modern clinical environments. It also lays the groundwork for broader applications of open-access resources in simulation-based and interprofessional education. Disclosures: This project received financial and technical support from TRU Open Press
13:55-14:15	**Building Digital Health Capacity: Academia-Industry Collaboration in Preparing Clinical Informatics Professionals** Glynda Rees, BCIT Abstract Background: The rapid evolution of digital health technologies necessitates a healthcare workforce equipped with competencies in informatics, data analytics, and health information management. Despite this demand, Canadian healthcare education faces a critical gap in preparing professionals to navigate the digital health landscape effectively. The Digital Health Advanced Certificate (DHAC) program at the British Columbia Institute of Technology (BCIT) was designed to address this need, fostering digital health capacity through an interdisciplinary approach. Aims/Objectives: This study evaluates the implementation and sustainability of the DHAC program using Patton's Developmental Evaluation (DE) framework. Objectives include assessing the program's effectiveness in developing digital health competencies, examining academia-industry collaboration in curriculum design, and identifying factors that influence the program's long-term sustainability. Methods: A mixed-methods design will be employed, integrating the DE approach and a World Café event in February 2025. Interest holders, including educators, students, and industry professionals, will participate in facilitated discussions to provide real-time feedback. Data collection will include qualitative inputs from group discussions, thematic analysis using NVivo software, and ongoing interest holder engagement for adaptive learning. Results: Preliminary findings indicate strong alignment between the DHAC curriculum and industry needs, with participants emphasizing the value of practical competencies in health informatics. Challenges include ensuring curricular adaptability to emerging technologies and fostering sustained academia-industry partnerships. Discussion/Implications: This study highlights the importance of collaborative curriculum design in addressing digital health workforce gaps. Findings will guide curriculum enhancements and inform policy, supporting the scalability and sustainability of similar programs across Canada. Disclosures: No financial conflicts of interest or external funding were disclosed for this study.
14:15-14:35	**Innovating Digital Health Education: Fostering Equity and Accessibility in Healthcare** Glynda Rees and Lauren Schutte, BCIT Abstract Background: The evolution of healthcare and technology demands care delivery that is equitable and accessible. The British Columbia Institute of Technology (BCIT) School of Health Sciences developed the Digital Health Advanced Certificate (DHAC) to address these needs. The interdisciplinary program equips healthcare professionals with digital health competencies, ensuring equitable and inclusive healthcare

	delivery. The hallmark of the program is its Capstone Project, where students collaborate with industry partners to bridge theoretical knowledge with practical application. Aims/Objectives: The DHAC program aims to enhance healthcare delivery by focusing on inclusivity, equity-oriented care, Indigenous perspectives, and capacity building. By combining clinical expertise with technological competencies, the program seeks to foster a healthcare workforce adept at delivering innovative and equitable care. Methods: The program's design is informed by the Framework for Digital Health Equity (FDHE), emphasizing equity at individual, interpersonal, community, and societal levels. A blended learning approach allows flexible, part-time study (1â€"5 years) to accommodate working professionals. The Capstone Project provides hands-on experience, ensuring practical application of digital health solutions. Curricular content integrates universal design principles, data visualization, and stakeholder-driven strategies for equity-focused healthcare innovation. Results: Early findings suggest the DHAC program effectively addresses digital health disparities by enhancing students' skills in equity-oriented care, digital literacy, and technology implementation. Participants report increased confidence in developing accessible digital health solutions and advocating for policies that support equitable healthcare delivery. Discussion/Implications: The DHAC program reflects a commitment to reshaping healthcare delivery by emphasizing equity and accessibility. By training healthcare professionals to design and implement inclusive digital health solutions, the program addresses systemic inequities and prepares graduates to lead transformative healthcare initiatives. The model offers insights for similar programs globally, advocating for collaborative, patient-centered approaches to digital health education. Disclosures: No financial conflicts of interest or external funding are disclosed for this study.
14:35-14:55	**The Impact of Stacking Evidence-Informed Learning Strategies in Preceptorship** Kathy King, Canadore College Abstract Background: According to the Registered Nurses Association of Ontario Work and Wellbeing Survey, early career nurses indicated they were very likely to leave the profession and reported the greatest challenges were coping with stress (RNAO, 2021). It is therefore critical that BScN programs promote preceptored learning environments that best support students as they transition from their final semester of a BScN program to the workplace. Objectives: Discuss how a variety of learning environment strategies can be used to promote and develop preceptorship student confidence. Explore the importance of incorporating learning environment strategies that can be used in various preceptorship settings. Reflect upon student and preceptor feedback regarding the impact of supporting evidence informed learning environment strategies. Identify barriers to implementing various learning environment strategies. Methods: Survey questionnaires and interviews. Discussion: Implementing evidence informed learning strategies include selecting experienced preceptors, selecting appropriate experiential settings, limiting the number of single shifts and preceptors in the first 4 weeks of preceptorship, maintaining consistent faculty advisors, implementing feedback-loops, and incorporating the One Minute Student to enhance clinical reasoning and clinical judgment. The concurrent implementation of a variety of evidence informed learning strategies can enhance a studentâ€™s clinical confidence as they prepare for the workplace. Disclosures: No conflict of interest or financial disclosures.

Integrating Indigenous Perspectives in Nursing Education– ART 108

13:15-13:35	**Promoting inclusivity: Teaching undergraduate nursing students to work effectively with diverse patient populations using simulated clinical experiences** Kala Streibel, Raigne Symes, Erin Lowe, Barb Wilson-Keates, Brenda Query and Daphne Kennedy, Red Deer Polytechnic Abstract Background: In today's rapidly evolving healthcare landscape, nurses must be prepared to care for increasingly diverse populations. However, the opportunity to work with traditionally underrepresented populations, including Indigenous or LGBTQIA2S+, during clinical experiences may be limited. Nursing programs can help students develop the knowledge and skills to deliver inclusive, patient-focused care using simulated clinical experiences. Aim: The purpose of this project was to provide opportunities for students to develop inclusive, patient-focused knowledge and skills within a long-term care clinical experience. Methods: A simulated long-term residence, Evergreen Place, was created with eight fictional residents. Each resident profile met the learning outcomes of the clinical course and provided inclusivity and diversity in the learning experiences for students. All resident profiles were developed in consultation with content experts, stakeholder community members, and other health professionals to ensure accuracy of the representation of the individuals and their unique cultural and health needs. Residents included an Indigenous person, a person who identified as LGBTQIA2S+, immigrants to Canada, people with various religious backgrounds including Jewish, Baptist, and Muslim, persons of colour, and a younger adult resident. Results: Students demonstrated more confidence and competence in providing care for diverse patients in the simulated clinical setting. Discussion/Implications: Providing opportunities for students to practice inclusive, person-centered nursing care in a simulated clinical environment may help students develop inclusive clinical skills, thus promoting improved patient outcomes. Disclosures: None
13:35-13:55	**Healing together in community: Indigenous course transformation in nursing education** Kristin Zelyck, Gillian Lemermeyer and Shannon Scott, University of Alberta Abstract Background: In response to the Truth and Reconciliation Commission's (TRC) Calls to Action, the Faculty of Nursing (FoN) at the University of Alberta (UA) implemented a mandatory Indigenous Health in Canada (IHC) course for undergraduate nursing students in 2018. Although the course was originally developed in partnership with Indigenous peoples, it no longer has connection to community and requires revitalization. Aims: To transform the IHC course in partnership with Indigenous Elders, Knowledge Keepers and community members, by nurturing ethical spaces for dialogue, embedding a pedagogy of healing, and addressing anti-Indigenous racism in healthcare.

