Wisconsin
League *for* Nursing

Spring CONFERENCE

Supporting Nurse Educators in an Evolving World

Saturday, April 25, 2026

7:00am-3:00pm | UW - Stevens Point

*This CE Activity, OLN-S-3241-2026 offered by Wisconsin League for Nursing has been approved for **5.1 contact hours** by the Ohio Board of Nursing through the approver unit at the Ohio League for Nursing (OBN-006-92) and the program is approved to be offered through April 20, 2028.*

SCHEDULE OF EVENTS

7:00 AM
Doors Open, Registration, Exhibitor & Poster Viewing, Continental Breakfast Served

8:00 AM
Welcome, Opening Announcements
Marijo Rommelfaenger, PhD, RN, CNE - WLN President

8:10 AM – 8:55 AM
Morning Session 1 - **"From Foundations to Practice: Using the NCSBN Clinical Judgment Model to Prepare Practice-Ready Graduates"** - *Lisa Brennan, DNP, MBA, RN, FNP-BC, CNE & Melissa Brown, PhD, RN, CNE*

8:55 AM – 10:00 AM
Break - Visit Posters & Exhibitors

10:00 AM – 10:45 AM
Morning Session 2 - **"Extending Academic Foundations: Enhancing Clinical Judgment and Decision-Making in Transition-to-Practice Programs"** - *Thora Tollefson, MSN, RN, CCRN, TCRN*

10:45 AM - 11:00 AM
Break

11:00 AM - 12:30 PM
Panel Presentation & Discussion - **"Shared Responsibility, Shared Outcomes: Perspectives from Academia, Nurse Residency, and New Graduate Voices for Practice Readiness"**
Moderator: Erika Janssen, PhD, MSN, RN
Panel Participants – Lisa Brennan, Melissa Brown, Thora Tollefson, Mike Pietsch, Stephanie Suprise, Kimberly Herr

12:15 PM - 1:00 PM
Lunch - Visit Posters & Exhibitors

1:00 PM - 2:00 PM
Afternoon Session 1 - **"Innovative Strategies in Nurse Residency: Building Clinical Judgment Beyond Graduation"** - *Stephanie Suprise, MSN, RN & Kimberly Herr, MSN, RN, RNC-OB*

2:00 PM - 3:00 PM
Afternoon Session 2 - **"Empowering Nurse Educators: Building Capacity to Teach, Mentor, and Transition Practice-Ready Nurses" -** *Mary McMahon Bullis, PhD, RN, CCRN & Vicki Swaney, DNP, MSN Ed, RN*

3:00 PM
Wrap Up and Evaluations

Hello WLN Members and Guests!

Thank you for attending the 2026 WLN Spring Conference. We are happy to have you join us in-person or virtually in Stevens Point, WI! As we fulfill our mission and goals to provide the best in professional development opportunities for nurses and nurse educators, we are thrilled to offer another great conference. Thank you to UW-Stevens Point for hosting us!

Our conference theme, “From Classroom to Care: Bridging Education and Practice – Preparing Nursing Students for Real-World Care,” brings together academic and practice leaders to explore evidence-informed strategies for developing practice-ready nurses. Grounded in the NCSBN Clinical Judgment Model, this conference highlights academic, clinical, and transition-to-practice approaches that strengthen clinical judgment. We are excited to have our speakers join us today, their bios along with the conference schedule is included in this program.

We also thank Higher Learning Technologies, the creators of NCLEX-RN Mastery, for their support of the WLN and for their forward-thinking support of our up-and-coming nursing students, soon to graduate and join the nursing profession. Higher Learning Technologies offered nursing students an NCLEX-RN Prep workshop on April 18th - we had over 450 unique nursing students attend the session!

The WLN continues our support of nurses and nurse educators for dissemination of their research and projects. We continue to grow this exciting initiative, with many individuals, teams, and research groups sharing their work through the Poster Presentations. Some presenters are here in-person, and many are presenting virtually. Click ***Posters*** within our WLN website tabs to view the virtual posters and all of the abstracts or use the provided QR Code.

SCAN ME

The WLN also sincerely thanks our 2026 Institutional (Annual) Sponsors and Spring 2026 Partners who support us so we are able to continue to offer excellent programming. If you are here today in person, stop by and thank the sponsors and partners for their support, and find out the exciting opportunities each one has to enhance your career or networking potential. If you are joining us virtually, all our sponsors can be found in this program.

Our Fall Conference is scheduled for November 7th in the Southeast, WI area. Stay tuned to our website for more information.

We are grateful you are here today in person or virtually. Enjoy the event!

Sincerely,

Marijo Rommelfaenger, PhD, RN, CNE

WLN President

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Wisconsin Association Management
11801 W. Silver Spring Dr., Ste. 200
Milwaukee, WI 53225
kristin@wamllc.net

Grace Kelley, Marketing Manager
Wisconsin Association Management
11801 W. Silver Spring Dr., Ste. 200
Milwaukee, WI 53225

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MEET THE SPEAKERS

LISA BRENNAN, DNP, MBA, RN, FNP-BC, CNE

Lisa Brennan, DNP, MBA, RN, FNP-BC, CNE is a Clinical Assistant Professor at the University of Wisconsin–Milwaukee School of Nursing. In addition to teaching Concepts of Pathophysiology and Pharmacology 2 & 3, she also is the Health and Illness and Foundations Level Curriculum Coordinator. In this role, she leads program-level curriculum design and refinement, ensuring alignment with contemporary competencies and regulatory expectations, including the integration of the NCSBN Clinical Judgment Model across foundational and clinical coursework. Dr. Brennan is deeply engaged in faculty development and mentoring, supporting instructors in adopting evidence-based teaching strategies, enhancing assessment practices, and strengthening clinical judgment instruction to better prepare practice-ready graduates. Drawing on her background as both a nurse educator and practicing Family Nurse Practitioner, she brings a dual lens of academic rigor and real-world applicability to her work. Her scholarship focuses on innovative pedagogy, flexible assessment frameworks, and simulation-enhanced learning in theory courses.

MELISSA BROWN, PHD, RN, CNE

Melissa Brown, PhD, RN, CNE, is a Clinical Associate Professor and Traditional BS Program Director at the University of Wisconsin–Milwaukee College of Nursing. She teaches pathophysiology and pharmacology and is committed to fostering nursing students' academic and clinical success.

Dr. Brown's scholarship emphasizes applied, collaborative work in nursing education. It integrates literature synthesis with practical program-level implementation to drive systemic improvements in nursing education and workforce diversification. Her recent publications, posters, and presentations focus on holistic admissions in baccalaureate nursing programs, nursing leadership during the COVID-19 pandemic, implementation of Dedicated Education Units in medical-surgical rotations, and development of NCLEX-RN early testing policies.

In addition to her academic and administrative roles, Dr. Brown maintains part-time clinical practice as an Adult ICU Registered Nurse in Milwaukee, drawing on nearly fifteen years of bedside experience to inform her teaching, mentorship, and leadership. She also serves as an NCLEX mentor, guiding students through their transition to professional practice. In recognition of her teaching excellence, she received the DAISY Award for Extraordinary Faculty in 2018.

THORA T. TOLLEFSON, MSN, RN, FNP-BC, CCRN, TCRN

Thora T. Tollefson is a critical care nurse leader with more than 30 years of experience in intensive care, trauma nursing, military medicine, and clinical education. She serves as the Critical Care Nurse Pathway Program Manager at Marshfield Medical Center in Marshfield, Wisconsin, where she leads the development and implementation of a critical care nurse residency and training pathway that supports newly hired nurses transitioning into high-acuity practice.

Tollefson maintains active clinical practice in the Surgical Intensive Care Unit and is an experienced instructor and course director for the Trauma Nursing Core Course (TNCC) and Emergency Nursing Pediatric Course (ENPC). Her professional interests include nurse residency programs, simulation-based education, trauma preparedness, and evidence-based practice.

She holds a Master of Science in Nursing from the University of Wisconsin–Eau Claire and is board-certified as a Family Nurse Practitioner, Critical Care Registered Nurse, and Trauma Certified Registered Nurse. She has authored peer-reviewed publications and presented on nursing practice and professional development at regional and national conferences.

MEET THE SPEAKERS

ERIKA JANSSEN, PHD, MSN, RN

Erika Janssen, PhD, MSN, RN is an Assistant Professor of Nursing at the University of Wisconsin–Oshkosh, where she teaches in the School of Nursing and Health Professions. She earned her PhD in Nursing from the University of Wisconsin–Milwaukee, a Master of Science in Nursing Education and Bachelor of Science in Nursing from UW–Oshkosh, and an Associate Degree in Nursing from Fox Valley Technical College.

Dr. Janssen's expertise includes online and accelerated nursing education as well as medical-surgical and cardiac nursing. Her scholarly work and presentations focus on topics such as maternal–infant health, nursing education, and improving healthcare outcomes for diverse populations. She is committed to fostering critical thinking, clinical judgment, and compassionate, patient-centered care in future nurses.

In addition to her academic role, Dr. Janssen is actively engaged in professional leadership and currently serves as President-Elect of the Wisconsin League for Nursing, supporting initiatives that advance nursing education and professional development across the state.

