Naming the Harm: Reclassifying Faculty Incivility and Bullying as Type III Workplace Violence

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BACKGROUND

For more than 20 years, nurse faculty have described being subjected to ongoing aggression from colleagues and academic leaders (Clark et al., 2013; McGee, 2021). The literature identifies these behaviors as incivility, bullying, mobbing, or lateral violence, terms that describe the aggression but carry no obligation to prevent, report, or respond. Occupational safety research classifies worker-on-worker aggression as Type III workplace violence (WPV-III) (University of Iowa Injury Prevention Research Center [UIIPRC], 2001), and international health workforce guidance frames workplace violence as an occupational hazard (International Labour Office et al., 2002). Since 2022, The Joint Commission has required accredited hospitals to maintain workplace violence prevention programs with written policies, reporting systems, data review, and leadership oversight (The Joint Commission, 2021). However, no such mechanisms exist in academic settings.

PURPOSE

To propose that nursing faculty and academic leader aggression be reclassified and managed as WPV-III and subsequently be integrated as a criterion for program accreditation.

DESCRIPTION OF TOPIC

This poster compares how hospitals and nursing programs respond to the same behavior. In hospitals, violence prevention is tied to accreditation and, through it, to Medicare participation, creating accountability. Nursing program accreditation has no comparable requirement. As a result, harm to faculty is handled as interpersonal conflict, often by leaders within the same department. Reported consequences of violence include psychological and physical symptoms, intent to leave, and weakened program functioning, while students learn by watching that aggression among nurses is tolerated. With 1,588 faculty positions vacant nationally (American Association of Colleges of Nursing [AACN], 2025), the profession cannot afford to lose educators to preventable harm.

IMPLICATIONS

Nurse educators can begin by using WPV-III language in policy and scholarship. Academic leaders can adopt practices already standard in health care: a standalone prevention policy, reporting routes outside the department, incident tracking, and annual climate surveys. Accrediting and regulatory bodies should consider requiring evidence of these elements during program review. Renaming the problem is the first step toward making prevention an expectation rather than an option.

Low-Fidelity Simulation to Advance Competency-Based Assessment in Undergraduate Pathophysiology and Pharmacology

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BACKGROUND
Pathophysiology and pharmacology (P&P) are foundational components of undergraduate nursing education; however, students often struggle to apply theoretical knowledge in clinical settings. Before the curriculum redesign, a Midwestern school of nursing saw NCLEX pass rates decline to 86.4% in 2022. In Fall 2023, the program restructured P&P into a three-course sequence and incorporated low-fidelity Simulated Clinical Judgment Scenarios (SCJS) as competency-based summative assessments in the final course.

AIMS
To evaluate whether SCJS enhanced the application of P&P knowledge, strengthened clinical judgment aligned with the Clinical Judgment Measurement Model (CJMM), and served as an effective alternative to traditional examinations.

METHODS
Four traditional examinations were replaced by two written exams and three SCJS assessments. Students completed unfolding case scenarios that incorporated CJMM principles, pharmacology content, and medication calculation questions in timed small-group activities. A post-course survey assessed perceptions of knowledge application, clinical judgment, teamwork, time management, and readiness for practice. Descriptive statistics were used for analysis. Institutional Review Board approval was obtained.

RESULTS
Twenty students completed the post-course survey. Perceptions were positive (composite mean score 4.08/5; 70.8% rated items at "Agree" or higher). Highest ratings were applying P&P in clinical scenarios (4.48), connecting theory to practice (4.31), and transition-to-practice readiness (4.22); clinical judgment was 4.16. After the Fall 2023 P&P sequence redesign that included SCJS, program NCLEX-RN pass rates rose from 86.4% in 2022 to 95.93% in 2024. Findings are limited by small, self-reported samples.

CONCLUSIONS
SCJS provided a feasible and effective competency-based assessment strategy that promoted application of knowledge, clinical judgment, and collaborative decision-making.

CLINICAL OR NURSING EDUCATIONAL IMPLICATIONS
Low-fidelity simulation offers a scalable, resource-conscious approach to assessing CJMM-aligned clinical judgment in foundational P&P coursework. Integrating SCJS into foundational nursing courses may enhance readiness for practice and support improved program outcomes. Next work should strengthen person-centered prompts and evaluate outcomes across more cohorts.

Impact of Early NCLEX-RN Testing Policy on Graduate Nurse Licensing Timeline

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BACKGROUND
Nursing shortages have increased interest in policies that shorten time from graduation to practice. Wisconsin's "Accelerate Wisconsin" initiative allows graduates who pass NCLEX-RN before commencement to receive an RN license within 3 days of graduation (Department of Safety and Professional Services, 2023). One traditional program permitted eligible students to test before graduation. This study compared days from graduation to passing NCLEX-RN among graduates who were eligible and tested early, eligible but did not test early, and not eligible.
Aims: Does having a policy that allows for early testing for the NCLEX-RN allow graduates to get nursing license sooner and begin professional practice?