	Methods: This project will take place on Treaty 6 and the Metis Homeland of Alberta in Amiskwaciwâskahikan (Edmonton). The researchers and community partners are co-participants collectively nurturing relationships and curriculum. Indigenous self-determination underpins all research activity. Specific data gathering and analysis methods will be designed in community, but may include participant observation, note-taking, critical reflection and Indigenous Ceremony, Elder-led sharing circles and visiting. Expected Outcomes: We expect the following outcomes while engaging in this work: a relevant IHC course that lives in community, sustainable processes supporting ongoing relationships and curriculum development, and articulation of a pedagogy of healing. Implications: The implications of this project will be a dynamic course that supports the FoN and other health faculties, as well as an innovative approach to curriculum development. Disclosures: We have received funding from the FoN at the UA to facilitate community gatherings and a Teaching and Learning Enhancement Fund grant from the UA
13:55-14:15	**Why is a white woman teaching Indigenous nursing leadership?** Catherine Ringham, Thompson Rivers University Abstract Background: As a white woman teaching Indigenous Nursing Leadership, I acknowledge the historical and ongoing impacts of colonization on Indigenous Peoples and the critical need for allyship in my role. This allyship journey requires humility, curiosity, and a commitment to decolonizing teaching practices. Aims: This presentation explores my journey towards allyship through the integration of Indigenous knowledge and practices into my teaching. Specifically, I aim to: 1) Share the use of a 'Sit Spot' practice and Learning on the Land experience in course activities, and 2) Discuss the significance of these practices in deepening my understanding of allyship. Methods: We incorporated a 'Sit Spot' practice into weekly student activities. We also integrated knowledge from an experiential program called 'Learning on the land', led by Indigenous Leaders and knowledge holders, where participants learned Indigenous ways of knowing. Discussion/Implications: Through these practices, I gained a deeper understanding of my relationship with the land and colonization's historical and ongoing impacts. This has significantly impacted my teaching by: • Fostering greater respect for Indigenous knowledge systems and worldviews. • Creating a more inclusive and culturally safe learning environment for Indigenous students. • Encouraging critical reflection on my role as an ally by showing tangible steps toward allyship as nurse leaders. This presentation highlights the importance of personal and professional reflection in the allyship journey. I encourage other Indigenous and non-Indigenous educators to explore ways to connect with their values and beliefs, family history, and the land as they integrate Indigenous knowledge into their teaching.
14:15-14:35	**Transformative Spaces for Truth and Reconciliation through Elder-Led Talking Circles** Michelle Scott Paul, Heather Bensler and Grandmother Doreen Spence, University of Calgary Abstract Background: The Truth and Reconciliation Commission Calls to Action (2015) give nursing educators in Canada a clear directive to build the capacity of nursing students to address anti-Indigenous racism in healthcare practice and education. Aims: While anti-racism strategies exist, many target faculty and students separately and uphold a Eurocentric hierarchical understanding of relationships. To counter these imposed divisions, we seek opportunities for faculty, staff, and students to learn and transform together. Methods: Under the guidance of Elder Dr. Grandmother Doreen Spence, a Cree nurse who was involved in the creation of the United Nations Declaration on the Rights of Indigenous Peoples, we invite all members of the Faculty of Nursing to engage in monthly talking circles as a means to unlearn the ways of colonization and relearn a better way forward. Drawing on Wilson-Raybould's (2022) framework to guide true reconciliation, we make space within our faculty for everyone to join our circles, from wherever they are, whatever cultural inheritances they bring, to join us. In small and intimate ways, when we listen to each other in small circles, we build our understanding and find our own unique ways to act to build toward Indigenous futurity. Implications: In this session, we will present with Elder Dr. Grandmother Doreen Spence and share our practice and learnings. Disclosures: We have no conflicts to disclose. References: Truth and Reconciliation Commission of Canada. (2015). Truth and Reconciliation Commission of Canada: Calls to action. https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf Wilson-Raybould, J. (2022). True reconciliation: How to be a force for change. McClelland & Stewart.

Navigating Clinical and Professional Realities – ART 110

13:15-13:35	**Prevalence, associated factors, and impact of violence and racism experienced by nursing students in clinical placements.** Amrita Jessica Sondhi-Cooke, Nancy Carter, Shaunattonie Henry and Joanna Pierazzo, McMaster University Abstract Background: Clinical placements are a mandatory component of nursing education in Canada which provide a space where students connect their theoretical knowledge with clinical judgement and build professional skills. A safe environment is required to optimize learning and build professional identity which is compromised by negative experiences. There is limited research exploring the prevalence, associated factors, and impacts of violence and racism experienced by nursing students in Canada. Aims: The research questions that will guide this study are: (1) What are the types and frequency, and who are the perpetrators of violence and racism against nursing students? (2) How do nursing students respond to and report violence and racism? (3) What negative outcomes do students report after experiencing violence and racism? (4) What are the factors that students report that protect against negative impacts of violence and racism? (5) What are the recommendations that students identify to address violence and racism on the individual, professional, and organization level? Methods: A cross-sectional survey will be used to collect data through LimeSurvey, an anonymous online platform. Data will be analyzed for frequencies of all variables, including counts and percentages. Results: Study is in progress. Outcomes will include the types and frequencies of violence and racism, perpetrators, responding and reporting behaviours, negative outcomes, protective factors against negative outcomes, as well as recommendations for mitigation strategies.