Dr. Janssen is passionate about creating inclusive, engaging learning environments and advancing the nursing profession through mentorship, faculty development, and the preparation of a highly skilled and adaptable nursing workforce.

STEPHANIE SUPRISE, MSN, RN

Stephanie Suprise is a Nurse Education and Practice Specialist who advances transition-to-practice and nurse retention through innovative, outcomes-driven program design. She currently leads the nurse residency program and has experience leading nurse extern initiatives, bringing a comprehensive, end-to-end perspective on workforce development and role transition.

Her work challenges traditional orientation models by extending learning beyond onboarding and intentionally developing clinical judgment, decision-making, professional identity, and resilience in new graduate nurses. She leverages evidence-based frameworks, including the NCSBN Clinical Judgment Model, to align academic preparation with real-world practice expectations.

KIMBERLY HERR, MSN, RN, RNC-OB

Kimberly Herr, MSN, RN, RNC-OB is a Registered Nurse Clinical Educator at ThedaCare Regional Medical Center in Appleton, Wisconsin. She brings extensive clinical expertise in labor and delivery nursing, with over 12 years of experience supporting women and families across the perinatal continuum.

Ms. Herr holds a Master of Science in Nursing Education from Western Governors University and a Bachelor of Science in Nursing from Marian University of Fond du Lac. Her clinical background includes direct care as a labor and delivery nurse, where she developed a strong foundation in obstetric nursing and patient-centered care.

Ms. Herr is passionate about nursing education and is dedicated to preparing nurses for clinical excellence through evidence-based practice, mentorship, and innovative teaching strategies. She serves as a clinical educator supporting the Nurse Residency Program, New Graduate RN Rounding Program, and nursing orientation initiatives. Responsibilities include designing, coordinating, and evaluating educational experiences that promote clinical competence, critical thinking, and professional role transition for newly licensed nurses.

MEET THE SPEAKERS

MICHAEL PIETSCH, ADN, AAS, RN, CCEMT-P

Michael Pietsch, ADN, AAS, RN, CCEMT-P is a Critical Care Registered Nurse in the Medical Intensive Care Unit at Marshfield Clinic Health System. With a diverse background spanning both emergency medical services and nursing, Michael brings a unique and comprehensive perspective to patient care across prehospital and acute care settings.

As both a Registered Nurse and Critical Care Emergency Medical Technician–Paramedic, he has developed expertise in rapid assessment, stabilization, and the management of critically ill patients. His experience in high-acuity environments has strengthened his skills in clinical decision-making, teamwork, and interprofessional collaboration.

Michael is particularly passionate about bridging the gap between prehospital and hospital-based care, working to improve patient outcomes through seamless transitions and evidence-informed practice. He is also committed to professional development and education, supporting the growth of healthcare providers and advancing excellence in emergency and critical care.

MARY MCMAHON BULLIS, PHD, RN, CCRN

McMahon Bullis, PhD, RN, CCRN is an Assistant Professor of Nursing at the University of Wisconsin-Eau Claire, who teaches in both undergraduate and graduate programs across didactic and clinical settings. With over 30 years of experience in cardiovascular and critical care nursing, her clinical background includes electrophysiology, heart failure, and pulmonary hypertension care coordination. Dr. McMahon Bullis's scholarship focuses on psychosocial adaptation to chronic illness, particularly among individuals living with implantable cardioverter-defibrillators (ICDs), and the integration of narrative inquiry and emerging technologies to support person-centered care. She is passionate about mentorship, faculty development, and preparing practice-ready nurses through innovative, evidence-based teaching strategies.

VICKI SWANEY, DNP, MSN-ED, RN

Vicki Swaney, DNP, MSN-Ed, RN is an experienced nursing professional with a diverse clinical background spanning oncology, chronic disease management, and community-based care. Her expertise includes managing patients with complex conditions such as congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), diabetes, cancer, and multiple sclerosis (MS), as well as providing skilled care in IV therapy, hospice, and wound management.

Dr. Swaney is deeply committed to advancing nursing education and practice. She is particularly passionate about faculty mentorship and development, supporting the growth of educators to strengthen the future of the profession. Her work emphasizes the integration of current evidence-based practice (EBP) into clinical and academic settings, along with fostering innovative approaches to improve patient outcomes and educational effectiveness.

Improving Maternal and Child Health Outcomes: The Impact of Educational Brochures on Pregnant Women's Knowledge of Oral Health during pregnancy

Alaa Khatib
Doctor of Nursing Practice at University of Wisconsin Oshkosh
alaaabukhdair5@gmail.com
Category: Case Presentation, EBP or QI

ABSTRACT
Background: pregnancy periodontal disease has been linked to adverse maternal and infant health outcomes, including pre-eclampsia, gestational diabetes, low birth weight infants, and preterm birth. Even with this information available, many women are still unaware of the connection between poor oral health and adverse pregnancy outcomes.

PURPOSE:
This quality improvement project aims to evaluate the impact of an educational brochure on pregnant women's knowledge of pregnancy periodontal disease and its complications.

METHOD:
A pre-post six-items questionnaire using the Likert scale guided by the Health Belief Model was utilized at the Women's Health Specialist prenatal clinics in the fox cities in Wisconsin. The pregnant women completed the questionnaires before and after reviewing the brochure. A paired samples t-tests were used to analyze the pre- and post- intervention.

RESULTS:
Results were statistically significant of ($p < .01$) revealing an improvement in the post- survey with moderate to large effect sizes. The improvement was observed in five of six items of the questionnaire (perceived susceptibility, severity, benefits, self-efficacy, and cues to action), one item addressing the perceived barriers didn't demonstrate a significant improvement indicating the need for further clarification in conveying the message regarding the safety of dental care during pregnancy.

CONCLUSION:
The implemented brochure effectively increased the women's knowledge and awareness of pregnancy periodontal disease and enhanced the participants self-efficacy; the knowledge provided the necessary clinical literacy to discuss oral health with their obstetric providers.

Keywords: *periodontal disease, pregnancy, maternal health, oral health education*

Bridging the "Know-Do" Gap: Implementation of a Standardized Non-Pharmacological Anxiety Management Protocol in a Pre-Operative Clinic

Elise Boucher, BA, BSN, RN, DNP Student
bouche77@uwosh.edu
University of Wisconsin-Oshkosh
Category: Nursing Research

BACKGROUND
Perioperative anxiety affects approximately 80% of surgical patients, causing a physiological stress response that can negatively impact anesthesia requirements, postoperative pain, and recovery. Although extensive evidence supports non-pharmacological interventions–such as controlled breathing and music therapy–a "know-do" gap exists. Current practice frequently relies on subjective nurse intuition rather than standard protocols. This project was inspired by the need to shift from unstructured care to a formal, evidence-based delivery within a pre-operative optimization setting.

AIMS
This Quality Improvement project aims to evaluate the impact of a Standardized Preoperative Anxiety Management Protocol (SPAMP) on nursing practice. Goals include achieving 90% staff training compliance on the SPAMP and improving nurse self-reported confidence in managing patient anxiety.

METHODS
We use a "process-first" design grounded in implementation science. The intervention features a clinical decision flowsheet and standardized patient education handouts (4-7-8 Breathing and Calming Audio). RNs, NPs, and PAs completed a mandatory educational module. Once finished, these clinical staff used the SPAMP across four weeks. Data collection is via a set of pre- and post-intervention surveys, focusing on completion of training and protocol usage through yes-no questions and change in professional self-efficacy through 5-point Likert scale questions.

RESULTS
Anticipated results include a notable increase in nurse-led interventions; the post-intervention survey should show a statistically significant increase in nurse confidence and protocol implementation.

CONCLUSION
The SPAMP filters complex evidence into a manageable clinical workflow. The project demonstrates that providing nurses with standardized, evidence-based resources can reduce reliance on subjective judgements and promotes a more consistent, high-quality patient experience.

CLINICAL OR NURSING EDUCATIONAL IMPLICATIONS
This project highlights the importance of continuing education in bridging the research-to-practice gap. For nursing education, the project conveys the need for curricula to emphasize not only the content of evidence-based interventions, but also the mechanics of implementation. In clinical practice, the SPAMP assists in elevating the pre-operative nurse from data collector to proactive interventionist, reinforcing psychological support as a core nursing competency.

Cultural Diversity and Disparities in Health Care Simulation Scenario

Vicki Swaney DNP, MSN Ed, RN
vswaney1@yahoo.com
University of Wisconsin-Milwaukee
Vipavee Thongpriwon PhD, RN, CNE
Category: Case Presentation, EBP or QI

BACKGROUND AND SIGNIFICANCE:
Structural racism and health care disparities continue. Patients with sickle cell disease (SCD) remain exceptionally vulnerable to disparities. They suffer from stigmas, lack of well-trained providers, and lack of support for their needs with the priorities of their health care teams (Smith et al., 2022).