METHODS
Retrospective data were collected from undergraduate nursing graduates (Fall 2023 - Fall 2025; N = 401) at a Midwestern urban university. Groups were eligible and tested early (Group 1, n=77), eligible but did not test early (Group 2, n=136), and not eligible (Group 3, n=188). Time to test was calendar days from official graduation to passing NCLEX-RN; negative values indicate testing before graduation. Descriptive statistics and one-way ANOVA with Tukey post hoc tests were used.

RESULTS
Group 1 tested a mean of 6 days before graduation (M=-6, SD=13.26); Group 2, 23 days after (M=22.64, SD=19.11); and Group 3, 54 days after (M=54.47, SD=31.83). Differences were significant, $F(2, 398)=172.06$, $p < .001$, including all pairwise comparisons.

CONCLUSION
Eligible graduates who tested early had a substantially shorter time to passing NCLEX-RN than eligible nonusers and ineligible students. Authorizing prepared students to test before graduation may shorten the pipeline to practice.

IMPLICATIONS
Schools of Nursing should work to determine processes allowing students to take NCLEX-RN prior to graduation in order to get licensed and begin practice sooner.

Early Identification of Frailty in Older Adults: Integrating a Screening Tool into Clinical Practice

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INTRODUCTION

Frailty is an increasingly significant public health concern, particularly among hospitalized patients who develop Hospital-Acquired Deconditioning. Older adult patients often experience adverse outcomes and are more likely to require rehabilitation services before returning home safely. This Doctor of Nursing Practice (DNP) quality improvement project aimed to identify hospitalized patients at risk for frailty and increase rehabilitation referrals at discharge.

METHODS

Implementation of an evidence-based frailty screening tool in an intermediate care unit and its effect on rehabilitation discharge referrals were evaluated. Assessment data from 241 patients were analyzed using retrospective and prospective comparison groups before and after implementation of the screening tool.

RESULTS

Findings demonstrated a statistically significant improvement in clinical practice. Patients in the prospective group were screened for frailty and discharged with physical rehabilitation resources at a significantly higher rate (69.4%) than those in the retrospective group (41.5%) ($p < .001$). Internal consistency of the screening tool was evaluated using Cronbach's alpha, which indicated strong reliability ($\alpha = .837$).

DISCUSSION

The results support the effectiveness of routine frailty screening in identifying at-risk patients and increasing referrals to rehabilitation services, supporting Age Friendly care processes. Continued research and quality improvement efforts are recommended to expand frailty screening across care settings, monitor trends in patient decline, and support individualized care planning through admission assessments.

An Assessment of Barriers and Facilitators Influencing Oral Contraceptive Administration for Female Patients (Ages 18–49) Within Wisconsin Based Acute In-patient Behavioral Health Units.

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BACKGROUND
Oral contraceptives (OCs) are widely prescribed for pregnancy prevention and the management of gynecologic and hormonal conditions. For female patients in psychiatric care, maintaining consistent OC therapy during hospitalization is critical, as treatment disruptions can increase vulnerability to unintended pregnancies and adverse health outcomes. Although medication reconciliation is a well-established patient safety priority, minimal research exists regarding contraceptive access within acute, in-patient behavioral health (BH) settings.

PURPOSE
This evidence-based practice project evaluates the availability and administration protocols of OCs within acute, in-patient BH units across Wisconsin.

METHODS
A survey-based study was conducted to examine institutional barriers across Wisconsin hospitals with acute, in-patient BH units. Eligible facilities serving females aged 18–49 were identified using the American Hospital Directory and compiled into a master registry. Hospital pharmacists were selected as the primary target population due to their expertise in medication reconciliation and formulary management. Recruitment was conducted via telephone outreach to each facility's central pharmacy. Licensed pharmacists completed a seven-item telephone survey designed to assess organizational workflows for administering OCs within acute, in-patient BH units.

RESULTS
While all responding facilities reported that patients could continue OC therapy during their stay, access frequently relied on patients bringing their own supply rather than the hospital stocking these medications on their formulary. Hospitals commonly required provider verification, formal physician orders, and clinical screening for contraindications prior to administration of patient supplied OCs. The primary barriers to stocking OCs included the vast number of formulations on the market, safety concerns, and facility-specific policies. Overall, the study revealed significant variation in practice patterns across institutions.

CONCLUSIONS
These findings suggest that continuation of OC therapy in acute, in-patient BH units is feasible, but the achievable remains dependent on local institutional workflows and resources.
Implications: The results support the need for a national assessment of contraceptive access in psychiatric inpatient facilities. A forthcoming national survey will evaluate national variations in OC availability and identify opportunities to standardize practices that promote equitable reproductive healthcare for hospitalized BH patients.