	Discussion/Implications: The results will provide quantitative evidence to help support advancement of violence prevention and anti-racism curriculum, as well as support trauma-informed educational practices. Disclosures: CASN Woodend Clinical Education Research Grant recipient
13:35-13:55	**Supporting Baccalaureate Nursing Students in Developing Inclusive Abortion Care Competencies for Their Nursing Practice** Ashley McKeown[1], Heather McConkey[2], Demo Kaltabanis[1], Amy Horton[1] and Shokoufeh Modanloo[1] [1]Western University, [2]London health Sciences Centre Abstract Background: The Canadian Association of Schools of Nursing (CASN) Entry-to-Practice Abortion Care Competencies for Undergraduate Nursing in Canada (2024) offers a framework for integrating abortion care into nursing curricula. However, abortion care is often excluded or framed as an ethical debate rather than a clinical competency (Paynter, 2022; Carson et al., 2022b). To provide inclusive, patient-centered abortion care, Registered Nurses must develop competencies to support patients within their scope of practice (Carson et al., 2023). Nursing faculty are challenged in embedding these competencies effectively and designing assessments that enable students to apply theoretical knowledge to practice. Description: This novel assessment aims to support learners in practicing abortion care competencies using trauma-informed, gender-inclusive educational approaches while respecting conscientious objection. Activities: Situated within a required online asynchronous childbearer care course (n=300), students completed prior training in trauma- and violence-informed care, gender-affirming care, and inclusive abortion care. This prepared them to address diverse reproductive health needs, including those of transgender and non-binary individuals. Outcomes: Students role-played public health nurses in video-recorded assessments with volunteers acting as patients. Case studies, developed through lived-experience insights, included scenarios about trans-masculine patient aimed at addressing misconceptions about hormonal therapy and reproductive potential. Evaluation metrics include professionalism, clinical knowledge, and patient education strategies. This innovative assessment provides faculty with a model for creating inclusive, competency-based evaluations, fostering the translation of theoretical knowledge into clinical practice.
13:55-14:15	**Medication Competency in a Bachelor of Science in Nursing Program** Amanda Egert, Jodie McCutcheon, Helene Berry, Joyce Law, Jennifer Debuen and Presee Menon, BCIT Abstract Background: Medication competency is essential for pre-licensure nurses to ensure patient safety and minimize medication errors. When an accelerated BSN program adopted a concept and competency-based curriculum, a gap between the skill of medication administration and its competency was identified. Additionally, industry's introduction of Electronic Health Records requires a pivot to new medication management procedures. Students succeeded in the psychomotor skill of medication administration; however, they struggled with other critical aspects, leading to inconsistent medication administration safety practices. Furthermore, varied expectations and assessment of medication administration across the program highlighted a need for a unified approach. Aims/Objectives: To develop a BSN program-wide medication administration procedure emphasizing the principles of medication competency applicable to paper-based and EHR contexts. Methods: A BSN Medication Administration working group co-created new procedures and educational resources. Health industry partners and regulators were also consulted. The collaborative work incorporated a closed-loop medication administration process for both paper-based and EHR contexts. Results: The project delivered procedural documents: one for paper-based medication administration, one for EHR-based contexts, and an educational readiness guide. The new medication administration procedure enhanced consistency in expectations, emphasizing competency over skills. Discussion: A consensus-driven approach facilitated program-wide buy-in and adoption but required significant time commitment. Challenges included levelling procedures for scaffolding novice versus advanced learners. Faculty development and student preparation were critical from the outset to support this curriculum shift. Transitioning from skills to competency requires additional curriculum time for lesson plans and fostering critical thinking. Providing a medication competency procedure lays the groundwork for competency-based medication administration assessments.

14:15-14:35	**The Influence of the Clinical Instructor on Student Anxiety in Baccalaureate Practice Education** Anna Douglas, Brandon University Abstract Background: Anxiety in nursing students has been the topic of research for decades. Still, little is known about the influence of clinical instructors (CIs) on student anxiety. Aim of the Study: This study explored the relationship between teaching behaviours of CIs and nursing student anxiety in baccalaureate practice education. Methods: A descriptive, correlational survey design examined the influence of CI teaching behaviours on students' anxiety levels. A total of 202 students participated from an accredited academic institution in British Columbia. Data were collected using an online questionnaire. The response rate was 55% and achieved a moderate effect size. Hierarchical multiple regression statistical analysis found that CI teaching behaviours had a moderate inverse relationship with student anxiety. Results: Predictors of student anxiety, in descending order of importance, were CI teaching behaviours that nurtured positive interpersonal relationships with students, the CI fulfilling their role as teacher, and the overall perceived effectiveness of the CI. Discussion/Implications: The findings of this study show that CIs can significantly influence anxiety in students by their teaching behaviours. This study contributes valuable knowledge and insights to better understand the student-teacher relationship and the impact CIs have on students' learning experiences in baccalaureate practice education. **Disclosures:** This study was completed in partial fulfillment of the requirements for a MSN degree. A small research grant was received from the academic institution from which the sample was taken. The researcher declares no conflict of interest.

14:35-14:55	**Bridging Art and Practice: Enhancing Nurse Practitioner Education through Creative Expression** Laurie Clune, University of Regina Abstract In this presentation, the author shares a strategy to help Nurse Practitioner students enhance their understanding and expression of ideas through an aesthetic approach. To deepen their grasp of advanced practice, students enrolled in a Canadian master's-level Nurse Practitioner program were asked to participate in a creative project to convey their understanding. The theoretical foundation of this assignment draws from Carper's (1978) fundamental patterns of knowing, participatory art (Chicago, 1995), and Canadian Indigenous pedagogies. Students were encouraged to explore and answer the question, "What is an advanced practice nurse?" Initially apprehensive about the unconventional nature of the assignment, students found that embracing their vulnerability led to stronger student-faculty relationships, greater engagement with course content, improved academic performance compared to traditional written assignments, and the creation of meaningful, shareable artifacts. After the course ended, the author analyzed select student work using a process of immersion and crystallization (Barkan, 2022) to identify recurring themes and patterns, which will be discussed during the presentation. The global nursing community must understand how future nurse practitioners conceptualize their roles as advanced practitioners if we are to support and empower future nursing leaders to transform healthcare. This presentation offers educators an alternative way to evaluate student learning. References: Borkan, J. M. (2022). Immersion–Crystallization: A valuable analytic tool for healthcare research. Family Practice, 39(4), 785–789. https://doi.org/10.1093/fampra/cmab158 Carper B. (1978). Fundamental patterns of knowing in nursing. ANS. Advances in nursing science, 1(1), 13–23. https://doi.org/10.1097/00012272-197810000-00004 Chicago, J. (1995). Judy Chicago, Feminist Artist and Educator. Women & Therapy, 17(1–2), 125–140. https://doi.org/10.1300/J015v17n01_13