PURPOSE OF THE PROJECT:
The purpose of the simulation scenario is to provide a safe learning environment) on stereotype/ biases using assessment techniques for students to evaluate their own implicit biases, ethical decision making, promoting communication and collaboration, teamwork and collaboration and compromise with a diverse patient scenario

LITERATURE REVIEW:
Despite the growing interest with improving health outcomes, health care professionals and racism remains a root cause of racial health inequities (Baily et al., 2017). Racism causes suffering from stigmas, lack of well-trained providers, and from misalignment of their needs with the priorities of their health care teams (Smith et al., 2022).

DESCRIPTION OF POPULATION/ SETTING:
African American Population seeking care in the acute care setting.

OUTCOMES:
1. Employ strategies to employ diversity, equity, and justice
2. Conduct appropriate Assessments skills demonstrating critical thinking skills
3. Demonstrates teamwork and collaboration Conclusion and Implications: Simulation Scenario provides an additional learning experience for reflection and awareness of racism and stereotype/ biases for improvement in health care and health outcomes.

References:
Bailey, Z. D., Krieger, N., Agenor, M., Graves, J., Linos, N., Bassett, M.T. (2017). Structural racism and health inequities.
The Lancet, 389 (10077), 1453 – 1463. Smith, W. R., Valrie, C., & Sisler, I. (2022).
Structural racism and impact on sickle cell disease: Sickle cell lives matter. Hematology/Oncology Clinics of North America, 36(6), 1063– 1076.
Bridging the "Know-Do" Gap: Implementation of a Standardized Non-Pharmacological Anxiety Management Protocol in a Pre-Operative Clinic

Pregnancy Intention Screening for Women of Reproductive Age with Substance Use Disorders

Lead Author: Cassie Fissell, RN, BSN, DNP-PMHNP Student
University of Wisconsin Oshkosh,
Contact email: fissellca24@uwosh.edu
DNP Project chair: Bonnie Nickasch, DNP, APNP, FNP-BC, PMHNP-BC

CASE PRESENTATION
This Quality Improvement (QI) project focuses on supporting outpatient behavioral health providers in initiating routine pregnancy intention discussions with women of reproductive age with substance use disorders (SUDs). Although national guidance recommends proactive assessment of reproductive goals, these conversations are inconsistently addressed in behavioral health settings due to provider uncertainty and concerns about stigma.

SETTING
The project will be implemented in a clinical outpatient behavioral health and addiction medicine clinic serving adult women of reproductive age. Participating providers include two nurse practitioners and one physician.

BACKGROUND INFORMATION
Qualitative literature illustrates that women with SUDs frequently experience stigma, fear of surveillance, and negative healthcare interactions, which can influence care engagement and maternal confidence. Providers have reported uncertainty about how to initiate pregnancy intention discussions in a trauma-informed manner. Informal assessment within the chosen clinic revealed the absence of a standardized approach to addressing reproductive goals during routine visits, identifying a clear opportunity for structured intervention.

INTERVENTIONS
A brief educational session grounded in trauma-informed care principles will be delivered to participating providers. A standardized pregnancy intention screening tool will be integrated into the existing rooming workflow. Provider comfort, confidence, and perceptions of stigma will be evaluated using pre- and post-intervention surveys. Aggregate, de-identified screener utilization data and qualitative provider feedback will be collected to assess feasibility and perceived value.

DISCUSSION/RECOMMENDATIONS
This project demonstrates how structured educational interventions and standardized screening tools can support nurses and advanced practice providers in initiating sensitive reproductive health discussions within behavioral health settings. Findings will inform recommendations for integrating pregnancy intention screening into routine practice and highlight the role of trauma-informed communication education in strengthening provider confidence and promoting patient-centered care.

We Cath To Do It: A Multi-Method Approach to Post Catheterization Nursing Education on a Progressive Care Unit

Jaime Uecker MSN, RN, CCRN, PCCN, NPD-BC
jaime.uecker@gmail.com
Froedtert Heath
Category: Informational

BACKGROUND:
An increase in post–cardiac catheterization patients on the Progressive Care Unit (PCU) revealed a need for enhanced nursing education specific to this population. The complexity of care, combined with a growing number of novice staff, underscored the importance of strengthening clinical preparedness.

PURPOSE:
The purpose of this initiative was to investigate educational needs and develop a comprehensive program that met diverse learning styles while promoting best practices in the care of post–cardiac catheterization patients.

SYNTHESIS OF EVIDENCE:
Research supports the use of varied educational methods to improve learning outcomes, particularly when addressing multiple generations and learning preferences. Evidence shows that incorporating visual, auditory, and tactile approaches increases engagement and supports deeper understanding, ultimately improving clinical competence.

PRACTICE CHANGE:
Over a three-month period, structured educational sessions were implemented on the PCU. All registered nurses were required to attend and actively participate. Each session integrated multimodal learning strategies, and simulation training was included to strengthen assessment and management skills for femoral artery access sites post-catheterization. Additional sessions were added based on audit findings and ongoing needs assessments.

IMPLEMENTATION STRATEGIES:
Education was delivered through a blended approach that combined didactic instruction, hands-on demonstration, simulation, and real-time feedback. Continuous auditing and staff input guided iterative improvements to the program.

EVALUATION:
Post-implementation audit data demonstrated improved clinical performance, and staff-to-patient acuity alignment supported safer, more effective care. Positive patient outcomes were observed among the post-catheterization population following the educational intervention.

IMPLICATIONS FOR PRACTICE:
Addressing individual learning needs and utilizing multi-method educational strategies enhances nurse competency and promotes consistent, high-quality care. This approach contributes to improved patient outcomes and supports ongoing professional development in the PCU setting.

Development and Implementation of an Early NCLEX-RN Examination Policy

Mandy Sheriff DNP, MSN, RN, CNE, Kylateia Farrar-Stern, PhD, MSN, RN, CNE, MEDSURG-BC;
Melissa Brown, PhD, RN, CNE
School of Nursing, University of Wisconsin-Milwaukee
sheriff@uwm.edu
Category: Informational

BACKGROUND:
As new graduate nurses enter the licensing pipeline in the state of Wisconsin, it can lead to a bottleneck with delayed processing and extended waiting times for students to take their licensing exam and enter the nursing workforce. In 2023, the Wisconsin Department of Safety and Professional Services (DSPS) implemented a path that allows nursing students in their final semester to apply for and take the licensing examination prior to graduation and allowed nursing programs to determine whether they wanted to participate in this and to establish policies to do so.

PURPOSE:
This project aimed to implement a policy that could be applicable to all nursing students in an undergraduate nursing program by establishing criteria for students to reach in the nursing curriculum to demonstrate a strong likelihood of successfully passing their licensing examination.

DESCRIPTION OF TOPIC:
At a large urban university with a baccalaureate nursing program, an initial policy was developed and piloted during the Spring 2023 semester with a single, high-achieving nursing student. After the initial semester (Spring 2023) the policy was modified and expanded to all undergraduate nursing students in the final semester of the program beginning in the Fall 2023 semester.

IMPLICATIONS:
The initiative has generated considerable excitement among students. The prospect of passing the licensing exam prior to graduation has motivated many to thoughtfully engage with the licensure preparation materials developed for the course. Since implementation, each semester more students have reached the internal policy benchmark resulting in licensing paperwork being processed earlier and students given the option to test early.

Many students choose to take the licensing examination early, while others prefer to wait, often expressing that they like the idea of being “in the queue” for licensing. Students who have successfully passed the exam are acknowledged by the Dean of the College at their pinning ceremony. Implementing a policy that enables students to pursue licensure and sit for the licensing examination while still enrolled in the nursing program provides a faster pathway into the workforce and serves as a significant source of satisfaction and motivation for students.

Brewed for Enhancing Nurse Engagement in Career Development

Authors: Kristen D. Peterson, MSN, RN, NPD-BC; Mikayla Landowski, MSN, RN, NPD-BC, PMH-BC
Email: kristen.peterson@va.gov
Case Presentation or Educational Strategy

Quality Improvement Project: Career Development Engagement Initiative

Setting: Academic Federal Healthcare System

BACKGROUND:
The 2024–2026 Learning Needs Assessment (LNA) identified career development as a major priority among nursing staff, with 42% ranking it as their second-highest need. Although multiple professional development resources existed, nurses expressed challenges with awareness, navigation, and accessibility. Published evidence consistently supports that structured career development initiatives strengthen resilience, promote professional satisfaction, and improve recruitment and retention within nursing.

The purpose of this project was to improve access to, understanding of, and engagement with career development resources for nursing personnel through an organized, accessible, and interactive educational initiative at a federal healthcare system.

INTERVENTIONS:
Career development is a known driver of nursing satisfaction and organizational stability. Research emphasizes the value of academic partnerships, professional certification, mentoring, and tiered career pathways in increasing retention and advancing nursing practice. Studies by Griffis & Probst (2025), Atalla et al. (2024), and Crossen & Hunter Revell (2024) highlight the impact of structured support on professional growth and workforce resilience. Guided by these findings, the Nursing Professional Development (NPD) team used the Plan-Do-Study-Act (PDSA) framework to implement a series of interventions including microlearning modules, a centralized SharePoint site, customized coaching, and interactive engagement events. Analytics such as certification rates, learning platform utilization, consult volume, and participation data were collected to evaluate outcomes.