Exploring a Policy Pathway for Regulated Psilocybin-Assisted Therapy in Wisconsin

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INTRODUCTION

Mental health and substance use disorders remain significant public health challenges in Wisconsin, with many individuals experiencing inadequate responses to conventional treatments. Emerging evidence suggests psilocybin-assisted therapy may offer therapeutic benefits for selected psychiatric conditions. However, Wisconsin's Schedule I classification restricts access outside of authorized research settings. This policy-focused Doctor of Nursing (DNP) project aimed to develop an evidence-based policy proposal to establish a feasible, safe, and regulated pathway for psilocybin-assisted therapy in Wisconsin while promoting legislative awareness, patient safety, and equitable access to emerging treatments.

METHODS

Utilizing Kingdon's Multiple Streams Framework, the political feasibility in Wisconsin was examined. A comprehensive literature review, comparative analysis of existing regulator models, stakeholder outreach, and legislative consultation was performed along with correspondence from 42 clinicians.

RESULTS

Evidence synthesis identified promising therapeutic outcomes highlighting safety, implementation, and regulatory considerations. Stakeholder engagement highlighted the importance of clinical oversight, appropriate patient selections, practitioner training, and outcome monitoring. Legislative consultation identified political resistance and fiscal concerns as implementation barriers. A phased, highly regulated pilot program emerged as the recommended policy approach.

DISCUSSION

A limited pilot program represents a pragmatic pathway for evaluating psilocybin-assisted therapy in Wisconsin while addressing legislative feasibility, patient safety, and regulatory accountability. Continued interdisciplinary collaboration and systemic outcomes evaluation are essential.

CLINICAL/NURSING EDUCATIONAL IMPLICATIONS

Advanced practice nurses are positioned to translate emerging evidence into policy, advocate for safe treatment innovation, and contribute to regulatory development. Incorporating psychedelic-assisted therapy research, ethical considerations, and health policy advocacy into graduate nursing education can strengthen evidence-based clinical reasoning and leadership competencies.

Integration of Virtual Reality into a Hybrid RN to BSN Program

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BACKGROUND

Virtual reality (VR) is a learning tool that has been widely adopted by nursing and medical programs to improve nursing students' clinical skills and decision-making abilities. A recent systematic review by Alharbi et al (2024) reported that students who used VR demonstrated significant improvement in self-directed learning, prioritization, and identification of critical actions to save patients. Engagement in learning and enhancement of clinical skill practice and decision-making were key strengths reported by nursing students and educators (Costello et al., 2025; Kotp et al., 2025).

PURPOSE

The purpose of this poster is to share a UWSP nursing program initiative that promotes student engagement and learning through the application of VR software that supports achievement of the student outcomes.

DESCRIPTION

The UWSP RN to BSN program reviewed VR software products that could fill learning gaps for our RN to BSN students. Sim-X is a VR platform that builds scenarios designed to enhance working nurse competence in specialty areas. Sim-X has developed scenarios that students can complete alone at home (autonomous simulation), with students acquiring detailed feedback from the software and instructor. This capability makes it possible to integrate Sim-X into a hybrid RN to BSN program.

UWSP will work with a logistics company, KnoxLabs, which will load the software onto the headsets, manage the mailing and retrieval of the headsets, and provide technical support to students. The nursing program will launch the first pilot group of 22 students in our fall 2026 Community Health Nursing course.

IMPLICATIONS

VR provides realistic, safe, and experiential learning opportunities with diverse patients and settings. It allows the program to assess learning in a setting where artificial intelligence is not available for student use. Debriefing reports give faculty details on student/patient/provider communication and performance with critical action steps.

Student feedback on integration of VR appears positive. A nurse reported, "Virtual reality simulation is beneficial for students; it increases confidence and helps students develop foundational skills. VR allows a safe space to make mistakes and further develop clinical judgement" (C. Wills, personal communication, October 12, 2026).

Preparing Nurses for Real-World Conversations: An AI-Enhanced Simulation Approach

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CASE PRESENTATION OR EDUCATIONAL STRATEGY

Building Relational Outcomes in Care Applications (BROCA) is an innovative artificial intelligence (AI)-enhanced simulation platform that provides undergraduate and graduate nursing students opportunities to practice communication and clinical decision-making through interactive, voice-based encounters. BROCA was developed through interdisciplinary collaboration among nursing and computer science faculty and two undergraduate computer science students. The use of synthetic patient, provider, and family personas enable students to engage in realistic conversations and receive immediate AI-generated formative feedback.

SETTING

BROCA is designed for integration across undergraduate and graduate nursing education in classroom, laboratory, and simulation settings. Students can also independently access the platform for additional practice outside the classroom.

BACKGROUND INFORMATION

Nursing students have limited opportunities to independently practice essential communication skills, including telephone triage, telehealth assessment, discharge education, family communication, and communication with healthcare providers. During clinical experiences, students may not independently contact providers regarding changes in patient condition, obtain orders, or obtain procedural consent because these responsibilities remain within the scope of licensed nurses. Although graduates are expected to perform these responsibilities upon entering professional practice, this creates an educational gap. BROCA addresses this gap by providing a psychologically safe environment where students can repeatedly practice clinical communication, assessment, prioritization, and decision-making.