Workshop #3 – ART 112

13:15-15:00	**Using PEARLS to Guide Supportive Conversations with Students After Clinical-Related Critical Incidents** Workshop Facilitator: Jaime Gallaher, Manager, Clinical Education, Interior Health, is a certified healthcare simulation educator (CHSE) and an experienced clinical educator of over 15 years. She is well-versed in the art of debriefing and has recently published a paper on using PEARLs to guide supportive learning conversations after critical incidents in the *Journal of Nursing Education*. Learning Objectives Understand Critical Incidents: Define critical incidents in clinical settings and their effects on nursing students' emotional well-being and learning. Explore Trauma-Informed Approaches (TIA): Outline trauma-informed principles and their importance in supporting students after critical incidents. Apply the PEARLS Framework: Describe the PEARLS debriefing framework and its use in guiding reflective and supportive discussions. Develop Supportive Conversation Skills: Practice structured, empathetic conversations to help students process experiences and foster growth." Goal**:** Enhance dissemination of an educator's understanding of debriefing and how to clinically debrief a learner after a critical incidents · **Explain** the purpose of debriefing in nursing education and its impact on learning and professional growth. · **Define** critical incidents in a healthcare context and analyze how perceptions of such events may vary among individuals. · **Recognize** situations that necessitate a debriefing conversation and justify the importance of timely intervention. · **Apply** a structured debriefing framework (such as our PEARLS tool) to facilitate reflective discussions and learning. · **Summarize** key takeaways from the debrief and develop a follow-up plan to address emotional and professional support needs. Structure of the workshop This workshop will have 45 minute presentation to give the background and present research from Dr. Giuliana Harvey's work on critical incidents in nursing education. It will also outline our revised PEARLS cognitive aid for educators to use for debriefing students in clinical. I will show a video of "how" to debrief learners in the clinical setting. We will then transition into breakout groups and have the participants apply the debriefing framework in a role-play scenario based on pre-written cases provided by the facilitator. This will take 30 minutes. This will be done in small groups of 3-4. The last 15 minutes will be used for feedback, discussion and any questions that arise.

CONCURRENT SESSION 3: Friday, May 23, 2025   09:00-10:20

BSN Expansion and Renewal – ART 102

09:00-09:20	**Leading a Major Program Expansion: Key Leadership Insights and Strategies for Managing Change** Netha Dyck, Nicole Harder, Donna Martin and Lynda G. Balneaves, University of Manitoba Abstract Background: Canada is facing a critical shortage of registered nurses, marked by high vacancy rates and growing demand for nurses. In response, the University of Manitoba expanded its Bachelor of Nursing (BN) program by 50%, increasing enrollment from 240 to 360 seats. The program also transitioned to a three-term delivery model, optimizing clinical placements year-round and accelerating graduates' entry into the workforce. Aims/Objectives: This presentation highlights the leadership principles and strategies used in planning, implementing, and evaluating this significant program expansion, along with the key lessons learned. Methods: The College of Nursing applied the LEADS in a Caring Environment Framework, which outlines five capabilities essential for effective leadership and managing meaningful change. Leadership development sessions were conducted to support academic nurse leaders. Feedback on their leadership practices was collected through surveys and focus groups conducted during and after the expansion process. Results: The program expansion has been successfully implemented and is currently undergoing evaluation. We will present key findings from surveys and focus groups, combining academic literature with the lived experiences of academic nurse leaders. These insights will highlight critical leadership lessons for navigating significant change in academic settings. Discussion/Implications: Successful program expansion relies on innovative leadership practices that prioritize team engagement and foster collaboration across diverse stakeholders. The flexibility and adaptability of academic nurse leaders are crucial in navigating the complexities inherent in major program expansions. Disclosures: Nothing to disclose
09:20-09:40	**Addressing Canada's Critical Nursing Shortage: Expanding and Accelerating the Bachelor of Nursing Program at the University of Manitoba** Netha Dyck, Nicole Harder, Donna Martin and Lynda G. Balneaves, University of Manitoba Abstract Background: Canada is facing a critical shortage of registered nurses, marked by high vacancy rates and increasing demand for nurses. To address this challenge, the Bachelor of Nursing (BN) program at the University of Manitoba was expanded by 50%, increasing enrollment from 240 to 360 seats. The program also transitioned to a three-term delivery model, reducing the duration from 36 to 28 months, optimizing clinical placements throughout the year, and accelerating graduates' entry into the nursing workforce. Aims/Objectives: To assess the impact of the expansion and acceleration of the BN program. Methods: The impact was evaluated through surveys, interviews, and focus groups with administrators, faculty, staff, and students. Administrative data on application rates, admissions, enrollment, retention, attrition, and graduation were also analyzed. Surveys will be conducted at 6 and 12 months post-graduation to assess students' satisfaction with the program and their employment experiences. The evaluation will continue for three years to assess long-term outcomes. **Results**: Preliminary findings from the first cohort of the expansion show high application and admission rates, strong retention, high program satisfaction, and a high employment rate among graduates. Administrators, faculty, and staff acknowledged both the successes and challenges of the program expansion, offering valuable recommendations for future nursing program expansions. Discussion/Implications: This program expansion presents a promising model for other academic institutions aiming to address the global nursing shortage by providing accelerated education and increasing the number of registered nurse graduates, ultimately improving access to quality nursing care. Disclosures: Nothing to disclose
09:40-10:00	**Advancing Nursing Education Through the BSN Learning Pathways Model: A Collaborative Approach** Kiana Poweska, Interior Health and Ryan Wilson, UBC Okanagan campus Abstract Background/Introduction: The BSN Learning Pathways model is an innovative approach to nursing education which bridges academic learning with clinical competencies, addressing challenges in preparing nurses for specialty practice areas. This collaborative approach enhances practice readiness, reduces transition shock (Bryant, 2022), while strengthening partnerships between post-secondary institutions and healthcare organizations to enhance workforce readiness. Aims/Objectives: The program integrates specialty education into the undergraduate nursing curriculum, enabling students to transition directly into specialty practice areas upon graduation. The program's goals include equipping students with specialty nursing competencies, enhancing workforce readiness, reducing transition shock, and strengthening collaborations between academic institutions and healthcare organizations to align education with workforce needs. Methods: A mixed-methods approach evaluated program success. Quantitative retention data assessed learner progression and post-graduation retention rates, while qualitative surveys gathered insights from learners and leadership on program effectiveness, readiness for specialty practice, and areas for improvement. Provincial collaboration supported program alignment with healthcare needs and identified best practices. Results: Since 2019, 89% of graduates work in their specialty area, with 84% on the same unit where they trained. Prolonged clinical exposure and mentorship accelerated competency development, reducing transition shock, and enabling graduates to confidently meet workforce demands. Program expansion has grown from one to five specialties since 2018. Discussion/Implications: These outcomes improve nursing retention and workforce readiness. Expanding rural access and refining program strategies can further support practice and policy, while research is needed to explore long-term impacts on workforce sustainability. Disclosures: None. References: Bryant, E. (2022). A qualitative study of an emergency department practice pathway from undergraduate nurse to three months post-pathway as new graduate nurse (T). UBC. Retrieved from https://open.library.ubc.ca/collections/ubctheses/24/items/1.0421360