DISCUSSION/RECOMMENDATIONS:
The initiative demonstrated that providing nurses with concise, accessible, and well-promoted career development tools meaningfully increases engagement in professional growth activities. Outcomes included increased certification rates (22% to 28%), expanded Relias utilization (<25% to 75%), and a rise in NPD coaching consults (0 to 103). Staff participation during NPD Week further confirmed interest, with 327 nurses engaged. Continued development will focus on optimizing SharePoint, expanding microlearning resources, and further evaluating how professional development engagement contributes to retention. This project models how NPD teams can drive nurse-led innovation and cultivate cultures of continuous professional achievement.

BSN@Home: 30 years Fostering Clinical Judgment through High-Impact Learning Experiences

Authors: Zoromski, L.M., Smith, L.M., Blakeslee, T., Simonson, N.M., Vandenhouten, C., Dwyer, D.E., & Brenner, G.M.H.
lorraine.zoromski@uwsp.edu
University of Wisconsin-Stevens Point
Category: Informational

BACKGROUND:
For 30 years, BSN@Home has provided a collaborative distance education pathway for associate degree (ADN) nurses to earn their BSN. By enrolling in one of the Universities of Wisconsin nursing programs, students engage in a transformative curriculum emphasizing leadership, technology, research, and population health. This intentional design pairs diverse virtual learning experiences, fostering clinical judgment necessary to bridge the gap between academic theory and nursing practice. While the core curriculum is mutually approved and aligned with the 2021 AACN Essentials, each institution provides unique capstone and clinical opportunities that build upon students' prior nursing experience. Core courses are delivered online in asynchronous 7- and 14-week formats year-round, with each nursing program contributing to instruction in core and special topic courses.

PURPOSE:
The purpose is to demonstrate how BSN@Home strengthens clinical judgment through asynchronous high-impact practices and learning experiences. High-Impact Practices (HIPs) include active learning, reflection, and collaborative experiences, and are associated with improved student outcomes. HIPs are mapped to current practice standards and learning outcomes with campus-specific experiential learning.

DESCRIPTION OF TOPIC:
Students complete high-impact classroom experiences in each course. Examples of these educational practices include patient case analysis and interviews, quality improvement projects, community assessment, and reflection assignments. Faculty create courses that provide individualized classroom and direct care experiences in healthcare settings to strengthen nurses' clinical judgment within their practice and community. Students enhance data analysis skills, identification and evaluation of patient care outcomes, and implementation of evidence-based interventions. These experiences emphasize interprofessional collaboration, requiring students to apply clinical judgment to identify patient needs and evaluate outcomes.

IMPLICATIONS:
Research shows improved patient outcomes when there is a higher percentage of BSN-prepared nurses. BSN@Home has contributed nearly 4,000 BSN graduates with transformative and transferable skills. Student feedback indicates coursework challenged their knowledge and experience as Registered Nurses. In addition, feedback commended the variety of assignments that fostered engagement and promoted critical thinking. Implementation of baccalaureate level nursing competencies in the workplace and community settings supports improvements in patient safety, population health outcomes, and leadership capacity.

The Case for Improved Electrocardiogram Education in Nurse Practitioner Programs

Authors: Brooke Grover (begrover@uwm.edu), BSN, RN, Dr. Lisa Brennan, DNP, MBA, RN, FNP-BC, CNE, Dr. Mandy Sheriff, DNP, MSN, RN, CNE, Dr. Adriene Markiewicz, DNP, RN, AGACNP-BC, CHSE, CNE
University of Wisconsin-Milwaukee
Category: Case Presentation, EBP or QI

EDUCATIONAL STRATEGY:
Evaluate the use of a structured learning approach to improve electrocardiogram (EKG) interpretation and clinical intervention skills among nurse practitioner (NP) students.

SETTING:
The project was conducted in both the Family Nurse Practitioner (FNP) and Adult-Gerontology Acute Care Nurse Practitioner (AGACNP) graduate-level nursing programs.

BACKGROUND INFORMATION:
EKGs are essential for timely clinical decision-making, yet NP students and practicing NPs often demonstrate low competency and self-reported preparedness (Williams et al., 2019; Rose & Moore, 2023; Conelius et al., 2022; Hart et al., 2016). Inconsistent clinical experiences, along with variable exposure, have contributed to gaps in knowledge and skill application, prompting the need for a more structured supplemental learning approach.

INTERVENTIONS:
Initially, five asynchronous microlearning sessions were implemented after standard lecture over a five-week period. The first three sessions focused on EKG rhythm interpretation, while the final two emphasized appropriate clinical interventions. A high-fidelity simulation followed the sessions to assess knowledge application and clinical reasoning.

DISCUSSIONS/RECOMMENDATIONS:
Pre-intervention findings demonstrated low baseline competency, with an overall average score of 46.79% on an EKG interpretation test across all students; AGACNP students averaging 60.01%, while FNP students averaged 29.10%. Prior exposure involving ≥50% of nursing shifts dedicated to EKG interpretation was a significant predictor of performance ($p = 0.00028$). Post-intervention simulation results indicated continued gaps, particularly in identifying key EKG findings, with an average score of 64.10% across three scenarios, and in effectively communicating in patient-friendly language, which averaged 47.73%. Programs should not rely solely on inconsistent clinical exposure, as all FNP students reported no weekly EKG interpretation and AGACNP students reported minimal exposure. Instead, competency-based, active learning EKG education should be integrated throughout DNP Programs. Active learning strategies are directly supported by strong positive feedback for the simulation debriefing, where students actively reviewed and interpreted EKGs from the scenarios, emphasizing the value of interactive, application-based learning. However, objective knowledge gains from simulation debriefing were not formally measured and warrant further evaluation.

Reducing Polypharmacy in Older Adults Using STOPP/START Criteria through Interprofessional Collaboration in a Skilled Nursing Facility

Adanna F. Okeke
College of Nursing, University of Wisconsin Oshkosh
okekea44@uwosh.edu
Kathleen Abrahamson, PHD RN - Committee Chair
Category: Case Presentation, EBP or QI

CASE PRESENTATION:
This quality improvement project focused on implementing a structured medication review process using the STOPP and START criteria to address polypharmacy in older adults. The goal was to support safer prescribing and help identify medications that are no longer needed, as well as medications that should be started.

SETTING:
This project was done in a clinical setting within a long-term care facility.

BACKGROUND INFORMATION:
Polypharmacy continues to be a major concern in older adults. It increases the risk of adverse drug events, falls, cognitive changes, hospitalization, and reduced quality of life. Even though there are evidence-based tools available, inappropriate prescribing is still common. This led to the development of this project, to see how using a structured tool could improve medication management.

INTERVENTIONS:
A pre and post intervention design was used. Residents aged 50 years and older with polypharmacy were reviewed using the STOPP and START criteria. Medications were assessed for appropriateness, and recommendations were made to stop unnecessary medications and start indicated ones when appropriate.

DISCUSSION/RECOMMENDATIONS:
There was a reduction in the total number of medications from 24.64 to 23.48. While this was statistically significant, it was not clinically significant. STOPP criteria were triggered 48 times, with 27% implemented, and START criteria were triggered 21 times, with 12% implemented. This shows that there are still gaps in implementation. Some of the factors included lack of provider buy in and limited understanding of the STOPP and START criteria.

IMPLICATIONS FOR NURSING PRACTICE:
This project shows that nurse practitioners play an important role in improving medication safety in long term care. They have the knowledge and skills to assess medications and apply evidence-based tools. Using tools like STOPP and START allows them to make better clinical decisions and reduce medication related harm. It also supports a more patient centered approach, where care is based on what is appropriate for the individual, not just routine prescribing.

Mitigating Compassion Fatigue Among Undergraduate Nursing Students: A Quality Improvement Initiative

Lead Author: Brianna M. Kleist
UW-Oshkosh DNP-FNP Student
briannasiebold@yahoo.com
Category: Nursing Research

BACKGROUND
Compassion fatigue (CF), marked by emotional and physical exhaustion in caregivers, significantly impacts nursing professionals, including undergraduate nursing students who are at increased risk due to the demands of clinical training and didactic education. Research underscores the necessity for effective strategies to build resilience and mitigate compassion fatigue in nursing education at the undergraduate level.

AIMS
The purpose of this project was to evaluate the effectiveness of mindfulness-based techniques on reducing compassion fatigue and burnout among students over a seven-week period. By implementing a structured educational learning module that encourages regular practice of mindfulness strategies, this quality improvement (QI) project aimed to assess changes in students' emotional well-being, as measured by the Professional Quality of Life (ProQOL) survey. This project sought to contribute to the understanding of how mindfulness interventions can enhance resilience and improve overall mental health in academic settings, ultimately fostering a more supportive learning environment.

METHODS
This quality improvement project employed the Resiliency Treatment Model, engaging 60 undergraduate nursing students in a seven-week mindfulness-based educational intervention during a Mental Health lecture. Changes in compassion satisfaction (CS) and burnout were measured using pre- and post-intervention Professional Quality of Life surveys.