INTERVENTIONS

The interdisciplinary team developed a web-based platform supporting dynamic AI-generated conversations with diverse synthetic personas. Personas incorporate variations in culture, religion, health literacy, learning ability, and physical capacity. Speech-to-text and text-to-voice functionality supports realistic interactions, followed by individualized AI-generated feedback. Undergraduate nursing students participated in usability testing, with their feedback informing platform refinement.

DISCUSSION/RECOMMENDATIONS

BROCA expands opportunities for students to practice clinical conversations that may be difficult to experience during traditional clinical education while receiving individualized formative feedback. Future work should expand scenarios across clinical settings, evaluate student perceptions and learning outcomes, and examine the effectiveness of AI-enhanced conversational simulation for developing communication and clinical decision-making competencies.

Empowering Medication Education in the Geriatric Patient

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BACKGROUND

As a geriatric nurse practitioner one of the largest gaps in healthcare I have noticed in my career is the lack of education provided to patients. It was noted by Yin et al. (2023) that approximately one-third of older adults do not take their medications as they are prescribed. This leads to a clinical concern.

AIMS

The project aimed to determine whether utilizing components of the Re-Engineered Discharge (RED) Toolkit would assist the geriatric population to better understand their diagnosis and support better medication adherence.

METHODS

Quality improvement project was implemented within a skilled nursing facility among eligible older adult patient using components of the RED Toolkit. Medication adherence was assessed using the Morisky Medication Adherence Scale (MMAS-4).

Setting-Skilled Nursing Facility

Population-Patient 65 years and older

Eligibility-BIMS Score >/= 13. English speaking, decision-making capacity, able to complete consent as their own responsible party

Intervention-Individualized medication education on medication identification, use, adverse and side effects, purpose, and management.

Data Collection/Outcome-Demographic data and pre-and-post intervention MMAS-4 was collected. Adherence scores were utilized to evaluate changes following the educational intervention with the RED Toolkit.

RESULTS

Fifteen skilled residents were screened, five met inclusion criteria. Three residents consented, with two completing the intervention. Both participants had a maximum MMAS-4 score before and after the intervention therefore there was no observed change.

CONCLUSION

Medication education was individualized in the skilled nursing setting although there was no noted change in medication adherence with the small sample size.

CLINICAL OR NURSING EDUCATIONAL IMPLICATIONS

Further studies to improve patient education within skilled nursing facilities may help to support medication adherence, medication understanding, and provide better overall outcomes to the geriatric population.

Building Stroke Awareness: The Impact of Undergraduate Nursing Student Education on Peers

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CASE PRESENTATION OR EDUCATIONAL STRATEGY

This project involved three senior undergraduate nursing students educating other undergraduate students on the importance of recognition, treatment, and care of ischemic stroke patients. The researching students met weekly to investigate and develop a presentation on ischemic strokes. This topic was selected specifically to help students grow confidence in a topic that is not commonly explored in depth in nursing curricula.

SETTING

This project was completed at a small, private, liberal arts college in the Midwest. The educational event occurred in the classroom setting, outside of normal classroom hours.

BACKGROUND INFORMATION

Nursing programs commonly work to develop students into "nurse generalists." This is important as it allows students to transition to a wide variety of settings once finished with the program. However, nursing students often do not feel prepared to care for critically ill patients, specifically ischemic stroke patients. Having undergraduate students research and develop educational sessions of interest creates opportunities for undergraduate nursing students to increase their self-confidence to care for these specialty populations.

INTERVENTIONS

Undergraduate nursing students developed and presented a one-hour education session on ischemic strokes. The session included a pre and post survey to assess confidence levels of participants. The presentation was interactive and reviewed current best practices according to local hospital protocol while including an NGN case study highlighting ischemic stroke care.

DISCUSSION/RECOMMENDATION

This is a useful strategy for undergraduate students to explore additional specialty topics, not commonly covered in the nurse generalist curriculum. Participants reported increased confidence in recognition and care of ischemic stroke patients, expressed interest in attending similar education sessions in the future, and indicated that the session was a good review for NCLEX preparation. The benefits to the researchers were increased knowledge and confidence in the topic, as well as having an opportunity to develop leadership skills in an educational role.

Bridging the Gap to Practice: An Integrated Simulation and Clinical Judgment Course for Prelicensure Entry-Level Master's Nursing Students

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Category: Case Presentation, EBP or QI

EDUCATIONAL STRATEGY

This poster describes an innovative laboratory course developed within an Entry-Level Master of Science in Nursing (ELMSN) program to enhance student readiness for capstone practicum experiences and transition to professional nursing practice. Guided by Patricia Benner's Novice to Expert Theory, the course integrates unfolding simulation, role-based learning, telehealth, reflective practice, and electronic health record documentation to promote clinical judgment, confidence, prioritization, and failure-to-rescue competencies.