10:00-10:20	**Reflections on the Opportunities to Build Capacity and Foster a Culture of EDI Through a BScN Curriculum Renewal**
	Kathryn Halverson, Elizabeth Orr and Karyn Taplay, Brock University
	Abstract Background: Renewal of a baccalaureate nursing curriculum was undertaken from 2022 to present in response to increased demands for nursing seats provincially and the dissolution of a former collaborative program. The renewal process created opportunities to centre Equity, Diversity, and Inclusion (EDI) in the curriculum design with the aim of building capacity in EDI among BScN students and creating teaching and learning environments that support EDI principles. Aim: To explore opportunities to build capacity and foster a culture of EDI through curriculum renewal. Methods: Curriculum renewal included revised program outcomes, major modifications to most of the program courses, and mapping of the renewed curriculum to entry to practice competencies for preliminarily program approval. At each of these stages and levels (e.g., program, course, lesson, etc.) opportunities to build capacity and/or foster a culture of EDI were considered. Results: The renewed curriculum received program approval in 2024, and implementation began in Fall 2024. Evaluation of curriculum implementation is ongoing. The renewed baccalaureate curriculum includes new courses focused on health equity and transition to practice and aims to enhance collaboration with other departments, adopt open educational resources, and optimize use of simulation. Discussion/Implications: The design and implementation of the renewed curriculum "with the centering of EDI principles" has implications for our current and future students, staff, and faculty, our practice partners, other departments and faculties, and the future patients, clients and populations receiving care from our graduates. Disclosures: Financial support for this project was received from Brock University

Enhancing Learning through Simulation and AI – ART 104

09:00-09:20	**Enhancing High-Fidelity Nursing Simulations Using AI-Powered Patient Scenarios**
	Cynthia Gundermann and Jill Zaparyniuk, University of Alberta
	Abstract Background: High-fidelity simulation is essential in nursing education, allowing students to practice clinical skills in realistic settings. However, designing complex and engaging patient scenarios can be time-intensive and challenging for educators. This study explores the use of ChatGPT, a sophisticated AI language model, to create detailed, realistic patient interactions that enrich simulation-based learning. Objectives: The primary objective was to investigate how ChatGPT can enhance simulation scenarios by generating dynamic, contextually rich interactions that mimic real-world clinical encounters. This approach aimed to deepen students' clinical reasoning, decision-making, and communication skills. Methods: ChatGPT was integrated into third-year nursing simulation sessions to generate patient scenarios covering various medical conditions, psychosocial elements, and interpersonal dynamics. Scenarios were customized to align with curriculum objectives, and students interacted with AI-generated "patients" and team members in a simulated clinical setting. Feedback was gathered from both students and faculty. Results: ChatGPT-generated scenarios provided an engaging and versatile platform for learning, with 90% of students reporting improved realism in simulations. Faculty noted an increase in scenario variety and depth without additional preparation time, enhancing the overall learning experience. Discussion/Implications: Utilizing AI in nursing simulations can significantly increase scenario complexity and authenticity, better preparing students for real-world clinical challenges. This approach offers a promising model for integrating AI tools in nursing education, with implications for broader adoption and further research on long-term impacts on clinical competence. Disclosures: No financial disclosures or conflicts of interest to report.
09:20-09:40	**Student Research Experiences and the Integration of AI Technologies in Nursing Education**
	Kathryn Sturgess, Nicole Ketter, Amrti Dhami, Kenna Hunter and Charlene Ronquillo, UBC Okanagan Campus
	Abstract Background: As new technologies are integrated into nursing practice, it is essential to build capacity in nursing education to ensure their effective and ethical use. Emerging technologies, such as artificial intelligence (AI) and natural language processing (NLP), offer the potential to build capacity in nursing education and improve patient care. Vital to the development of these technologies are student-nurse research assistants (RAs). Aims or Objectives: This presentation compares my personal experiences working on two AI studies: a scoping review of nursing trust and trustworthy AI, and a study that uses multi-modal approaches (machine learning and natural language processing). Methods: In the first study, I describe my experiences with an established and more 'traditional' research method, namely, the JBI methodology for scoping reviews. In the second study, I describe my involvement with annotation of the gold standard test set of an AI study, using tools and approaches such as BRAT annotation. Results: Through these studies, I gained insights into the challenges student nurse RAs face, including those related to traditional research methods and interdisciplinary technologies like AI. Despite AI being used in healthcare, its application is not currently taught in nursing programs. Discussion/Implications: Increasing awareness of and education on artificial intelligence not only supports the research capacity of student nurse RAs but also increases exposure to AI topics and methods pertinent to ongoing research. This presentation provides guidance for the future inclusion of AI technologies in nursing education and recommendations for improving its adoption. Disclosures: The first project discussed was funded by the UBC Hampton Fund Research Grant. The second project discussed was funded by AMS healthcare.