RESULTS
Sixty participants in the pre-survey phase, 13 participants in the post-survey phase. Initially, 43.3% of participants reported high CS, 53.3% experienced average burnout. Following the intervention, 46.2% reported high levels of satisfaction and notable improvements in burnout levels. No statistically significant data to report a decrease in CF or burnout levels.

CONCLUSIONS
The project highlights the need for further research with larger cohorts to confirm the findings and assess long-term impacts.

CLINICAL IMPLICATIONS
Integrating mindfulness and coping strategies into nursing curricula, educators can better equip students to navigate the emotional challenges of the nursing profession, fostering a healthier, more sustainable nursing workforce. Further research is needed to examine long-term outcomes and the potential for program replication in various educational settings and among other disciplines.

THE REGISTERED NURSE'S ROLE IN IMPROVING HYPERTENSION MANAGEMENT WITHIN PRIMARY CARE

Ashley Smith, BSN, RN, DNP-FNP Student
University of Wisconsin-Oshkosh
boecka96@uwosh.edu
Category: Case Presentation, EBP or QI

ABSTRACT STUDY QUESTION AND BACKGROUND INFORMATION
This project addressed the question: In adult patients with hypertension (P), does the implementation of a nurse-led hypertension protocol (I), compared to standard care (C), improve blood pressure management and patient monitoring (O) over a 3-month period (T)? Hypertension (HTN) is a prevalent chronic condition in primary care and a major risk factor for cardiovascular disease. Registered Nurses (RNs) in family medicine clinics are uniquely positioned to influence HTN outcomes through targeted interventions, monitoring, and patient education.

DESIGN DESCRIPTION
This quality improvement project utilized a pre- and post-intervention design to evaluate the impact of an RN-led hypertension monitoring program implemented in a family practice setting in central Wisconsin.

METHODOLOGY
The project involved tracking the implementation of an RN-led hypertension monitoring program within a primary care setting that included routine blood pressure checks, patient education, and follow-up documentation. Data was collected over a 3-month pre-intervention period and a 3-month post-intervention period. Outcomes tracked during these timeframes included the number of RN-led blood pressure checks conducted through the hypertension monitoring program, total blood pressure checks, and hypertension management quality improvement scores for the two participating primary care providers.

REVIEW OF FINDINGS
After implementing the RN-led hypertension program, RN-performed blood pressure checks increased at the project site. Two of eleven primary care providers participated, and their hypertension quality improvement scores were analyzed. Statistical results showed no significant improvement following implementation, with p-values of 0.842 and 0.681 for the participating providers.

IMPLICATIONS AND RECOMMENDATIONS
Although the project did not yield statistically significant results, evidence in the literature supports RN-led interventions in hypertension management. Expanding structured RN roles in primary care may improve blood pressure control and patient outcomes, and broader implementation over a longer period could lead to more meaningful and generalizable results.

Keywords: *Nurse-led, Hypertension, Primary Care*

Practicing Mindfulness in First-year DNP-FNP Students via an 8-week Hybrid Course

Madison Post, RN, BSN, UW-Oshkosh DNP-FNP student
postm03@uwosh.edu
Chair: Dr. Mary R. Butler, Ph.D., RN, FNP-BC
Category: Nursing Research

BACKGROUND:
High stress levels in doctorate nurse practitioner (DNP) students represent a significant concern, negatively affecting their academic performance, mental health, and future professional success. At the University of Wisconsin Oshkosh School of Nursing and Health Professions (SONHP) there is a need to implement a dedicated course in mindfulness.

AIM:
Design, implement and evaluate four mindfulness modules within an established DNP-FNP course to reduce perceived stress and enhance psychological well-being among FNP students.

METHOD:
A DNP quality improvement project involved creating four embedded modules presented biweekly over an eight-week period in the N854 Advanced Health Assessment course. The Perceived Stress Scale (PSS) was used pre- and post-intervention to measure change in FNP students. Descriptive statistics and pre- and post-intervention PSS scores were measured.

RESULTS:
Fifteen participants completed pre/post surveys. Mean PSS pre-intervention was 18.47 (SD = 5.71) and post-intervention 19.13 (SD = 6.48); ($p > 0.05$). Overall mean PSS across all assessments was 18.80 (N = 30, SD = 6.01). Pre-intervention categorical distribution: 20.0% low stress, 80.0% moderate stress, 0% high stress. Post-intervention: 13.3% low, 73.3% moderate, 13.3% high. Combined across timepoints: 16.7% low, 76.7% moderate, 6.7% high. Findings did not show a measurable reduction in perceived stress in this cohort.

CONCLUSION:
The embedded mindfulness modules were successfully implemented but did not show significant changes in perceived stress among participating DNP-FNP students. Most participants remained in the moderate stress range, with a small increase in high-stress reports post-intervention.

CLINICAL IMPLICATIONS:
These mindfulness modules could be a useful addition to nursing curricula, complementing other campus wellness resources. Students exhibit higher levels of stress and require support. Strategies to boost engagement and adherence, longer follow-up, and integration with complementary support are needed to better evaluate and enhance the effectiveness of mindfulness interventions.

Attributes of Employment Important to Pre-licensure and New to Practice Registered Nurses for Recruitment and Retention

Joyce H. Cadorette, PhD, RN, CAPA, CPAN, Mary K. McCurry, PhD, RNBC, ANP, ACNP,
Jennifer Dunbar Viveiros, PhD, RN, CNE, Rayna M. Letourneau, PhD, RN
Lead Author Email: jcadorette1@umassd.edu
University of Massachusetts Dartmouth
Abstract Category: Nursing Research

BACKGROUND:
The United States is currently facing a nursing shortage. Recruiting and retaining new to practice registered nurses is essential to building the future nursing workforce and maintaining nursing skills at the bedside.Attributes of employment that new to practice registered nurses and pre-licensure nursing students identify as most important for job satisfaction and recruitment is essential to plan, develop, and implement strategies for successful transitions to practice.

METHOD:
A secondary analysis of data collected using the Job Factor survey from a sample of new to practice registered nurses (n=100) and a sample of pre-licensure nursing students (n=40) was performed. The Job Factor survey is a 10-item Likert scale that asks participants to score attributes of employment important to them upon entering the nursing workforce and for retaining them in the workforce. The data was analyzed to identify what attributes of employment new to practice registered nurses and pre-licensure nursing students identify as being most important in their transition to professional nurse for job satisfaction and recruitment and to determine the differences in ranking of attributes of employment between pre-licensure nursing students who graduated during the pandemic after abruptly stopping clinical and new to practice registered nurses who enrolled in a transition to practice program.

RESULTS:
Attributes of employment most important to new to practice registered nurses and prelicensure nurses were a structured program for onboarding, career development, encouragement, and salary.

CONCLUSION:
Knowledge of these attributes of employment important to new to practice registered nurses and prelicensure nurses can assist nurse leaders and healthcare organizations in developing strategies for recruitment and retention. Organizations can use this knowledge to enhance the transition experience for new to practice registered nurses leading to improved job satisfaction, a stronger sense of value within the organization, and ultimately increase retention and decrease turnover.

CLINICAL OR NURSING EDUCATIONAL IMPLICATIONS:
Nursing education academic programs can use this knowledge to better prepare students for workforce expectations by integrating transition-to-practice concepts and professional role development into curricula. Strengthening collaboration between academic institutions and clinical organizations may further enhance readiness for practice and improve long-term workforce retention.

Empowering Educators Globally: Cultivating Resilience Through Cross-Cultural Teaching

Contact: Andrea Archer, DNP, ARNP, CNE, Baylor University Louise Herrington School of Nursing. Andrea_archer@baylor.edu
Co author: Laura Butler, DNP, RNC-OB, WCS-C-CNEcl
Category: Case Presentation, EBP or QI

EDUCATIONAL STRATEGIES:
Structured mentoring circles, guided reflective exercises, and collaborative teaching approaches were implemented within a global partnership. These strategies emphasized peer support, reflective practice, and shared teaching experiences to promote resilience, strengthen professional identity, and enhance instructional confidence among nurse educators.

SETTING: Classroom

BACKGROUND:
Nurse educators working in global and resource-limited environments often face increased workload demands, curricular complexity, and the emotional labor of supporting diverse learners. These pressures can influence well-being, professional identity, and resilience. Recent scholarship emphasizes that resilience is a dynamic process shaped by individual strengths and support systems, including mentoring, reflective practice, and collaborative learning structures. International faculty development experiences deepen cultural competence and strengthen resilience among instructors and students. Mentoring supports role transition, identity formation, and confidence among faculty while resilience-focused strategies enhance well-being and retention. These frameworks informed the design of a cross-cultural teaching collaboration between Baylor University faculty and PhD nursing students at Nam Dinh University of Nursing in Vietnam.

INTERVENTIONS:
A two-week teaching immersion was implemented using resilience focused professional development. Daily seminars addressed nursing theory, concept development, scholarly writing, and reflective pedagogy. Small group mentoring circles supported identity formation and normalized challenges associated with doctoral study and academic transitions. Participants engaged in reflective journaling and resilience-building exercises. Collaborative lesson planning and co-teaching promoted shared learning, cross-cultural dialogue, and enhanced pedagogical confidence.