SETTING

Academic nursing education setting within an ELMSN program. The course serves students in the semester preceding their capstone practicum experience.

BACKGROUND INFORMATION

A program gap analysis revealed that students felt inadequately prepared to transition from didactic coursework to advanced clinical experiences. Students expressed concerns regarding physical assessment skills, medication administration, clinical judgment, prioritization, and management of patient deterioration. Consistent with evidence supporting simulation-based education and clinical judgment development, faculty designed a dedicated laboratory course to provide structured opportunities for application of content from concurrent didactic courses. Benner's theory provides the framework for supporting progression from advanced beginner toward competent nursing practice, while Social Determinants of Health and Helen Erickson's Modeling and Role-Modeling Theory guide holistic patient-centered care planning.

INTERVENTIONS

The course utilizes an unfolding patient scenario that increases in complexity throughout the semester. Students are assigned rotating roles including Primary RN, Medication RN, Resource RN, Documentation RN, and Facilitator. Formative simulation experiences emphasize assessment, communication, delegation, medication administration, psychomotor skills, clinical judgement, and teamwork. Students' complete documentation in EHR Tutor, complete a reflective clinical judgment assignment, and engage in ATI skills modules. Formative course activities are followed by a summative comprehensive physical assessment evaluation and three-patient assignment simulation requiring prioritization and management of competing patient needs. A telehealth visit with a live patient provides the opportunity to assess and provide education as a secondary classroom experience.

DISCUSSION/RECOMMENDATIONS

Student feedback and faculty observations indicated increased confidence in physical assessment, medication administration, communication, teamwork, and recognition of patient deterioration. Repeated exposure to unfolding simulations promotes clinical judgment and preparedness for capstone experiences. Nursing programs seeking to strengthen transition-to-practice readiness should consider implementing integrated simulation-based courses that intentionally connect classroom learning, clinical reasoning, telehealth, and patient-centered care. The course is also looking to add VR simulation. Course content can be adapted and translated to undergraduate programs.

CNA Experience and Nursing Student Confidence: Preparing for a Change in Admission Requirements

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CASE PRESENTATION OR EDUCATIONAL STRATEGY

This study evaluates nursing students' previous Certified Nursing Assistant (CNA) preparation, direct patient-care experience, and perceived comfort with foundational patient-care skills as a prelicensure BSN program transitions away from requiring CNA certification for admission. Findings will guide implementation of a new foundational nursing course beginning Spring 2027.

SETTING

This study is being conducted within a university-based undergraduate nursing program using nursing students across multiple levels of the program, including Junior I, Junior II, Senior I, and Senior II.
Background information CNA certification has historically been required for program admission to promote foundational patient-care preparation. Removal of this requirement created a need to better understand what preparation students previously gained from their CNA certification and if they would possess the skills and confidence for beginning nursing clinicals (Capponi & Brown, 2021). An anonymous survey was developed to assess when and why students obtained CNA certification, prior direct-care experience, and retrospective comfort with foundational skills before beginning nursing school.

INTERVENTIONS

An anonymous survey was developed to evaluate nursing students' experiences with CNA certification, previous direct patient-care employment, and perceived readiness to perform foundational nursing skills before beginning nursing school.

DISCUSSION/RECOMMENDATIONS

Study findings will help identify foundational skills that may require greater emphasis as students enter nursing education without required CNA preparation. According to Flair (2026), understanding how CNA preparation and prior direct patient-care experience influence students' perceived confidence and clinical readiness can help faculty identify areas needing additional emphasis early in the nursing curriculum. Findings will inform content, skills practice, simulation, and competency assessment within the new fundamentals course and may support other nursing programs considering similar admission or curricular changes.

Improving Nurse Educators' Confidence and Effectiveness in Simulation-Based Education Through Structured Resources

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CASE PRESENTATION OR EDUCATIONAL STRATEGY

This evidence-based practice (EBP) project evaluated whether a brief, structured educational intervention could improve nurse educators' confidence and perceived effectiveness in simulation-based education (SBE). The project focused on providing practical, accessible resources to support more consistent simulation design, implementation, and evaluation.

SETTING – CLASSROOM, CLINICAL, COMMUNITY, OR OTHER?

The project included nurse educators working in academic and hospital-based education settings. Participants were recruited through director-mediated email invitations and completed anonymous pre- and post-intervention surveys through FHSU Qualtrics. All participation occurred virtually.

BACKGROUND INFORMATION -- WHAT BROUGHT YOU TO DEVELOP THIS STRATEGY EVALUATION (STUDIES/ASSESSMENT)

Simulation-based education has become an essential component of nursing programs, yet variability in educator preparation continues to affect simulation practices. Time constraints limited formal training, and inconsistent access to structured resources create challenges for educators developing and evaluating simulations. Standardized frameworks offer practical guidance, while emerging technologies such as artificial intelligence (AI) may further support scenario development.