09:40-10:00	**Factors Associated with Perceived Clinical Stress from Simulation Learning among Saskatchewan Collaborative Bachelor of Science in Nursing Students**
	Selena Talbot[1], Carrie Allen[2] and Samuel Umereweneza[2] [1]University of Regina, [2]Saskatchewan Polytechnic
	Abstract Background: Simulation-based learning is an essential part of nursing education, providing students with a controlled environment to develop clinical skills and improve critical thinking. While beneficial, simulation can induce significant stress, especially in unfamiliar settings, which may negatively affect students' health and academic performance. Understanding nursing students' perceptions of stress during simulation is crucial for improving their educational experiences and outcomes. Aims: This study aimed to explore how nursing students in the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program perceive stress during simulation-based learning and to identify strategies to reduce or eliminate this stress. The goal was to improve students' learning experiences and academic success, while supporting their overall well-being. Methods: A survey was conducted with 56 students from all four years of the SCBScN program, representing both the Regina and Saskatoon campuses, to gather quantitative data on their experiences with stress during simulations. Results: Preliminary findings reveal that mental health concerns are the primary source of perceived stress during simulation. Participants reported that stress interferes with their ability to engage fully in simulations and detracts from their overall learning experience. Discussion/Implications: The results highlight the need for targeted interventions to reduce stress in simulation environments, which would help students maximize their learning potential. Implementing effective stress management strategies can improve simulation-based education and better prepare nursing graduates. These findings also have broader implications for nursing education and practice and may inform future research in simulation pedagogy. Disclosures: This research was funded by the SCBScN collaborative grant.
10:00-10:20	**Enhancing Critical Thinking and Clinical Judgment through Virtual Simulation: A Thematic Analysis of Nursing Student Reflections**
	Katherine S. Bright[1], Patti Pryma[1], Michelle Cullen[2], Isabel Melendez[1], Zakari Mulrooney[1] and Catherine Ringham[3] [1]Mount Royal University, [2]University of Calgary, [3]Thompson Rivers University
	Abstract Background: Simulation-based education is a fundamental component of nursing training, providing a controlled environment to develop critical thinking and clinical judgment skills. Virtual simulations, such as TurkTalk, extend these opportunities by enabling scalable and accessible training experiences. However, unique challenges in virtual environments—such as the absence of non-verbal cues—highlight the need to refine these tools to maximize their educational impact. Aim: The aim of this study was to explore nursing students' reflections on virtual patient communication simulations, emphasizing critical thinking and clinical judgment development. Methods: This study explored 40 third-year nursing students' experiences with virtual patient simulations, focusing on how these interactions enhance critical thinking, clinical judgment, and the ability to adapt to complex patient scenarios. Results: Four key themes were identified: 1) Enhancing Critical Thinking through Structured Reflection, 2) Adapting Clinical Judgment to Virtual Challenges, 3) Bridging Theory and Practice, and 4) Suggestions for Enhancing Virtual Simulations. These themes highlight the role of simulation in fostering risk assessment, adaptive communication strategies, and reflective practices. Students identified the challenges of managing emotional and cognitive demands, navigating virtual limitations, and integrating theoretical knowledge into decision-making processes. Discussion/Implications: Virtual simulations offer a powerful tool for developing critical thinking and clinical judgment in nursing education. By addressing limitations and integrating student feedback, educators can enhance these platforms to foster reflective practices, decision-making under pressure, and patient-centered care. Continuous improvement of virtual simulation design will ensure nursing students are well-prepared for the complexities of modern healthcare. Disclosures: This study was funded by the Bright Ideas Innovation Fund at Mount Royal University

Planetary Health in Nursing Education – ART 106

09:00-09:20	**The Relationship between Human Health and Climate Change in Undergraduate Nursing Education: A Scoping Review**
	Jennifer Morin, Red River College Polytechnic and Amy Klepetar, UBC
	Abstract Background: Climate change is a critical health challenge of the 21st century, with profound implications for global health systems. Nurses, as frontline health professionals, are uniquely positioned to address the health impacts of climate change. However, the integration of climate change concepts into undergraduate nursing education remains inconsistent. Methods: Following the PRISMA-ScR framework, eight academic databases were systematically searched for articles and grey literature published from 2008 to 2022. Eligible studies addressed the integration of climate change-related theory content into nursing programs. Data will be extracted exploring theories or frameworks that inform curriculum, key concepts, and pedagogical methods. Aims: This scoping review aims to identify and map existing literature on the inclusion of climate change and sustainability concepts in undergraduate nursing curricula, focusing on educational approaches, content, and outcomes. Results: Preliminary findings indicate a significant gap in nursing education concerning climate change, with limited incorporation of environmental health and sustainability topics. Innovative approaches such as case-based learning, interprofessional collaboration, and experiential learning have shown promise in enhancing student engagement and competence. However, barriers such as lack of resources, and competing curricular priorities persist. Discussion: This review underscores the urgent need for comprehensive and standardized integration of climate change concepts in nursing education to prepare future nurses for climate action and advocacy. Findings will inform curriculum development, policy recommendations, and strategies to equip nurses with the skills needed to address climate-related health challenges effectively.

09:20-09:40	**Exploring the knowledge, attitudes, and practices of registered nurses towards climate-driven vector-borne diseases**
	Shannon Vandenberg, University of Lethbridge
	Abstract Introduction/Background: There is abundant evidence that climate change is contributing to increasing rates of vector-borne diseases in Canada. West Nile virus and Lyme disease, as endemic vector-borne diseases in Canada, compromise health, with increasing incidence annually. Aims/Objectives: The purpose of this study was to investigate the knowledge, attitudes, and practices of registered nurses in Canada related to climate sensitive vector-borne diseases. Methods: Planetary health was the guiding theoretical framework for this quantitative, cross-sectional research study. A 50-item survey was adapted to measure Canadian nurses' knowledge, attitudes, and practices towards vector-borne diseases. Descriptive statistics and tests of difference were conducted using SPSS. Results/Analysis: 382 eligible responses were received. The overall knowledge of RNs who participated in the study was limited, specifically among frontline nurses and those in Western and Northern Canada. Nurses in Quebec and Indigenous, Metis, and Inuit nurses reported greater knowledge and preparedness/confidence on the topic overall. Discussion/Implications: This research study provides baseline survey data on this topic. Given the limited knowledge revealed in the current study, content on planetary health, climate change, and vector-borne diseases must be better integrated into nursing curricula across Canada to better prepare nurses to address climate challenges in practice. Disclosures: None to declare
09:40-10:00	**Documentary Film: A pedagogical approach to enhance the development of critical consciousness regarding climate change**
	Mona Haimour, McEwan University
	Abstract Background/Introduction: Climate change (CC) is our era's most pressing sociopolitical and economic priority. Investing in innovative teaching pedagogies to facilitate learning about CC and its impacts on human health is not just a trend; it's becoming inevitable in the nursing curriculum. Aims/objectives of the study or project: a) To cultivate students' critical consciousness & climate awareness, and b) To critically examine CC and its impacts on health through the lenses of health equity, intersectionality & sustainable development. Methods: The framework for analyzing the documentary film is grounded in Freire's theory of critical consciousness. It included: 1) examining critical issues related to CC, 2) synthesizing multiple connections between what was learned in the course & analysis of the film, 3) aligning the analysis of the film analysis with the Sustainable Development Goals, 4) proposing evidence-based innovations to address CC, and 5) providing a critical reflection on the learning experience. Third-year undergraduate nursing students enrolled in the HLST 354 Healthy Populations course at the BScN program at MacEwan University, Edmonton, Alberta (n=28) engaged in small team project analyses (n=5 teams). Each team was randomly designated a different film that highlighted various dimensions of CC and its implications for human health. A comprehensive description of the learning activity was provided. Students learned essential concepts and frameworks throughout the term to establish foundations for their work. Each team submitted an analysis report of their work and made a presentation. A survey (15 items on a Likert scale type questions) was designed to assess the outcomes of the film analysis and adherence to the writing across the curriculum guidelines specific to the BScN program. The survey was administered via the e-class platform, ensuring a convenient and efficient data collection process. Results: Most students agreed that their knowledge, skills, attitudes, and confidence about the CC topics and the urgent need for climate action have significantly increased. Also, they stated that their understanding of the intersectionality of the geographical and temporal scales of CC, SDoH, and their impact on human health, planetary health & well-being, and achieving health equity have been further developed. Also, they agreed that the use of documentary film challenged their personal beliefs on CC, engaging them in narratives that featured human stories, stimulating their imagination, and presenting them with various perspectives and diverse options to address CC. Discussion/Implications: Investment in innovative pedagogy such as documentary films is essential for preparing future nurses who are socially responsible and advocate for climate action and human health, whether in practice, research, or leadership domains of nursing. Disclosures: No financial disclosures to report.