DISCUSSION:
Participants reported increased confidence in applying nursing theory, clarity in their academic roles, and improved resilience in managing scholarly expectations. Participants shared that they felt grounded in their professional identity, equipped with coping strategies, and reconnected to their sense of purpose, key indicators of growing resilience. The faculty identified mentoring circles, collaborative dialogue, and reflective practices as the most impactful components. This international partnership functioned as both a pedagogical development model and a resilience building intervention supporting nursing education capacity in Vietnam.

RECOMMENDATIONS:
Nursing programs should consider integrating structured mentoring, reflective activities, and collaborative teaching opportunities within both local and global faculty development initiatives. Expanding these strategies may strengthen resilience, support professional identity formation, and promote sustained instructional confidence among nurse educators.

Complementary Nurse Educator Competency Frameworks: Integrating Multiple Framework Perspectives

Mary McMahon Bullis
University of Wisconsin-Eau Claire
mcmahomm@uwec.edu
Category: Informational

PURPOSE:
Preparing practice-ready nurses in increasingly complex healthcare environments requires a comprehensive approach to nurse educator development. This work illustrates how nurse educator competency frameworks collectively support the preparation of practice-ready nurses through educator role development, clinical credibility, and focused expertise.

BACKGROUND:
Multiple competency frameworks guide nurse educator preparation, including those from the National League for Nursing (NLN), the World Health Organization (WHO), and the National Hartford Center of Gerontological Nursing Excellence (NHCGNE). These frameworks are often applied independently; however, they are complementary and collectively strengthen educator effectiveness. The NLN emphasizes evidence-based teaching and educator identity formation, WHO highlights global workforce preparation and clinical competence, and NHCGNE integrates aging science and person-centered care.

APPROACH:
A comparative analysis of domains across NLN, WHO, and NHCGNE frameworks was conducted to identify areas of alignment and unique contributions. Domains examined included educator role development, clinical and content expertise, teaching and curriculum, collaboration, and person-centered care.

KEY TAKEAWAYS:
Findings demonstrate that competency frameworks are complementary rather than competing. Shared domains support teaching effectiveness, clinical credibility, interprofessional collaboration, and ethical care. Unique contributions enhance educator preparation, particularly in addressing population health, global workforce needs, and the complexities of aging populations.

IMPLICATIONS FOR NURSE EDUCATORS:
Integration of competencies supports the transition from clinician to educator to scholarly leader, enhances curriculum responsiveness to population health needs, and strengthens development of student clinical judgment in complex chronic illness care. It also reinforces mentorship, professional identity formation, and lifelong learning.

CONCLUSION:
Integrating complementary nurse educator competencies strengthens faculty preparedness and advances the development of nurses capable of delivering safe, equitable, and person-centered care across the lifespan.

More Than Insulin: Learning Diabetes Through Lived Experience

Category: Informational
Karla Johnston, MSN, RN
Fort Hays State University
kdjohnston@fhsu.edu

BACKGROUND:
Nursing students entering clinical settings often experience decreased confidence and difficulty applying theoretical knowledge (Konlan et al., 2024). Traditional strategies, such as lectures and simulations, provide foundational knowledge but may not fully capture the complexity of chronic illness (INACSL Standards Committee, 2021). Experiential and patient-centered approaches, such as including patient narratives, have been shown to increase empathy, deepen understanding, and promote patient-centered care (Alberti et al., 2023; Cho & Kim, 2024). However, opportunities for meaningful patient interaction in pre-clinical settings remain limited.

PURPOSE:
The purpose of this teaching strategy is to enhance nursing students' understanding of diabetes mellitus by integrating a patient's lived experience into a skills-based laboratory. In a second-semester medical-surgical course at a Midwestern university, nursing students take part in a two-hour diabetes lab designed to prepare them for upcoming clinical experiences. The lab includes stations on hypoglycemia management, insulin administration, and patient self-care education, followed by a guest speaker living with diabetes who shares personal experiences. This approach seeks to improve empathy, clinical preparedness, and understanding of real-world diabetes management.

DESCRIPTION OF TOPIC:
Diabetes content was delivered through didactic sessions using active learning strategies, including gaming and collaborative testing. Students then participated in a skills laboratory, rotating through three stations: hypoglycemia recognition and treatment, insulin administration and dosage calculation, and patient education for self-management. The experience concluded with a large-group session featuring a university student with Type 1 diabetes, followed by a question-and-answer discussion.

IMPLICATIONS:
Integrating a patient with lived experience into a diabetes skills lab offers a practical way to connect theory and practice, build empathy, and support patient-centered care. This strategy can be easily incorporated into existing curricula and adapted to other chronic conditions to enhance student learning.

The NCLEX Games: Combining Academic Rigor and Celebration in Final-Semester Nursing Education

Authors: Cathryn Preisner (cmpreisner@fhsu.edu) & Jordan Petz (jtpetz@fhsu.edu)
Fort Hays State University
Category: Case Presentation, EBP or QI

EDUCATIONAL STRATEGY:
The NCLEX Games is an interactive, game show-style, team-based classroom activity designed to prepare final-semester nursing students for the NCLEX. Implemented within an on-campus Transition to Practice course, the strategy creates a fun, celebratory learning environment that reinforces NCLEX-style concepts while enhancing engagement and motivation.

SETTING:
The teaching strategy takes place in a classroom setting within a senior-level Transition to Practice course for final-semester Bachelor of Science in Nursing (BSN) students.

BACKGROUND INFORMATION:
This teaching strategy was inspired by concepts shared by nursing faculty at a professional conference and adapted to align with our course and program outcomes. A previously presented "NCLEX Game Night" model engaged students through collaborative, game-based review of NCLEX-style questions (Maxa & Greenwood, 2024). While effective, we sought to integrate a similar approach directly into our curriculum. Traditional NCLEX preparation platforms (that are currently used throughout our program), while valuable, can become repetitive and lead to decreased student engagement. Gamification offers an alternative approach that promotes active learning, self-assessment, and teamwork (Cusick, 2016; Nylen-Eriksen et al., 2025).

INTERVENTIONS:
The NCLEX Games are held about 4 weeks prior to graduation. Students are divided into teams and participate in a structured, game-based review session featuring comprehensive NCLEX-style questions spanning program content. The event includes music, team introductions, snacks and refreshments to foster a positive, fun, game-like atmosphere. Teams collaboratively answer questions, earn points, and compete in an engaging format. At the end of the game round, scores are tallied and all teams receive prizes. Through departmental and college support, prize packages include scholarships to help offset NCLEX application costs.

DISCUSSION/RECOMMENDATIONS:
This strategy highlights the importance of recognizing and celebrating students as they approach program completion. The NCLEX Games not only reinforces key concepts but also serves as a way to give back and thank students for choosing our program. The Games have been hailed as a final "hoorah" for the cohort to create memories together and bond before graduating. Incorporating a low-stakes, fun, engaging, collaborative review experience may enhance student morale, foster a sense of community, and support readiness for licensure.

Improving Orthopedic Patient Outcomes Through Routine Anxiety Screening and Provider Education: A Quality Improvement Initiative

Rashahla Yazdani, RN, MSN, DNP(c)
University of Michigan – Flint
ryazdani@umich.edu

CASE PRESENTATION OR EDUCATIONAL STRATEGY:
This quality improvement (QI) initiative implemented a standardized anxiety screening protocol combined with targeted provider education to improve the identification and management of anxiety in orthopedic patients. The project integrated the Generalized Anxiety Disorder-7 (GAD-7) screening tool into routine clinical workflow, supporting a more comprehensive and patient-centered approach to care.

SETTING:
The project was conducted in a high-volume outpatient orthopedic practice in Flint, Michigan, involving an interdisciplinary team of nurse practitioners, physician assistants, physicians, and clinical support staff.

BACKGROUND INFORMATION:
Anxiety is a prevalent yet frequently underrecognized condition in orthopedic populations and has been consistently linked to delayed recovery, decreased adherence to treatment plans, and poorer patient outcomes. In this practice setting, anxiety was not routinely assessed, and identification relied on patient self-reporting, resulting in missed opportunities for early intervention. This gap in care underscored the need for a structured, evidence-based approach to systematically identify and address anxiety as part of routine orthopedic management.

EVALUATION (STUDIES/ASSESSMENT):
A quasi-experimental pre–post design was utilized over a three-month period. Retrospective chart reviews were conducted to evaluate changes in the frequency of documented anxiety screenings, diagnoses, and management actions before and after implementation. Categorical outcomes were analyzed using chi-square testing to assess changes in provider practice patterns and patient engagement.

INTERVENTIONS:
Providers participated in a structured educational intervention based on American Psychiatric Association guidelines, which included training on the use of the GAD-7 screening tool and evidence-based anxiety management strategies. The screening process was embedded into routine clinical workflow, and patients received education on the impact of anxiety on recovery, with appropriate referrals and treatment options initiated when indicated.