INTERVENTIONS -- BRIEF SUMMARY OF WHAT WAS CARRIED OUT

A quasi-experimental pre/post design evaluated a five-minute educational micro-video introducing the National League for Nursing Simulation Design Template and Simulation Effectiveness Tool–Modified (SET-M), along with supporting resources. Fourteen educators completed the pre-intervention survey and ten completed the post-intervention survey. Anonymous responses were analyzed using aggregate descriptive statistics and thematic analysis.

DISCUSSION/RECOMMENDATIONS-- RELEVANCE TO NURSING EDUCATIONAL PRACTICE

Overall, mean confidence increased from 3.67 to 4.27 on a five-point scale, with confidence using the SET-M increasing from 3.21 to 4.40. Qualitative findings reflected a shift from limited training, time constraints, and uncertainty in simulation design to increased clarity, organization, and confidence. These findings support incorporating concise, structured resources into faculty orientation and professional development to promote consistent, evidence-based simulation practices. AI-assisted scenario development may further enhance efficiency when integrated with established design templates and educator oversight.

Same Skills, Same Standards: Improving Grading Consistency in Nursing Health Assessment

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BACKGROUND:
Clinical laboratory experiences prepare nursing students for clinical practice. Nursing programs often have multiple clinical sections taught by different faculty members. Ensuring consistent educational experiences and using standardized grading rubrics are essential for promoting fairness and consistency in student evaluation.

PURPOSE:
Nursing faculty identified a need to standardize educational experiences across the first-semester Health Assessment Lab in the on-campus and hybrid BSN programs. The on-campus program consists of four sections taught by two faculty members, while the hybrid program has one section taught by a third faculty member. Faculty collaborated to align course content, assignments, and instructional methods. Although all sections used the same rubric for the midterm bedside assessment, faculty determined it lacked the specificity needed to ensure consistent grading. A more detailed, point-specific rubric was developed to improve grading consistency across both programs.

DESCRIPTION OF TOPIC:
Greenwood and Ledvina (2023) found that quantitative grading rubrics, scored by task omission, effectively assess students' technical and nontechnical performance during simulation. These findings support the use of a more detailed rubric to promote grading consistency and interrater reliability in the Health Assessment Lab. Park et al. (2025) found that structured grading systems incorporating standardized rubrics were associated with an approximately 6% reduction in nursing student attrition. Revising the Bedside Assessment rubric to include more specific grading criteria may improve faculty grading consistency and students' confidence in their performance.

IMPLICATIONS:
Faculty will collaborate to develop a standardized, point-specific grading rubric, using artificial intelligence (AI) to assist with organization and formatting. Following Institutional Review Board (IRB) approval, students will complete an anonymous survey to evaluate the rubric's usefulness in preparing for the assessment and understanding their grades. Faculty will also evaluate the rubric's effectiveness in promoting grading consistency and identify areas for improvement.

Piloting Use of an Artificial Intelligence Tool for Data Extraction in a Large Scoping Review

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BACKGROUND:
Use of artificial intelligence (AI) tools to support literature reviews is expanding and could significantly reduce the time and effort needed for this labor-intensive process. However, evidence evaluating AI tool performance during the data extraction phase of literature reviews remains limited.
Aims: To evaluate the acceptability of an AI research assistant tool for extracting data needed to build an evidence table for a large scoping review project.

METHODS:
Fifty articles were selected for this pilot methodological study from the full scoping review sample (N=437). Before the pilot, the research team created and tested an 18-column data extraction template. For all 50 articles, data were extracted twice: by the first author using the 18-column template; and by the AI tool using standard (n=10) and customized (n=8) prompts aligning with template categories. Human and AI results for all 18 extraction categories in each article were compared and rated independently by two team members, referring to the full articles during their analysis: 1=AI results acceptable for the evidence table; 0=AI results not usable without major editing. The percent agreement between reviewers for ratings in all 18 categories across the 50 articles was 76%. Conflicts were resolved by a third team member.

RESULTS:
Across the 18 extraction categories, the acceptability of the AI tool's results ranged from 0% to 92%. The AI tool demonstrated the strongest performance in standard categories such as title, publication year, first author, study aim, and participant count. The weakest performance was in customized categories such as research type and problems examined in the study. Across the articles, the average number of categories (n=18) for which the AI tool's results were rated acceptable was 10.08.
Conclusions: Data extracted using the AI research assistant tool were inconsistently acceptable for use constructing an evidence table for the larger scoping review project. Time needed to edit AI output would likely negate time saved by automating extraction.

CLINICAL OR NURSING EDUCATIONAL IMPLICATIONS:
These findings reveal the vulnerabilities of using AI tools for scholarly data extraction. Human oversight is crucial when extracting data that will be used to synthesize nursing practice and/or education evidence.

From Prompts to Patients: Exploring Chatbots in Health Assessment Education

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BACKGROUND

The use of chatbots in nursing education has been growing rapidly. Chatbots have been used to enhance knowledge in many scenarios, allowing users to interactively engage in simulation, clinical skills, history-taking frameworks, and general study.