10:00-10:20	**Climate-Resilient Nursing: Building Student Capacity in Healthcare Settings**
	Sophie Walker, Jennifer Morin and Deborah Gural, Red River College
	Abstract Background: Climate change represents the most significant health challenge of the 21st century, posing serious threats to the fundamental determinants of health and undermining decades of progress in global health. Despite these pressing concerns, the literature highlights a critical need for enhanced nursing education to equip the workforce for environmental health stewardship. Current nursing curricula often lack comprehensive content regarding climate change and its health implications, creating a significant barrier to nurses' engagement in climate action initiatives. Aims: This project aims to empower future nursing professionals through a capacity building, student-led educational workshop. By incorporating active learning strategies and self-directed activities, the workshop facilitates the integration of climate adaptation and mitigation into nursing practice. The goal is to address the gap, enabling future nurses to actively participate in climate action initiatives. Methods: Explanatory mixed-methods design. Results: The SANS_2 questionnaire is anticipated to report improved attitudes toward climate change, sustainability in nursing, and the inclusion of these topics in nursing curricula. Focus group data will center around increased awareness, practice application, and the value of mentorship. Discussion: This study highlights the necessity of including climate action and sustainability concepts into nursing education to equip future nurses with the essential skills required for climate action in healthcare settings. The findings may guide nursing efforts to advocate for sustainable practices, influence policy change, and promote research and climate adaptation and mitigation strategies in healthcare. Disclosures: Wawanesa Insurance partnered with Canadian Colleges for a Resilient Recovery to fund the Climate Champions: Youth Innovation Grant.

Strengthening Practice through Education – ART 108

09:00-09:20	**The Care-Justice Nexus: Rethinking Justice in Healthcare Through Restorative Practices** Allison Kooijman, UBC Okanagan Campus Abstract Background: Traditional justice frameworks in healthcare often focus on punitive or transactional responses, overlooking relational and systemic dimensions of harm. Restorative justice, rooted in mutual care, concern, respect and dignity, offers us a transformative lens for addressing harm and fostering just relations in healthcare. This presentation explores the ""care-justice nexus,"" with an emphasis on how restorative justice principles intersect with Diversity, Equity, and Inclusion (DEI) in nursing education. Aims/Objectives: This session aims to: (1) introduce restorative justice as a framework for rethinking justice in healthcare, (2) explore its relevance to addressing systemic inequities and relational harms, and (3) examine its potential for innovation in nursing education and practice. Methods: An exploratory conceptual approach synthesizing insights from restorative justice, DEI, and nursing praxis is employed. Drawing on key literature, theoretical frameworks, and case examples, the presentation outlines innovative pathways for embedding restorative principles in healthcare education. Results: Emerging concepts highlight the alignment between restorative justice and DEI, emphasizing relational accountability, equity-focused care, and the creation of inclusive learning environments. These ideas challenge traditional paradigms and suggest new directions for integrating justice and care in nursing education and practice. Discussion/Implications: By framing justice as care, restorative processes and practices offer nursing educators and practitioners tools to address relational and systemic harms. This innovation has implications for fostering equity, improving nursing education, and shaping future research and policy to create more just and inclusive healthcare systems. Disclosures: No financial disclosures
09:20-09:40	**A restorative approach to address healthcare harm: Socializing the concept through nursing education** Nelly D. Oelke, UBC Okanagan (presented by Allison Kooijman, UBC Okanagan) Abstract Background: Healthcare harm is a significant issue in healthcare impacting patients, providers, and organizations. A restorative approach (RA) is based on key principles to address healthcare harm and wellbeing moving from more traditional approaches (transactional) to supporting relationship-based approaches to (re)build trust in healthcare. Aim: To promote an understanding of a RA and socialize the concept to address healthcare harm and wellbeing. Methods: Different ways of socializing the concept of RA have been explored: symposia, in-class and conference presentations, and the development and delivery of the "Foundations for a Restorative Approach: Health Care Harm and Wellbeing" course. Results: Development and delivery of workshops for BC patient safety staff (100+ participants); participation in a BC leadership symposium; development and delivery of the RA foundations course (24 participants across 2 sessions); and engaging undergraduate students (nursing and other disciplines) to assist in developing and delivering one of the workshops. Discussion/Implications: Nurses and nursing students have participated in various educational opportunities on RA. The socialization of RA in nursing offers the opportunity to explore how to change our approach to healthcare harm and promote the wellbeing of nurses/nursing students. RA has implications for nursing practice; policy changes are required to incorporate RA in healthcare, and future research in understanding how a RA can improve our response to healthcare harm. Disclosures: Funding was received from Health Quality BC and Ministry of Advanced Education. This work is supported by Allison Kooijman, PhD Student, School of Nursing, UBC Okanagan and Jennifer Llewellyn, Restorative Lab, Dalhousie University.