DISCUSSION/RECOMMENDATIONS:
Implementation of this initiative resulted in increased rates of anxiety screening and more consistent incorporation of mental health assessment into orthopedic care. Providers demonstrated improved engagement and confidence in addressing anxiety, and patients showed greater participation in screening and follow-up care. These findings demonstrate that integrating anxiety screening into orthopedic practice is both feasible and impactful, representing a low-burden, high-value intervention. For virtual poster dissemination, this project highlights a scalable model that can be readily adopted across specialties to enhance patient-centered outcomes. Sustaining this initiative through workflow integration and expanding its use across clinical settings is strongly recommended.

Mindfulness-Based Interventions: Improving Quality of Care in Breast Cancer

Deborah Schindele, MA, PhD, FNP, PMHNP
Northern Arizona University
Dcs223@nau.edu
Category: Nursing Research

ABSTRACT
Breast cancer is the second leading cause of death in women and leads to decreased quality of life owing to increased anxiety, depression, fatigue, stress, and a lack of social support. The American Society for Integrative Oncology ranks mindfulness-based interventions (MBI) as the most highly recommended integrative interventions known to decrease the anxiety, depression, and fatigue, and improve the quality of life of breast cancer patients. However, they were not regularly used or recommended by support group facilitators of the project. A quality improvement was implemented with the five support group facilitators to address this deficit. The purpose was to determine if MBI education increases facilitator knowledge, perceived MBI importance, sharing, use and recommendation rates compared to baseline using educational tools and assessments developed for the project, and a free, readily available, flexible, secular MBI application called "UCLA Mindful". Assessments were made before education (Pre), following education (Post) and one month later (PP). Pre to Post and Pre to PP facilitator perceived MBI knowledge increased by 98% and 126%, the perceived importance of MBI, knowledge sharing, use, and recommendation increased by 99% and 124%, use of UCLA Mindful increased by160% and 200%, and 60% of the facilitators reported an increase in support group quality of life from "satisfactory" to "good" (Pre to PP). Despite limited participants, results suggest the improvement may have broader beneficial application and that support group facilitators should receive MBI training, including recommending MBI app use to improve quality of life in breast cancer.

Keywords: *mindfulness-based interventions, mindfulness-based applications, mindfulness-based education, breast cancer, anxiety, depression, stress, quality of life*

Achieving Population Health Competencies: A collaboration between Schools of Nursing and Project ADAM

Carolyn Ziebert, DNP, RN, University of Wisconsin-Milwaukee, cziebert@uwm.edu
Jodi Wenzel, RN, CPN - Children's Wisconsin
Alli Thompson, MBA - Children's Wisconsin
Category: Informational

BACKGROUND:
The American Association of Colleges of Nursing' publication The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021) outlines expectations for professional nursing education, including population health competencies. It is important for nursing schools to identify strategies to achieve these competencies.

Academic-clinical practice partnerships in nursing represent opportunities to bridge the gap between theoretical knowledge and real-world clinical application. These partnerships can promote mutual interests of nursing schools and practice settings and offer unique experiences to nursing students.

Project ADAM (PA) was launched by Children's Wisconsin as one of the first community-based initiatives tasked with preparing schools to respond to sudden cardiac arrest (SCA), including having automatic external defibrillators (AEDs) available. Schools are ideal locations for AEDs as more than 20% of the U.S. population is in schools on any given day.

PURPOSE:
The purpose of this poster is to describe how a partnership between a school of nursing and PA was used to achieve population health competencies through an undergraduate clinical rotation. This exemplar can serve as a model for other schools of nursing to implement.

DESCRIPTION:
The goal is to help schools work toward and complete Project ADAM Heart Safe School (HSS) designation. The PA Program Coordinator facilitates the work between the school of nursing, the educational institution, and PA. Nursing students address population health competencies through assessing the local community surrounding the school and school readiness for HSS designation. Deliverables created by nursing students can include creation of an emergency response plan for the school, training drills to respond to SCA, hands-only CPR training, and use of AEDs.

Implications:
PA can work with schools at the local, state, and national level along with regional nursing schools. Identification of programs, such as PA, can provide unique opportunities for nursing schools to help students to achieve population health competencies. Working with schools also offers nursing students' exposure to the pediatric population and the distinct role of school nurses. This model may benefit schools of nursing outside of large urban areas as this clinical experience can be workable in schools in any location.

Provider Education for Eligibility and Prescription of Xanomeline-Trospium Chloride

Melissa Hamachek, MSN/Ed, RN
DNP/PMHNP Student
Bellin College, Green Bay, WI
Melissa.hamachek@bellincollege.edu
Primary Faculty: Dr. Erica Dessart, DNP, PMHNP-BC, APNP; Program Director PMHNP Program, Bellin College
Category: Informational

BACKGROUND:
Schizophrenia is a debilitating, devasting mental illness for those living with the disorder. Individuals face challenges in health, occupational opportunities, socialization, and finances (American Psychiatric Association [APA], 2021). A new medication for schizophrenia was approved by the Food and Drug Administration in September 2024. Xanomeline-trospium chloride, a muscarinic acetylcholine receptor agonist, avoids neurologic side effects of dopamine receptor antagonists while reducing the symptoms of psychosis (Bristol Myers Squibb, 2025). It may lessen some of the cognitive burden of schizophrenia, providing opportunity for increased mental clarity.
While researchers have extensive knowledge of the consequences of anticholinergic medications, little is known about the pro-cholinergic system through muscarinic receptors works (Miller, 2026). Naeem, et al. (2024) discusses providers lack of comfort with prescribing medications which were not covered in their initial training. Without in-depth information about a medication for psychosis with an alternative mechanism of action, providers may be hesitant to prescribe it, despite positive initial and postmarketing patient results.

PURPOSE:
The purpose of this project was to develop and implement prescriber education on xanomeline-trospium chloride, along with an evidence-based protocol for adults with schizophrenia to determine eligibility for the medication.

DESCRIPTION OF THE TOPIC:
The current evidence reflects the effectiveness of xanomeline-trospium chloride for the treatment of symptoms of schizophrenia spectrum disorders. The EMERGENT trials, with original research and cited in multiple studies, provide Level I evidence of the effectiveness of the medication, along with dosing instructions, contraindications, and side effects (Meyer, et al., 2025). Few healthcare organizations have developed protocols guiding the use of Xanomeline- trospium chloride; those available are not comprehensive, presenting a gap in practice.

IMPLICATIONS:
Development of a protocol with criteria for use, contraindications, dosing titration, and mitigation of side effects for use in individuals living with schizophrenia will add value to the psychiatric toolbox of medications available to treat the disorder. Education on xanomeline-trospium chloride and the protocol may increase prescriber knowledge of and comfort with prescribing the medication.

Active Simulation in Nursing Education: Enhancing Learning Through Role Participation

Author: Kathryn Amrein, MSN, RN
klamrein@fhsu.edu
Fort Hays State University
Category: Informational

BACKGROUND:
Simulation is a foundational strategy in nursing education, traditionally emphasizing students in the clinician role. However, evolving educational approaches highlight the value of immersive, learner-centered strategies. Active simulation incorporates students into roles such as patient or family member, aligning with experiential learning principles described by David Kolb (1984). This approach enhances realism and supports deeper understanding of patient-centered care.

PURPOSE:
The purpose of this project is to examine how participation in an active simulation role, such as a patient or family member, influences nursing student learning outcomes, specifically empathy development, communication skills, clinical reasoning, and understanding of patient experience.

DESCRIPTION OF TOPIC:
The purpose of this project is to examine how participation in an active simulation role, such as a patient or family member, influences nursing student learning outcomes, specifically empathy development, communication skills, clinical reasoning, and understanding of patient experiences (INACSL, 2026).

IMPLICATIONS:
Integrating active roles into simulation can strengthen patient-centered care competencies, supports development of communication and interpersonal skills critical to nursing practice, encourages reflective learning and deeper clinical insight, faculty should ensure structured debriefing and psychological safety for effective implementation (AACN, 2026)

Building Community Through Nursing Student Engagement

Christina Lawver, MSN, RN
cmlawver@fhsu.fhsu
Fort Hays State University
Category: Case Presentation, EBP or QI

Background: Community engagement is a vital component of nursing education, promoting the development of clinical competence, empathy, and cultural awareness. Participation in service-learning allows nursing students to apply knowledge in real-world settings while addressing community health needs (Marcilla-Toribio, 2022). These experiences foster professional identity formation and strengthen connections between academic institutions and the communities they serve.

Purpose: The purpose of this poster is to highlight practical and meaningful ways nursing students can build community while enhancing their clinical skills, leadership abilities, and understanding of population health.