PURPOSE

This informational poster was created to assist the authors in evaluating the potential impact of chatbot use as a supplementary tool in patient interviewing for health assessment.

DESCRIPTION OF TOPIC

Kestel et al. (2025) found that learning was positively impacted by chatbot-based learning, specifically in relation to history-taking. Information obtained to support the use of chatbots in nursing education includes their ability to provide immediate feedback to students in a personalized, engaging, self-paced manner that helps with skill enhancement, knowledge retention, problem-solving, and clinical reasoning (Fernandez et al., 2026; Labrague et al., 2025; Srinivasan et al., 2024). There are potential negative impacts associated with this learning style as well. This includes rapidly changing information that may not be captured by the bot, feedback on the reliability of prompts and chatbot responses, and overreliance on AI technologies that may prevent the development of critical thinking and reasoning (Fernandez et al., 2026; Labrague et al., 2025).

IMPLICATIONS

Research supports the view that AI use in nursing, especially with chatbots, is best received as a supplementary tool, with faculty oversight to prevent inaccuracies and errors in the information obtained. When properly aligned with sound pedagogical approaches, AI chatbots can support student learning through knowledge, performance, and reasoning. Faculty will collaborate to find or develop a chatbot model to be used across the on-campus and hybrid nursing curricula for patient interviewing in health assessment, as a supplement to the current curriculum.

Practical Application of Artificial Intelligence (AI) in Concert with Student Assignments

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BACKGROUND

Artificial intelligence (AI) is revolutionizing nursing healthcare and education. AI-powered tools and applications support nursing to create, maintain, and enhance processes and interactions for decision-making, tasks, and practice demands. Nurse educators need to analyze implications of AI in all settings and empower nursing students to use AI for quality outcomes while sustaining ethical comportment (ANA, 2022).

AIMS

1) To implement select AI tools for test question and case study development in a graduate course. 2) Meet a course outcome without increasing student perceptions of course work.
Methods: This convergent mixed-methods, quasi-experimental study used a convenience sample of 25 graduate students from a mid-western rural, public university, surveying them at baseline, week 8, and week 15 to analyze student perceptions of course work stress and one course learning outcome with the use of AI. The instructor modified a previously developed gradaute student course assignment to include university sponsored artificial intelligence (AI) learning platforms and tools. The course assignment was amended to foster student teams alongside AI generated testing questions and case studies based in real-world clinical implications (Serafini, 2024).

RESULTS

This study used Spearmans rank-order correlation to analyze the strength and direction of the study aims at 3 times over a course semester finding supportive results. Student aggregated perceptions of course work stress and using AI was strongly inversely associated [$r_s(75) = -0.79$, $p < .05$]. Additionally, student aggregated perceptions of meeting the course learning outcome for the assignment while using AI revealed a very strong, positive association ($r_s(75) = .86$, $p < .05$).

CONCLUSIONS

Although this study used a small, convenience sample at one rural mid-western school where students were required to participate in a nurse educator track course, the results suppored AI implementation with student teams. Students enjoyed learning and teaching one another AI skills to generate testing questions and real-world case studies.

CLINICAL OR NURSE EDUCATIONAL IMPLICATIONS

As authors Barbosa, Topaz, & Pruinelli (2024) alongside Nilsen (2023) explain, AI is molding the way students connect and showcase meaningful information. Incorporating AI for the development of nurses is essential. The future of healthcare includes AI.

Supporting Individuals Living With Uncertainty After Implantable Cardioverter Defibrillator Placement: A Review of Technology-Enabled Strategies

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BACKGROUND
Implantable cardioverter defibrillators (ICDs) reduce the risk of sudden cardiac death; however, individuals often experience persistent uncertainty, anxiety, fear of shocks, and challenges with psychosocial adaptation. With the rapid emergence of artificial intelligence (AI) across healthcare, examining previously utilized technology-enabled strategies is warranted to identify approaches that may inform future innovations in psychosocial assessment and supportive nursing care for individuals living with an ICD.

AIMS
To synthesize current evidence on technology-enabled strategies supporting adults experiencing ICD-related uncertainty and to inform nursing innovation in chronic cardiac care.
Methods An integrative literature review guided by Whittemore and Knafl (2005) examined peer-reviewed studies published between 2016 and 2026. PubMed, CINAHL, PsycINFO, and Web of Science were searched for studies evaluating technology-enabled interventions and psychosocial outcomes among adults with ICDs. Twenty-one studies met inclusion criteria. Evidence was evaluated using the Johns Hopkins Evidence-Based Practice Model and synthesized across four domains: psychological outcomes, quality of life, remote monitoring, and healthcare utilization.