09:40-10:00	**Enhancing Oncology Nursing Education through the Creation of a New Oncology Special Interest Group (SIG) in CASN** Sarah Champ[1,2], Kara Jamieson[1], Lorelei Newton[1,3], Catrinona Buick[1,4], Jodi Hyman[1], Stephanie Lelond[1] and Cheryl Page[1] [1]Canadian Association of Nurses in Oncology (CANO), [2]Alberta Health services, [3]University of Victoria, [4]York University Abstract Background: Cancer is increasingly prevalent in Canada, with two in five Canadians expected to develop cancer. All nurses will care for cancer patients at some point, making it essential for nursing students to have a baseline understanding of cancer care. Aim: To enhance oncology nursing education, the Canadian Association of Nurses in Oncology (CANO/ACIO) has created a new Oncology SIG with CASN. This initiative aims to increase awareness and understanding of oncology nursing. Additionally, CANO/ACIO has developed resources like the Nursing Knowledge and Practice Framework for Cancer Care and the Learning Pathway for the Specialized Oncology Nurse, which guide oncology learning from novice to expert. Methods: This presentation will discuss the importance of oncology education for all nursing students, review the use of the framework and learning pathway in nursing curricula, and highlight the role of the Oncology SIG in advancing oncology nursing education. Results: Outcomes include establishing the Oncology SIG, integrating the CANO/ACIO framework into nursing curricula, and increasing awareness of oncology nursing among students, thus enhancing their competency and confidence in caring for individuals with cancer and their loved ones. Discussion/Implications: Providing a structured approach to incorporating oncology knowledge into nursing curricula ensures that all nursing students, regardless of their future area of work, have a baseline understanding of cancer care. The implications for practice include improved patient outcomes and enhanced quality of care for individuals with cancer. Disclosures: No financial disclosures
10:00-10:20	**Pediatric Upskilling Plan: Enhancing Pediatric Care Competency and Confidence Across Interior Health** Lesia Rainville and Kristienne Krnasty, Interior Health **Abstract** Background/Introduction: The Pediatric Upskilling Plan (PUP) was developed by the Professional Practice Office in collaboration with key partners to address the educational needs of nurses, particularly in rural areas, who manage pediatric patients across Interior Health (IH). An

	environmental scan identified several opportunities related to nursing the pediatric population. Many nurses reported feeling stress and anxiety caring for the pediatric population, citing a lack of foundational knowledge and competency in this area.
	Objectives: PUP provides standardized education aimed at improving nursing competency, confidence, and care quality to the pediatric population across IH.
	Methods: PUP adopts a scaffold approach, utilization of multi-modal instructional strategies to foster knowledge and competency development. The plan combines online learning, instructor-led sessions, and practical application within clinical settings. Participants receive unique learning streams; tailored to the level of specialized care required.
	Results: Since implementation, over 200 nurses have enrolled in PUP. Upon completion, 100% of participants reported reduced stress, increased pediatric knowledge, and 84% stated greater awareness of provincial pediatric resources. All participants emphasized the need for ongoing accessible pediatric education and regional support to sustain high- quality pediatric care.
	Discussion/Implications: PUP begins to address unique challenges in IH by offering ongoing pediatric education, regional supports, increasing awareness of provincial resources, fostering greater confidence among nurses and improving the overall quality of pediatric care across the region.
	Disclosures: The author has no conflicts to disclose.

Workshop #4 – ART 112

13:15-15:00	**Bringing Creativity into the Lab, a Hands-on Experience**
	Workshop Facilitator: Brenda Huber, School of Nursing, UBC Okanagan campus. Her nursing background includes emergency nursing, travel nursing in the US, and home care nursing. For the past 17 years, she has been teaching at UBC Okanagan in the School of Nursing. Teaching in the Nursing Lab has been her passion. She is constantly trying to make the student lab experience as real as possible. Over the years, she has created various supplies for students to use and practice new skills (e.g., edema models, multiple kinds of wounds).
	Workshop
	Being creative in the nursing lab provides many valuable and enriching learning experiences for nursing students at the University of British Columbia Okanagan. In year two, students have the opportunity to perform a simple no-touch dressing change using a realistic sutured or stapled incision wound model placed on a real person (peer). Creativity in the lab has changed the way we teach many clinical skills at UBC Okanagan. The multiple handmade models make things real and authentic for students enriching their overall learning experiences. This workshop session will allow participants to be actively involved in the creative process. All registrants will have the opportunity to make a wound incision model that they can take home to their institution. The goal of this session is to show teaching professionals how easy it can be to bring creativity into any nursing lab situation. All that is needed is passion and a strong desire to make a difference in student learning.
	Learning Objectives:
	1) To learn about different handmade models used at UBC Okanagan to teach clinical skills (PowerPoint explaining background and rationale).
	2) To give workshop participants an opportunity to make a handmade incision model (hands-on experience; supplies provided)
	Target Audience: All nursing educators interested in making student learning in a nursing lab situation as real as possible.

Workshop #5 – ART 110

09:00-10:20	**Universal Design for Learning: Building Capacity in Interactive Learning Strategies for Blended Lecture**
	Workshop Facilitators:
	Lexie Heit, RN, BScN, MN, Nursing Instructor, University of Regina. Her exploration of H5P began with an interactive lung sounds activity developed alongside an instructional designer, sparking her integration of H5P technology and Universal Design for Learning (UDL) strategies to create engaging and accessible content in a blended high-acuity med/surg course.
	Stacey Waters, RN, BScN, MN, BCCN, CCCI, CCNE, Researcher at the Center for Health Research, Innovation, and Scholarship, Nursing Faculty Saskatchewan Collaborative Bachelor of Science in Nursing. Stacey is passionate about using technology to enhance teaching and learning. She has presented on transitioning to electronic marking, studied IV skills in undergraduate nursing students, and is excited to help faculty deliver UDL lecture content using both H5P and hands-on strategies.
	Background and rationale: Faculty are challenged to meet the individual needs of the growing number of accommodated students in undergraduate nursing. Incorporating Universal Design for Learning (UDL) principles in blended lecture delivery is an essential skill for nursing faculty to meet the needs of diverse learners. However, few resources exist for specific application of UDL principles to blended lecture delivery. Over the last year, we have integrated a range of UDL principles into both digital tools and hands-on approaches to teaching and learning.
	Learning objectives:
	1. Workshop participants will discuss successes and challenges in delivering content within the current climate of increased academic accommodations.
	2. Workshop participants will apply UDL principles to blended lecture learning strategies.
	3. Workshop participants will recreate learning strategies within an H5P digital platform.
	Workshop overview: Are you interested in creating engaging learning opportunities for the online learning environment? We have been developing our capacity in Universal Design for Learning (UDL) strategies within a blended lecture environment. We will share key insights about face-to-face strategies and demonstrate how H5P tools can be used to enhance online content. Our workshop will provide the opportunity to explore UDL principles using face-to-face and H5P strategies while supporting interactions with other nursing educators.
	Expected outcomes: Workshop participants will learn about Universal Design for Learning (UDL) concepts and how they are being applied by the presenters and other participants in undergraduate nursing education settings. Specifically, participants will learn how to create H5P content for use in blended learning environments along with teaching and learning strategies that support UDL in the face-to-face classroom. Written list of resources to develop H5P content will be available for participants.
	Target audience: Nurse educators who deliver asynchronous content online and those who facilitate face-to-face lectures.