Description of Topic: Service-learning and community engagement are widely recognized in nursing education as effective strategies for improving student outcomes and community wellbeing.
Health Promotion Activities

- Blood pressure checks for senior foster grandparents
- Community health screenings

Supportive & Hospice Care

- Creating comfort care blankets
- Designing decorations for hospice environments

Community Outreach & Advocacy

- Raising donations for:
- Hospice organizations
- Developmental services
- Food banks
- Domestic violence shelters

Professional Development & Exposure

- Guest speakers from areas of nursing and advanced practice roles
- Touring flight nursing programs

Research supports that service-learning:

- Improves student confidence and communication
- Enhances cultural competence
- Strengthens community-academic partnerships
- Promotes positive community health outcomes

Implications for Nursing Educational Practice: Integrating community engagement into nursing curricula has significant benefits:

- Provides hands-on, experiential learning opportunities
- Enhances leadership, teamwork, and communication skills
- Encourages civic responsibility and lifelong service
- Increases awareness of social determinants of health
- Strengthens partnerships with local organizations

Educational Recommendation: Nursing programs should incorporate structured, consistent service-learning experiences to support both student development and community health improvement. Service learning enhances students' understanding of course content and fosters civic engagement (Pérez-Baena, 2025)

Improving Interdisciplinary Staff Knowledge and Comfort with Metabolic Syndrome in a Psychiatric Inpatient Setting

Author: Jenny Xiong DNP Student, MSN, APNP, PMHNP-BC; jenny.xiong@bellincollege.edu
Bellin College
Primary Faculty: Erica Dessart DNP, APNP, FNP-BC, PMHNP-BC;
erica.dessart@bellincollege.edu
Case Presentation, EBP or QI

EDUCATIONAL STRATEGY:
This quality improvement (QI) project evaluated a structured educational intervention designed to improve interdisciplinary staff knowledge and comfort with metabolic syndrome (MetS) in a psychiatric inpatient setting.

SETTING:
The project was conducted in an inpatient psychiatric facility and included interdisciplinary staff, including registered nurses, recreational therapists, and dietitians.

BACKGROUND INFORMATION:
Metabolic syndrome is highly prevalent among patients prescribed second-generation antipsychotics, contributing to increased risk for cardiovascular disease and diabetes. Despite established guidelines, metabolic monitoring and patient education remain inconsistent in psychiatric settings. Limited staff knowledge, lack of standardized processes, and competing clinical priorities contribute to gaps in care.

Evaluation:
A pre-post design was used to evaluate outcomes. Staff knowledge was assessed using a metabolic syndrome knowledge quiz, and perceptions were measured using a modified subset of the M-BACK questionnaire. Patient education practices were evaluated using checklist audits.

INTERVENTIONS:
The intervention included a 30-minute structured educational session supported by a presentation, patient education materials, a staff reference guide, and SMART goal templates. Education was delivered to nursing staff during a scheduled meeting and individually to select interdisciplinary staff. Reinforcement strategies included biweekly educational emails and a midpoint check-in.

DISCUSSION/RECOMMENDATIONS:
Quiz scores improved from 69.61% to 85.86%, and M-BACK scores increased from 2.85 to 3.48, indicating improved staff knowledge and confidence. Interdisciplinary participation in patient education audits was limited, highlighting barriers such as workflow constraints and role clarity. Ongoing education, improved documentation processes, and stronger interdisciplinary engagement are recommended to support sustained practice change.

This project demonstrates the effectiveness of targeted, APRN-led education in improving staff competence and supporting integration of physical and mental health care. Findings highlight the importance of interdisciplinary education and system-level support in enhancing nursing practice and patient outcomes in psychiatric settings.

When AI Shortcuts Become Clinical Risks: Downstream Effects Across Nursing Coursework, Capstone, and Clinical Practice

Presented by: Katie Weis, DNP, RN, AGCNS-BC
University of Wisconsin – Milwaukee, Clinical Assistant Professor
Contact: keweis@uwm.edu

The integration of generative artificial intelligence (AI) tools, such as ChatGPT, into nursing education is rapidly expanding through both instructional design and student-directed use. While these tools offer opportunities to support learning, uncritical and repeated reliance on AI may foster shortcut learning behaviors that undermine critical thinking, evidence appraisal, and knowledge synthesis, which are core competencies essential to safe nursing practice. Known concerns associated with generative AI include algorithmic bias, hallucinated or inaccurate outputs, limited transparency, and data privacy risks.

This work examines how uncritical AI use in nursing coursework may contribute to cumulative patterns of dependency that extend into RN-to-BSN capstone projects and clinical practice. Observations from capstone courses suggest that students may rely on AI-generated content for literature searches and synthesis, sometimes incorporating weak, incomplete, or unverifiable evidence into evidence-based practice (EBP) and quality improvement (QI) initiatives. These behaviors raise concerns about downstream effects on clinical reasoning, decision-making, and ultimately patient safety and quality of care.

Grounded in the ethical framework of the American Nurses Association Code of Ethics, which emphasizes that technologies are adjuncts rather than replacements for clinical judgment, this analysis highlights the need for proactive, curriculum-level interventions. Nursing educators must prepare students to engage with AI responsibly, critically, and transparently.

Key strategies include faculty development to strengthen competence in AI integration; clear curricular policies and guidelines defining appropriate AI use; and the incorporation of AI literacy across programs, including instruction on evaluating AI-generated outputs and verifying evidence. Additionally, assessment approaches should emphasize reflection, application, and competency-based evaluation to reinforce critical thinking.

A prevention-oriented, curriculum-wide approach is essential to mitigate risks associated with AI dependency while leveraging its benefits. By fostering AI literacy and ethical use among students, nurse educators can better prepare graduates to maintain clinical judgment, support evidence-based practice, and ensure safe, high-quality patient care in an evolving technological landscape.

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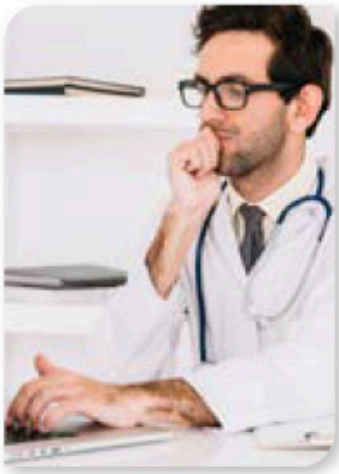

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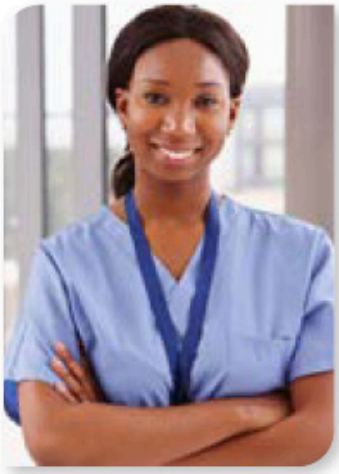

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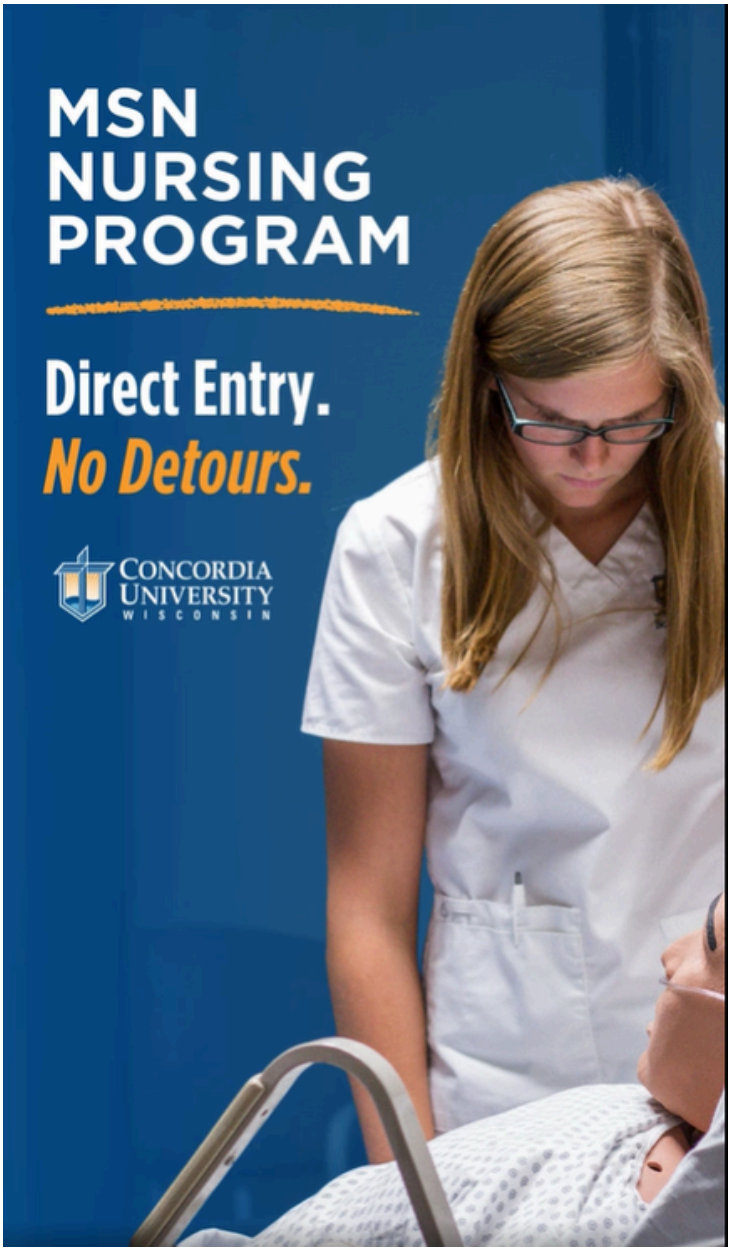
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