RESULTS
Technology-enabled interventions demonstrated potential improvements in device acceptance, psychological well-being, and quality of life. Web-based and nurse-led telephone interventions were associated with reduced anxiety and posttraumatic stress symptoms in some studies. Remote monitoring supported early identification of clinical concerns, reduced routine clinical visits, and enhanced perceptions of safety. Some interventions demonstrated reduced healthcare utilization and costs. However, findings varied, with inconsistent statistical significance and limited evidence of improved hospitalization or mortality outcomes.

CONCLUSIONS
Technology-enabled interventions offer promising approaches to supporting psychosocial adaptation after ICD placement. These findings provide a foundation for exploring future digital health and AI-enabled strategies while highlighting the need for further research to evaluate effectiveness and integration with individualized nursing care.

CLINICAL OR NURSING EDUCATIONAL IMPLICATIONS
Nurses are essential in recognizing psychosocial distress and uncertainty after an ICD implant to support adaptation. Nursing education should emphasize evaluating digital health technologies, interpreting remote monitoring information, recognizing psychosocial cues, and integrating technology with therapeutic communication and person-centered care. Technology should complement, rather than replace, clinical nursing judgment and individualized psychosocial support.

Interprofessional Simulation: Team Performance and Self-Reported Interprofessional Collaborative Competency Self-Efficacy Among Undergraduate Healthcare Students

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BACKGROUND
A central goal of health professions education is building effective interprofessional collaboration. Students often report high confidence in their interprofessional competencies. It is still not well understood whether this self-efficacy matches how they actually perform in a team.
Aim: To evaluate interprofessional self-efficacy among senior healthcare students, assess their team performance in simulation, and explore how well perceived and demonstrated collaborative competencies agree.

METHODS
A cross-sectional study was conducted with 20 senior undergraduate students, five each from Nursing, Medicine, Pharmacy and Social Work. Participants completed the Interprofessional Education Collaborative Competency Self-Efficacy Tool (IPECC-SET; 38 items, 0–100 scale). Their team performance during an interprofessional simulation scenario was then rated with the KidSIM Team Performance Scale (12 items, 5-point scale).

RESULTS
Self-efficacy was high, with a mean total IPECC-SET score of 3474.95/3800 (mean item score ≈ 91.45/100). The highest domain scores were Roles and Responsibilities (92.81) and Values and Ethics (92.58), followed by Teams and Teamwork (90.32) and Communication (90.04). The mean KidSIM score was 45.05/60 (75%), showing generally strong collaborative performance. Scores varied more on advanced competencies: giving feedback, evidence-informed teamwork and performance-improvement strategies.

CONCLUSION
Senior healthcare students show strong interprofessional self-efficacy and good team performance in simulation. Their basic interprofessional attitudes and role clarity appear well established. Turning these into consistent high-level team behaviours may need deliberate practice and structured hands-on reinforcement. Curricula that target advanced teamwork processes could bring perceived and demonstrated collaborative competence closer together.

KEYWORDS
interprofessional education; simulation; self-efficacy; team performance; healthcare students

Prevalence of stress, burnout, and intent to leave among Registered Nurses Practicing in Wisconsin

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BACKGROUND

Burnout and stress among nurses are critical occupational health concerns with implications for workforce sustainability and patient care. Burnout syndrome is marked by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment [1-2]. Sources of stress and burnout among nurses, many of which are inherent to the profession, include occupational stress, critical incidents, organizational stressors, demanding workloads, and exposure to deadly pathogens, as observed during the COVID-19 pandemic [3-4] Other sources of burnout among nurses include systemic challenges in the health care system, such as staff shortages, an aging workforce, and an "experience-complexity gap" [5], which often lead to increased work hours and demand placed on nurses[6]. Healthcare professions, particularly nursing, are recognized as among the most stressful occupations. Despite national data, limited evidence describes burnout among Wisconsin nurses.

PURPOSE

This study estimated the prevalence of stress, burnout, and intent to leave the profession among registered nurses in Wisconsin.

DESCRIPTION OF TOPIC AND METHODS

A cross-sectional electronic survey was conducted in summer 2025 among registered nurses aged 18 years or older practicing in Wisconsin. Burnout was measured using the Mini-Z 2.0, and stress was assessed using the DASS-21 stress subscale. Descriptive statistics, t-tests, and ANOVA were performed with significance set at $p < .05$.

RESULTS

Of 442 respondents, 418 completed the Mini-Z. The mean burnout score was 2.57 (SD ± 0.99); 27.8% reported stress and insufficient energy, 27.2% reported burnout symptoms, and 2.3% reported complete burnout. DASS-21 results showed 19.8% experienced severe or extremely severe stress. Burnout did not differ by age, practice setting, or employment status, but stress varied significantly by age and full-time versus part-time work. Nearly half (49.2%) reported no intent to leave, while 40% planned to retire, leave within 1–3 years, or were uncertain.

IMPLICATION

Findings indicate substantial burnout and stress among Wisconsin nurses, particularly younger and full-time staff, underscoring the need for organizational interventions to support workforce sustainability.